

<b>1040</b>	<b>Federal Return Summary</b>	<b>2018</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number
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Tax Form ..... 1040  
 Tax Method Used SCHEDULE D TAX WRK

Filing Status ..... MFJ  
 Dependents ..... 3  
 Healthcare ..... FULL-YEAR OR EXEMPT

**Income**

Salaries & wages	<u>151,924</u>
Taxable interest income	<u>79</u>
Tax exempt interest	
Dividend income	<u>62</u>
Qualified dividends	<u>62</u>
Taxable state/local refunds	<u>223</u>
Alimony received	
Business income/-loss	
Capital gain/-loss	<u>10,876</u>
Other gain/-loss (Form 4797)	
Taxable IRA distributions	
Taxable pension distributions	
Rental, royalty, partnership, etc. income/-loss	<u>-14,124</u>
Farm income/-loss	
Unemployment compensation	
Taxable social security benefits	
Other income	
<b>Total income</b>	<b><u>149,040</u></b>

**Adjustments**

Moving expenses	
Deductible part of self-employment tax	
SEP, SIMPLE, and qualified plan deduction	
Self-employed health insurance deduction	
Alimony paid	
IRA deduction	
Student loan interest deduction	
Other adjustments	
Total adjustments	
<b>Adjusted gross income</b>	<b><u>149,040</u></b>

**Deductions**

Medical and Dental expenses	
Taxes paid	<u>10,000</u>
Interest paid	<u>15,219</u>
Charitable contributions	<u>2,000</u>
Other itemized deductions	
Total itemized deductions	<u>27,219</u>
or, Standard deduction	
Taxable income before Qual Bus Inc Ded (QBID)	<u>121,821</u>
QBID (plus DPAD)	
<b>Taxable income</b>	<b><u>121,821</u></b>

**Tax Computation**

Regular tax	<u>18,680</u>
Alternative minimum tax	
Excess advance premium tax credit	
Total tax before credits	<u>18,680</u>
Child and dependent care credit	<u>600</u>
Education credits	
Other credits	<u>6,000</u>
Total credits	<u>6,600</u>
Tax after credits	<u>12,080</u>
Self-employment tax	
Additional tax on IRAs, etc.	
Other taxes	
<b>Total tax</b>	<b><u>12,080</u></b>

**Payments**

Federal income tax withheld	<u>18,293</u>
Estimated payments	
Other payments/credits	
<b>Total payments</b>	<b><u>18,293</u></b>

**Refund/Amount Due**

Amount overpaid	<u>6,213</u>
Overpayment applied	
Form 2210 penalty	
<b>Amount due/-refund</b>	<b><u>-6,213</u></b>
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
<b>Net amount due/-refund</b>	<b><u>-6,213</u></b>

**2019 Estimates**

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
<b>Total Estimates</b>	

**Tax Rates**

Marginal tax rate - Ordinary income *	<u>22.0</u> %
Marginal tax rate - Capital income*	<u>15.0</u> %
Effective tax rate	<u>10.0</u> %

\* Marginal Tax Rate displayed may not reflect the true tax rate for Schedule J or Form 8615.



LIMITED LIABILITY PARTNERSHIP  
CERTIFIED PUBLIC ACCOUNTANTS BUSINESS DEVELOPMENT CONSULTANTS

2018 Tax Return

**Marcus J Molinaro & Corinne Adams**

Client Copy

Form **1040** | **Reconciliation Worksheet - Taxable Income & Tax** | **2018**

Name **MARCUS J MOLINARO & CORINNE ADAMS**

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status **MARRIED FILING JOINTLY** Tax Pct Total Tax (In 27) divided Total Taxable Income (In 19) **15.0%**  
 Tax Method **SCHEDULE D TAX WORKSHEET**

\*\* Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:  
 Tax using capital gains rates **19,001** Tax using Ordinary rates **18,680** Tax savings **321**

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	<b>121,821</b>	<b>22.0%</b>	<b>18,680</b>	<b>\$77,400 - \$165,000</b>	<b>43,179</b>
Capital Income	<b>62</b>	<b>15.0%</b>			
Capital Income - 1250	<b>10,876</b>				
Capital Income - 1202					

\*Tax on taxable ordinary income under \$100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within \$50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

Income taxed at ordinary rates	(a) Taxable Income	(b) Tax*
1. 10% rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$19,050</small>	1a. <b>19,050</b>	1b. <b>1,908</b>
2. 12% rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$58,350</small>	2a. <b>58,350</b>	2b. <b>7,005</b>
3. 22% rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$87,600</small>	3a. <b>44,421</b>	3b. <b>9,767</b>
4. 24% rate	4a.	4b.
5. 32% rate	5a.	5b.
6. 35% rate	6a.	6b.
7. 37% rate	7a.	7b.
8. <b>Total ordinary taxable income and ordinary tax.</b> Add lines 1 through 7	8a. <b>121,821</b>	8b. <b>18,680</b>

Income taxed at capital gains rates	(a) Taxable Income	(b) Tax*
9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$401,800</small> **	10a. <b>62</b>	10b.
11. 20% capital gains rate	11a.	11b.
12. 25% capital gains rate <small>Unrecaptured Section 1250 Gain</small> **	12a. <b>10,876</b>	12b.
13. 28% capital gains rate <small>Small business stock, collectibles</small>	13a.	13b.
14. <b>Total taxable capital gains and capital gains tax.</b> Add lines 9 through 13	14a. <b>10,938</b>	14b.

Total taxable income	
15. Total ordinary taxable income. Enter the amount from line 8a.	15. <b>121,821</b>
16. Total capital gains taxable income. Enter the amount from line 14a.	16.
17. Add lines 15 and 16.	17. <b>121,821</b>
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.
19. <b>Taxable income</b> reported on 1040, line 10, (1040NR, line 41, or 1040NR-EZ, line 14). Subtract line 18 from line 17.	19. <b>121,821</b>

Total tax	
20. Total ordinary tax. Enter the amount from line 8b.	20. <b>18,680</b>
21. Total capital gains tax. Enter the amount from line 14b.	21.
22. Tax on child's interest and dividend.	22.
23. Tax on lump-sum distribution.	23.
24. Other taxes.	24.
25. Add lines 20 through 24.	25. <b>18,680</b>
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.	26.
27. <b>Total tax</b> reported on 1040, line 11, (1040NR, line 42, or 1040NR-EZ, line 15). Subtract line 26 from line 25.	27. <b>18,680</b>



Form <b>1040</b>	<b>Bank Account Verification</b>	<b>2018</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number
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You have indicated that you would like to receive a refund via direct deposit or make a tax payment via electronic funds withdrawal (EFW) from your bank account(s). Note that electronic funds can only be withdrawn from the primary account. Make sure sufficient funds are available in the primary account. Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If there are any changes please make them on this form. Sign and date at the bottom to indicate upon your review and verification that all account(s) listed are correct and return it to our office.

**Primary Account**

Name of Financial Institution .....

Routing Transit Number .....

Account Number .....

Type of Account .....

Joint Account? .....

**Secondary Account #1**

Name of Financial Institution .....

Routing Transit Number .....

Account Number .....

Type of Account .....

Joint Account? .....

**Secondary Account #2**

Name of Financial Institution .....

Routing Transit Number .....

Account Number .....

Type of Account .....

Joint Account? .....

\_\_\_\_\_  
Taxpayer Signature **MARCUS J MOLINARO** Date

\_\_\_\_\_  
Spouse Signature **CORINNE ADAMS** Date

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2018** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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

Your first name and initial **MARCUS J** Last name **MOLINARO**

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 **CORINNE** Last name **ADAMS**

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 instr.)  
 Spouse is blind  Spouse itemizes on a separate return or you were a dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **75 GLEN RIDGE ROAD** Apt. no. Presidential Election Campaign (see instr.)  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **RED HOOK NY 12571** If more than four dependents, see instr. and  here **u**

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instr.)	
(1) First name	Last name			Child tax credit	Credit for other dependents
<b>ABIGAL</b>	<b>MOLINARO</b>		<b>DAUGHTER</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>ELIAS A.</b>	<b>MOLINARO</b>		<b>SON</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>THEO A.</b>	<b>MOLINARO</b>		<b>SON</b>	<input checked="" type="checkbox"/>	<input 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.

Joint return?  See instructions. Keep a copy for your records.  Your signature \_\_\_\_\_ Date \_\_\_\_\_ Your occupation **COUNTY EXECUTIVE** If the IRS sent you an Identity Protection PIN, enter it here (see instr.) \_\_\_\_\_  
 Spouse's signature. If a joint return, **both** must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation **DIRECT OF COMMUNICATIONS** If the IRS sent you an Identity Protection PIN, enter it here (see instr.) \_\_\_\_\_

Preparer's name **SUSAN L. HOWELL, CPA** Preparer's signature **SUSAN L. HOWELL, CPA** PTIN **\*\*\*\*\*** Check if:  3rd Party Designee  Self-employed  
**Paid Preparer Use Only** Firm's name **u RBT CPAS, LLP** Firm's EIN **14-1604297**  
**11 RACQUET RD** Phone no. **845-567-9000**  
**NEWBURGH NY 12550**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	<b>151,924</b>
<b>2a</b>	Tax-exempt interest	<b>2a</b>	
<b>2b</b>	Taxable interest	<b>2b</b>	<b>79</b>
<b>3a</b>	Qualified dividends	<b>3a</b>	<b>62</b>
<b>3b</b>	Ordinary dividends	<b>3b</b>	<b>62</b>
<b>4a</b>	IRAs, pensions, and annuities	<b>4a</b>	
<b>4b</b>	Taxable amount	<b>4b</b>	
<b>5a</b>	Social security benefits	<b>5a</b>	
<b>5b</b>	Taxable amount	<b>5b</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>6</b>	<b>149,040</b>
<b>7</b>	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	<b>7</b>	<b>149,040</b>
<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>8</b>	<b>27,219</b>
<b>9</b>	Qualified business income deduction (see instructions)	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	<b>121,821</b>
<b>11</b>	<b>a</b> Tax (see instr.) <b>18,680</b> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )	<b>11</b>	<b>18,680</b>
	<b>b</b> Add any amount from Schedule 2 and check here <b>u</b> <input type="checkbox"/>	<b>11</b>	<b>18,680</b>
<b>12</b>	<b>a</b> Child tax credit/credit for other dependents <b>6,000</b> <b>b</b> Add any amount from Schedule 3 and check here <b>u</b> <input checked="" type="checkbox"/>	<b>12</b>	<b>6,600</b>
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b>	<b>12,080</b>
<b>14</b>	Other taxes. Attach Schedule 4	<b>14</b>	
<b>15</b>	Total tax. Add lines 13 and 14	<b>15</b>	<b>12,080</b>
<b>16</b>	Federal income tax withheld from Forms W-2 and 1099	<b>16</b>	<b>18,293</b>
<b>17</b>	Refundable credits: <b>a</b> EIC (see instr.) <b>b</b> Sch 8812 <b>c</b> Form 8863	<b>17</b>	
	<b>Add</b> any amount from Schedule 5	<b>17</b>	
<b>18</b>	Add lines 16 and 17. These are your total payments	<b>18</b>	<b>18,293</b>
<b>19</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>	<b>19</b>	<b>6,213</b>
<b>20a</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <b>u</b> <input type="checkbox"/>	<b>20a</b>	<b>6,213</b>
<b>u b</b>	Routing number <b>u c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>u d</b>	Account number		
<b>21</b>	Amount of line 19 you want applied to your 2019 estimated tax <b>u</b> <b>21</b>		
<b>Amount You Owe</b>	<b>22</b> <b>Amount you owe</b> . Subtract line 18 from line 15. For details on how to pay, see instructions <b>u</b>	<b>22</b>	
<b>23</b>	Estimated tax penalty (see instructions) <b>u</b> <b>23</b>		

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

**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.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

**u Attach to Form 1040.**  
**u Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

**MARCUS J MOLINARO & CORINNE ADAMS**

<b>Additional Income</b>				<b>1-9b</b>	
<b>1-9b</b>	Reserved				
<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes			<b>10</b>	<b>223</b>
<b>11</b>	Alimony received			<b>11</b>	
<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ			<b>12</b>	
<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here <b>u</b>	<input type="checkbox"/>		<b>13</b>	<b>10,876</b>
<b>14</b>	Other gains or (losses). Attach Form 4797			<b>14</b>	
<b>15a</b>	Reserved			<b>15b</b>	
<b>16a</b>	Reserved			<b>16b</b>	
<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			<b>17</b>	<b>-14,124</b>
<b>18</b>	Farm income or (loss). Attach Schedule F			<b>18</b>	
<b>19</b>	Unemployment compensation			<b>19</b>	
<b>20a</b>	Reserved			<b>20b</b>	
<b>21</b>	Other income. List type and amount <b>u</b>			<b>21</b>	
<b>22</b>	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			<b>22</b>	<b>-3,025</b>
<b>Adjustments to Income</b>					
<b>23</b>	Educator expenses	<b>23</b>			
<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	<b>24</b>			
<b>25</b>	Health savings account deduction. Attach Form 8889	<b>25</b>			
<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903	<b>26</b>			
<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE	<b>27</b>			
<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans	<b>28</b>			
<b>29</b>	Self-employed health insurance deduction	<b>29</b>			
<b>30</b>	Penalty on early withdrawal of savings	<b>30</b>			
<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN <b>u</b>	<b>31a</b>			
<b>32</b>	IRA deduction	<b>32</b>			
<b>33</b>	Student loan interest deduction	<b>33</b>			
<b>34</b>	Reserved	<b>34</b>			
<b>35</b>	Reserved	<b>35</b>			
<b>36</b>	Add lines 23 through 35			<b>36</b>	

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

Schedule 1 (Form 1040) 2018



**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Nonrefundable Credits**

▶ **Attach to Form 1040.**

**Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **03**

Name(s) shown on Form 1040

**MARCUS J MOLINARO & CORINNE ADAMS**

Nonrefundable	<b>48</b>	Foreign tax credit. Attach Form 1116 if required .....	<b>48</b>	
Credits	<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441 .....	<b>49</b>	<b>600</b>
	<b>50</b>	Education credits from Form 8863, line 19 .....	<b>50</b>	
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880 .....	<b>51</b>	
	<b>52</b>	Reserved .....	<b>52</b>	
	<b>53</b>	Residential energy credit. Attach Form 5695 .....	<b>53</b>	
	<b>54</b>	Other credits from Form <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> .....	<b>54</b>	
	<b>55</b>	Add the amounts in the far right column. Enter here and include on Form 1040, line 12 .....	<b>55</b>	<b>600</b>

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

**Schedule 3 (Form 1040) 2018**

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.  
Attach to Form 1040.

