

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

April 01, 2017

Stevenley Sugiarto  
4881 S Towerway  
Aurora, CO 80015

Dear Stevenley,

Enclosed are your 2016 Federal and state income tax returns.

Your Federal income tax balance due is \$9,783.00.

Your Federal tax return has been filed electronically. To pay your balance due, please make your check or money order payable to UNITED STATES TREASURY and write your Social Security Number, daytime phone number, and "2016 Form 1040" on the check. Mail the enclosed Form 1040-V and your payment on or before 4/18/2017 to the Internal Revenue Service at the address on Form 1040-V. Do not staple or otherwise attach your payment to Form 1040-V.

Please retain the enclosed copy of the return for your records.

Your 2016 CO state tax return is enclosed. There is a state tax balance due of \$1,398.00. Your CO state return was filed electronically. Please keep the enclosed copy for your records. Please make your payment by 04/18/2017, following the instructions on the payment voucher.

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

Sincerely,

Kenneth Kim

STATE OF COLORADO  
OFFICE OF THE STATE CONTROLLER  
1525 SHERMAN ST, 5TH FLOOR  
DENVER, CO 80203  
303-866-4090

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

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>STATE OF COLORADO OFFICE OF THE STATE CONTROLLER 1525 SHERMAN ST, 5TH FLOOR DENVER, CO 80203 303-866-4090</b>		1 Rents	OMB No. 1545-0115  <b>2016</b>  Form 1099-MISC	<b>Miscellaneous Income</b>
		2 Royalties		
		3 Other income		
PAYER'S federal identification number <b>84-0644739</b>	RECIPIENT'S identification number <b>**--***4731</b>	5 Fishing boat proceeds	4 Federal income tax withheld	<b>Copy B For Recipient</b> This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code <b>GOSHEN ASSISTED LIVING LLC 12099 E LOUISIANA AVE AURORA, CO 80012-4255</b>		7 Nonemployee compensation	6 Medical and health care payments <b>\$60,204.12</b>	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	8 Substitute payments in lieu of dividends or interest	
		11	10 Crop insurance proceeds	
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments	12	
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no. <b>CO</b>	18 State income

Form 1099-MISC

(keep for your records) [www.irs.gov/form1099misc](http://www.irs.gov/form1099misc)

Department of the Treasury - Internal Revenue Service

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning

Your first name Stevenley M.I. Last name Sugiarso Suffix  
 If a joint return, spouse's first name M.I. Last name Suffix

See separate instructions.

Your social security number

652-60-9300

Spouse's social security number

524-31-9178

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

4881 S Towerway

Apt. no.

Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Aurora CO 80015

Foreign country name

Foreign province/state/county

Foreign postal code

**Presidential Election Campaign**

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

**Filing Status**

- 1 ☐ Single  
 2 ☐ Married filing jointly (even if only one had income)  
 3 ☒ Married filing separately. Enter spouse's SSN above and full name here.

- 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

Check only one box.

Mercedes Moench

First name

Last name

First name

Last name

SSN

- 5 ☐ Qualifying widow(er) with dependent child

**Exemptions**

- 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a  
 b ☐ Spouse

Boxes checked on 6a and 6b

1

**c Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

No. of children on 6c who:  
 • lived with you 0  
 • did not live with you due to divorce or separation (see instructions) 0  
 Dependents on 6c not entered above 0  
 Add numbers on lines above 1

d Total number of exemptions claimed

**Income**

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

If you did not get a W-2, see instructions.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2  
 8a Taxable interest. Attach Schedule B if required  
 b Tax-exempt interest. Do not include on line 8a  
 9a Ordinary dividends. Attach Schedule B if required  
 b Qualified dividends  
 10 Taxable refunds, credits, or offsets of state and local income taxes  
 11 Alimony received  
 12 Business income or (loss). Attach Schedule C or C-EZ  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐  
 14 Other gains or (losses). Attach Form 4797  
 15a IRA distributions 15a Taxable amount  
 16a Pensions and annuities 16a Taxable amount  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  
 18 Farm income or (loss). Attach Schedule F  
 19 Unemployment compensation  
 20a Social security benefits 20a Taxable amount  
 21 Other income. List type and amount  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

