

**K2 CPA LLC
2821 S Parker Rd Suite 1111
Aurora CO 80014
303-632-7589**

March 05, 2019

Stevenley Sugiarto
4881 S Towerway
Aurora, CO 80015

Dear Stevenley,

Enclosed are your 2018 Federal and state income tax returns.

Your Federal income tax refund is \$1,998.00.

Your Federal tax return has been filed electronically. Your refund will be deposited to your personal account by the Internal Revenue Service. Please keep a copy of the return with your records.

Your 2018 CO state tax return is enclosed. There is a state tax balance due of \$849.00. Your CO state return was filed electronically. Please keep the enclosed copy for your records. Your payment will be deducted from your personal bank account on the date you requested in your return.

If you have any questions, please call us. We appreciate the opportunity to serve you.

Sincerely,

Kenneth Kim

US 1040

Main Information Sheet

2018

PRINTED 03/05/2019

Stevenle Sugiarso

4881 S Towerway
Aurora CO 80015

Taxpayer

Spouse

SSN 652-60-9300
 Birth 10/19/1981
 Death
 Day Phone 720-341-7982
 Evening
 Cell or Fax
 PIN 12345

Email

Taxpayer Occupation

Sushi Chef

Spouse Occupation

Filing Status

HEAD OF HOUSEHOLD

Sharelline	Febrytha	02/28/2003	368-93-8400	SISTER	12	3
Jacqueline	Sugiaro	03/05/2007	650-44-9242	NIECE	12	3
Harijanto	Sugiaro	03/05/1951	652-26-8802	PARENT	12	3
Verianty	Hermawan	10/13/1952	652-52-3279	PARENT	12	3

Preparer ID: 1

Preparation Fee:

Date:

Preparer: Kenneth Kim

Time in return 69 min.

Recap of 2018 Income Tax Return

Earned Income 48,548
 Federal AGI 77,505
 Taxable Income 53,714
 EIC

Federal Tax 1,368
 Withholding 3,366
 Refund/(Due) 1,998
 Tax Bracket 22.0 %

State CO
 Tax 2,475
 Withholding 1,626
 Refund/Due -849
 State
 Tax
 Withholding
 Refund/Due

Bank Product Information	Advance Only	Check	Direct Deposit	Debit Card	Walmart Direct2Cash
Qualifying refund					
Fees					
Net refund					
Advance					
Federal disbursement					
State disbursement					
Check one					

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

TOTAL COMMUNITY OPTIONS, INC. DBA INNOVAGE
8950 E. LOWRY BLVD
DENVER, CO 80230
3038696464

PAYER'S TIN

37-1547962

RECIPIENT'S TIN

27-2874731

RECIPIENT'S name, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code

GOSHEN ASSISTED LIVING LLC
12099 E LOUISIANA AVE
AURORA, CO 80015

1 Rents

\$

2 Royalties

\$

3 Other income

\$

5 Fishing boat proceeds

\$

7 Nonemployee compensation

\$

9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐

\$

13 Excess golden parachute payments

\$

16 State tax withheld

\$

OMB No. 1545-0115

2018

Form 1099-MISC

Miscellaneous
Income

Copy 1
For Recipient

This is important information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the income is taxable and the IRS determines that it has not been reported.

Account number (see instructions)

VN1992070080

FATCA filing
requirement
☐

5a Section 409A deferrals

\$

15b Section 409A income

\$

Form 1099-MISC

(keep for your records)

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

TOTAL COMMUNITY OPTIONS, INC. DBA INNOVAGE
8950 E. LOWRY BLVD
DENVER, CO 80230
3038696464

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13 Excess golden parachute payments

\$

16 State tax withheld

\$

OMB No. 1545-0115

2018

Form 1099-MISC

Miscellaneous
Income

Copy 1

To be filed with
recipient's state
income tax return
when required

Account number (see instructions)

VN1992070080

FATCA filing
requirement
☐

5a Section 409A deferrals

\$

15b Section 409A income

\$

Form 1099-MISC

www.irs.gov/Form1099MISC

Department of the Treasury

Internal Revenue Service

TOTAL COMMUNITY OPTIONS, INC. DBA INNOVAGE
8950 E. LOWRY BLVD
DENVER, CO 80230

FIRST-CLASS MAIL
IMPORTANT: TAX RETURN
DOCUMENT ENCLOSED

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
JACKSONVILLE, FL
PERMIT NO. 746

GOSHEN ASSISTED LIVING LLC
12099 E LOUISIANA AVE
AURORA, CO 80012-4255



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.

Go to www.irs.gov/Form1120S for instructions and the latest information.