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **07**

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040

**MARCUS J MOLINARO & CORINNE ADAMS**

<b>Medical and Dental Expenses</b>		<b>Caution:</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 7	2			
3	Multiply line 2 by 7.5% (0.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
<b>Taxes You Paid</b>		5 State and local taxes.			
		a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>		5a	8,837
		b State and local real estate taxes (see instructions)		5b	9,363
		c State and local personal property taxes		5c	
		d Add lines 5a through 5c		5d	18,200
		e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)		5e	10,000
		6 Other taxes. List type and amount		6	
		7 Add lines 5e and 6		7	10,000
<b>Interest You Paid</b>		8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>			
		a Home mortgage interest and points reported to you on Form 1098		8a	15,219
		b Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		8b	
		c Points not reported to you on Form 1098. See instructions for special rules		8c	
		d Reserved		8d	
		e Add lines 8a through 8c		8e	15,219
		9 Investment interest. Attach Form 4952 if required. See instructions		9	
		10 Add lines 8e and 9		10	15,219
<b>Gifts to Charity</b>		11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		11	
		12 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		12	2,000
		13 Carryover from prior year		13	
		14 Add lines 11 through 13		14	2,000
<b>Casualty and Theft Losses</b>		15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions		15	
<b>Other Itemized Deductions</b>		16 Other—from list in instructions. List type and amount		16	
<b>Total Itemized Deductions</b>		17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8		17	27,219
		18 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>			

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2018

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

**u Attach to Form 1040 or Form 1040NR.**  
**u Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
**u Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

**2018**  
Attachment  
Sequence No. **12**

Name(s) shown on return

**MARCUS J MOLINARO & CORINNE ADAMS**

**Part I Short-Term Capital Gains and Losses — Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with Box A checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> <b>0</b>

**Part II Long-Term Capital Gains and Losses — Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with Box D checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with Box F checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b> <b>10,876</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .				<b>15</b> <b>10,876</b>

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

**MARCUS J MOLINARO & CORINNE ADAMS**

Schedule D (Form 1040) 2018

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result .....</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>	<b>16</b>	<b>10,876</b>
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet .....</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet .....</p>	<b>19</b>	<b>10,876</b>
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <b>Don't</b> complete lines 21 and 22 below.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b>	( )
<p><b>22</b> Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42).</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>		

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

u Attach to Form 1040, 1040NR, or Form 1041.

u Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **13**

Your social security number

**MARCUS J MOLINARO & CORINNE ADAMS**

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C or C-EZ** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

<b>A</b> Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) .....	Yes	<input checked="" type="checkbox"/>	No
<b>B</b> If "Yes," did you or will you file required Forms 1099? .....	Yes	<input type="checkbox"/>	No

<b>1a</b> Physical address of each property (street, city, state, ZIP code)
<b>A</b> 47 PRINCE STREET, RED HOOK, NY 12571
<b>B</b>
<b>C</b>

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental	Personal Use	QJV	
				Days	Days	A	B
<b>A</b>	<b>1</b>			<b>365</b>			
<b>B</b>							
<b>C</b>							

**Type of Property:**

- 1 Single Family Residence    3 Vacation/Short-Term Rental    5 Land    7 Self-Rental
- 2 Multi-Family Residence    4 Commercial    6 Royalties    8 Other (describe)

Income:	Properties:	A	B	C
<b>3</b> Rents received .....	<b>3</b>	<b>15,750</b>		
<b>4</b> Royalties received .....	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising .....	<b>5</b>			
<b>6</b> Auto and travel (see instructions) .....	<b>6</b>			
<b>7</b> Cleaning and maintenance .....	<b>7</b>			
<b>8</b> Commissions .....	<b>8</b>			
<b>9</b> Insurance .....	<b>9</b>			
<b>10</b> Legal and other professional fees .....	<b>10</b>			
<b>11</b> Management fees .....	<b>11</b>			
<b>12</b> Mortgage interest paid to banks, etc. (see instructions) .....	<b>12</b>	<b>10,108</b>		
<b>13</b> Other interest .....	<b>13</b>			
<b>14</b> Repairs .....	<b>14</b>			
<b>15</b> Supplies .....	<b>15</b>			
<b>16</b> Taxes .....	<b>16</b>			
<b>17</b> Utilities .....	<b>17</b>	<b>-612</b>		
<b>18</b> Depreciation expense or depletion .....	<b>18</b>	<b>4,614</b>		
<b>19</b> Other (list) u .....	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 .....	<b>20</b>	<b>14,110</b>		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> .....	<b>21</b>	<b>1,640</b>		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) .....	<b>22</b>	<b>15,764</b>		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties .....	<b>23a</b>	<b>15,750</b>		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties .....	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties .....	<b>23c</b>	<b>10,108</b>		
<b>d</b> Total of all amounts reported on line 18 for all properties .....	<b>23d</b>	<b>4,614</b>		
<b>e</b> Total of all amounts reported on line 20 for all properties .....	<b>23e</b>	<b>14,110</b>		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses .....	<b>24</b>		<b>1,640</b>	
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .....	<b>25</b>		<b>15,764</b>	
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 .....	<b>26</b>			<b>-14,124</b>

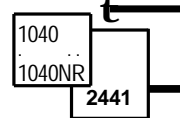
For Paperwork Reduction Act Notice, see the separate instructions.

Form **2441**

### Child and Dependent Care Expenses

OMB No. 1545-0074

u Attach to Form 1040 or Form 1040NR.



**2018**

Department of the Treasury  
Internal Revenue Service (99)

uGo to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.

Attachment  
Sequence No. **21**

Name(s) shown on return

**MARCUS J MOLINARO & CORINNE ADAMS**

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box.

**Part I Persons or Organizations Who Provided the Care –You must complete this part.**  
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	BOBBIE COSTON	7369 SOUTH BROADWAY RED HOOK, NY 12571		4,980
	FUNSHINE NURSERY SCHHOL	208 ROCKEFELLER LANE RED HOOK, NY 12571-2901		2,428

Did you receive dependent care benefits?  No  Yes

Complete only Part II below.  
 Complete Part III on the back next.

**Caution:** If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 4 (Form 1040), line 60a; or Form 1040NR, line 59a.

**Part II Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2018 for the person listed in column (a)
First	Last		
ELIAS A.	MOLINARO		7,408

<b>3</b> Add the amounts in column (c) of line 2. <b>Don't</b> enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	<b>3</b>	<b>3,000</b>																																																										
<b>4</b> Enter your <b>earned income</b> . See instructions	<b>4</b>	<b>139,368</b>																																																										
<b>5</b> If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4	<b>5</b>	<b>12,556</b>																																																										
<b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5	<b>6</b>	<b>3,000</b>																																																										
<b>7</b> Enter the amount from Form 1040, line 7; or Form 1040NR, line 36	<b>7</b>	<b>149,040</b>																																																										
<b>8</b> Enter on line 8 the decimal amount shown below that applies to the amount on line 7	<b>8</b>	X <b>.20</b>																																																										
<table border="0"> <tr> <td><b>If line 7 is:</b></td> <td><b>If line 7 is:</b></td> </tr> <tr> <td> <table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$0 – 15,000</td> <td></td> <td>.35</td> </tr> <tr> <td>15,000 – 17,000</td> <td></td> <td>.34</td> </tr> <tr> <td>17,000 – 19,000</td> <td></td> <td>.33</td> </tr> <tr> <td>19,000 – 21,000</td> <td></td> <td>.32</td> </tr> <tr> <td>21,000 – 23,000</td> <td></td> <td>.31</td> </tr> <tr> <td>23,000 – 25,000</td> <td></td> <td>.30</td> </tr> <tr> <td>25,000 – 27,000</td> <td></td> <td>.29</td> </tr> <tr> <td>27,000 – 29,000</td> <td></td> <td>.28</td> </tr> </table> </td> <td> <table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$29,000 – 31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>31,000 – 33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>33,000 – 35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>35,000 – 37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>37,000 – 39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>39,000 – 41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>41,000 – 43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>43,000 – No limit</td> <td></td> <td>.20</td> </tr> </table> </td> </tr> </table>	<b>If line 7 is:</b>	<b>If line 7 is:</b>	<table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$0 – 15,000</td> <td></td> <td>.35</td> </tr> <tr> <td>15,000 – 17,000</td> <td></td> <td>.34</td> </tr> <tr> <td>17,000 – 19,000</td> <td></td> <td>.33</td> </tr> <tr> <td>19,000 – 21,000</td> <td></td> <td>.32</td> </tr> <tr> <td>21,000 – 23,000</td> <td></td> <td>.31</td> </tr> <tr> <td>23,000 – 25,000</td> <td></td> <td>.30</td> </tr> <tr> <td>25,000 – 27,000</td> <td></td> <td>.29</td> </tr> <tr> <td>27,000 – 29,000</td> <td></td> <td>.28</td> </tr> </table>	Over	But not over	Decimal amount is	\$0 – 15,000		.35	15,000 – 17,000		.34	17,000 – 19,000		.33	19,000 – 21,000		.32	21,000 – 23,000		.31	23,000 – 25,000		.30	25,000 – 27,000		.29	27,000 – 29,000		.28	<table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$29,000 – 31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>31,000 – 33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>33,000 – 35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>35,000 – 37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>37,000 – 39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>39,000 – 41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>41,000 – 43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>43,000 – No limit</td> <td></td> <td>.20</td> </tr> </table>	Over	But not over	Decimal amount is	\$29,000 – 31,000		.27	31,000 – 33,000		.26	33,000 – 35,000		.25	35,000 – 37,000		.24	37,000 – 39,000		.23	39,000 – 41,000		.22	41,000 – 43,000		.21	43,000 – No limit		.20	<b>9</b>	<b>600</b>
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43,000 – No limit		.20																																																										
<b>10</b> Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	<b>10</b>	<b>18,680</b>																																																										
<b>11</b> <b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9 or line 10 here and on Schedule 3 (Form 1040), line 49; or Form 1040NR, line 47	<b>11</b>	<b>600</b>																																																										

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

Form **2441** (2018)

Form **4797**

**Sales of Business Property**  
**(Also Involuntary Conversions and Recapture Amounts**  
**Under Sections 179 and 280F(b)(2))**

OMB No. 1545-0184

**2018**

Department of the Treasury  
 Internal Revenue Service

u Attach to your tax return.

Attachment Sequence No. **27**

u Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Identifying number <b>1</b>
---	--------------------------------

**1** Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions ..... **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)**

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
<b>LAND</b>	<b>06/01/15</b>	<b>08/16/18</b>	<b>98,000</b>		<b>98,000</b>	

<b>3</b> Gain, if any, from Form 4684, line 39 .....	<b>3</b>	
<b>4</b> Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....	<b>4</b>	
<b>5</b> Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....	<b>5</b>	
<b>6</b> Gain, if any, from line 32, from other than casualty or theft .....	<b>6</b>	<b>10,876</b>
<b>7</b> Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....	<b>7</b>	<b>10,876</b>
<p><b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p><b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>		
<b>8</b> Nonrecaptured net section 1231 losses from prior years. See instructions .....	<b>8</b>	
<b>9</b> Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....	<b>9</b>	

**Part II Ordinary Gains and Losses (see instructions)**

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


<b>11</b> Loss, if any, from line 7 .....	<b>11</b>	
<b>12</b> Gain, if any, from line 7 or amount from line 8, if applicable .....	<b>12</b>	
<b>13</b> Gain, if any, from line 31 .....	<b>13</b>	
<b>14</b> Net gain or (loss) from Form 4684, lines 31 and 38a .....	<b>14</b>	
<b>15</b> Ordinary gain from installment sales from Form 6252, line 25 or 36 .....	<b>15</b>	
<b>16</b> Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....	<b>16</b>	
<b>17</b> Combine lines 10 through 16 .....	<b>17</b>	
<b>18</b> For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....	<b>18a</b>	
<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14 .....	<b>18b</b>	

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4797** (2018)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
<b>A</b>	<b>HOUSE</b>	<b>06/01/15</b>	<b>08/06/18</b>
<b>B</b>			
<b>C</b>			
<b>D</b>			
These columns relate to the properties on lines 19A through 19D.		<b>u</b>	
		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20	Gross sales price ( <b>Note:</b> See line 1 before completing.)	<b>20</b>	<b>191,000</b>
21	Cost or other basis plus expense of sale	<b>21</b>	<b>203,500</b>
22	Depreciation (or depletion) allowed or allowable	<b>22</b>	<b>23,376</b>
23	Adjusted basis. Subtract line 22 from line 21	<b>23</b>	<b>180,124</b>
24	Total gain. Subtract line 23 from line 20	<b>24</b>	<b>10,876</b>
25	<b>If section 1245 property:</b>		
a	Depreciation allowed or allowable from line 22	<b>25a</b>	
b	Enter the <b>smaller</b> of line 24 or 25a	<b>25b</b>	
26	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	<b>26a</b>	
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	<b>26b</b>	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	<b>26c</b>	
d	Additional depreciation after 1969 and before 1976	<b>26d</b>	
e	Enter the <b>smaller</b> of line 26c or 26d	<b>26e</b>	
f	Section 291 amount (corporations only)	<b>26f</b>	
g	Add lines 26b, 26e, and 26f	<b>26g</b>	<b>0</b>
27	<b>If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	<b>27a</b>	
b	Line 27a multiplied by applicable percentage. See instructions	<b>27b</b>	
c	Enter the <b>smaller</b> of line 24 or 27b	<b>27c</b>	
28	<b>If section 1254 property:</b>		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	<b>28a</b>	
b	Enter the <b>smaller</b> of line 24 or 28a	<b>28b</b>	
29	<b>If section 1255 property:</b>		
a	Applicable percentage of payments excluded from income under section 126. See instructions	<b>29a</b>	
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions	<b>29b</b>	

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	<b>30</b>	<b>10,876</b>
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	<b>31</b>	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	<b>32</b>	<b>10,876</b>

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	<b>33</b>	
34	Recomputed depreciation. See instructions	<b>34</b>	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	<b>35</b>	



Form **8867**

**Paid Preparer's Due Diligence Checklist**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

**U To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.  
U Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

**2018**

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return

**MARCUS J MOLINARO & CORINNE ADAMS**

Enter preparer's name and PTIN

**SUSAN L. HOWELL, CPA**

\*\*\*\*\*

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I–V for the benefit(s), and/or HOH filing status claimed (check all that apply).

EIC	CTC/ ACTC/ODC	AOTC	HOH
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1** Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you? .....

Yes  No

**2** If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? .....

Yes  No  N/A

**3** Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.  
= Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.  
= Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed.

Yes  No

**4** Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) .....

Yes  No

**a** Did you make reasonable inquiries to determine the correct, complete, and consistent information? .....

Yes  No

**b** Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) .....

Yes  No

**5** Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s) .....

Yes  No

List those documents, if any, that you relied on.

**HEALTH CARE PROVIDER STATEMENT**

**6** Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the return if his/her return is selected for audit? .....

Yes  No

**7** Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? .....

(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)

Yes  No  N/A

**a** Did you complete the required recertification Form 8862? .....

Yes  No  N/A

**8** If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C? .....

Yes  No  N/A

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **8867** (2018)

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
<b>9a</b> Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim the EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
<b>13</b> Did the taxpayer provide the required substantiation for the credit, including a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part VI Eligibility Certification**

**u** You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to determine the amount of the credit(s) claimed;
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  1. A copy of Form 8867;
  2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;
  3. Copies of any documents provided by the taxpayer on which you relied to determine eligibility for the credit(s) and/or HOH filing status;
  4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and
  5. A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers.

**u** If you have not complied with all due diligence requirements, you may have to pay a \$520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Form **8283**

(Rev. December 2014)

Department of the Treasury  
Internal Revenue Service

# Noncash Charitable Contributions

**u** Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

OMB No. 1545-0908

Attachment  
Sequence No. **155**

**u** Information about Form 8283 and its separate instructions is at [www.irs.gov/form8283](http://www.irs.gov/form8283).

Name(s) shown on your income tax return

**MARCUS J MOLINARO & CORINNE ADAMS**

**Note.** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

**Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities**—List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities even if the deduction is more than \$5,000 (see instructions).

**Part I Information on Donated Property**—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	YOUTH MISSION OUTREACH 30 N. GRAND POUGHEEPSIE NY 12428	<input type="checkbox"/>	CLOTHING AND HOUSEHOLD ITEMS
B		<input type="checkbox"/>	
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

**Note.** If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	VARIOUS	VARIOUS	PURCHASE	7,985	2,000	THRIFT SHOP VALUE
B						
C						
D						
E						

**Part II Partial Interests and Restricted Use Property**—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

**2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest **▶** \_\_\_\_\_  
If Part II applies to more than one property, attach a separate statement.