7	27,215
8a	
9a	
10	
11	
12	28,287
13	
14	
15b	
16b	
17	
18	
19	
20b	
21	
22	55,502

**Adjusted Gross Income**

- 23 Educator expenses  
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ  
 25 Health savings account deduction. Attach Form 8889  
 26 Moving expenses. Attach Form 3903  
 27 Deductible part of self-employment tax. Attach Schedule SE  
 28 Self-employed SEP, SIMPLE, and qualified plans  
 29 Self-employed health insurance deduction  
 30 Penalty on early withdrawal of savings  
 31a Alimony paid b Recipient's SSN  
 32 IRA deduction  
 33 Student loan interest deduction  
 34 Tuition and fees. Attach Form 8917  
 35 Domestic production activities deduction. Attach Form 8903  
 36 Add lines 23 through 35  
 37 Subtract line 36 from line 22. This is your adjusted gross income

23	
24	
25	
26	
27	1,999
28	
29	1,918
30	
31a	
32	
33	
34	
35	
36	3,917
37	51,585

## Tax and Credits

38	Amount from line 37 (adjusted gross income).	38	51,585
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here. <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,300
41	Subtract line 40 from line 38	41	45,285
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	41,235
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	6,078
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	727
47	Add lines 44, 45, and 46	47	6,805
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	6,805

## Other Taxes

57	Self-employment tax. Attach Schedule SE	57	3,997
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	10,802

## Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	1,125
65	2016 estimated tax payments and amount applied from 2015 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	1,125

## Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. <input type="checkbox"/>	76a	
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
77	Amount of line 75 you want applied to your 2017 estimated tax	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	9,783
79	Estimated tax penalty (see instructions)	79	106

## 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

## Sign Here

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

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<input type="text"/>	<input type="text"/>	Sushi Chef	720-341-7982
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.)
<input type="text"/>	<input type="text"/>	Bartender	<input type="text"/>

## Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Kenneth Kim	Kenneth Kim			P01259501
Firm's name <input type="text"/> K2 CPA LLC	Firm's EIN <input type="text"/> 46-2602763			
Firm's address <input type="text"/> 2821 S Parker Rd Suite 1111	Phone no. <input type="text"/> 303-632-7589			

Aurora CO 80014

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **09**

Name of proprietor <b>Stevenley Sugiarso</b>		Social security number (SSN) <b>652-60-9300</b>
A Principal business or profession, including product or service (see instructions) <b>Assisted Living</b>		B Enter code from instructions <b>62300</b>
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN), (see instr.) <b>27-2874731</b>
E Business address (including suite or room no.) <b>12099 E Louisiana Ave</b> City, town or post office, state, and ZIP code <b>Aurora CO 80012-</b>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2016, check here <input type="checkbox"/>		
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	114,312.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	114,312.
4 Cost of goods sold (from line 42)	4	14,349.
5 Gross profit. Subtract line 4 from line 3	5	99,963.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	99,963.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	1,820.	18 Office expense (see instructions)	18	798.
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	14,819.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	4,458.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	878.
15 Insurance (other than health)	15	3,153.	23 Taxes and licenses	23	2,596.
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	2,827.
17 Legal and professional services	17	550.	25 Utilities	25	6,551.
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	30,000.
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	3,226.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you must go to line 32.	31	28,287.			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you must attach <b>Form 6198</b> . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

**Part III Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory: a ☒ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

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

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	14,349.
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	14,349.
41 Inventory at end of year	41	
42 <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4	42	14,349.

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:

a Business b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47 a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

Cable, Phone, Internet	2,843.
Trash Removal	383.
48 <b>Total other expenses.</b> Enter here and on line 27a	48 3,226.

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

Stevenley Sugiarsa

Social security number of person  
with self-employment income

652-60-9300

**Section B—Long Schedule SE****Part I Self-Employment Tax**

**Note.** If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ☐

**1 a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. **Note.** Skip lines 1a and 1b if you use the farm optional method (see instructions).

**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z.

**2** Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. **Note.** Skip this line if you use the nonfarm optional method (see instructions).

**3** Combine lines 1a, 1b, and 2

**4 a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **Note.** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

**c** Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. **Exception.** If less than \$400 and you had church employee income, enter -0- and continue.