OMB No. 1545-0123

2018

For calendar year 2018 or tax year beginning , ending

A S election effective date

01/01/2018

B Business activity code number (see instructions)

623000

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

Name

Goshen Assisted Living LLC

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

12099 E Lousiana Ave

City or town

AURORA

State

CO

ZIP code

80015-

Foreign country name

Foreign province/state/county

Foreign postal code

D Employer identification number

27-2874731

E Date incorporated

06/05/2010

F Total assets (see instructions)

\$ 0

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

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

1

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

Income	1a	Gross receipts or sales	1a	125,376
	b	Returns and allowances	1b	
	c	Balance. Subtract line 1b from line 1a	1c	125,376
	2	Cost of goods sold (attach Form 1125-A)	2	17,109
	3	Gross profit. Subtract line 2 from line 1c	3	108,267
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4	
Deductions (see instructions for limitations)	5	Other income (loss) (see instructions—attach statement)	5	
	6	Total income (loss). Add lines 3 through 5	6	108,267
	7	Compensation of officers (see instructions—attach Form 1125-E)	7	6,000
	8	Salaries and wages (less employment credits)	8	30,000
	9	Repairs and maintenance	9	4,905
	10	Bad debts	10	
	11	Rents	11	16,717
	12	Taxes and licenses	12	3,183
	13	Interest (see instructions)	13	
	14	Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14	
	15	Depletion (Do not deduct oil and gas depletion.)	15	
Tax and Payments	16	Advertising	16	
	17	Pension, profit-sharing, etc., plans	17	
	18	Employee benefit programs	18	
	19	Other deductions (attach statement)	19	18,505
	20	Total deductions. Add lines 7 through 19	20	79,310
	21	Ordinary business income (loss). Subtract line 20 from line 6	21	28,957
	22a	Excess net passive income or LIFO recapture tax (see instructions)	22a	
	b	Tax from Schedule D (Form 1120S)	22b	
	c	Add lines 22a and 22b (see instructions for additional taxes)	22c	
	23a	2018 estimated tax payments and 2017 overpayment credited to 2018	23a	
	b	Tax deposited with Form 7004	23b	
	c	Credit for federal tax paid on fuels (attach Form 4136)	23c	
d	Refundable credit from Form 8827, line 8c	23d		
e	Add lines 23a through 23d	23e		
24	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	24		
25	Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed	25		
26	Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid	26		
27	Enter amount from line 26: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	27		

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

Sign Here

Signature of officer

Date

Title

Print/Type preparer's name

Preparer's signature

Date

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

Paid Preparer Use Only

Kenneth Kim

Kenneth Kim

03/04/2019

Check ☐ if self-employed

PTIN

P01259501

Firm's name K2 CPA LLC

Firm's EIN 46-2602763

Firm's address 2821 S Parker Rd Suite 1111

Phone no. 303-632-7589

City Aurora

State CO

ZIP code 80014

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120S** (2018)

Schedule B Other Information (see instructions) (continued)		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
	If "Yes," enter the amount of principal reduction ▶ \$		
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions	X	
14a	Did the corporation make any payments in 2018 that would require it to file Form(s) 1099?	X	
b	If "Yes," did the corporation file or will it file required Forms 1099?		
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 13 ▶ \$		

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	28,957
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a 3c		
	4 Interest income 4		
	5 Dividends: a Ordinary dividends 5a		
	b Qualified dividends 5b		
	6 Royalties 6		
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S)) 7		
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S)) 8a		
	b Collectibles (28%) gain (loss) 8b		
	c Unrecaptured section 1250 gain (attach statement) 8c		
	9 Net section 1231 gain (loss) (attach Form 4797) 9		
	10 Other income (loss) (see instructions) Type ▶ 10		
	11 Section 179 deduction (attach Form 4562) 11		
	12a Charitable contributions 12a		
	b Investment interest expense 12b		
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶ 12c(2)		
	d Other deductions (see instructions) Type ▶ 12d		
Credits	13a Low-income housing credit (section 42(j)(5)) 13a		
	b Low-income housing credit (other) 13b		
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 13c		
	d Other rental real estate credits (see instructions) Type ▶ 13d		
	e Other rental credits (see instructions) Type ▶ 13e		
	f Biofuel producer credit (attach Form 6478) 13f		
	g Other credits (see instructions) Type ▶ 13g		
Foreign Transactions	14a Name of country or U.S. possession ▶		
	b Gross income from all sources 14b		
	c Gross income sourced at shareholder level 14c		
	Foreign gross income sourced at corporate level		
	d Section 951A category 14d		
	e Foreign branch category 14e		
	f Passive category 14f		
	g General category 14g		
	h Other (attach statement) 14h		
	Deductions allocated and apportioned at shareholder level		
	i Interest expense 14i		
	j Other 14j		
	Deductions allocated and apportioned at corporate level to foreign source income		
	k Section 951A category 14k		
	l Foreign branch category 14l		
	m Passive category 14m		
	n General category 14n		
	o Other (attach statement) 14o		
	Other information		
p Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued 14p			
q Reduction in taxes available for credit (attach statement) 14q			
r Other foreign tax information (attach statement)			

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount	
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties—gross income	15d	
	e Oil, gas, and geothermal properties—deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	737
	d Distributions (attach statement if required) (see instructions)	16d	28,220
	e Repayment of loans from shareholders	16e	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14p .	18	28,957

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash				
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach statement)				
15	Total assets				
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock				
23	Additional paid-in capital				
24	Retained earnings				
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock				
27	Total liabilities and shareholders' equity				