**b** Total amount claimed as a deduction for the property listed in Part I: **(1)** For this tax year **▶** \_\_\_\_\_  
**(2)** For any prior tax years **▶** \_\_\_\_\_

**c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

**d** For tangible property, enter the place where the property is located or kept **u** \_\_\_\_\_

**e** Name of any person, other than the donee organization, having actual possession of the property **u** \_\_\_\_\_

**3a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? .....

**b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? .....

**c** Is there a restriction limiting the donated property for a particular use? .....

Yes	No

Form **1040** **Schedule D Tax Worksheet** **2018**

Name

**MARCUS J MOLINARO & CORINNE ADAMS**

1. Enter your taxable income from Form 1040, line 10 (or Form 1040NR, Line 41). (However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter instead the amount from line 3 of the Foreign Earned Income Tax Worksheet)	1.	<u>121,821</u>
2. Enter your qualified dividends from Form 1040, line 3a (or Form 1040NR, line 10b)	2.	<u>62</u>
3. Form 4952, line 4g amount	3.	
4. Form 4952, line 4e amount*	4.	
5. Subtract line 4 from line 3. If zero or less, enter -0-	5.	<u>0</u>
6. Subtract line 5 from line 2. If zero or less, enter -0-**	6.	<u>62</u>
7. Enter the smaller of line 15 or line 16 of Schedule D	7.	<u>10,876</u>
8. Enter the smaller of line 3 or line 4	8.	
9. Subtract line 8 from line 7. If zero or less, enter -0- **	9.	<u>10,876</u>
10. Add lines 6 and 9	10.	<u>10,938</u>
11. Add lines 18 and 19 of Schedule D**	11.	<u>10,876</u>
12. Enter the smaller of line 9 or line 11	12.	<u>10,876</u>
13. Subtract line 12 from line 10	13.	<u>62</u>
14. Subtract line 13 from line 1. If zero or less, enter -0-	14.	<u>121,759</u>
15. Enter \$38,600 if single or mfs; \$77,200 if MFJ or QW; \$51,700 if HOH;	15.	<u>77,200</u>
16. Enter the smaller of line 1 or line 15	16.	<u>77,200</u>
17. Enter the smaller of line 14 or line 16	17.	<u>77,200</u>
18. Subtract line 10 from line 1. If zero or less, enter -0-	18.	<u>110,883</u>
19. Enter the larger of line 17 or line 18	19.	<u>110,883</u>
20. Subtract line 17 from line 16. This amount is taxed at 0%	20.	
<b>If lines 1 and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.</b>		
21. Enter the smaller of line 1 or line 13	21.	<u>62</u>
22. Enter the amount from line 20 (if line 20 is blank, enter -0-)	22.	<u>0</u>
23. Subtract line 22 from line 21. If zero or less, enter -0-	23.	<u>62</u>
24. Enter \$425,800 Sgl; \$239,500 MFS; \$479,000 MFJ/QW; \$452,400 HOH	24.	<u>479,000</u>
25. Enter the smaller of line 1 or line 24	25.	<u>121,821</u>
26. Add lines 19 and 20	26.	<u>110,883</u>
27. Subtract line 26 from line 25. If zero or less, enter -0-	27.	<u>10,938</u>
28. Enter the smaller of line 23 or line 27	28.	<u>62</u>
29. Multiply line 28 by 15% (.15)	29.	<u>9</u>
30. Add lines 22 and 28	30.	<u>62</u>
<b>If lines 1 and 30 are the same, skip lines 31 through 41 and go to line 42. Otherwise, go to line 31.</b>		
31. Subtract line 30 from line 21	31.	<u>0</u>
32. Multiply line 31 by 20% (.20)	32.	
<b>If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.</b>		
33. Enter the smaller of line 9 above or Schedule D, line 19	33.	<u>10,876</u>
34. Add lines 10 and 19	34.	<u>121,821</u>
35. Enter the amount from line 1 above	35.	<u>121,821</u>
36. Subtract line 35 from line 34. If zero or less, enter -0-	36.	<u>0</u>
37. Subtract line 36 from line 33. If zero or less, enter -0-	37.	<u>10,876</u>
38. Multiply line 37 by 25% (.25)	38.	<u>2,719</u>
<b>If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.</b>		
39. Add lines 19, 20, 28, 31 and 37	39.	
40. Subtract line 39 from line 1	40.	
41. Multiply line 40 by 28% (.28)	41.	
42. Figure the tax on the amount on line 19. If the amount on line 19 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet	42.	<u>16,273</u>
43. Add lines 29, 32, 38, 41, and 42	43.	<u>19,001</u>
44. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	44.	<u>18,680</u>
45. <b>Tax on all taxable income (including capital gains and qualified dividends).</b> Enter the <b>smaller</b> of line 43 or line 44. Also include this amount on Form 1040, line 11a (or Form 1040NR, line 42). (If you're filing Form 2555 or 2555-EZ, don't enter this amount on Form 1040, line 11a. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the Form 1040 instructions)	45.	<u>18,680</u>

Form <b>1040</b>	<b>28% Rate Capital Gain and Unrecaptured Section 1250 Worksheets</b>	<b>2018</b>
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Name **MARCUS J MOLINARO & CORINNE ADAMS**

**28% Rate Capital Gain Tax Worksheet - Schedule D Line 18**

1. Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II ..... 1. \_\_\_\_\_
2. Enter as a positive number the total of:
  - Any section 1202 exclusion you reported in column (g) of Form 8949 Part II with code "Q" in column (f), that is 50% of the gain;
  - 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain; and
  - 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain ..... 2. \_\_\_\_\_

Do not make an entry for any section 1202 exclusion that is 100% of the gain.
3. Enter the total of all collectibles gain or (loss) from Form 4684, line 4 (but only if Form 4684, line 15, is more than zero); Form 6252; Form 6781, Part II; and Form 8824 ..... 3. \_\_\_\_\_
4. Enter the total of any collectibles gain reported to you on:
  - Form 1099-DIV, box 2d;
  - Form 2439, box 1d; and
  - Schedule K-1 from a partnership, S corporation, estate, or trust. } ..... 4. \_\_\_\_\_
5. Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, Code C ..... 5. ( \_\_\_\_\_ )
6. If Schedule D, line 7 is a (loss), enter that (loss) here. Otherwise, enter -0- ..... 6. ( 0 )
7. Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18 ..... 7. \_\_\_\_\_

**Unrecaptured Section 1250 Gain Worksheet - Schedule D Line 19**

*If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10*

1. If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not on Form 6252), enter the **smaller** of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4. If you had more than one such property, see instructions ..... 1. \_\_\_\_\_ \*
2. Enter the amount from Form 4797, line 26g, for the property for you which you made an entry on line 1 ..... 2. \_\_\_\_\_ \*
3. Subtract line 2 from line 1. \*(Total amount is reported. See the Unrecaptured Section 1250 Gains stmt for detail) ..... 3. 10,876
4. Enter the total unrecaptured section 1250 gain included on line 26 or line 37 of Form(s) 6252 from installment sales of trade or business property held more than 1 year (see instructions) ..... 4. \_\_\_\_\_
5. Enter the total of any amounts reported to you on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain" ..... 5. \_\_\_\_\_
6. Add lines 3 through 5 ..... 6. 10,876
7. Enter the **smaller** of line 6 or the gain from 4797, line 7 (4797 line 7 10,876) ..... 7. 10,876
8. Enter the amount, if any, from Form 4797, line 8 ..... 8. \_\_\_\_\_
9. Subtract line 8 from line 7. If zero or less, enter -0- ..... 9. 10,876
10. Enter the amount of any gain from the sale or exchange of an interest in a partnership attributable to unrecaptured section 1250 gain (see instructions) ..... 10. \_\_\_\_\_
11. Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" on a Schedule K-1, Form 1099-DIV, or Form 2439 from an estate, trust, real estate investment trust, or mutual fund (or regulated investment company) or in connection with Form 1099-R ..... 11. \_\_\_\_\_
12. Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale (see instructions) ..... 12. \_\_\_\_\_
13. Add lines 9 through 12 ..... 13. 10,876
14. If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 through 4 of the **28% Rate Gain Worksheet**. Otherwise, enter -0- ..... 14. \_\_\_\_\_
15. Enter the (loss), if any, from Sch D, line 7. If Sch D, line 7, is zero or a gain, enter -0- ..... 15. ( 0 )
16. Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, code C\* ..... 16. ( \_\_\_\_\_ )
17. Combine lines 14 through 16. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain enter -0- ..... 17. 0
18. **Unrecaptured section 1250 gain.** Subtract line 17 from line 13. If zero or less, enter -0-. Enter the result here and on Schedule D, line 19 ..... 18. 10,876

\*If you're filing form 2555 or 2555-EZ (relating to foreign earned income), see the footnote in the Foreign Earned Income Tax Worksheet

Form **1040****General Sales Tax Deduction Worksheet****2018**

Name as shown on return

**MARCUS J MOLINARO & CORINNE ADAMS**State of  
**NEW YORK**Locality of  
**DUTCHESS COUNTY****General Sales Tax from IRS Tables**

- |   |    |                   |
|---|----|-------------------|
| 1. Enter the amount of adjusted gross income (AGI) from Form 1040, Line 7 .....   | 1. | <u>149,040</u>    |
| 2. Add the nontaxable amounts from Form 1040, lines 2b, 4a, 5a (Exclude rollovers and tax-free Sec. 1035 exchanges) .....   | 2. | <u>          </u> |
| 3. Add the following nontaxable items: nontaxable combat pay, public assistance, veteran's benefits, and workers' compensation.<br>Also include any amounts which increase spendable income, such as the refundable portion of refundable tax credits<br>received in 2018 ..... | 3. | <u>          </u> |
| 4. Add lines 1 through 3, this is income for general sales tax table purposes .....   | 4. | <u>149,040</u>    |
| 5. Enter the amount from the sales tax table in the Schedule A instructions. ....<br>Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8<br>and enter the amount from line 5 on line 9  | 5. | <u>788</u>        |
| 6. Enter the number of days of residence in state .....   | 6. | <u>          </u> |
| 7. Total days in year .....   | 7. | <u>365</u>        |
| 8. Divide line 6 by line 7 (rounded to at least 3 decimal places) .....   | 8. | <u>          </u> |
| 9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table. ....  | 9. | <u>788</u>        |

**Local Sales Tax Using IRS Tables**

- |  |     |                   |
|--|-----|-------------------|
| 10. Enter the amount from the sales tax table in the Schedule A instructions. ....   | 10. | <u>788</u>        |
| 11. If you are a resident of Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi,<br>Missouri, New York, North Carolina, South Carolina, Tennessee, Utah, or Virginia, enter<br>the amount from the applicable Optional Local Sales Tax Table in the Schedule A instructions. ....  | 11. | <u>          </u> |
| 12. Enter the local general sales tax rate (exclude statewide local sales tax rate) .....  | 12. | <u>4.12500</u>    |
| 13. Enter the state general sales tax rate (include statewide local sales tax rate) .....  | 13. | <u>4.0000</u>     |
| 14. Divide line 12 by line 13 (rounded to at least 3 decimal places) .....   | 14. | <u>1.031</u>      |
| 15. If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax<br>using the optional local sales tax tables.<br>Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18<br>and enter the amount from line 15 on line 19<br>If you did not enter an amount on line 11, multiply line 10 by line 14. This is the local sales tax<br>using the optional state and certain local sales tax tables.<br>Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18<br>and enter the amount from line 15 on line 19 | 15. | <u>812</u>        |
| 16. Enter the number of days of residence in locality .....  | 16. | <u>          </u> |
| 17. Total days in year .....   | 17. | <u>365</u>        |
| 18. Divide line 16 by line 17 (rounded to at least 3 decimal places) .....   | 18. | <u>          </u> |
| 19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables. ....   | 19. | <u>812</u>        |

**General Sales Tax Summary**

- |   |     |                   |
|---|-----|-------------------|
| 20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets .....     | 20. | <u>788</u>        |
| 21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets .....    | 21. | <u>812</u>        |
| 22. Add lines 20 and 21, this is the total General Sales taxes using the tables ..... | 22. | <u>1,600</u>      |
| 23. Enter the actual state and local general sales taxes paid .....                   | 23. | <u>          </u> |
| 24. Enter the greater of line 22 or line 23 .....                                     | 24. | <u>1,600</u>      |
| 25. Enter the state and local taxes paid on specified items (major purchases) .....   | 25. | <u>          </u> |
| 26. Add lines 24 and 25, this is the deductible General Sales tax .....               | 26. | <u>1,600</u>      |
| 27. Enter total state and local income taxes paid .....                               | 27. | <u>8,837</u>      |

Enter the greater of line 26 or 27 on Schedule A, line 5a. If line 26 is greater, mark the Schedule A, line 5a box.

Form <b>1040</b>	<b>Child Tax Credit and Credit for Other Dependents Worksheets</b>	<b>2018</b>
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Name **MARCUS J MOLINARO & CORINNE ADAMS** Taxpayer Identification Number \_\_\_\_\_

**Child Tax Credit & Credit for Other Dependents Worksheet - Form 1040, Line 12a or Form 1040NR, Line 49**

1. Number of qualifying children under 17 with the required social security number: <u>3</u> x \$2,000. Enter the result.	1. <u>6,000</u>
2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: <u>0</u> x \$500. Enter the result.	2. _____
3. Add lines 1 and 2.	3. <u>6,000</u>
4. Enter the amount from Form 1040, line 7 or Form 1040NR, line 35.	4. <u>149,040</u>
5. Enter the total of any exclusion of income from Puerto Rico, and amounts from Form 2555, lines 45 and 50 or Form 2555-EZ, line 18.	5. _____
6. Add lines 4 and 5.	6. <u>149,040</u>
7. Enter \$400,000 if married filing jointly; \$200,000 if single, married filing separately, head of household, or qualifying widow(er)	7. <u>400,000</u>
8. Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> <b>No.</b> Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 6. If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.	8. _____
9. Multiply the amount on line 8 by 5% (.05). Enter the result.	9. <u>0</u>
10. Subtract line 9 from line 3. If zero or less, <b>stop here</b> ; you <b>cannot</b> take this credit.	10. <u>6,000</u>
11. Enter the amount from Form 1040, line 11 or Form 1040NR, line 45.	11. <u>18,680</u>
12. Add the amounts from Schedule 3, lines 48, 49, 50 and 51 or Form 1040NR, lines 46, 47 & 48, plus any amounts from Form 5695, line 30, Form 8910, line 15, Form 8936, line 23, and Schedule R, line 22. Enter the total.	12. <u>600</u>
13. Subtract line 12 from line 11	13. <u>18,080</u>
14. Are you claiming any of the following credits? <input checked="" type="checkbox"/> Mortgage interest credit, Form 8396 <input type="checkbox"/> Adoption credit, Form 8839 <input type="checkbox"/> Residential energy efficient property credit, Form 5695, Part I <input type="checkbox"/> District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> If you are filing Form 2555 or 2555-EZ, enter -0-. Otherwise, enter the amount from Child Tax Credit - Line 14 Worksheet below.	14. <u>0</u>
15. Subtract line 14 from line 13. Enter the result.	15. <u>18,080</u>
16. Child tax credit and credit for other dependents. If line 10 is more than line 15, enter the amount from line 15, otherwise, enter the amount from line 10. Enter the amount from line 16 on Form 1040, line 12a, or Form 1040NR, line 49.	16. <u>6,000</u>

**Child Tax Credit - Line 14 Worksheet**

Use this worksheet **only** if you checked "Yes" on line 14 of the Child Tax Credit & Credit for Other Dependents Worksheet above *and* you are not filing Form 2555 or 2555-EZ.