**5 a** Enter your church employee income from Form W-2. See instructions for definition of church employee income

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

**6** Add lines 4c and 5b

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2016

**8 a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$118,500 or more, skip lines 8b through 10, and go to line 11

**b** Unreported tips subject to social security tax (from Form 4137, line 10)

**c** Wages subject to social security tax (from Form 8919, line 10)

**d** Add lines 8a, 8b, and 8c

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11

**10** Multiply the smaller of line 6 or line 9 by 12.4% (0.124)

**11** Multiply line 6 by 2.9% (0.029)

**12** Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55

**13** Deduction for one-half of self-employment tax.

Multiply line 12 by 50% (0.50). Enter the result here and on

Form 1040, line 27, or Form 1040NR, line 27

**Part II Optional Methods To Figure Net Earnings (see instructions)**

**Farm Optional Method.** You may use this method only if (a) your gross farm income<sup>1</sup> was not more than \$7,560, or (b) your net farm profits<sup>2</sup> were less than \$5,457.

**14** Maximum income for optional methods

**15** Enter the smaller of: two-thirds (2/3) of gross farm income<sup>1</sup> (not less than zero) or \$5,040. Also include this amount on line 4b above

**Nonfarm Optional Method.** You may use this method only if (a) your net nonfarm profits<sup>3</sup> were less than \$5,457 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution.** You may use this method no more than five times.

**16** Subtract line 15 from line 14

**17** Enter the smaller of: two-thirds (2/3) of gross nonfarm income<sup>4</sup> (not less than zero) or the amount on line 16. Also include this amount on line 4b above

<sup>1</sup> From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

<sup>3</sup> From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

<sup>4</sup> From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

## Installment Agreement Request

- Information about Form 9465 and its separate instructions is at [www.irs.gov/form9465](http://www.irs.gov/form9465).  
► If you are filing this form with your tax return, attach it to the front of the return.  
► See separate instructions.

OMB No. 1545-0074

**Tip:** If you owe \$50,000 or less, you may be able to establish an installment agreement online, even if you have not yet received a bill for your taxes. Go to [IRS.gov](http://IRS.gov) to apply to pay online. **Caution:** Don't file this form if you can pay your balance in full within 120 days. Instead, call 1-800-829-1040. Don't file if your business is still operating and owes employment or unemployment taxes. Instead, call the telephone number on your most recent notice. If you are in bankruptcy or we have accepted your offer-in-compromise, see **Bankruptcy or offer-in-compromise**, in the instructions.

### Part I

This request is for Form(s) (for example, Form 1040 or Form 941) **FORM 1040** and for tax year(s) (for example, 2012 and 2013) **2016**

**1a** Your first name and initial Stevenley Last name Sugiarso Your social security number 652-60-9300  
If a joint return, spouse's first name and initial \_\_\_\_\_ Last name \_\_\_\_\_ Spouse's social security number \_\_\_\_\_

Current address (number and street). If you have a P.O. box and no home delivery, enter your box number.

4881 S Towerway

Apt. number \_\_\_\_\_

City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions)

Aurora CO 80015

Foreign country name \_\_\_\_\_

Foreign province/state/county \_\_\_\_\_

Foreign postal code \_\_\_\_\_

**1b** If this address is new since you filed your last tax return, check here ☐

**2** Name of your business (must be no longer operating) \_\_\_\_\_ Employer identification number (EIN) \_\_\_\_\_

**3** Your home phone number \_\_\_\_\_ Best time for us to call \_\_\_\_\_  
**4** 720-341-7982 9am to 6pm  
Your work phone number Ext. Best time for us to call

**5** Name of your bank or other financial institution: \_\_\_\_\_  
Address \_\_\_\_\_  
City, state, and ZIP code \_\_\_\_\_  
**6** Your employer's name: \_\_\_\_\_  
Address \_\_\_\_\_  
City, state, and ZIP code \_\_\_\_\_

<b>7</b> Enter the total amount you owe as shown on your tax return(s) (or notice(s))	<b>7</b>	<u>9,783.</u>
<b>8</b> Enter the amount of any payment you are making with your tax return(s) (or notice(s)). See instructions	<b>8</b>	<u>783.</u>
<b>9</b> Subtract line 8 from line 7 and enter the result	<b>9</b>	<u>9,000.</u>
<b>10</b> Enter the amount you can pay each month. Make your payments as large as possible to limit interest and penalty charges. <b>The charges will continue until you pay in full. If no payment amount is listed on line 10, a payment will be determined for you by dividing the balance due by 72 months</b>	<b>10</b>	<u>500.</u>
<b>11</b> Divide the amount on line 9 by 72 and enter the result	<b>11</b>	<u>125.</u>

If the amount on line 10 is less than the amount on line 11 and you are unable to increase your payment to the amount on line 11, complete and attach Form 433-F, Collection Information Statement.