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

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

1 Net income (loss) per books 2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) 3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize): a Depreciation \$ b Travel and entertainment \$ 4 Add lines 1 through 3	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): a Tax-exempt interest \$ 6 Deductions included on Schedule K, lines 1 through 12 and 14p, not charged against book income this year (itemize): Depreciation \$ a 7 Add lines 5 and 6 8 Income (loss) (Schedule K, line 18). Line 4 less line 7
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Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account
(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year				
2 Ordinary income from page 1, line 21	28,957			
3 Other additions				
4 Loss from page 1, line 21				
5 Other reductions	737			
6 Combine lines 1 through 5	28,220			
7 Distributions	28,220			
8 Balance at end of tax year. Subtract line 7 from line 6				

US 1120S

State Information and 2018 Estimated Tax Payments

2018

Name: Goshen Assisted Living LLC

EIN: 27-2874731

	State return is needed	Overpayment credited from 2017	First quarter 04/15/2018	Second quarter 06/15/2018	Third quarter 09/15/2018	Fourth quarter 12/15/2018	Total
Federal	Not applicable						
Alabama							
Alaska							
Arizona							
Arkansas							
California							
Colorado	X						
Connecticut							
Delaware							
DC							
Florida							
Georgia							
Hawaii							
Idaho							
Illinois							
Indiana							
Iowa							
Kansas							
Kentucky							
Louisiana							
Maine							
Maryland							
Massachusetts							
Michigan							
Minnesota							
Mississippi							
Missouri							
Montana							
Nebraska							
New Hampshire							
New Jersey							
New Mexico							
New York							
North Carolina							
North Dakota							
Ohio							
Oklahoma							
Oregon							
Pennsylvania							
Rhode Island							
South Carolina							
Tennessee							
Texas							
Utah							
Vermont							
Virginia							
West Virginia							
Wisconsin							

US 1120S

Line 19 - Other Deductions

2018

Name: Goshen Assisted Living LLC

ID number: 27-2874731

Type:

Accounting		
Amortization		
Answering service		
Auto and truck expenses		
Bank charges		
Commissions		
Computer expense		
Delivery and freight		
Dues and subscriptions		
Entertainment and promotion		
Gifts		170
Insurance		2,636
Janitorial		
Laundry and cleaning		
Legal and professional fees		
Licenses and permits		
Meals:		
<u> 1,475 at 50%</u>		
<u> at 80% - DOT hours of service</u>		
<u> at 100% - See instructions</u>		738
Miscellaneous		
Office expense		
Outside service		
Parking fees and tolls		
Postage		
Printing		
Sales expense		
Security		372
Supplies		2,290
Telephone		
Temporary help		
Tools		
Trade show expense		
Training and seminars		
Travel		
Uniforms		
Utilities		12,299
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.....		
.....		
.....		
.....		
Total		18,505

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

Department of the Treasury
Internal Revenue Service

2018

For calendar year 2018, or tax year

beginning

ending

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

► See back of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
27-2874731

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

Goshen Assisted Living LLC

12099 E Louisiana Ave
AURORA CO 80015-

C IRS Center where corporation filed return
e-file

Part II Information About the Shareholder

D Shareholder's identifying number
652-60-9300

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

Stevenley Sugiarsso

4881 S Towerway
Aurora CO 80015-

F Shareholder's percentage of stock
ownership for tax year 100.000

☐ Final K-1

☐ Amended K-1

671117

OMB No. 1545-0123

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

1	Ordinary business income (loss)	13	Credits
	28,957		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
		C	737
12	Other deductions	D	28,220
		17	Other information
		V	28,957
		W	36,000

* See attached statement for additional information.

For IRS Use Only

US 1120S

K-1 Attachment

2018

Shareholder: Stevenley Sugiarto

100.000 %

ID: 652-60-9300

9a	Unrecaptured 1250 gain included in line 9 and 10b		
10	Other income (loss)		
a	Other portfolio income (loss)		
b	Involuntary conversions		
	Form 4684, gain at 28%		
c	1256 contracts and straddles		
d	Mining exploration costs and recapture		
e	Section 951A income		
f	Section 965(a) inclusion		
g	Subpart F income other than sections 951A and 965 inclusion		
h	Other income (loss). Type and amount		
11a	Section 179 deduction for ordinary income or loss		
b	Section 179 deduction for rental real estate income or loss		
12	Other deductions		
a	Cash contributions-50%		
b	Cash contributions-30%		
c	Noncash contributions-50%		
d	Noncash contributions-30%		
e	Cap. gain property to a 50% org.-30%		
f	Capital gain property-20%		
g	Contributions 100%		
h	Investment interest expense		
i	Deductions - royalty income		
j	Section 59(e)(2) expenditures		
k	Section 965(c) deduction		
13	Credits and credit recapture		
a	Low-income housing credit - section 42(j)(5)), from pre-2008 buildings		
b	Low-income housing credit - other, from pre-2008 buildings		
c	Low-income housing credit - section 42(j)(5)), from post-2007 buildings		
d	Low-income housing credit - other, from post-2007 buildings		
e	Qualified rehabilitation expenditures, rental real estate		
f	Other rental real estate credits		
g	Other rental credits		
h	Undistributed capital gains credit		
i	Alcohol and cellulosic biofuel fuels credit		
j	Work opportunity credit		
k	Disabled access credit		
l	Empowerment zone and renewal community employment credit		
m	Credit for increasing research activities		
n	Credit for employer social security and Medicare taxes		
o	Backup withholding		
p	Other credits - see information below		
	Form 3468, line 11m, credit from an electing large partnership		
	Form 3468, line 9 and 13, credit from cooperatives		
	Form 5884B		
	Form 8820		
	Form 8835		
	Form 8845		
	Form 8874		
	Form 8881		
	Form 8882		
	Form 8908		
	Form 8910		
	Form 8936		
	Form 8941		
	Other credits		