1. Enter the amount from line 10 of the Child Tax Credit & Credit for Other Dependents Worksheet above.	1. _____
2. Number of qualifying children under age 17 with the required social security number: _____ x \$1,400. Enter the result.	2. _____
3. Enter the taxable earned income from the Child Tax Credit Taxable Earned Income Worksheet.	3. _____
4. Is the amount on line 3 more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 4 blank, enter -0- on line 5, and go to line 6. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 3. Enter the result.	4. _____
5. Multiply the amount on line 4 by 15% (.15) and enter the result.	5. _____
6. On line 2 of this worksheet, is the amount \$4,200 or more? <input type="checkbox"/> <b>No.</b> • If line 2 or line 5 above is zero, enter the amount from line 1 above on line 14 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit & Credit for Other Dependents Worksheet and enter -0- on line 14, and complete lines 15 and 16 • If both line 2 and line 5 are more than zero, leave lines 7 through 10 blank, enter -0- on line 11, go to line 12. <input type="checkbox"/> <b>Yes.</b> If line 5 above is equal to or more than line 1 above, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12 below. Otherwise go to line 7.	6. _____
7. If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use the Additional Medicare Tax and RRTA Tax Worksheet to figure the amount to enter; otherwise enter the total social security and Medicare taxes withheld from your pay (and your spouse's if filing a joint return). These taxes should be shown in boxes 4 and 6 of your Form(s) W-2.	7. _____
8. Enter the total of the amounts from Schedule 1, line 27 and Schedule 4, line 58 (Form 1040NR, lines 27 and 56), plus any taxes identified with code "UT" on the dotted line next to Schedule 4, line 62 (Form 1040NR, line 60).	8. _____
9. Add lines 7 and 8. Enter the total.	9. _____
10. Add the amounts from Form 1040, lines 17a and Schedule 5, line 72 or Form 1040NR, line 67. Enter total.	10. _____
11. Subtract line 10 from line 9. If the result is zero or less, enter -0-.	11. _____
12. Enter the <b>larger</b> of line 5 or line 11.	12. _____
13. Enter the <b>smaller</b> of line 2 or line 12.	13. _____
14. Is the amount on line 13 of this worksheet more than the amount on line 1? <input type="checkbox"/> <b>No.</b> Subtract line 13 from line 1. Enter the result. <input type="checkbox"/> <b>Yes.</b> Enter -0-.	14. _____
<b>Next</b> , complete Form 8396, Form 8839, Form 5695 (Part I), or Form 8859 where applicable.	
15. Enter the total of the amounts from Form 8396, line 9, Form 8839, line 16, Form 5695, line 15 and Form 8859, line 3. Enter this amount on line 14 of the Child Tax Credit and Credit for Other Dependents Worksheet.	15. _____

Form <b>1040</b>	<b>QTP/ESA Basis Worksheet</b>	<b>2018</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number
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Payer's/Trustee's name NEW YORK COLLEGE PLUS

Account type STATE QTP Account number \_\_\_\_\_

Beneficiary first name ABIGAL Beneficiary last name MOLINARO

**Worksheet for Determining QTP/ESA Basis Amounts**

1. Basis in QTP/ESA as of December 31, 2017 .....	1.	<b>18,500</b>
2. Enter QTP/ESA contributions for 2018 .....	2.	
3. Add lines 1 and 2 .....	3.	<b>18,500</b>
4. Enter distributions from this QTP/ESA during 2018 .....	4.	
5. Subtract Line 4 from Line 3 .....	5.	<b>18,500</b>
6. Other increases or decreases to basis .....	6.	
7. <b>Basis in your QTP or ESA as of December 31, 2018</b> .....	7.	<b>18,500</b>



Form <b>1040</b>	<b>QTP/ESA Basis Worksheet</b>	<b>2018</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number
--	--------------------------------

Payer's/Trustee's name NEW YORK COLLEGE SAVINGS PLUS  
 Account type STATE QTP Account number \_\_\_\_\_  
 Beneficiary first name JACK Beneficiary last name MOLINARO

**Worksheet for Determining QTP/ESA Basis Amounts**

1. Basis in QTP/ESA as of December 31, 2017 .....	1.	<b>7,400</b>
2. Enter QTP/ESA contributions for 2018 .....	2.	
3. Add lines 1 and 2 .....	3.	<b>7,400</b>
4. Enter distributions from this QTP/ESA during 2018 .....	4.	
5. Subtract Line 4 from Line 3 .....	5.	<b>7,400</b>
6. Other increases or decreases to basis .....	6.	
7. <b>Basis in your QTP or ESA as of December 31, 2018</b> .....	7.	<b>7,400</b>

Form <b>1040</b>	<b>Nonrefundable Personal Credit Limitation Worksheet</b>	<b>2018</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number _____
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**Amounts from tax return**

- |  |                  |   |                 |                             |          |
|--|------------------|---|-----------------|-----------------------------|----------|
| a. Regular tax (Form 1040, line 11) .....                | a. <u>18,680</u> | h. CTC, line 14 wrk, line 14 .....          | h. _____        | n. Form 8859, line 3 .....  | n. _____ |
| b. AMT (Form 1040, Schedule 2, line 45) b. _____         |                  | i. Child tax cr (Form 1040, line 12a) ..... | i. <u>6,000</u> | o. Form 8910, line 15 ..... | o. _____ |
| c. Exc adv PTC (Form 1040, Sch 2, ln 46) c. _____        |                  | j. Reserved .....                           | j. _____        | p. Form 8936, line 23 ..... | p. _____ |
| d. Foreign tax cr (Form 1040, Sch 3, ln 48) d. _____     |                  | k. Form 5695, line 15 .....                 | k. _____        | q. Form 8834, line 7 .....  | q. _____ |
| e. Child care cr (Form 1040, Sch 3, ln 49) e. <u>600</u> |                  | l. Form 8396, line 9 .....                  | l. _____        | r. Form 3800, line 38 ..... | r. _____ |
| f. Education cr (Form 1040, Sch 3, ln 50) f. _____       |                  | m. Elderly cr (Sch R, line 22) .....        | m. _____        | s. Form 8839, line 16 ..... | s. _____ |
| g. Retirement cr (Form 1040, Sch 3, ln 51) g. _____      |                  |   |                 |                             |          |

	Form 2441	Schedule R	Form 8880	Form 5695, Part I
1. Total tax available .....	1. <u>18,680</u>	_____	_____	_____
2. Other nonrefundable personal credits allowed .....	2. _____	_____	_____	_____
3. Limitation based on tax liability, line 1 minus line 2 .....	3. <u>18,680</u>	_____	_____	_____
4. Amount from line 3 reported on .....	4. <u>F2441, LN 10</u>	_____	_____	_____
5. Code(s) for tax amount(s) from above .....	5. <u>A B C</u>	_____	_____	_____
6. Code(s) for credit amount(s) from above .....	6. <u>D</u>	_____	_____	_____

	Form 8910, Part III	Form 8936, Part III	Form 8396	Form 8839
1. Total tax available .....	1. _____	_____	_____	_____
2. Other nonrefundable personal credits allowed .....	2. _____	_____	_____	_____
3. Limitation based on tax liability, line 1 minus line 2 .....	3. _____	_____	_____	_____
4. Amount from line 3 reported on .....	4. _____	_____	_____	_____
5. Code(s) for tax amount(s) from above .....	5. _____	_____	_____	_____
6. Code(s) for credit amount(s) from above .....	6. _____	_____	_____	_____

	Form 8859	Form 8801
1. Total tax available .....	1. _____	_____
2. Other nonrefundable personal credits allowed .....	2. _____	_____
3. Limitation based on tax liability, line 1 minus line 2 .....	3. _____	_____
4. Amount from line 3 reported on .....	4. _____	_____
5. Code(s) for tax amount(s) from above .....	5. _____	_____
6. Code(s) for credit amount(s) from above .....	6. _____	_____

**Form 8863, Line 19**

- |   |   |
|---|---|
| 1. Enter the amount from Form 8863, line 18 .....             | 5. Enter the total of code(s) d, e, and m from above .....                    |
| 2. Enter the amount from Form 8863, line 9 .....              | 6. Subtract line 5 from line 4 .....  |
| 3. Add lines 1 and 2 .....                                    | 7. Enter the smaller of line 3 or line 6 here and on Form 8863, line 19 ..... |
| 4. Enter the amount from Form 1040, Schedule 2, line 47 ..... |   |

Form <b>1040</b>	<b>Passive Activity Deduction Worksheet</b>	<b>2018</b>
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Name **MARCUS J MOLINARO** Taxpayer Identification Number \_\_\_\_\_

Activity 47 PRINCE STREET Form SCH E Unit 1  
 Type RENTAL REAL ESTATE W/ACTIVE PARTICIPATION Entire Disposition of Activity X

**Regular Tax Loss Calculations**

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating	<u>15,764</u>		<u>15,764</u>	
Short-term capital loss				
Long-term capital loss				
28% rate capital loss				
Section 1231 loss				
Ordinary business loss				
Other Losses - 1040 Schedule 1				
Commercial revitalization				

**Alternative Minimum Tax Loss Calculations**

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating	<u>15,764</u>		<u>15,764</u>	
Short-term capital loss				
Long-term capital loss				
28% rate capital loss				
Section 1231 loss				
Ordinary business loss				
Other Losses - 1040 Schedule 1				
Commercial revitalization				



Form <b>1040</b>	<b>Tax Refund Worksheets</b>	<b>2018</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number
--	--------------------------------

	2017	2016	2015
1. State and local tax refunds .....	1. <u>223</u>	_____	_____
2a. State and local tax refunds with no tax benefit derived .....	2a. _____	_____	_____
2b. Sales tax benefit reduction .....	2b. _____	_____	_____
3. Net state and local tax refunds. Subtract lines 2a and 2b from line 1 .....	3. <u>223</u>	_____	_____
4. Total itemized deductions from Schedule A .....	4. <u>34,003</u>	_____	_____
5. Standard deduction .....	5. <u>12,700</u>	_____	_____
6. Subtract line 5 from line 4. If result is zero or less, <b>STOP</b> here The amount on line 3 is not taxable .....	6. <u>21,303</u>	_____	_____
7. Enter the smaller of line 3 or line 6 .....	7. <u>223</u>	_____	_____
8. Taxable income (If taxable income is a negative amount, enter that amount as a negative. Adjust taxable income for any NOL carryover.) .....	8. <u>123,845</u>	_____	_____
9. Enter the following amount to include on Form 1040, Sch 1, line 10: If line 8 is: .....	9. <u>223</u>	_____	_____
• 0 or more, enter the amount from line 7.			
• A negative amount, add lines 7 and 8 and enter net amount, but not less than zero.			

**Tax Refund Worksheet for Itemized Deduction Limitation**

	2017	2016	2015
1. State and local tax refunds subject to phase-out .....	1. _____	_____	_____
2a. State and local tax refunds with no tax benefit derived .....	2a. _____	_____	_____
2b. Sales tax benefit reduction .....	2b. _____	_____	_____
3. Net state and local tax refunds. Subtract lines 2a and 2b from line 1 .....	3. _____	_____	_____
<b>Itemized deductions before state and local tax refunds:</b>			
4. Adjusted gross income .....	4. _____	_____	_____
5. AGI threshold .....	5. _____	_____	_____
6. Line 4 minus line 5 .....	6. _____	_____	_____
7. Itemized deductions before phase-out .....	7. _____	_____	_____
8. Itemized deductions subject to phase-out .....	8. _____	_____	_____
9. Multiply line 6 by 3% (.03) .....	9. _____	_____	_____
10. Multiply line 8 by 80% (.80) .....	10. _____	_____	_____
11. Phase-out (smaller of line 9 or line 10) .....	11. _____	_____	_____
12. Allowable itemized deductions (line 7 minus line 11) .....	12. _____	_____	_____
<b>Itemized deductions adjusted for state and local tax refund:</b>			
13. Adjusted itemized deductions before phase-out (line 7 minus line 3) .....	13. _____	_____	_____
14. Adjusted itemized deductions subject to phase-out (line 8 minus line 3) .....	14. _____	_____	_____
15. Multiply line 14 by 80% (.80) .....	15. _____	_____	_____
16. Adjusted phase-out (smaller of line 9 or 15) .....	16. _____	_____	_____
17. Adjusted itemized deductions allowed (line 13 minus line 16) .....	17. _____	_____	_____
18. Standard deduction .....	18. _____	_____	_____
19. Enter the larger of line 17 or line 18 .....	19. _____	_____	_____
20. Line 12 minus line 19 .....	20. _____	_____	_____
21. Taxable income (If taxable income is a negative amount, enter that amount as a negative. Adjust taxable income for any NOL carryover.) .....	21. _____	_____	_____
22. Enter the following amount to include on Form 1040, Sch 1, line 10: If line 21 is: .....	22. _____	_____	_____
• 0 or more, enter the amount from line 20.			
• A negative amount, add lines 20 and 21 and enter net amount, but not less than zero.			

Form <b>1040</b>	<b>Tax Refund Worksheet - 2018 State and Local Refunds</b>	<b>2019</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number
--	--------------------------------

**NY**

- |   |    |              |  |
|---|----|--------------|--|
| 1. 2018 payments paid in 2019 .....   | 1. |              |  |
| 2. 2018 extension paid in 2019 .....  | 2. |              |  |
| 3. 2018 additional payment paid in 2019 .....   | 3. |              |  |
| 4. Total 2018 payments paid in 2019 (sum of lines 1 through 3) .....                                  | 4. |              |  |
| 5. Total payments on the 2018 return .....  | 5. | <b>8,806</b> |  |
| 6. Total 2018 overpayment/refund .....  | 6. | <b>1,369</b> |  |
| 7. 2018 refund attributable to tax paid in 2019 (line 4 divided by line 5 multiplied by line 6) ..... | 7. |              |  |
| 8. 2018 state/local tax refund attributable to tax paid in 2018 (line 6 minus line 7) .....           | 8. | <b>1,369</b> |  |

- |   |    |  |  |
|---|----|--|--|
| 1. 2018 payments paid in 2019 .....   | 1. |  |  |
| 2. 2018 extension paid in 2019 .....  | 2. |  |  |
| 3. 2018 additional payment paid in 2019 .....   | 3. |  |  |
| 4. Total 2018 payments paid in 2019 (sum of lines 1 through 3) .....                                  | 4. |  |  |
| 5. Total payments on the 2018 return .....  | 5. |  |  |
| 6. Total 2018 overpayment/refund .....  | 6. |  |  |
| 7. 2018 refund attributable to tax paid in 2019 (line 4 divided by line 5 multiplied by line 6) ..... | 7. |  |  |
| 8. 2018 state/local tax refund attributable to tax paid in 2018 (line 6 minus line 7) .....           | 8. |  |  |

- |   |    |  |  |
|---|----|--|--|
| 1. 2018 payments paid in 2019 .....   | 1. |  |  |
| 2. 2018 extension paid in 2019 .....  | 2. |  |  |
| 3. 2018 additional payment paid in 2019 .....   | 3. |  |  |
| 4. Total 2018 payments paid in 2019 (sum of lines 1 through 3) .....                                  | 4. |  |  |
| 5. Total payments on the 2018 return .....  | 5. |  |  |
| 6. Total 2018 overpayment/refund .....  | 6. |  |  |
| 7. 2018 refund attributable to tax paid in 2019 (line 4 divided by line 5 multiplied by line 6) ..... | 7. |  |  |
| 8. 2018 state/local tax refund attributable to tax paid in 2018 (line 6 minus line 7) .....           | 8. |  |  |

- |   |    |  |  |
|---|----|--|--|
| 1. 2018 payments paid in 2019 .....   | 1. |  |  |
| 2. 2018 extension paid in 2019 .....  | 2. |  |  |
| 3. 2018 additional payment paid in 2019 .....   | 3. |  |  |
| 4. Total 2018 payments paid in 2019 (sum of lines 1 through 3) .....                                  | 4. |  |  |
| 5. Total payments on the 2018 return .....  | 5. |  |  |
| 6. Total 2018 overpayment/refund .....  | 6. |  |  |
| 7. 2018 refund attributable to tax paid in 2019 (line 4 divided by line 5 multiplied by line 6) ..... | 7. |  |  |
| 8. 2018 state/local tax refund attributable to tax paid in 2018 (line 6 minus line 7) .....           | 8. |  |  |

- |   |    |  |  |
|---|----|--|--|
| 1. 2018 payments paid in 2019 .....   | 1. |  |  |
| 2. 2018 extension paid in 2019 .....  | 2. |  |  |
| 3. 2018 additional payment paid in 2019 .....   | 3. |  |  |
| 4. Total 2018 payments paid in 2019 (sum of lines 1 through 3) .....                                  | 4. |  |  |
| 5. Total payments on the 2018 return .....  | 5. |  |  |
| 6. Total 2018 overpayment/refund .....  | 6. |  |  |
| 7. 2018 refund attributable to tax paid in 2019 (line 4 divided by line 5 multiplied by line 6) ..... | 7. |  |  |
| 8. 2018 state/local tax refund attributable to tax paid in 2018 (line 6 minus line 7) .....           | 8. |  |  |

Total of ALL 2018 state/local tax refunds attributable to tax paid in 2019 (sum of lines 7) .....	
Total of ALL 2018 state/local tax refunds attributable to tax paid in 2018 (sum of lines 8; for 2019 Tax Refund Wrk) .....	<b>1,369</b>

Form <b>1040</b>	<b>Tax Refund Worksheet - No Tax Benefit Derived</b>	<b>2019</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number
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**2018 State and Local Refunds Not Taxable in 2019 Due to AMT**

1. Total refund attributable to 2018 (from total on Wrk 10, Tax Refund Wrk - 2018 State and Local Refunds)			1.	<u>1,369</u>
2. 2018 regular tax	2.	<u>18,680</u>		
3. 2018 AMT	3.	<u>0</u>		
4. 2018 Total Tax (line 2 + line 3)	4.		<u>18,680</u>	
5. 2018 Federal Marginal Tax Rate	5.	<u>0.220</u>		
6. Tentative no benefit (line 3 divided by line 5)	6.	<u>0</u>		
7. Adjustment (smaller of line 1 or line 6)	7.		<u>0</u>	
8. Recalculated 2018 Itemized Deductions	8.	<u>0</u>		
9. Recalculated 2018 Taxable Income	9.	<u>0</u>		
10. Recalculated 2018 Tax	10.	<u>0</u>		
Recalculated 2018 Tax using Sch D Tax Wrk or QDCGTW				
Recalculated 2018 Form 8615				
Recalculated 2018 Schedule J				
11. Recalculated 2018 AMT	11.	<u>0</u>		
12. New 2018 Total Tax (line 10 + line 11)	12.		<u>0</u>	
13. <b>2018 state and local refunds not taxable in 2019 due to AMT</b> (equals line 7, if line 12 < or = line 4)	13.		<u>0</u>	

