



Manager: Doris Scipio

Business Purpose: MR

Is this a Credit/Return: No

Vendor Code: low0171

Card Name: Lowe's Home Centers Inc.

Card Unit:

Card Receipt Total: \$26.78

Card Purchase Date: Jul-01-2019

Same Expense Code Per Property?: No

Same Description Per Property?: No

Card Purchase for Only One Property: No

Card Allocation Method: Split Evenly

Building	Code Allocation Method	Property Cost	Property Unit#	Expense Code	Code Name	Code Desc	Expense Code Cost
Mt. Airy Arms	Split Evenly	\$26.78	A11	56430	Misc MR	Foam to closes holes	\$26.78



Handwritten: *HP*

**Form 1040**  
U.S. Individual Income Tax Return  
OMB No. 1545-0047  
Use of this form is required for all individuals with income tax liability.

**Part I**  
Your Name, Address, and Social Security Number  
Name: [Redacted]  
Address: [Redacted]  
City, State, ZIP: [Redacted]  
Social Security Number: [Redacted]

**Part II**  
Your Income  
1. Wages, salaries, tips, etc. (attach Form W-2) \$10,000  
2. Dividends and capital gains (attach Form 1099-DIV) \$0  
3. Interest income (attach Form 1099-INT) \$0  
4. Rental income (attach Form 1099-RENT) \$0  
5. Other income (attach Form 1099-OTHER) \$0  
Total income \$10,000

**Part III**  
Your Adjusted Gross Income  
1. Total income \$10,000  
2. Deductions for adjustments to gross income (attach Form 1040-EZ) \$0  
Adjusted gross income \$10,000

**Part IV**  
Your Tax  
1. Taxable income \$10,000  
2. Tax (attach Form 1040-EZ) \$2,000  
3. Total tax \$2,000  
4. Refund of overpayment (attach Form 1040-EZ) \$0  
Total refund \$0

**Part V**  
Your Signature  
Signature: [Redacted]  
Date: [Redacted]