If the amount on line 10 is equal to or greater than the amount on line 11 but the amount you owe is greater than \$25,000 but not more than \$50,000, you must complete either line 13 or 14, if you do not wish to complete Form 433-F.

If the amount on line 9 is greater than \$50,000, complete and attach Form 433-F, Collection Information Statement.

**12** Enter the date you want to make your payment each month. Do not enter a date later than the 28th **28**

**13** If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

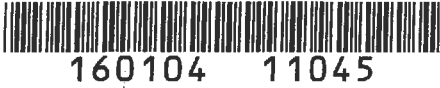
► **a** Routing number \_\_\_\_\_  
► **b** Account number \_\_\_\_\_

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my Federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at 1-800-829-1040 no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

**14** If you want to make your payments by payroll deduction, check this box and attach a completed Form 2159, Payroll Deduction Agreement ☐

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_





160104 11045

FORM 104 (08/26/16)  
 COLORADO DEPARTMENT OF REVENUE  
 www.TaxColorado.com

**2016**  
**(0013)**

# Colorado Individual Income Tax Form 104

☒ Full-Year ☐ Part-Year or Nonresident (or resident,  
 part-year, non-resident combination)

☐ Mark if Abroad on due date – see instructions

Your Last Name		Your First Name		Middle Initial	
Sugiarso		Stevenley			
Date of Birth (MM/DD/YYYY)		SSN			
10/19/1981		652-60-9300			
Deceased	Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
<input type="checkbox"/>			CO	0914	05/07/2014
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial	
Date of Birth (MM/DD/YYYY)		Spouse's SSN			
08/25/1980					
Deceased	Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
<input type="checkbox"/>					
Mailing Address			Phone Number		
4881 S Towerway			720-341-7982		
City	State	Zip Code	Foreign Country (if applicable)		
Aurora	CO	80015			
<b>Round To The Next Dollar</b>					
1. Enter Federal Taxable Income from your federal income tax form: 1040EZ line 6, 1040A line 27, 1040 line 43				• 1	41235 00
Staple W-2s and 1099s with CO withholding here. ◀					
<b>Additions to Federal Taxable Income</b>					
2. State Addback, enter the state income tax deduction from your federal form 1040 schedule A, line 5 (see instructions)				• 2	00
3. Other Additions, explain (see instructions)				• 3	00
Explain:					
4. Subtotal, add lines 1 through 3				4	41235 00
5. Subtractions from DR 0104AD Schedule, line 16				• 5	480 00
6. Colorado Taxable Income, line 4 minus line 5				6	40755 00



160104 21045

FORM 104 (08/26/16)  
COLORADO DEPARTMENT OF REVENUE  
www.TaxColorado.com

Name	SSN
Stevenley Sugiarto	652-60-9300
Tax, Prepayments and Credits: full-year residents go to Form 104CR and part-year and nonresidents go to Form 104PN	
7. Colorado Tax from tax table or Form 104PN line 36	1887 00
8. Alternative Minimum Tax from Form 104AMT	00
9. Recapture of prior year credits	00
10. Subtotal, add lines 7 through 9	1887 00
11. Nonrefundable Credits from Form 104CR line 39, cannot exceed the sum of lines 7 and 8	00
12. Total Nonrefundable Enterprise Zone credits used – as calculated, or from DR 1366 line 87	00
13. Net Income Tax, add lines 11 and 12. Then subtract that sum from line 10.	1887 00
14. Use Tax reported on DR 0104US schedule line 7	0 00
15. Net Colorado Tax, add lines 13 and 14	1887 00
16. CO Income Tax Withheld from W-2s and 1099s.	521 00
17. Prior-year Estimated Tax Carryforward	00
18. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	00
19. Extension Payment remitted with form 158-I	00
20. Other Prepayments: • <input type="checkbox"/> 104BEP • <input type="checkbox"/> DR 0108 • <input type="checkbox"/> DR 1079	00
21. Gross Conservation Easement Credit from DR 1305G line 33	00
22. Innovative Motor Vehicle Credit from form DR 0617	00
23. Refundable Credits from Form 104CR line 8	00
24. Subtotal, add lines 16 through 23	521 00
25. Federal Adjusted Gross Income from your federal income tax form: 1040EZ line 4; 1040A line 21; 1040 line 37	51585 00
26. Overpayment, if line 24 is greater than 15 then subtract line 15 from line 24	00
27. Estimated Tax Credit Carry Forward to 2017 first quarter, if any	00
28. Voluntary Contributions elected on DR 0104CH schedule line 21	00
29. Subtotal, add lines 27 and 28	00
30. Refund, subtract line 29 from line 26 (see instructions)	00