The amount from Line 13 will carry to the 2019 Tax Refund Worksheet

**2018 State and Local Refunds Not Taxable in 2019 Due to Zero Tax**

1. Total refund attributable to 2018 (from total on Wrk 10, Tax Refund Wrk - 2018 State and Local Refunds)			1.	
2. 2018 regular tax after credits	2.	_____		
3. Recalculated 2018 tax after credits	3.	_____		
4. Difference, if any (line 2 - line 3)	4.	_____		
5. <b>2018 state and local refunds not taxable in 2019 due to zero tax</b> (equals line 1, if line 4 = zero)	5.		_____	

The amount from Line 5 will carry to the 2019 Tax Refund Worksheet

**2018 State and Local Refunds Not Taxable in 2019 Due to Sch A Tax Deduction Limitation**

1. 2018 Schedule A line 5d - state and local taxes before limitation			1.	<u>18,200</u>
2. Total refund attributable to 2018 (from total on Wrk 10, Tax Refund Wrk - 2018 State and Local Refunds)	2.		<u>1,369</u>	
3. Difference, if any (line 1 - line 2)	3.	<u>16,831</u>		
4. 2018 Schedule A line 5e - limited state and local taxes	4.	<u>10,000</u>		
5. Difference, if any (line 3 - line 4) (If line 5 >= zero, refund not taxable, skip to line 7)	5.	<u>6,831</u>		
6. No Taxable Benefit Amount (Combine Line 2 + Line 5)	6.			
7. <b>2018 state/local refunds not taxable in 2019 due to Sch A tax limitation</b> (equals (line 2, if line 5 >= zero) or (line 6, if line 6 is > zero))	7.		<u>1,369</u>	

The amount from Line 7 will carry to the 2019 Tax Refund Worksheet

# Federal Statements

## Form 1040, Dividend Income

<u>Payer</u>	<u>Ordinary Dividends</u>	<u>Qualified Dividends</u>	<u>Section 199A Dividends</u>
BB&T CORP	\$ <u>62</u>	\$ <u>62</u>	\$ <u>          </u>
TOTAL	\$ <u><u>62</u></u>	\$ <u><u>62</u></u>	\$ <u><u>0</u></u>



**Federal Statements****Schedule A, Line 5a - State and Local Taxes**

Description	Amount
STATE WITHHOLDING ON W-2S	\$ 8,806
STATE DISABILITY FUND W/H	31
TOTAL INCOME TAXES*	<u>8,837</u>
GENERAL SALES TAX	1,600
TOTAL SALES TAXES	<u>1,600</u>

\*INCOME TAXES ARE BEING DEDUCTED

**Schedule A, Line 5b - Real Estate Taxes**

Description	Amount
REAL ESTATE TAXES	\$ 9,363
TOTAL	<u>\$ 9,363</u>

**Schedule A, Line 8a - Home Mortgage Interest & Points From Form 1098**

Description	Amount
RHINEBECK BANK	\$ 10,614
TEG FEDERAL CREDIT UNION	995
ULSTER SAVINGS BANK	3,610
TOTAL	<u>\$ 15,219</u>

**Schedule A, Line 12 - Charitable Contributions Other Than Cash or Check**

Description	Amount
50% CONTRIB FROM 8283	\$ 2,000
TOTAL	<u>\$ 2,000</u>

**Federal Statements****47 Prince Street****Schedule E, Line 3 - Rents Received**

<u>Description</u>	<u>Amount</u>
	\$ 15,750
TOTAL	\$ <u>15,750</u>

**47 Prince Street****Schedule E, Line 12 - Mortgage Interest Paid to Banks**

<u>Description</u>	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
BANK OF AMERICA, N.A.	\$ 10,108		\$ 10,108
ULSTER SAVINGS			
TOTAL	\$ <u>10,108</u>		\$ <u>10,108</u>

**47 Prince Street****Schedule E, Line 16 - Taxes**

<u>Description</u>	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
REAL ESTATE TAXES	\$ 1,319		\$ 1,319
REFUNDED AT CLOSING	-1,319		-1,319
TOTAL	\$ <u>0</u>		\$ <u>0</u>

**Federal Statements****Form 2441, Line 4 - Taxpayer's Earned Income**

Description	Amount
WAGES	\$ 139,368
TOTAL	\$ <u>139,368</u>

**Form 2441, Line 5 - Spouse's Earned Income**

Description	Amount
WAGES	\$ 12,556
TOTAL	\$ <u>12,556</u>

**Federal Statements****Form 4797 - Unrecaptured Section 1250 Gains**

Desc	Date Acq	Date Sold	(a) Ln 24	(b) Ln 22	Smaller (a)or(b)	-4797 Ln 26g	=Line 3 1250WS
HOUSE	6/01/15	8/06/18	\$ 10,876	\$ 23,376	\$ 10,876	\$	\$ 10,876
TOTAL						\$ 0	\$ 10,876

**Form 4797 - AMT Unrecaptured Section 1250 Gains**

Desc	Date Acq	Date Sold	(a) Ln 24	(b) Ln 22	Smaller (a)or(b)	-4797 Ln 26g	=Line 3 1250WS
HOUSE	6/01/15	8/06/18	\$ 10,876	\$ 23,376	\$ 10,876	\$	\$ 10,876
TOTAL						\$ 0	\$ 10,876

**Federal Statements****Amount Allocated to Tax Paid in the Following Year**

	<u>Description</u>	<u>Amount</u>
NY		
1.	2017 PAYMENT PAID IN 2018	\$ 0
2.	2017 EXTENSION PAID IN 2018	0
3.	2017 ADDITIONAL PAYMENT PAID IN 2018	0
4.	TOTAL 2017 PAYMENTS PAID IN 2018(SUM OF LINES 1 THROUGH 3)	0
5.	TOTAL PAYMENTS ON THE 2017 RETURN	9,544
6.	TOTAL 2017 OVERPAYMENT/REFUND	223
7.	2017 REFUND ATTRIBUTABLE TO TAX PAID IN 2018 (LINE 4 DIVIDED BY LINE 5 MULTIPLIED BY LINE 6)	\$ 0
8.	STATE/LOCAL TAX REFUND (LINE 6 MINUS LINE 7)	<u>\$ 223</u>

**Federal Statements****Dutchess County****Form W-2, Box 12**

<u>Description</u>	<u>Amount</u>
COST OF GROUP TERM LIFE INSURANCE COVERAGE OVER 50,000	\$ 108
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	28,709
SECTION 457(B) CONTRIBUTIONS	2,778
TOTAL	\$ <u>31,595</u>

**Dutchess County****Form W-2, Box 14 - Other**

<u>Description</u>	<u>Amount</u>
CAR	\$ 3,173
TOTAL	\$ <u>3,173</u>

# Federal Statements

## Onondaga Employee Leasing Services

### Form W-2, Box 14 - Other

<u>Description</u>	<u>Amount</u>
STATE DISABILITY INSURANCE WITHHOLDING (SDI)	\$ <u>31</u>
TOTAL	\$ <u><u>31</u></u>

# Federal Statements

47 Prince Street

## Utilities

<u>Code</u>	<u>Description</u>	<u>Amount</u>
	REFUND AT CLOSING	\$ -612
TOTAL		\$ <u>-612</u>



FYE: 12/31/2018

## Federal Asset Report

### 47 Prince Street

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
1	House	6/01/15	203,000			203,000	27 MMS/L	18,762	4,614
	Sold/Scrapped: 8/06/18								
			<u>203,000</u>			<u>203,000</u>		<u>18,762</u>	<u>4,614</u>
<b>Other Depreciation:</b>									
2	Land	6/01/15	98,000			98,000	0 -- Land	0	0
	Sold/Scrapped: 8/16/18								
	<b>Total Other Depreciation</b>		<u>98,000</u>			<u>98,000</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>98,000</u>			<u>98,000</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		301,000			301,000		18,762	4,614
	<b>Less: Dispositions and Transfers</b>		301,000			301,000		18,762	4,614
	<b>Less: Start-up/Org Expense</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

FYE:

# Depreciation Adjustment Report

12/31/2018

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
-------------	-------------	--------------	--------------------	------------	------------	---

There are no assets that meet the criteria of this report

Form <b>1040</b>	<b>Salaries &amp; Wages Report</b>	<b>2018</b>
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Name **MARCUS J MOLINARO & CORINNE ADAMS**

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	<u>T DUTCHESS COUNTY</u>	<u>139,368</u>	<u>17,550</u>	<u>128,400</u>
B	<u>S ONONDAGA EMPLOYEE LEASING SERVICES</u>	<u>12,556</u>	<u>743</u>	<u>12,556</u>
C	_____	_____	_____	_____
D	_____	_____	_____	_____
E	_____	_____	_____	_____
F	_____	_____	_____	_____
G	_____	_____	_____	_____
H	_____	_____	_____	_____
I	_____	_____	_____	_____
J	_____	_____	_____	_____
K	_____	_____	_____	_____
L	_____	_____	_____	_____
M	_____	_____	_____	_____
	<b>Taxpayer</b>	<u>139,368</u>	<u>17,550</u>	<u>128,400</u>
	<b>Spouse</b>	<u>12,556</u>	<u>743</u>	<u>12,556</u>
	<b>Totals</b>	<u>151,924</u>	<u>18,293</u>	<u>140,956</u>

A-M	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	<u>7,961</u>	<u>142,145</u>	<u>2,061</u>	_____	_____	_____	<u>3,173</u>
B	<u>778</u>	<u>12,556</u>	<u>182</u>	_____	_____	_____	<u>31</u>
C	_____	_____	_____	_____	_____	_____	_____
D	_____	_____	_____	_____	_____	_____	_____
E	_____	_____	_____	_____	_____	_____	_____
F	_____	_____	_____	_____	_____	_____	_____
G	_____	_____	_____	_____	_____	_____	_____
H	_____	_____	_____	_____	_____	_____	_____
I	_____	_____	_____	_____	_____	_____	_____
J	_____	_____	_____	_____	_____	_____	_____
K	_____	_____	_____	_____	_____	_____	_____
L	_____	_____	_____	_____	_____	_____	_____
M	_____	_____	_____	_____	_____	_____	_____
	<b>Taxpayer</b>	<u>7,961</u>	<u>142,145</u>	<u>2,061</u>	_____	_____	<u>3,173</u>
	<b>Spouse</b>	<u>778</u>	<u>12,556</u>	<u>182</u>	_____	_____	<u>31</u>
	<b>Totals</b>	<u>8,739</u>	<u>154,701</u>	<u>2,243</u>	_____	_____	<u>3,204</u>

A-M	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	<u>NY</u>	<u>139,368</u>	<u>8,384</u>	_____	_____	_____
B	<u>NY</u>	<u>12,556</u>	<u>422</u>	_____	_____	_____
C	_____	_____	_____	_____	_____	_____
D	_____	_____	_____	_____	_____	_____
E	_____	_____	_____	_____	_____	_____
F	_____	_____	_____	_____	_____	_____
G	_____	_____	_____	_____	_____	_____
H	_____	_____	_____	_____	_____	_____
I	_____	_____	_____	_____	_____	_____
J	_____	_____	_____	_____	_____	_____
K	_____	_____	_____	_____	_____	_____
L	_____	_____	_____	_____	_____	_____
M	_____	_____	_____	_____	_____	_____
	<b>Taxpayer</b>	<u>139,368</u>	<u>8,384</u>	_____	_____	_____
	<b>Spouse</b>	<u>12,556</u>	<u>422</u>	_____	_____	_____
	<b>Totals</b>	<u>151,924</u>	<u>8,806</u>	_____	_____	_____

Form **1040****Two Year Comparison Report - Page 1****2017 & 2018**

Name

**MARCUS J MOLINARO & CORINNE ADAMS**

Taxpayer Identification Number

	2017		2018	
		MFJ	MFJ	
<b>Filing Status</b>				
<b>Dependents claimed</b>		<b>2</b>	<b>3</b>	<b>1</b>
1. Salaries and wages	1.	166,352	151,924	-14,428
2. Interest income	2.	453	79	-374
3. Tax exempt interest income	3.			
4. Dividend income	4.		62	62
5. Qualified dividend income	5.		62	62
6. Taxable state/local refunds	6.	246	223	-23
7. Alimony received	7.			
8. Business income/loss	8.			
9. Capital gain/loss	9.		10,876	10,876
10. Other gains/losses	10.			
11. Taxable IRA distributions	11.	6,997		-6,997
12. Taxable pensions	12.			
13. Rent and royalty income including farm rental	13.		-14,124	-14,124
14. Partnership/S corp income	14.			
15. Estate or trust income	15.			
16. Farm income/loss	16.			
17. Unemployment compensation	17.			
18. Taxable social security	18.			
19. Other income	19.			
20. <b>Total income</b>	20.	<b>174,048</b>	<b>149,040</b>	<b>-25,008</b>
21. Moving expenses	21.			
22. Deductible part of self-employment tax	22.			
23. SEP/SIMPLE/Qualified plans deductions	23.			
24. SE health insurance	24.			
25. Penalty on early withdrawal of savings	25.			
26. Alimony paid	26.			
27. IRA deductions	27.			
28. Student loan interest	28.			
29. Other adjustments	29.			
30. <b>Adjusted gross income</b>	30.	<b>174,048</b>	<b>149,040</b>	<b>-25,008</b>
31. Medical	31.			
32. Taxes	32.	18,831	10,000	-8,831
33. Interest	33.	14,172	15,219	1,047
34. Contributions	34.	1,000	2,000	1,000
35. Casualty losses	35.			
36. Miscellaneous expenses	36.			
37. <b>Allowable itemized deductions</b>	37.	<b>34,003</b>	<b>27,219</b>	<b>-6,784</b>
38. Standard deduction	38.	12,700	24,000	11,300
		<b>ITEMIZED</b>	<b>ITEMIZED</b>	
39. Deduction taken	39.	34,003	27,219	-6,784
40. Subtract line 39 from line 30	40.	140,045	121,821	-18,224
41. Exemptions	41.	16,200		-16,200
42. Taxable income before Qual Bus Inc Ded (QBID)	42.	123,845	121,821	-2,024
43. QBID (plus DPAD)	43.	0	0	
44. <b>Taxable income</b>	44.	<b>123,845</b>	<b>121,821</b>	<b>-2,024</b>

Form <b>1040</b>	<b>Two Year Comparison Report - Page 2</b>	<b>2017 &amp; 2018</b>
------------------	--	------------------------

Name

**MARCUS J MOLINARO & CORINNE ADAMS**

		2017	2018	Differences
45. Taxable income from 2YR page 1, line 44	45.	123,845	121,821	-2,024
46. Tax on taxable income	46.	22,439	18,680	-3,759
47. Alternative minimum tax	47.			
48. Excess advance premium tax credit	48.			
49. Child care credit	49.	600	600	
50. Education credits	50.			
T 51. Retirement savings credit	51.			
a 52. Child & other dependent tax credit	52.		6,000	6,000
x 53. General business credit	53.			
54. Other credits	54.			
C 55. <b>Total credits</b>	55.	600	6,600	6,000
o 56. <b>Net tax liability</b>	56.	21,839	12,080	-9,759
m 57. Self-employment taxes	57.			
p 58. Other taxes	58.	700		-700
u 59. <b>Total tax</b>	59.	22,539	12,080	-10,459
t 60. Income tax withheld	60.	24,573	18,293	-6,280
a 61. Estimated tax payments	61.			
t 62. Earned income credit	62.			
i 63. Additional Child tax credit	63.			
o 64. Other refundable tax credits	64.			
n 65. Other payments	65.			
66. <b>Total payments</b>	66.	24,573	18,293	-6,280
67. <b>Tax due/-refund</b>	67.	-2,034	-6,213	-4,179
68. Penalties and interest	68.			
69. <b>Net tax due/-refund</b>	69.	-2,034	-6,213	-4,179
70. Refund applied to estimated tax payments	70.			
71. Refund received	71.	-2,034	-6,213	-4,179
72. <b>Effective tax rate</b>	72.	18.0 %	10.0 %	

### Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2017 Taxable Income	2017 Marginal Tax Rate	2018 Taxable Income	2018 Marginal Tax Rate
Ordinary income	123,845	25.0 %	121,821	22.0 %
Capital income		%	62	15.0 %
Capital - Sec. 1250		%	10,876	%
Capital - Sec. 1202		%		%

Form <b>1040</b>	<b>Two Year Comparison Report - Schedule E Page 1</b>	<b>2017 &amp; 2018</b>
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Name

**MARCUS J MOLINARO**

Property description

**47 PRINCE STREET**

Unit

**1**

		2017	2018	Differences
<b>Income</b>				
1. Total rents and royalties received .....	1.	27,000	15,750	-11,250
<b>Expenses</b>				
2. Advertising .....	2.			
3. Auto and travel .....	3.			
4. Cleaning and maintenance .....	4.			
5. Commissions .....	5.			
6. Insurance .....	6.			
7. Legal and other professional fees .....	7.			
8. Management fees .....	8.			
9. Mortgage interest paid to banks, etc. ....	9.	17,729	10,108	-7,621
10. Other interest .....	10.	1,410		-1,410
11. Repairs .....	11.			
12. Supplies .....	12.			
13. Taxes .....	13.	8,696		-8,696
14. Utilities .....	14.		-612	-612
15. Depreciation expense or depletion .....	15.	7,382	4,614	-2,768
16. Other expenses .....	16.			
17. <b>Total expenses</b> .....	17.	35,217	14,110	-21,107
<b>Profit/(loss)</b>				
18. <b>Income or (loss) from rental real estate or royalty properties</b> ..	18.	-8,217	1,640	9,857
19. Deductible rental real estate loss .....	19.		-15,764	-15,764
<b>Carryover</b>				
20. Vacation home operating expenses carryover to next year .....	20.			
21. Vacation home excess casualty & depreciation carryover to next yr	21.			