l Deductions - portfolio (other)

m Preproductive period expenses

n Commercial revitalization deduction

from rental real estate activities

o Reforestation expense deduction

p Reserved

q Reserved

r Reserved

s Other deductions

Form 4684, line 32

If Checked, credit is from an eligible small business: ☐

Shareholder: Stevenley Sugiarto

100.000 %

ID: 652-60-9300

14	Foreign transactions		
a	Name of foreign country or U.S. possession		
b	Gross income from all sources		
c	Gross income sourced at shareholder level		
	Foreign gross income sourced at corporate level		
d	Section 951A category		
e	Foreign branch category		
f	Passive category		
g	General category		
h	Other		
	Deductions allocated and apportioned at shareholder level		
i	Interest expense		
j	Other		
	Deductions allocated and apportioned at corporate level to foreign source income		
k	Section 951A category		
l	Foreign branch category		
m	Passive category		
n	General category		
o	Other		
	Other information		
p	Total foreign taxes paid or accrued		
r	Reduction in taxes available for credit		
	Other foreign tax information		
s	Foreign trading gross receipts		
t	Extraterritorial income exclusion		
v	Other foreign transactions		
15	Alternative minimum tax (AMT) items		
a	Post-1986 depreciation adjustment		
	Ordinary income	Rental	
b	Adjusted gain or loss		
	Ordinary income	Rental	
c	Depletion other than oil and gas		
d	Oil, gas, or geothermal properties - gross income		
e	Oil, gas, or geothermal properties - deductions		
f	Other AMT items. Pre-1987 depreciation adjustment included in line 15f		
	Ordinary income	Rental	
	Other - type	Amount	
16	Items affecting shareholder basis		
a	Tax-exempt interest income		
b	Other tax-exempt income		
c	Nondeductible expenses		737
d	Distributions		28,220
e	Repayment of loans from shareholders		
17	Other information		
a	Investment income		
b	Investment expenses		
c	Qualified rehabilitation expenses, other than rental real estate		
d	Basis of energy property		
e	Recapture of low-income housing credit, section 42(j)(5) applies		
f	Recapture of low-income housing credit - other		
g	Recapture of investment credit		
h	Recapture of other credits		
i	Look-back interest - completed long-term contracts		
j	Look-back interest - income forecast method		
k	Dispositions of property with section 179 deductions		

Shareholder: Stevenley Sugiarto

100.000 %

ID: 652-60-9300

17 Other information

l	Recapture of section 179 deduction	
m	Section 453(l)(3) information	
n	Section 453A(c) information	
o	Section 1260(b) information	
p	Interest allocable to production expenditures	
q	CCF nonqualified withdrawals	
r	Depletion information - oil and gas	
s	Reserved	
t	Section 108(i) information	
u	Net investment income	
v	Section 199A income	28,957
w	Section 199A W-2 wages	36,000
x	Section 199A unadjusted basis	
y	Section 199A REIT dividends	
z	Section 199A PTP income	
	Is this a specified service trade or business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
aa	Excess taxable income	
ab	Excess business interest income	
ac	Other information	
a		
b		
c		
d		
e		
f		
g		
h		

Supplemental information for page 2, lines 17c and 17d**17c** Qualified rehabilitation expenses, other than rental real estate

Rehabilitation credit (Part III)

Form 3468, line 11e, qualified rehabilitation expenditures

Form 3468, line 11f, qualified rehabilitation expenditures

Form 3468, line 11g, qualified rehabilitation expenditures

17d Basis of energy property

Qualifying advanced coal project credit

Form 3468, line 5a, qualified investment

Form 3468, line 5b, qualified investment

Form 3468, line 5c, qualified investment

Qualifying gasification project credit

Form 3468, line 6a, qualified investment

Form 3468, line 6b, qualified investment

Qualifying advanced energy project credit

Form 3468, line 7, qualified investment

Reserved

Energy credit (Part III)

Form 3468, line 12a, qualified basis

Form 3468, line 12b, qualified basis

Form 3468, line 12c, qualified basis

Form 3468, line 12d, kilowatt capacity

Form 3468, line 12f, qualified basis

Form 3468, line 12g, kilowatt capacity

Form 3468, line 12i, qualified basis

Form 3468, line 12j, kilowatt capacity

Form 3468, line 12l, qualified basis

Form 3468, line 12o, qualified basis

Form 3468, line 12q, qualified basis

Form 3468, line 12r, qualified basis

Form 3468, line 12s, qualified basis

Form 3468, line 12t, qualified basis

Form 3468, line 12u, qualified basis

Form 3468, line 12v, qualified basis

Shareholder: Stevenley Sugiarto

100.000 %

ID: 652-60-9300

Compute shareholder's basis? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Totals for year	Stock basis	Loan basis	Loan face amount
A Beginning balance				
B Contributions to capital				
C New loans to the corporation				
D Ordinary income	28,957			
E Separately stated income		28,957		
F Subtotal		28,957		
G Distributions	28,220	28,220		
H Loan repayments - principal				
I Nondeductible expenses	737	737		
J Ordinary loss				
K Separately stated losses and deductions				
L Other adjustments				
M Ending balance				