160104 31045

FORM 104 (08/26/16)  
COLORADO DEPARTMENT OF REVENUE  
www.TaxColorado.com

Name		SSN	
Stevenley Sugiarto		652-60-9300	
<b>Direct Deposit</b>	Routing Number	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CollegeInvest 529	
	Account Number		
For questions regarding CollegeInvest direct deposit or to open an account call 800-448-2424 or visit CollegeInvest.org			
31. Net Tax Due, subtract line 24 from line 15, then add line 28	31	1366	00
32. Delinquent Payment Penalty (see instructions)	32		00
33. Delinquent Payment Interest (see instructions)	33		00
34. Estimated Tax Penalty (see instructions)	34	32	00
35. Amount You Owe, add lines 31 through 34	35	1398	00
<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>			
<b>Third Party Designee</b>			
Do you want to allow another person to discuss this return and any other information related to this return with the Colorado Department of Revenue? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Complete the following:			
Designee's Name		Phone Number	
● Kenneth Kim		● 303-632-7589	
<b>Sign Below</b> Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.			
Your Signature		Date (MM/DD/YY)	
Spouse Signature. If joint return, BOTH must sign.		Date (MM/DD/YY)	
Paid Preparer's Name		Paid Preparer's Phone	
Kenneth Kim		303-632-7589	
Paid Preparer's Address		City	State Zip
2821 S Parker Rd Suite 1111		Aurora	CO 80014

**New For This Year:**

If you are filing this return **with** a check or payment, please mail the return to:  
COLORADO DEPARTMENT OF REVENUE  
Denver, CO 80261-0006

If you are filing this return **without** a check or payment, please mail the return to:  
COLORADO DEPARTMENT OF REVENUE  
Denver, CO 80261-0005



168453 21045

DR 8453 (11/16/16)  
COLORADO DEPARTMENT OF REVENUE  
Denver, CO 80261-0005  
[www.TaxColorado.com](http://www.TaxColorado.com)

**Part III — Declaration of ERO/Preparer/Transmitter**

If the transmitter did not prepare the tax return, check here ☐

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2016 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2016 Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8453) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

ERO's Signature		Date	
Kenneth Kim		04/01/2017	
Check if also preparer <input checked="checked" type="checkbox"/>		Preparer Identification Number or Your SSN	
		P01259501	



160204 11045

DR 0204 (09/28/16)  
**COLORADO DEPARTMENT OF REVENUE**  
 Denver, CO 80261-0005  
[www.TaxColorado.com](http://www.TaxColorado.com)

## Tax Year Ending Computation of Penalty Due Based on Underpayment of Colorado Individual Estimated Tax

Taxpayer's Name Stevenley Sugiarto	Social Security Number 652-60-9300
---------------------------------------	---------------------------------------

### Part 1 — Exceptions

#### Exception Number 1

If at least two-thirds of your gross current year income is from farming or fishing and you file your current year return and pay the full amount of tax due on or before March 1 you are not subject to the estimated tax penalty.