Tax Return History Report - Page 1

2018

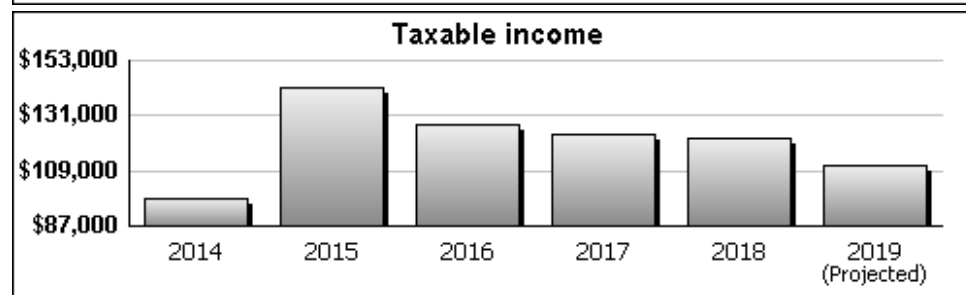
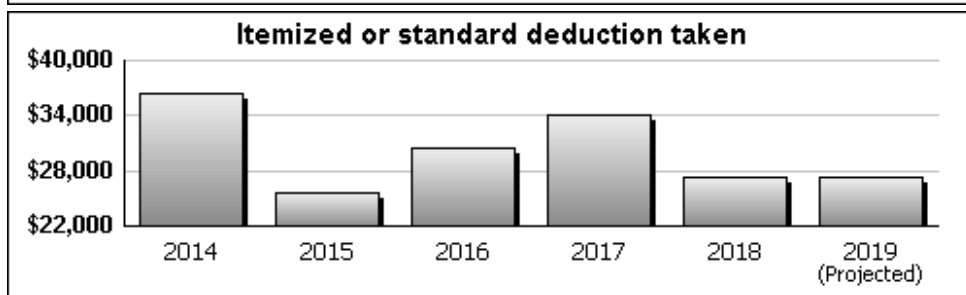
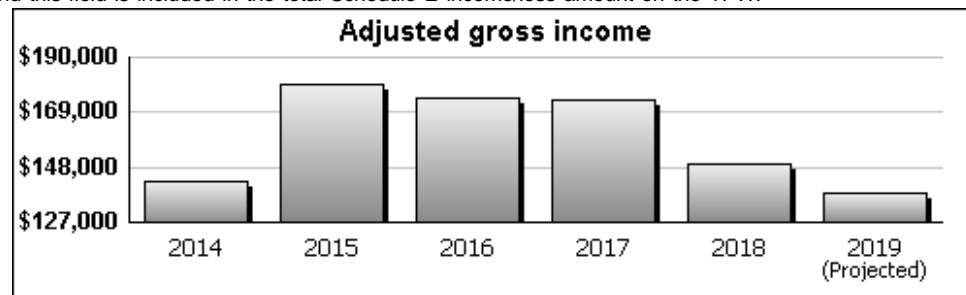
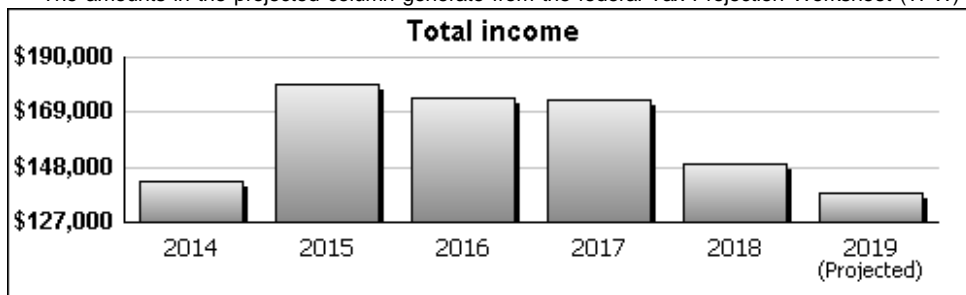
Form **1040**

Name **MARCUS J MOLINARO & CORINNE ADAMS**

Taxpayer Identification Number

Filing Status	2014	2015	2016	2017	2018	2019 PROJECTED
	HH	MFJ	MFJ	MFJ	MFJ	MFJ
Salaries and wages	140,601	177,877	174,232	166,352	151,924	151,924
Interest income			21	453	79	79
Dividend income					62	62
Business income/loss						
Capital gains/losses					10,876	
Other gains/losses						
IRA distributions, pensions, annuities				6,997		
Rent, royalty, farm rental income					-14,124	-14,124
Partnership/S corp income						*
Estate or trust income						*
Farm income/loss						
Other income/loss	1,726	1,547		246	223	
<b>Total income</b>	<b>142,327</b>	<b>179,424</b>	<b>174,253</b>	<b>174,048</b>	<b>149,040</b>	<b>137,941</b>
Total adjustments						
<b>Adjusted gross income</b>	<b>142,327</b>	<b>179,424</b>	<b>174,253</b>	<b>174,048</b>	<b>149,040</b>	<b>137,941</b>
<b>Allowable itemized deductions</b>	<b>36,399</b>	<b>25,664</b>	<b>30,372</b>	<b>34,003</b>	<b>27,219</b>	<b>27,219</b>
Standard deduction	9,100	12,600	12,600	12,700	24,000	24,400
<b>Itemized or standard deduction taken</b>	<b>36,399</b>	<b>25,664</b>	<b>30,372</b>	<b>34,003</b>	<b>27,219</b>	<b>27,219</b>
Exemptions	7,900	12,000	16,200	16,200		
Taxable income before Qual Bus Inc Ded	98,028	141,760	127,681	123,845	121,821	110,722
Qual Bus Inc Ded (plus DPAD)						
<b>Taxable income</b>	<b>98,028</b>	<b>141,760</b>	<b>127,681</b>	<b>123,845</b>	<b>121,821</b>	<b>110,722</b>

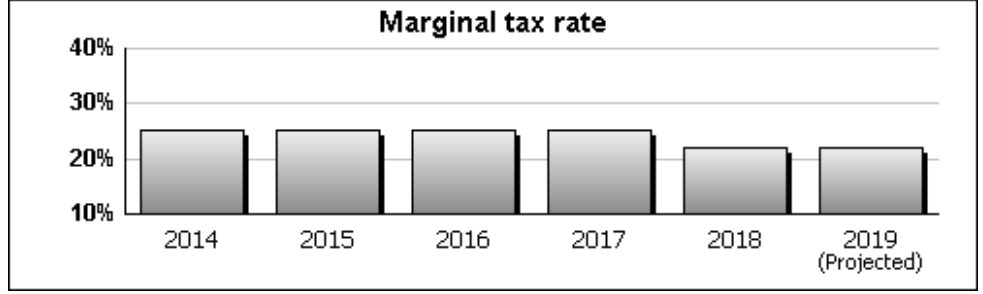
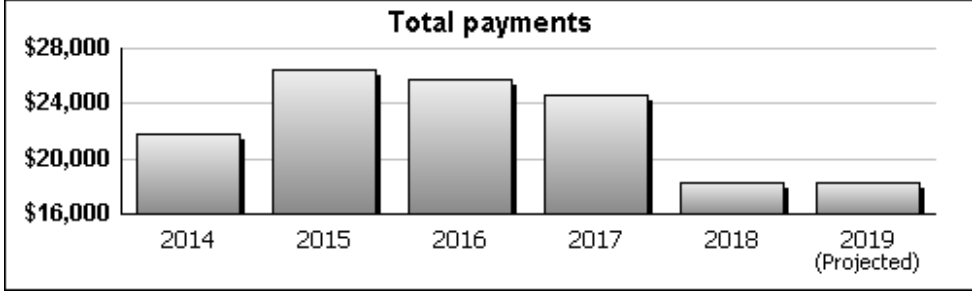
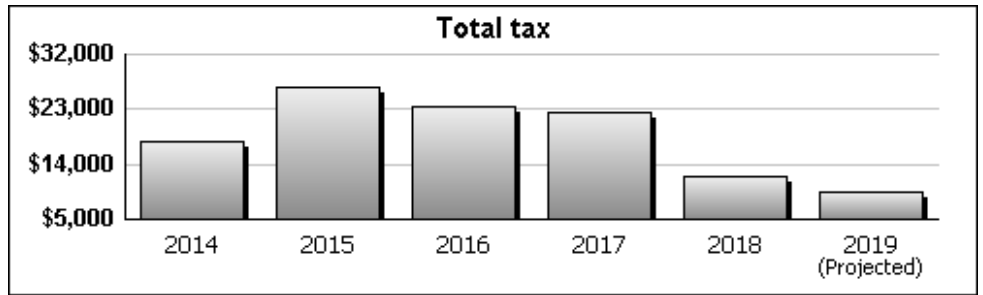
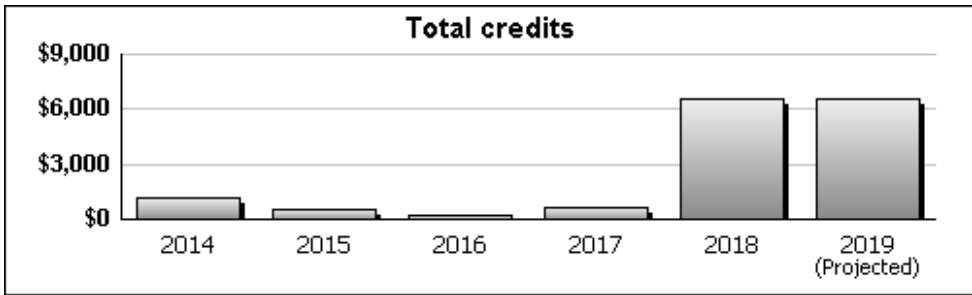
\* The amounts in the projected column generate from the federal Tax Projection Worksheet (TPW) and this field is included in the total Schedule E income/loss amount on the TPW.



Form **1040** Tax Return History Report - Page 2 **2018**

Name **MARCUS J MOLINARO & CORINNE ADAMS** Taxpayer Identification Number

	2014	2015	2016	2017	2018	2019 PROJECTED
<b>Taxable income</b> .....	<b>98,028</b>	<b>141,760</b>	<b>127,681</b>	<b>123,845</b>	<b>121,821</b>	<b>110,722</b>
Tax on taxable income and Form 8962 .....	<b>18,919</b>	<b>27,028</b>	<b>23,463</b>	<b>22,439</b>	<b>18,680</b>	<b>16,071</b>
Alternative minimum tax .....						
Total credits .....	<b>1,161</b>	<b>580</b>	<b>172</b>	<b>600</b>	<b>6,600</b>	<b>6,600</b>
<b>Net tax liability</b> .....	<b>17,758</b>	<b>26,448</b>	<b>23,291</b>	<b>21,839</b>	<b>12,080</b>	<b>9,471</b>
Self-employment taxes .....						
Other taxes .....				<b>700</b>		
<b>Total tax</b> .....	<b>17,758</b>	<b>26,448</b>	<b>23,291</b>	<b>22,539</b>	<b>12,080</b>	<b>9,471</b>
Income tax withheld .....	<b>21,796</b>	<b>26,395</b>	<b>25,681</b>	<b>24,573</b>	<b>18,293</b>	<b>18,293</b>
Estimated tax payments .....						
Other payments .....						
<b>Total payments</b> .....	<b>21,796</b>	<b>26,395</b>	<b>25,681</b>	<b>24,573</b>	<b>18,293</b>	<b>18,293</b>
<b>Total due/-refund</b> .....	<b>-4,038</b>	<b>53</b>	<b>-2,390</b>	<b>-2,034</b>	<b>-6,213</b>	<b>-8,822</b>
Penalties and interest .....						
<b>Net tax due/-refund</b> .....	<b>-4,038</b>	<b>53</b>	<b>-2,390</b>	<b>-2,034</b>	<b>-6,213</b>	<b>-8,822</b>
Refund applied to estimated tax payments .....						
Refund received .....	<b>-4,038</b>		<b>-2,390</b>	<b>-2,034</b>	<b>-6,213</b>	
<b>Marginal tax rate</b> .....	<b>25.0 %</b>	<b>25.0 %</b>	<b>25.0 %</b>	<b>25.0 %</b>	<b>22.0 %</b>	<b>22.0 %</b>
<b>Effective tax rate</b> .....	<b>18.0 %</b>	<b>19.0 %</b>	<b>18.0 %</b>	<b>18.0 %</b>	<b>10.0 %</b>	<b>9.0 %</b>





## New York Individual and Other Return Summaries Tax Year 2018

MARCUS J MOLINARO    CORINNE ADAMS

### New York State Individual Return

### Other New York and New York City Returns

#### Income, Adjustments and Deductions

Federal adjusted gross income	149,040
Net additions and subtractions	-223
Adjusted gross income	148,817
Itemized <input checked="" type="checkbox"/> or standard <input type="checkbox"/> deduction	26,582
Exemptions	3,000
<b>Taxable income</b>	<b>119,235</b>

#### LLC and LLP Filing Fee

Form IT-204-LL, amount due \_\_\_\_\_

#### Nonresident Employee of the City of New York

Form NYC-1127, amount due/-refund \_\_\_\_\_

#### Tax, Payments, and Credits

Base tax	_____
Nonresident income percentage	_____
State tax	7,437
Nonrefundable state credits	_____
Other state taxes	_____
Total	7,437
New York City taxes	_____
New York City nonrefundable credits	_____
MCTMT	_____
Yonkers taxes	_____
Use tax	_____
Contributions	_____
Total	7,437
Total refundable credits	470
Income tax withheld	8,806
Estimate and extension payments	_____
Total payments and credits	9,276
<b>Amount due/-refund</b>	<b>-1,839</b>
<b>Amount refunded</b>	<b>1,839</b>
<b>Amount deposited into 529 Plan</b>	<b>0</b>
<b>Overpayment applied to next year</b>	_____

#### Penalties and Interest

Underpayment of estimates penalty	_____
Failure to file penalty	_____
Failure to pay penalty	_____
Late filing interest	_____
<b>Total balance due</b>	<b>0</b>

#### Miscellaneous Information

New York State Individual Return

#### 2019 Estimates

Individual New York,  
NYC, Yonkers and MTA

Tax form	IT-201
Residency type	RESIDENT
Direct debit withdrawal date	_____
New York State marginal tax rate	6.330 %
State and cities effective tax rate	6.200 %

1st quarter	_____
2nd quarter	_____
3rd quarter	_____
4th quarter	_____
<b>Total</b>	_____

## Filing Instructions

### Form IT-201 - New York Income Tax Return

**Taxable Year Ended December 31, 2018**

**Name:** Marcus J Molinaro & Corinne Adams

**Date Due:** April 15, 2019

**Remittance:** None is required. The return shows a total overpayment of \$1,839, which will be direct deposited into your Rhinebeck Savings Bank checking account. Please keep this filing instruction as a reminder of the amount to be deposited into your account.