1 Ordinary business income (loss). You must first determine whether the income (loss) is passive or nonpassive. Then enter on your return as follows:

	Enter on		Enter on
Passive loss	See the Shareholder's Instr.	4 Interest income	Form 1040, line 2
Passive income	Sch. E, line 28, column (h)	5a Ordinary dividends	Form 1040, line 3a
Nonpassive loss	Sch. E, line 28, column (i)	5b Qualified dividends	Form 1040, line 3b
Nonpassive income	Sch. E, line 28, column (k)	6 Royalties	Schedule E, line 4
2 Net rental real estate income (loss)		7 Net short-term capital gain (loss)	Sch. D, line 5, column (h)
Net income	See the Shareholder's Instr.	8a Net long-term capital gain (loss)	Sch. D, line 12, column (h)
Net loss	See the Shareholder's Instr.	8b Collectibles (28%) gain (loss)	28% Rate Gain Worksheet, line 4 (Sch. D instructions)
3 Other net rental income (loss)		Unrecaptured section 1250 gain	See the Shareholder's Instr.
Net income	Sch. E, line 28, column (h)	9 Net section 1231 gain (loss)	See the Shareholder's Instr.
Net loss	See the Shareholder's Instr.		

Filing status: ☐ Single ☐ Married filing jointly ☐ Married filing separately ☒ Head of household ☐ Qualifying widow(er)

Your first name and initial

Stevenley

Last name

Sugiarso

Your social security number

652-60-9300

Your standard deduction:

☐ Someone can claim you as a dependent☐ You were born before January 2, 1954☐ You are blind

If joint return, spouse's first name and initial

Last name

Spouse's social security number

Spouse standard deduction:

☐ Someone can claim your spouse as a dependent☐ Spouse was born before January 2, 1954☒ Full-year health care coverage or exempt (see inst.)☐ Spouse is blind☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Presidential Election Campaign

(see inst.) ☐ You ☐ Spouse

4881 S Towerway

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.

If more than four dependents, see inst. and ☒ here ☐

Aurora CO 80015

Dependents (see instructions):

(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
				Child tax credit	Credit for other dependents
Sharelline Febrytha		368-93-8400	SISTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jacqueline Sugiaro		650-44-9242	NIECE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Harijanto Sugiaro		652-26-8802	PARENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Verianty Hermawan		652-52-3279	PARENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Sign Here

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

Your signature

Date

Your occupation

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

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

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

Joint return?
See instructions.
Keep a copy for
your records.

Paid Preparer Use Only

Preparer's name

Kenneth Kim

Preparer's signature

Kenneth Kim

PTIN

P01259501

Firm's EIN

46-2602763

Check if:

☐ 3rd Party Designee☐ Self-employed

Firm's name ▶ K2 CPA LLC

Phone no. 303-632-7589

Firm's address ▶ 2821 S Parker Rd Suite 1111 Aurora CO 80014

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

Form 1040 (2018)

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	48,548
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRAs, pensions, and annuities	4a	
5a	Social security benefits	5a	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	77,505
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	77,505
8	Standard deduction or itemized deductions (from Schedule A)	8	18,000
9	Qualified business income deduction (see instructions)	9	5,791
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	53,714
11	a Tax (see inst.) 6,368 (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here	11	6,368
12	a Child tax credit/credit for other dependents 5,000 b Add any amount from Schedule 3 and check here	12	5,000
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	1,368
14	Other taxes. Attach Schedule 4	14	
15	Total tax. Add lines 13 and 14	15	1,368
16	Federal income tax withheld from Forms W-2 and 1099	16	3,366
17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863 Add any amount from Schedule 5	17	
18	Add lines 16 and 17. These are your total payments	18	3,366
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	1,998
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	20a	1,998
b	Routing number 102000076 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 8326065888		
21	Amount of line 19 you want applied to your 2019 estimated tax	21	
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	
23	Estimated tax penalty (see instructions)	23	

Standard Deduction for—

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions

Refund

Direct deposit?
See instructions.