#### Exception Number 2

1. Enter your current year tax liability including alternative minimum tax and any credit recapture after reduction for all credits other than withholding tax and estimated tax payments and credits

\$ 1887

2. (a) Statutory exemption

\$ 1,000.00

(b) Current year Colorado income tax withheld from wages and/or nonresident real estate transactions

\$ 521

(c) Total of lines 2(a) and 2(b)

\$ 1521

3. Line 1 minus line 2(c). If 2(c) is larger, enter 0 and you are not subject to the penalty

\$ 366

### Part 2 — Required Annual Payment

4. (a) Enter your current year tax liability (including alternative minimum tax and any credit recapture) after reduction for all credits other than withholding tax and estimated tax payments and credits

\$ 1887

(b) Enter 70% of the amount on line 4(a)

\$ 1321

5. (a) Enter your previous year tax liability (including alternative minimum tax and any credit recapture) after reduction for all credits other than withholding tax, estimated tax payments and credits

\$ 1868

(b) If your previous year federal adjusted gross income is greater than \$150,000 (greater than \$75,000 if married filing separate), enter 10% of line 5(a). If not, enter 0

\$

(c) Enter total of lines 5(a) and 5(b)

\$ 1868

6. Required payment. Enter the smaller of lines 4(b) or 5(c)

\$ 1321

### Part 3 — Penalty Computation

#### Payment Due Dates

7. Divide the amount on line 6 by four. Enter the result in the appropriate column	April 15	June 15	Sept 15	January 15
	\$ 330	\$ 330	\$ 331	\$ 330
8. Amounts paid in estimated tax	\$	\$	\$	\$
9. Amount of tax withheld	\$ 130	\$ 130	\$ 131	\$ 130
10. Overpayment (on line 12) from previous period		\$	\$	\$
11. Total of lines 8, 9, and 10	\$ 130	\$ 130	\$ 131	\$ 130
12. Underpayment (line 7 minus line 11) or <overpayment> (line 11 minus line 7)	\$ 200	\$ 200	\$ 200	\$ 200
13. Date of payment or December 31, whichever is earlier	12/31/2016	12/31/2016	12/31/2016	
14. Number of days from due date of payment to date on line 13	260	199	107	
15. Underpayment on line 12 multiplied by 6% multiplied by number of days on line 14 divided by 366	\$ 9	\$ 7	\$ 4	
16. Date of payment or April 18, whichever is earlier	04/15/2017	04/15/2017	04/15/2017	04/15/2017
17. Number of days from December 31, or due date of payment, whichever is later, to date on line 16	105	105	105	90
18. Underpayment on line 12 multiplied by 6% multiplied by number of days on line 17 divided by 366	\$ 3	\$ 3	\$ 3	\$ 3
19. Total penalty. Add all amounts on lines 15 and 18. Include this amount as estimated tax penalty on line 34 of Form 104	\$ 32			

CO

Worksheet for Underpayment of Estimated Tax

2016

Name: Stevenley Sugiarto

SSN: 652-60-9300

	Date of payment	Amount of payment	Balance due after payment	Days	Penalty
<b>First quarter</b>					
Required payment			330		
First quarter payments	04/15/2016	130	200		
Second quarter payments	06/15/2016		200		
Third quarter payments	09/15/2016		200		
Fourth quarter payments	01/15/2016		200		
Before 01/01/2017					
After 12/31/2016					
Final payment	04/15/2017	200			
Before 01/01/2017				260	
After 12/31/2016				105	
Total penalty due for the first quarter before 01/01/2017				9	
Total penalty due for the first quarter after 12/31/2016				3	12
<b>Second quarter</b>					
Required payment			330		
First quarter payments	04/15/2016		330		
Second quarter payments	06/15/2016	130	200		
Third quarter payments	09/15/2016		200		
Fourth quarter payments	01/15/2016		200		
Before 01/01/2017					
After 12/31/2016					
Final payment	04/15/2017	200			
Before 01/01/2017				199	
After 12/31/2016				105	
Total penalty due for the second quarter before 01/01/2017				7	
Total penalty due for the second quarter after 12/31/2016				3	10
<b>Third quarter</b>					
Required payment			331		
First quarter payment	04/15/2016		331		
Second quarter payment	06/15/2016		331		
Third quarter payment	09/15/2016	131	200		
Fourth quarter payment	01/15/2016		200		
Before 01/01/2017					
After 12/31/2016					
Final payment	04/15/2017	200			
Before 01/01/2017				107	
After 12/31/2016				105	
Total penalty due for the third quarter before 01/01/2017				4	
Total penalty due for the third quarter after 12/31/2016				3	7
<b>Fourth quarter</b>					
Required payment			330		
First quarter payment	04/15/2016		330		
Second quarter payment	06/15/2016		330		
Third quarter payments	09/15/2016		330		
Fourth quarter payments	01/15/2016	130	200		
Final payment	04/15/2017	200		90	3
Total penalty due for the fourth quarter					3