**Signature:** Sign and date Form TR-579-IT, New York State E-file Signature Authorization. Return it as soon as possible to:

RBT CPAs, LLP  
11 Racquet Rd  
Newburgh, NY 12550

If you prefer, rather than mailing, you may return the signed form via one of the following methods:

Fax: 845-567-9228  
Upload: <http://www.rbtcpas.com/efile>

**Other:** Your return is being filed electronically. Do not mail Form IT-201.



New York State E-File Signature Authorization for Tax Year 2018
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: MARCUS J MOLINARO

Spouse's name: CORINNE ADAMS

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X, Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, NYC-208, Claim for New York City Enhanced Real Property Tax Credit, or NYC-210, Claim for New York City School Tax Credit.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

(jointly filed return only)

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers. Visit our website at www.tax.ny.gov to view this document.

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2018 Form IT-370 and Tax Year 2019 Form IT-2105.

Part A - Tax return information

- 1 Federal adjusted gross income (from applicable line) 1. 149,040.
2 Refund 2. 1,839.
3 Amount you owe 3.
4 Financial institution routing number 4.
5 Financial institution account number 5.
6 Account type: [X] Personal checking [ ] Personal savings [ ] Business checking [ ] Business savings

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2018 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2018 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2018 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature: Date: 04122019
Spouse's signature: Date: 04122019

(jointly filed return only)

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2018 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2018 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2018 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2018 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: Date:
Print name:
Paid preparer's signature: SUSAN L. HOWELL, CPA Date: 04122019
Print name: SUSAN L. HOWELL, CPA

Department of Taxation and Finance



# Resident Income Tax Return

# IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2018, through December 31, 2018, or fiscal year beginning ..   
and ending ..

For help completing your return, see the instructions, Form IT-201-I.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your social security number
MARCUS	J	MOLINARO	10081975	
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number
CORINNE		ADAMS	08121987	
Mailing address (see instructions, page 14) (number and street or PO box)			Apartment number	New York State county of residence
75 GLEN RIDGE ROAD				DUTC
City, village, or post office	State	ZIP code	Country (if not United States)	School district name
RED HOOK	NY	12571		RED HOOK
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)			Apartment number	School district code number
				526
City, village, or post office	State	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
	NY			

**A Filing status**

- ①  Single
- ②  Married filing joint return (enter spouse's social security number above)
- ③  Married filing separate return (enter spouse's social security number above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying widow(er)

**B Did you itemize** your deductions on your 2018 federal income tax return? Yes  No

**C Can you be claimed** as a dependent on another taxpayer's federal return? Yes  No

**D1** Did you have a financial account located in a foreign country? (see page 15) Yes  No

**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax relief credit? (see page 15) Yes  No
- (2) Enter the amount ..

**D3** Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) Yes  No

**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2018? (see page 15) Yes  No

(2) Enter the number of days spent in NYC in 2018 (any part of a day spent in NYC is considered a day) ....

**F NYC residents and NYC part-year residents only** (see page 15):

- (1) Number of months **you** lived in NYC in 2018 ..
- (2) Number of months **your spouse** lived in NYC in 2018 ..

**G** Enter your **2-character special condition code(s)** if applicable (see page 15) ..

**H Dependent information** (see page 16)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)
ABIGAL		MOLINARO	DAUGHTER		04022004
ELIAS	A	MOLINARO	SON		12262016
THEO	A	MOLINARO	SON		11292018

If more than 7 dependents, mark an X in the box.

201001181022



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number

Federal income and adjustments (see page 16)

Whole dollars only

Table with 19 rows for Federal income and adjustments. Includes items like Wages, salaries, tips, etc. (151924.00), Taxable interest income (79.00), Ordinary dividends (62.00), Taxable refunds (223.00), Alimony received (.00), Business income (.00), Capital gain or loss (10876.00), Other gains or losses (.00), Taxable amount of IRA distributions (.00), Taxable amount of pensions and annuities (.00), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (-14124.00), Rental real estate included in line 11 (-14124.00), Farm income or loss (.00), Unemployment compensation (.00), Taxable amount of social security benefits (.00), Other income (Identify: .00), Add lines 1 through 11 and 13 through 16 (149040.00), Total federal adjustments to income (Identify: .00), Federal adjusted gross income (149040.00).

New York additions (see page 17)

Table with 4 rows for New York additions. Includes Interest income on state and local bonds and obligations (.00), Public employee 414(h) retirement contributions from your wage and tax statements (.00), New York's 529 college savings program distributions (.00), Other (Form IT-225, line 9) (.00), Add lines 19 through 23 (149040.00).

New York subtractions (see page 18)

Table with 9 rows for New York subtractions. Includes Taxable refunds, credits, or offsets of state & local income taxes (from line 4) (223.00), Pensions of NYS & local governments & the federal government (see page 18) (.00), Taxable amount of social security benefits (from line 15) (.00), Interest income on U.S. government bonds (.00), Pension and annuity income exclusion (see page 19) (.00), New York's 529 college savings program deduction/earnings (.00), Other (Form IT-225, line 18) (.00), Add lines 25 through 31 (223.00), New York adjusted gross income (subtract line 32 from line 24) (148817.00).

Standard deduction or itemized deduction (see page 21)

Table with 4 rows for Standard deduction or itemized deduction. Includes Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) (26582.00), Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) (122235.00), Dependent exemptions (enter the number of dependents listed in item H; see page 21) (3 000.00), Taxable income (subtract line 36 from line 35) (119235.00).

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1  
MARCUS J MOLINARO CORINNE ADAMS

Your social security number

**Tax computation, credits, and other taxes**

38	Taxable income (from line 37 on page 2)	38	119235.00
39	NYS tax on line 38 amount (see page 22)	39	7437.00
40	NYS household credit (page 21, table 1, 2, or 3)	40	.00
41	Resident credit (see page 23)	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43	Add lines 40, 41, and 42	43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	7437.00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46	<b>Total New York State taxes</b> (add lines 44 and 45)	46	7437.00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

47	NYC taxable income (see instructions)	47	.00
47a	NYC resident tax on line 47 amount (see page 23)	47a	.00
48	NYC household credit (page 23)	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.00
50	Part-year NYC resident tax (Form IT-360.1)	50	.00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52	Add lines 49, 50, and 51	52	.00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a	MCTMT net earnings base	54a	.00
54b	MCTMT	54b	.00
55	Yonkers resident income tax surcharge (see page 26)	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58	<b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 54 and 54b through 57)	58	.00
59	<b>Sales or use tax</b> (see page 27; do not leave line 59 blank)	59	0.00

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

**Voluntary contributions** (see page 28)

60a	Return a Gift to Wildlife	60a	.00	60o	Veterans' Homes	60o	.00
60b	Missing/Exploited Children	60b	.00	60p	Love Your Library Fund	60p	.00
60c	Breast Cancer Research	60c	.00	60q	Lupus Fund	60q	.00
60d	Alzheimer's Fund	60d	.00	60r	Military Family Fund	60r	.00
60e	Olympic Fund (\$2 or \$4)	60e	.00	60s	CUNY Fund	60s	.00
60f	Prostate Cancer	60f	.00				
60g	9/11 Memorial	60g	.00				
60h	Volunteer Firefighting	60h	.00				
60i	Teen Health Education	60i	.00				
60j	Veterans Remembrance	60j	.00				
60k	Homeless Veterans	60k	.00				
60l	Mental Illness Anti-Stigma	60l	.00				
60m	Women's Cancers Fund	60m	.00				
60n	Autism Fund	60n	.00				

60	<b>Total voluntary contributions</b> (add lines 60a through 60s)	60	.00
61	<b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 46, 58, 59, and 60)	61	7437.00

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Your social security number

62 Enter amount from line 61

62 7437.00

**Payments and refundable credits** (see pages 29 through 32)

63	Empire State child credit	63	110.00
64	NYS/NYC child and dependent care credit	64	360.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	NYC enhanced real property tax credit	70a	.00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	8806.00
73	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00
76	Total payments (add lines 63 through 75)	76	9276.00

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13).  
Do not send federal Form W-2 with your return.

**Your refund, amount you owe, and account information** (see pages 33 through 35)

77	Amount overpaid (see instructions)	77	1839.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	1839.00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	1839.00

Mark one refund choice:  direct deposit to checking or savings account (fill in line 83) - or -  paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

79 Amount of line 77 that you want applied to your 2019 estimated tax (see instructions)

79 .00

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box  and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.

See page 34 for payment options.

80 .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34)

81 .00

See page 37 for the proper assembly of your return.

82 Other penalties and interest (see page 34)

82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 35)

83a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

83b Routing number  83c Account number

84 Electronic funds withdrawal (see page 35) Date  Amount  .00

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name SUSAN L. HOWELL, CPA	Designee's phone number 845 567 9000	Personal identification number (PIN) <del>7437</del>
	E-mail: SLHOWELL@RBTCPAS.COM		

<b>q Paid preparer must complete q</b> (see instructions)		Preparer's NYTPRN NYTPRN excl. code 03
Preparer's signature SUSAN L. HOWELL, CPA	Preparer's printed name SUSAN L. HOWELL, CPA	
Firm's name (or yours, if self-employed) RBT CPAS, LLP	Preparer's PTIN or SSN *****	
Address 11 RACQUET RD NEWBURGH NY 12550	Employer identification number 141604297	Date 04122019
E-mail: SLHOWELL@RBTCPAS.COM		

<b>q Taxpayer(s) must sign here q</b>	
Your signature DO NOT MAIL THIS COPY--NO 2D	
Your occupation COUNTY EXECUTIVE	
Spouse's signature and occupation (if joint return) DIRECT OF COMMU	
Date	Daytime phone #
E-mail:	

See instructions for where to mail your return.

201004181022



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



# New York Resident, Nonresident, and Part-Year Resident Itemized Deductions

Submit this form with Form IT-201 or IT-203. See instructions for completing Form IT-196.

Name(s) as shown on your Form IT-201 or IT-203	Your Social Security number
MARCUS J MOLINARO CORINNE ADAMS	

**Medical and dental expenses** (see instructions)

**Caution:** Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses (see instructions) .....	1	.00
2 Enter amount from Form IT-201 or IT-203, line 19 .....	2	.00
3 Multiply line 2 by 10% (0.10) .....	3	.00
4 Subtract line 3 from line 1 (if line 3 is more than line 1, leave blank) .....	4	.00

**Taxes you paid** (see instructions)

5 State and local (Mark an X in only one box) a <input checked="" type="checkbox"/> Income taxes - or - b <input type="checkbox"/> General sales tax	5	8837.00
6 State and local real estate taxes .....	6	9363.00
7 State and local personal property taxes .....	7	.00
8 Other taxes. List type and amount _____	8	.00
9 Add lines 5 through 8 .....	9	18200.00

**Interest you paid** (see instructions)

10 Home mortgage interest and points reported to you on federal Form 1098 .....	10	15219.00
11 Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the home, show that person's name, identifying number, and address _____	11	.00
12 Points not reported to you on federal Form 1098 .....	12	.00
13 Reserved .....	13	
14 Investment interest .....	14	.00
15 Add lines 10 through 14 .....	15	15219.00

**Gifts to charity** (see instructions)

16 Gifts by cash or check. (If you made any gift of \$250 or more, see instructions) .....	16	.00
17 Other than by cash or check. (If you made any gift of \$250 or more, see instructions) .....	17	2000.00
18 Carryover from prior year .....	18	.00
19 Add lines 16, 17, and 18 .....	19	2000.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Your Social Security number

Casualty and theft losses

20 Casualty or theft loss(es) other than federal qualified disaster losses (see instructions) .00

Job expenses and certain miscellaneous deductions (see instructions)

21 Unreimbursed employee expenses - job travel, union dues, etc. .00
22 Job related education expenses .00
23 Tax preparation fees .00
24 Other expenses - investment, safe deposit box, etc. .00
25 Add lines 21 through 24 .00
26 Enter amount from Form IT-201 or IT-203, line 19 .00
27 Multiply line 26 by 2% (0.02) .00
28 Subtract line 27 from line 25 (if line 27 is more than line 25, leave blank) .00

Other miscellaneous deductions

29 Gambling losses (see instructions) .00
30 Casualty and theft losses of income-producing property (see instructions) .00
31 Federal estate tax on income in respect of a decedent (see instructions) .00
32 Deduction for amortizable bond premiums (see instructions) .00
33 An ordinary loss attributable to a contingent payment debt instrument or an inflation-indexed debt instrument .00
34 Deduction for repayment of amounts under a claim of right if over \$3000 (see instructions) .00
35 Certain unrecovered investments in a pension (see instructions) .00
36 Impairment-related work expenses of a disabled person (see instructions) .00
37 Federal qualified disaster loss (see instructions) .00
38 Loss from other activities from federal Schedule K-1 (Form 1065-B), box 2 (see instructions) .00
39 Add lines 29 through 38 .00

Total itemized deductions (see instructions)

Is Form IT-201 or IT-203, line 19, over \$160,000? (Mark an X in the appropriate box)

- [X] If No, your deduction is not limited. Add the amounts in the far right column for lines 4 through 39 and enter the amount on line 40.
[] If Yes, your deduction may be limited. See the Line 40, Total itemized deductions worksheet, in the instr. to compute the amount to enter on line 40.

40 35419.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your Social Security number

Adjustments

- 41 State, local, and foreign income taxes (or general sales tax, if applicable), and other subtraction adjustments (see instructions) .....
- 42 Subtract line 41 from line 40 (see instructions) .....
- 43 College tuition itemized deduction (Form IT-203 filers only, IT-201 filers leave blank and skip to line 44) (Form IT-203-B, line 2; see instructions) .....
- 44 Addition adjustments (see instructions) .....
- 45 Add lines 42, 43, and 44 .....
- 46 Itemized deduction adjustment (see instructions) .....
- 47 Subtract line 46 from line 45 (see instructions) .....
- 48 College tuition itemized deduction (Form IT-201 filers only, IT-203 filers leave blank and skip to line 49) (See Form IT-272, Claim for College Tuition Credit or Itemized Deduction) (see instructions) .....
- 49 **New York State itemized deduction** (add lines 47 and 48; enter on Form IT-201, line 34 or Form IT-203, line 33) (see instructions) .....

41	8837.00
42	26582.00
43	.00
44	.00
45	26582.00
46	.00
47	26582.00
48	.00
49	26582.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





# Claim for Empire State Child Credit

Submit this form with Form IT-201 or IT-203.

## Step 1 – Enter identifying information

Your name as shown on return	Your social security number (SSN)
MARCUS J MOLINARO	
Spouse's name	Spouse's SSN
CORINNE ADAMS	

## Step 2 – Determine eligibility

- 1 Were you (and your spouse if filing a joint New York State return) New York State residents for **all** of 2018? .....  1 Yes  No   
If you marked an X in the *No* box, **stop**; you do not qualify for this credit.
  
- 2 Did you claim the federal child tax credit, additional child tax credit, or credit for other dependents in 2018? .....  2 Yes  No
  
- 3 Is your federal adjusted gross income (*see instructions*)
  - \$110,000 or less and your filing status is ② married filing joint return;
  - \$75,000 or less and your filing status is ① single, ④ head of household, or ⑤ qualifying widow(er); **or**
  - \$55,000 or less and your filing status is ③ married filing separate return? .....  3 Yes  No
 If you marked an X in the *No* box at both lines 2 and 3, **stop**; you do not qualify for this credit.
  
- 4 Enter the number of children who qualify for the **federal** child tax credit, additional child tax credit, or credit for other dependents (*see instructions*) .....  4
  
- 5 Enter the number of children from line 4 that were at least four but less than 17 years of age on December 31, 2018 .....  5   
If you entered 0 on line 5, stop; you do not qualify for this credit.