Amount You Owe

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

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2018

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

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

Name(s) shown on Form 1040

Stevenley Sugiarso

Your social security number

652-60-9300

Additional Income	1-9b	Reserved		1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes		10	
	11	Alimony received		11	
	12	Business income or (loss). Attach Schedule C or C-EZ		12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		13	
	14	Other gains or (losses). Attach Form 4797		14	
	15a	Reserved		15b	
	16a	Reserved		16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	28,957
	18	Farm income or (loss). Attach Schedule F		18	
	19	Unemployment compensation		19	
	20a	Reserved		20b	
	21	Other income. List type and amount ▶		21	
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23		22	28,957
Adjustments to Income	23	Educator expenses	23		
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24		
	25	Health savings account deduction. Attach Form 8889	25		
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26		
	27	Deductible part of self-employment tax. Attach Schedule SE	27		
	28	Self-employed SEP, SIMPLE, and qualified plans	28		
	29	Self-employed health insurance deduction	29		
	30	Penalty on early withdrawal of savings	30		
	31a	Alimony paid b Recipient's SSN ▶	31a		
	32	IRA deduction	32		
	33	Student loan interest deduction	33		
	34	Reserved	34		
	35	Reserved	35		
	36	Add lines 23 through 35	36		

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

Schedule 1 (Form 1040) 2018

BCA

SCHEDULE 6
(Form 1040)

Department of the Treasury
Internal Revenue Service

Foreign Address and Third Party Designee

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **05A**

Name(s) shown on Form 1040 :

Stevenley Sugiarto

Your social security number

652-60-9300

**Foreign
Address**

Foreign country name

Foreign province/county

Foreign postal code

**Third Party
Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)?



Yes. Complete below. ☐ No

Designee's

name ▶ Kenneth Kim

Phone

no. ▶ 303-632-7589

Personal identification number

(PIN) ▶ 80014

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

Schedule 6 (Form 1040) 2018

BCA

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

Stevenley Sugiarto

Your social security number

652-60-9300

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

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

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☐ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Goshen Assisted Living LLC	S	<input type="checkbox"/>	27-2874731	<input type="checkbox"/>	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss**Nonpassive Income and Loss**

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					28,957
B					
C					
D					
29 a Totals					28,957
b Totals					
30	Add columns (h) and (k) of line 29a				30 28,957
31	Add columns (g), (i), and (j) of line 29b				31 ()
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31.				32 28,957

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss**Nonpassive Income and Loss**

	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34 a Totals				
b Totals				
35	Add columns (d) and (f) of line 34a			35
36	Add columns (c) and (e) of line 34b			36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36.			37

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18	41	-28,957
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

652-60-9300

[illegible]

W-2 DETAIL REPORT - 2018

652-60-9300

Employer	EIN	STP/SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
Grace Lee Inc	81-4870296	X	9243	278	573	134	CO	9243	169	Aurora	8
Goshen Assisted Living L	27-2874731	X	6000	415	372	87	CO	6000	222		
Matsuhisa Denver LLC	47-3476248	X	33305	2673	2065	483	CO	33305	1235	Denver	52
			48548	3366	3010	704		48548	1626		60



180106 11045

DR 0106 (06/12/18)
COLORADO DEPARTMENT OF REVENUE
Colorado.gov/Tax
(0043)**2018 Colorado Partnership and S corporation and
Composite Nonresident Income Tax Return**

Fiscal Year Beginning (MM/DD/18)		Ending (MM/DD/YY)		<input type="checkbox"/> Mark for Amended Return	
01/01/18		12/31/18			
Name of Organization			Colorado Account Number		
Goshen Assisted Living LLC			30404775		
Doing Business As			Federal Employer ID Number		
			27-2874731		
Address		City	State	ZIP	
12099 E Lousiana Ave		AURORA	CO	80015-	

If you are attaching a statement disclosing a listed or reportable transaction, mark this box ☐**A. This return is being filed for (mark one):**☐ Partnership ☒ S Corporation ☐ LLC ☐ LP ☐ LLP ☐ LLLP ☐ Association ☐ Non-Profit**B. Beginning depreciable assets from federal return****C. Ending depreciable assets from federal return**

0

0

D. Business or profession**E. Date of organization or incorporation (MM/DD/YY)**

Assisted Living

06/05/10

F. If this is a final return, mark this box ☐**G. If the IRS has made any adjustments to your federal return or have you filed amended federal returns during the last four years, mark this box:** ☐**H. Number of partners or shareholders as of year end**

Explain:

1

Part I: Computation of Colorado Income**Round to the
nearest dollar**

1. Ordinary income from line 1 federal Schedule K	1	28,957	00
2. Sum of all other income	2	0	00
3. Modifications increasing federal income	3	0	00
4. Sum of lines 1 through 3	4	28,957	00
5. Allowable deductions from federal Schedule K	5	0	00
6. Colorado Marijuana Business Deduction	6	0	00
7. Agriculture asset lease deduction. Enter CADA certificate number and submit a copy with your return.	7	0	00
8. Other modifications decreasing federal income	8	0	00



180106 21045

DR 0106 (06/12/18)
COLORADO DEPARTMENT OF REVENUE
Colorado.gov/Tax

Form 106

Name	Account Number
Goshen Assisted Living LLC	30404775
9. Sum of lines 5 through 8	9 0 00
10. Modified federal taxable income, subtract line 9 from line 4	10 28,957 00
11. Colorado-Source Income from (mark one): <input type="checkbox"/> Part IV <input type="checkbox"/> Other (attach explanation) <input checked="" type="checkbox"/> Income is all Colorado Income	11 28,957 00

File at: Colorado.gov/RevenueOnline – or – Mail to and make checks payable to:

Colorado Department of Revenue
Denver, CO 80261-0006**Part II: Composite Nonresident Income Tax Return**

Do not complete lines 12–27 unless you are filing a composite nonresident return.