# GOSHEN ASSISTED LIVING LLC

## Profit and Loss Statement

2016

Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	% of Income
<b>REVENUES:</b>														
Medicaid	6,348.99	5,120.27	5,945.32	3,964.08	4,955.10	5,120.27	2,477.55	9,234.55	2,642.72	6,822.45	4,699.91	2,872.91	60,204.12	45%
Social Security	3,816.00	3,876.00	4,016.00	3,786.00	4,546.97	2,873.00	6,521.28	5,702.30	4,175.68	1,996.00	7,702.90	5,096.00	54,108.13	40%
Innvoage							4,131.38	3,859.14		6,130.91		5,278.40	19,399.83	15%
<b>Total Revenue</b>	<b>10,164.99</b>	<b>8,996.27</b>	<b>9,961.32</b>	<b>7,750.08</b>	<b>9,502.07</b>	<b>7,993.27</b>	<b>13,130.21</b>	<b>18,795.99</b>	<b>6,818.40</b>	<b>14,949.36</b>	<b>12,402.81</b>	<b>13,247.31</b>	<b>133,712.08</b>	<b>100%</b>
<b>EXPENSES:</b>														
Grocery	964.94	789.45	1,159.56	1,203.42	1,396.26	1,528.80	1,615.42	1,332.49	647.52	951.65	1,369.55	1,389.48	14,348.54	11%
Supplies					215.93	245.13	88.65	10.13		138.10	22.66	157.29	877.89	1%
Equipment / Fixtures							296.43			27.73	60.00	87.00	471.16	0%
Salaries and wages														0%
Entertainment (restaurant, gift)														30%
Maintenance	3,222.94	3,522.94	2,922.94	3,222.94	3,672.94	3,072.94	4,172.94	2,922.94	3,622.94	3,320.94	3,422.94	3,622.94	40,723.28	4%
Electricity & Gas bill	503.18	469.44	339.56	253.92	256.42	678.75	994.15	240.74	433.38	411.35	447.36	627.15	5,655.40	3%
Water bill	172.10	39.71	500.00	384.99	335.95	353.71	1,092.00	154.34	205.47	462.58	636.46	120.50	4,457.81	3%
Phone, TV & internet bill	311.44	279.60	231.52	174.19	181.54	190.81	473.23	363.62	326.94	263.11	320.08	345.36	3,461.44	2%
Waste Management bill	203.71	247.02	167.39	195.01	187.09	238.71	197.63	405.14	84.19	415.89	306.70	437.85	3,090.33	2%
Rent expense	213.85	219.74	249.91	235.39	226.86	247.38	246.90	255.65	226.86	235.12	247.36	237.86	2,842.88	2%
Advertising	1,229.37	1,229.37	1,229.37	1,229.37	1,229.37	1,229.37	1,240.52	1,240.52	100.45	1,240.52	1,240.52	101.23	383.38	0%
Insurance		420.00	500.00	400.00	250.00		250.00					1,240.52	14,819.34	11%
Payroll Taxes	736.62	219.63	219.63	219.63	219.63	219.63	219.63	219.63	219.63	219.63	219.63	219.63	1,820.00	1%
Accounting Fee	2,111.07			2,367.00			2,308.00			2,765.82			3,152.55	2%
Other	100.00			100.00			100.00		150.00	100.00			9,551.89	7%
<b>Total Expenses</b>	<b>9,769.22</b>	<b>7,436.90</b>	<b>7,609.86</b>	<b>9,989.86</b>	<b>8,171.99</b>	<b>8,096.95</b>	<b>13,295.50</b>	<b>7,145.20</b>	<b>7,570.90</b>	<b>10,552.44</b>	<b>8,293.26</b>	<b>8,600.81</b>	<b>106,532.89</b>	<b>80%</b>
<b>Profit (Loss)</b>	<b>395.77</b>	<b>1,559.37</b>	<b>2,351.46</b>	<b>(2,239.78)</b>	<b>1,330.08</b>	<b>(103.68)</b>	<b>(165.29)</b>	<b>11,650.79</b>	<b>(752.50)</b>	<b>4,396.92</b>	<b>4,109.55</b>	<b>4,646.50</b>	<b>27,179.19</b>	<b>20%</b>

<b>Copy B--To Be Filed With Employee's</b>		38-2099803	
<b>FEDERAL Tax Return.</b>		OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Fed. income tax withheld	
652-60-9300	27215.00	1125.36	
b Employer ID number (EIN)	3 Social security wages	4 Soc. sec. tax withheld	
27-0594019	27215.00	1687.33	
	5 Medicare wages and tips	6 Medicare tax withheld	
	27215.00	394.62	
c Employer's name, address, and ZIP code CSY ENTERPRISES LLC 2222 S HAVANA ST UNIT H AURORA, CO 80014			
d Control number CO00331			
e Employee's name, address, and ZIP code STEVENLEY SUGIARSO 2155 BUCHTEL BLVD APT B207 DENVER, CO 80210			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	See inst. for box 12
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CO 04284838	27215.00	521.00	
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	
8 Local wages, tips, etc.	19 Local income tax	20 Locality name	
27215.00	24.00	AURORA	

Form W-2 Wage and Tax Statement **2016** Dept. of the Treasury -- IRS  
This information is being furnished to the Internal Revenue Service.

6USW2EM

This information is being furnished to IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.

<b>Copy C--For EMPLOYEE'S RECORDS (See Notice to Employee.)</b>		38-2099803	
		OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Fed. income tax withheld	
652-60-9300	27215.00	1125.36	
b Employer ID number (EIN)	3 Social security wages	4 Soc. sec. tax withheld	
27-0594019	27215.00	1687.33	
	5 Medicare wages and tips	6 Medicare tax withheld	
	27215.00	394.62	
c Employer's name, address, and ZIP code CSY ENTERPRISES LLC 2222 S HAVANA ST UNIT H AURORA, CO 80014			
d Control number CO00331			
e Employee's name, address, and ZIP code STEVENLEY SUGIARSO 2155 BUCHTEL BLVD APT B207 DENVER, CO 80210			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	See inst. for box 12
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CO 04284838	27215.00	521.00	
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	
Local wages, tips, etc.	19 Local income tax	20 Locality name	
27215.00	24.00	AURORA	

Form W-2 Wage and Tax Statement **2016** Dept. of the Treasury -- IRS

<b>Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return</b>		38-2099803	
		OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Fed. income tax withheld	
652-60-9300	27215.00	1125.36	
b Employer ID number (EIN)	3 Social security wages	4 Soc. sec. tax withheld	
27-0594019	27215.00	1687.33	
	5 Medicare wages and tips	6 Medicare tax withheld	
	27215.00	394.62	
c Employer's name, address, and ZIP code CSY ENTERPRISES LLC 2222 S HAVANA ST UNIT H AURORA, CO 80014			
d Control number CO00331			
e Employee's name, address, and ZIP code STEVENLEY SUGIARSO 2155 BUCHTEL BLVD APT B207 DENVER, CO 80210			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CO 04284838	27215.00	521.00	
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
27215.00	24.00	AURORA	

Form W-2 Wage and Tax Statement **2016** Dept. of the Treasury -- IRS

Copyright 2016 Sage Payroll Services

<b>Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return</b>		38-2099803	
		OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Fed. income tax withheld	
652-60-9300	27215.00	1125.36	
b Employer ID number (EIN)	3 Social security wages	4 Soc. sec. tax withheld	
27-0594019	27215.00	1687.33	
	5 Medicare wages and tips	6 Medicare tax withheld	
	27215.00	394.62	
c Employer's name, address, and ZIP code CSY ENTERPRISES LLC 2222 S HAVANA ST UNIT H AURORA, CO 80014			
d Control number CO00331			
e Employee's name, address, and ZIP code STEVENLEY SUGIARSO 2155 BUCHTEL BLVD APT B207 DENVER, CO 80210			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CO 04284838	27215.00	521.00	
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
27215.00	24.00	AURORA	

Form W-2 Wage and Tax Statement **2016** Dept. of the Treasury -- IRS