12. Colorado-source income of nonresident partners or shareholders electing to be included in this composite filing	12	0	00
13. Tax: 4.63% of the amount on line 12	13	0	00
14. Non-refundable credits from the DR 0106CR line 24 column C, you must include the DR 0106CR with your return.	14	0	00
15. Gross Conservation Easement credit allocated to these partners or shareholders from the DR 1305G line 33. You must submit the DR 1305G with your return.	15	0	00
16. Net tax, add line 14 and 15, then subtract this sum from line 13. The sum of 14 and 15 may not exceed the amount on line 13.	16	0	00
17. Estimated tax credits and extension payments	17	0	00
18. Withholding from lottery or gambling winnings	18	0	00
19. Refundable credits from the DR 0106CR line 28 column C, you must include the DR 0106CR with your return.	19	0	00
20. Subtotal; add lines 17 to 19	20	0	00
21. Penalty (include on Line 24)	21	0	00
22. Interest (include on Line 24)	22	0	00
23. Estimated tax penalty (include on Line 24)	23	0	00
24. If line 16 is greater than line 20, enter amount owed	24	0	00
25. Overpayment, subtract line 16 from line 20	25	0	00
26. Overpayment to be credited to 2019 estimated tax	26	0	00
27. Overpayment to be refunded	27	0	00



180106 31045

DR 0106 (06/12/18)
COLORADO DEPARTMENT OF REVENUE
Colorado.gov/Tax**Form 106**
Part II

Name	Goshen Assisted Living LLC		Account Number	30404775
I declare this return to be true, correct and complete under penalty of perjury in the second degree. Declaration of preparer is based on all information of which preparer has any knowledge.				
Direct Deposit		Routing Number	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
		Account Number		
May the Colorado Department of Revenue discuss this return with the paid preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Signature of partner or signature and title of officer			Date (MM/DD/YY)	
Stevenley Sugia			03/04/19	
Person or firm preparing return (name and phone number)			Date (MM/DD/YY)	
K2 CPA LLC 303-632-7589			03/04/19	
<small>The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.</small>				

If you are filing this return **with** a check or payment,
please mail the return to:COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0006If you are filing this return **without** a check or payment,
please mail the return to:COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0005These addresses and zip codes are exclusive to the Colorado Department of Revenue,
so a street address is not required.



180106 41045

DR 0106 (06/12/18)
COLORADO DEPARTMENT OF REVENUE
Colorado.gov/TaxForm 106
Part III

Do not submit federal K-1 schedules

Name		Account Number	
Goshen Assisted Living LLC		30404775	
Part III: Identification of Partners or Shareholders Part III must be completed for each partner/shareholder/member. DO NOT submit federal K-1 schedules.			
Name of Partner or Shareholder		SSN or Colorado Account Number	
Stevenley Sugiarto		652-60-9300	
Address of Partner or Shareholder		City	State ZIP
4881 S Towerway		Aurora	CO 80015-
<input type="checkbox"/> Composite <input type="checkbox"/> DR 0107 Attached <input type="checkbox"/> DR 0108 Filed		Profit/Loss or Stock Ownership Percentage	
		100.000	
Name of Partner or Shareholder		SSN or Colorado Account Number	
Address of Partner or Shareholder		City	State ZIP
<input type="checkbox"/> Composite <input type="checkbox"/> DR 0107 Attached <input type="checkbox"/> DR 0108 Filed		Profit/Loss or Stock Ownership Percentage	
Name of Partner or Shareholder		SSN or Colorado Account Number	
Address of Partner or Shareholder		City	State ZIP
<input type="checkbox"/> Composite <input type="checkbox"/> DR 0107 Attached <input type="checkbox"/> DR 0108 Filed		Profit/Loss or Stock Ownership Percentage	
Name of Partner or Shareholder		SSN or Colorado Account Number	
Address of Partner or Shareholder		City	State ZIP
<input type="checkbox"/> Composite <input type="checkbox"/> DR 0107 Attached <input type="checkbox"/> DR 0108 Filed		Profit/Loss or Stock Ownership Percentage	
Name of Partner or Shareholder		SSN or Colorado Account Number	
Address of Partner or Shareholder		City	State ZIP
<input type="checkbox"/> Composite <input type="checkbox"/> DR 0107 Attached <input type="checkbox"/> DR 0108 Filed		Profit/Loss or Stock Ownership Percentage	
Name of Partner or Shareholder		SSN or Colorado Account Number	
Address of Partner or Shareholder		City	State ZIP
<input type="checkbox"/> Composite <input type="checkbox"/> DR 0107 Attached <input type="checkbox"/> DR 0108 Filed		Profit/Loss or Stock Ownership Percentage	

Name: Goshen Assisted Living LLC

EIN: 27-2874731

Signing Officer Information

Name: Stevenley Sugiarto

SSN: 652-60-9300

Telephone:

Security Information

Total prior year income

If checked, wages and salaries are claimed on this return



Enter the number of W-2s issued

2

If checked, a deduction for officer's compensation is claimed on this return



Enter the number of officers who received compensation

1

If checked, 2018 estimated tax payments are claimed on this return



For the first estimated tax payment for 2018,

enter the date the first estimated tax payment was made

Check here if the first estimated tax payment was made via bank wire transfer

Check here if the first estimated tax payment was made via cash

Check here if the first estimated tax payment was made via check

Check here if the first estimated tax payment was made via EFTPS

Amount of first estimated tax payment

If the first estimated tax payment was made electronically, enter the last four

digits of the account number used to make the estimated payment

If the first estimated tax payment was made via EFTPS, enter the confirmation

code received from EFTPS

If more than one estimated tax payment was made for 2018 for the last estimated tax payment,

enter the date the last estimated tax payment was made

Check here if the last estimated tax payment was made via bank wire transfer

Check here if the last estimated tax payment was made via cash

Check here if the last estimated tax payment was made via check

Check here if the last estimated tax payment was made via EFTPS

Amount of last estimated tax payment

If the last estimated tax payment was made electronically, enter the last four

digits of the account number used to make the estimated payment

If the last estimated tax payment was made via EFTPS, enter the confirmation

code received from EFTPS

Enter the physical address of the corporation

if different from the address shown on the return

Zip code, city, state

US Child Tax Credit, Federal Extension Payment, and Carryovers Worksheet 2018

Name: Stevenley Sugiarto

SSN: 652-60-9300

Child Tax Credit (CTC) / Credit for Other Dependents (ODC)

1	\$2,000 X	2	qualifying children for child tax credit		4,000
2	\$500 X	2	dependents that qualify for the other dependent credit		1,000
3	Add lines 1 and 2				5,000
4	Modified AGI is AGI plus excluded income from Forms 2555 (EZ) and 4563, and excluded income from Puerto Rico				77,505
5	Modified AGI limitation \$400,000 married filing jointly; \$200,000 all others				200,000
6	Subtract line 5 from line 4. If -0-, go to line 7. If more than zero, round up to next \$1,000				
7	Multiply line 6 by 5%				
8	Maximum child tax credit and other dependent credit. Subtract line 6 from line 1. You cannot take either credit if this amount is -0-				5,000
9	Amount from Form 1040, line 11, or Form 1040NR, line 45				6,368
10	Credits for foreign tax, dependent care, education, retirement savings, residential energy (Part II), plug-in electric drive motor vehicles, mortgage interest, and elderly				

CTC Worksheet for Form 8396, Mortgage Interest Credit, Form 8839, Adoption Credit, Form 8859, DC First-time Homebuyers Credit, and Form 5695, Residential Energy Credit

1	Total credits for foreign tax, dependent care, education, retirement savings, residential energy (Part II), electric and alternative motor vehicles, and elderly	
2	Amount from line 7 above	
3	Social security or RR tier 1 + Medicare	
4	Schedule 1, line 27 and Schedule 4, lines 58a and 58b; or Form 1040NR, lines 27 and 56; and uncollected social security and Medicare taxes listed on W2	
5	Add lines 3 and 4	
6	Earned income credit and excess FICA/RRTA	
7	Subtract line 6 from line 5	
8	Maximum child tax credit, line 7 above, minus the larger of line 7 of this worksheet or Form 8812, line 8. This is the child tax credit for the purpose of figuring Forms 5695, 8396, 8839 and 8859. Use this amount in place of the credit amounts asked for on these forms	
9	Total of adoption credit, mortgage interest credit, DC first-time homebuyer credit, and residential energy credits as refigured	
10	Add lines 1 and 9	
10	Subtract line 10 from line 9	6,368
11	Child tax credit and credit for other dependents	5,000

Amount paid with Federal extension (Form 4868 or 2350)

Carryovers from 2018 to 2019

1	Section 179 expense disallowed, Form 4562, accumulative total													
2	Net operating loss from 2018 only, Form 1045													
	Amt. carried forward from 2017. Listed on Form 1040, line 21, or Form 1040NR, line 21													
3	2018 charitable contributions. Organization limit:													
	<table border="1"> <tr> <th colspan="2">Cash or other property</th> <th colspan="2">Capital Gain</th> </tr> <tr> <th>50%</th> <th>30%</th> <th>30%</th> <th>20%</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Cash or other property		Capital Gain		50%	30%	30%	20%					
Cash or other property		Capital Gain												
50%	30%	30%	20%											
4	Investment interest expense, Form 4952, accumulative total													
5	Foreign tax credit from 2018 only, Form 1116. Enter amount carried back, if any													
6	Mortgage interest credit, Form 8396													
	<table border="1"> <tr> <th>2016</th> <th>2017</th> <th>2018</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	2016	2017	2018										
2016	2017	2018												
7	DC first-time homebuyer credit, Form 8859													
8	Prior year minimum tax credit, Form 8801, cumulative total													
9	AMT limited qualified electric vehicle credit from 2018 only													
10	Nonrecaptured net section 1231 losses													
	<table border="1"> <tr> <th>2014</th> <th>2015</th> <th>2016</th> <th>2017</th> <th>2018</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	2014	2015	2016	2017	2018								
2014	2015	2016	2017	2018										
11	Excess business loss from 2018 only													