## Step 3 – Enter child information

List below the name, SSN or individual taxpayer identification number (ITIN), and date of birth for each child included on line 4.

First name	MI	Last name	Suffix	SSN or ITIN	Date of birth (mmddyyyy)
ABIGAL		MOLINARO			04022004
ELIAS	A	MOLINARO			12262016
THEO	A	MOLINARO			11292018

Use Form IT-213-ATT if you have additional children to report (*see instructions*).



NO HANDWRITTEN ENTRIES ON THIS FORM

**Step 4 – Compute credit**

If you answered *Yes* to question 2, you must complete Worksheet A **or B and** Worksheet C beginning on page 2 of the instructions before you continue with line 6.

If you answered *No* to question 2, skip lines 6 through 12, and enter 0 on line 13; continue with line 14.

Whole dollars only

6	Enter the amount from Worksheet A, line 10 or Worksheet B, line 12 (see instructions) .....	<input type="text" value="6"/>	<input type="text" value="1000.00"/>
7	Enter your additional child tax credit amount from Worksheet C (see instructions) .....	<input type="text" value="7"/>	<input type="text" value="0.00"/>
8	Add lines 6 and 7 .....	<input type="text" value="8"/>	<input type="text" value="1000.00"/>
<p>If the amount on line 8 is zero, skip lines 9 through 12, and enter 0 on line 13; continue with line 14.          If the amount on line 8 is more than zero, continue with line 9.</p>			
9	Enter the number of children from line 4 .....	<input type="text" value="9"/>	<input type="text" value="3"/>
10	Divide line 8 by line 9 .....	<input type="text" value="10"/>	<input type="text" value="333.00"/>
11	Enter the number of children from line 5 .....	<input type="text" value="11"/>	<input type="text" value="1"/>
12	Multiply line 10 by line 11 .....	<input type="text" value="12"/>	<input type="text" value="333.00"/>
13	Multiply line 12 by 33% (.33) .....	<input type="text" value="13"/>	<input type="text" value="110.00"/>

If you marked the *No* box on line 3, skip lines 14 and 15, and enter the amount from line 13 on line 16.

**All others continue with line 14.**

14	Enter the number of children from line 5 .....	<input type="text" value="14"/>	<input type="text"/>
15	Multiply line 14 by 100 .....	<input type="text" value="15"/>	<input type="text" value=".00"/>
16	Empire State child credit (enter the amount from line 13 or line 15, whichever is greater) .....	<input type="text" value="16"/>	<input type="text" value="110.00"/>

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 17 and 18. All others enter the line 16 amount on Form IT-201, line 63.

**Step 5 – Spouses required to file separate New York State returns (see instructions)**

17	Enter the full-year resident spouse's share of the line 16 amount; <b>do not leave line 17 blank</b> .....	<input type="text" value="17"/>	<input type="text" value=".00"/>
Enter here and on Form IT-201, line 63.			
18	Enter the part-year resident or nonresident spouse's share of the line 16 amount; <b>do not leave line 18 blank</b> .....	<input type="text" value="18"/>	<input type="text" value=".00"/>
Enter the line 18 amount and code 213 on Form IT-203-ATT, line 12.			

NO HANDWRITTEN ENTRIES ON THIS FORM





Department of Taxation and Finance

# Claim for Child and Dependent Care Credit

New York State • New York City

# IT-216

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return	Your social security number
MARCUS J MOLINARO CORINNE ADAMS	

1 Have you already filed your New York State income tax return? ..... Yes  No   
 If Yes, you must file an amended New York State return and include Form IT-216 to claim this credit.

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

1st Care provider	A - Care provider name (first name, middle initial, and last name, or business name)	C - Identifying number (SSN or EIN)	D - Amount paid (see instr.)
	BOBBIE'S DAY CARE	*****	4980.00
	B - Number and street City State ZIP code		
	7369 SOUTH BROADWAY RED HOOK NY 12571		
2nd Care provider	A - Care provider name (first name, middle initial, and last name, or business name)	C - Identifying number (SSN or EIN)	D - Amount paid (see instr.)
	FUNSHINE NURSERY SCHHO	*****7296	2428.00
	B - Number and street City State ZIP code		
	208 ROCKEFELLER LANE RED HOOK NY 12571		

3 Qualifying persons you are claiming. List in order from youngest to oldest.  
 (If you are claiming more than five qualifying persons, mark an X in the box and see instructions.) .....

A		B		C	D	E	F
First name	MI	Last name	Suffix	Qualified expenses paid	Person with disability (see instr.)	Social security number	Date of birth (mmddyyyy)
ELIAS	A	MOLINARO		7408.00	<input type="checkbox"/>		12262016
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		

**Note:** If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any ..... **3a** 7408.00

3b Enter the amount from Worksheet 1, line 16, if applicable (see instr.) .... **3b** .00

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)? ..... Yes  No

5 Enter the **smallest** of:  
 - line 3a above; or  
 - line 3b above; or  
 - 3,000 if one qualifying person, 6,000 if two qualifying persons, 7,500 if three qualifying persons, 8,500 if four qualifying persons, or 9,000 if five or more qualifying persons .....

Whole dollars only	
<b>5</b>	3000.00
<b>6</b>	139368.00

6 Enter your earned income (see instructions) .....

7 If your filing status is  $\textcircled{2}$  Married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions) .....

<b>7</b>	12556.00
<b>8</b>	3000.00

8 Enter the smallest of line 5, 6, or 7 .....

9 Enter the amount from federal Form 1040, line 7 ..... **9** 149040.00

10 Enter the decimal amount that applies to the amount on line 9 from the Table for line 10 in the instr. .... **10** .20

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on page 2) ..... **11** 600.00

216001181022



NO HANDWRITTEN ENTRIES ON THIS FORM

- 12 Amount from line 11 ..... 12
- 13 Enter your **New York adjusted gross income** (Form IT-201 filers,  
line 33; Form IT-203 filers, line 32) .....
- Use the *New York State child and dependent care credit limitation table* in the instructions to determine the decimal to be entered on this line ..... 13
- 14 Multiply line 12 by the decimal amount on line 13. This is your **New York State** child and dependent care credit (see *instructions*) ..... 14

**Part-year New York State residents**

- 15 Enter the amount from Form IT-203, line 40 ..... 15   
If line 15 is equal to or more than line 14, **stop. You do not have excess credit.**  
If line 15 is less than line 14, **continue on line 16 below.**
- 16 Subtract line 15 from line 14. **This is your excess child and dependent care credit** ..... 16
- 17 Enter the amount from Form IT-203-ATT, line 29 (if you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.) ..... 17   
If line 17 is equal to or more than line 16, stop. Do not continue with this worksheet. Enter the line 16 amount on Form IT-203-ATT, line 30.  
If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.
- 18 Subtract line 17 from line 16. **This is your remaining excess child and dependent care credit** ..... 18
- 19 Enter the amount from line 19, Column D, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 ..... 19
- 20 Enter the amount from line 19, Column A, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 ..... 20
- 21 Divide line 19 by line 20 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000) ..... 21
- 22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. **This is the refundable portion of your New York State part-year resident child and dependent care credit.** ... 22

**New York City child and dependent care credit**

If you were a resident of New York City at any time during the tax year **and** your federal adjusted gross income is \$30,000 or less (see *Note under New York City credit* on page 1 of the instructions) **and** you listed a child under 4 years old as of December 31, on line 3, complete line 23 and see page 5 of the instructions.

- 23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old ..... 23
- IT-201 filers:**
- 24 Refundable New York City child and dependent care credit (from *Worksheet 2, line 7 or line 13*) ..... 24
- 25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64 ..... 25
- 26 Part-year New York City resident nonrefundable New York City child and dependent care credit (from *Worksheet 2, line 8*); also enter this amount on Form IT-201-ATT, line 9a ..... 26

- IT-203 filers:**
- 27 Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (from *Worksheet 2, line 8*); also enter this amount on Form IT-203, line 52 ..... 27
- 28 Refundable portion of your part-year New York City resident New York City child and dependent care credit (from *Worksheet 2, line 13*); also enter this amount on Form IT-203-ATT, line 9a ..... 28
- Part-year New York City resident filers only:**
- 29 Enter the amount from *Worksheet 2, line 10* ..... 29
- 30 Enter the amount from *Worksheet 2, line 11* ..... 30

NO HANDWRITTEN ENTRIES ON THIS FORM



**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

**u Attach to Form 1040 or Form 1040NR.**  
**u Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
**u Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

**2018**  
Attachment  
Sequence No. **12**

Name(s) shown on return

**MARCUS J MOLINARO & CORINNE ADAMS**

**Part I Short-Term Capital Gains and Losses — Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with Box A checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> <b>0</b>

**Part II Long-Term Capital Gains and Losses — Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with Box D checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with Box F checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b> <b>10,876</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .				<b>15</b> <b>10,876</b>

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

**MARCUS J MOLINARO & CORINNE ADAMS**

Schedule D (Form 1040) 2018

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result .....</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>	<b>16</b>	<b>10,876</b>
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet .....</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet .....</p>	<b>19</b>	<b>10,876</b>
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <b>Don't</b> complete lines 21 and 22 below.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b>	( )
<p><b>22</b> Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42).</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>		



**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040NR, or Form 1041.

Information about Schedule E and its separate instructions is at [www.irs.gov/schedulee](http://www.irs.gov/schedulee).

OMB No. 1545-0074

**2018**

Attachment Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Your social security number

MARCUS J MOLINARO CORINNE ADAMS

**Part I Income or Loss From Rental Real Estate and Royalties** **Note.** If you are in the business of renting personal property, use **Schedule C or C-EZ** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions)  Yes  No  
**B** If "Yes," did you or will you file all required Forms 1099?  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)  
**A** 47 PRINCE STREET, RED HOOK, NY 12571  
**B**  
**C**

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	1	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>A</b> 365		
<b>B</b>			<b>B</b>		
<b>C</b>			<b>C</b>		

**Type of Property:**

- 1 Single Family Residence    3 Vacation/Short-Term Rental    5 Land    7 Self-Rental
- 2 Multi-Family Residence    4 Commercial    6 Royalties    8 Other (describe)

Income:	Properties:	A	B	C
<b>3</b> Rents received	<b>3</b>	15,750		
<b>4</b> Royalties received	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising	<b>5</b>			
<b>6</b> Auto and travel (see instructions)	<b>6</b>			
<b>7</b> Cleaning and maintenance	<b>7</b>			
<b>8</b> Commissions	<b>8</b>			
<b>9</b> Insurance	<b>9</b>			
<b>10</b> Legal and other professional fees	<b>10</b>			
<b>11</b> Management fees	<b>11</b>			
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>	10,108		
<b>13</b> Other interest	<b>13</b>			
<b>14</b> Repairs	<b>14</b>			
<b>15</b> Supplies	<b>15</b>			
<b>16</b> Taxes	<b>16</b>			
<b>17</b> Utilities	<b>17</b>	-612		
<b>18</b> Depreciation expense or depletion	<b>18</b>	4,614		
<b>19</b> Other (list) ▶	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19	<b>20</b>	14,110		
<b>21</b> Subtract line 20 from line 3 and/or line 4. If result is a (loss), see instructions to find out if you must file <b>Form 6198</b>	<b>21</b>	1,640		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	<b>22</b>	(15,764)		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties	<b>23a</b>		15,750	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties	<b>23c</b>		10,108	
<b>d</b> Total of all amounts reported on line 18 for all properties	<b>23d</b>		4,614	
<b>e</b> Total of all amounts reported on line 20 for all properties	<b>23e</b>		14,110	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses	<b>24</b>			1,640
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b>			(15,764)
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	<b>26</b>			-14,124

For Paperwork Reduction Act Notice, see instructions.

Schedule E (Form 1040) 2018

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

MARCUS J MOLINARO CORINNE ADAMS

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

Table with 6 columns: (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. Rows A, B, C, D.

Table with 5 columns: (g) Passive loss allowed, (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. Rows A, B, C, D, 29a Totals, 29b Totals, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A, B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows A, B, 34a Totals, 34b Totals, 35, 36, 37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 38, 39.

Part V Summary

Table with 2 columns: Description, Amount. Rows 40, 41, 42, 43.

Form **4797**

**Sales of Business Property**  
**(Also Involuntary Conversions and Recapture Amounts**  
**Under Sections 179 and 280F(b)(2))**

OMB No. 1545-0184

**2018**

Department of the Treasury  
 Internal Revenue Service

u Attach to your tax return.

Attachment Sequence No. **27**

u Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return  <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Identifying number  <b>1</b>
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**1** Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions ..... **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)**

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
<b>LAND</b>	<b>06/01/15</b>	<b>08/16/18</b>	<b>98,000</b>		<b>98,000</b>	

<b>3</b> Gain, if any, from Form 4684, line 39 .....	<b>3</b>	
<b>4</b> Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....	<b>4</b>	
<b>5</b> Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....	<b>5</b>	
<b>6</b> Gain, if any, from line 32, from other than casualty or theft .....	<b>6</b>	<b>10,876</b>
<b>7</b> Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....	<b>7</b>	<b>10,876</b>
<b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. <b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
<b>8</b> Nonrecaptured net section 1231 losses from prior years. See instructions .....	<b>8</b>	
<b>9</b> Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....	<b>9</b>	

**Part II Ordinary Gains and Losses (see instructions)**

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


<b>11</b> Loss, if any, from line 7 .....	<b>11</b>	
<b>12</b> Gain, if any, from line 7 or amount from line 8, if applicable .....	<b>12</b>	
<b>13</b> Gain, if any, from line 31 .....	<b>13</b>	
<b>14</b> Net gain or (loss) from Form 4684, lines 31 and 38a .....	<b>14</b>	
<b>15</b> Ordinary gain from installment sales from Form 6252, line 25 or 36 .....	<b>15</b>	
<b>16</b> Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....	<b>16</b>	
<b>17</b> Combine lines 10 through 16 .....	<b>17</b>	
<b>18</b> For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....	<b>18a</b>	
<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14 .....	<b>18b</b>	

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4797** (2018)

**New York Statements****IT-196, Line 10 - Home Mortgage Interest & Points from Form 1098**

<u>Description</u>	<u>Amount</u>
RHINEBECK BANK	\$ 10,614
TEG FEDERAL CREDIT UNION	995
ULSTER SAVINGS BANK	3,610
TOTAL	<u>\$ 15,219</u>

Form <b>IT-196</b>	<b>New York Subtraction Adjustment Limitation Worksheet</b>	<b>2018</b>
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Name  <b>MARCUS J MOLINARO CORINNE ADAMS</b>	Taxpayer Identification Number
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**Part I - Long-term Care Adjustment**

- |   |    |  |
|---|----|--|
| 1. Amount of long-term care premiums included on federal Schedule A, line 1 ..... | 1. |  |
| 2. Amount from federal Schedule A, line 1 .....                                   | 2. |  |
| 3. Divide line 1 by line 2 and carry the result to four decimal places .....      | 3. |  |
| 4. Amount from federal Schedule A, line 4 .....                                   | 4. |  |
| 5. Multiply line 4 by line 3 and enter on line 4 below .....                      | 5. |  |

**Part II - State, Local, and Foreign Income Taxes and Other Subtraction Adjustments**

- |   |    |                |
|---|----|----------------|
| 1. Total itemized deductions .....  | 1. | <b>35,419.</b> |
| 2. Amount of state, local, foreign income taxes or general sales tax from IT-196, lines 5 and 8 ..... | 2. | <b>8,837.</b>  |
| 3. Other subtraction adjustments .....  | 3. |                |
| 4. Enter the amount of the long-term care adjustment from Part I, line 5 .....                        | 4. |                |
| 5. Add lines 2, 3, and 4. Enter the total on Form IT-196 line 41 .....                                | 5. | <b>8,837.</b>  |

Name

**MARCUS J MOLINARO CORINNE ADAMS**

Taxpayer Identification Number

**Empire State Child Tax Credit Worksheet - IT-213, Line 6**

<b>Part 1</b>	
1. Number of qualifying children: <u>3</u> x \$1000. Enter the result.	1. <u>3,000</u>
2. Enter your federal adjusted gross income	2. <u>149,040</u>
3. Enter the total of any exclusion of income from Puerto Rico, and amounts from Form 2555, lines 45 and 50 or Form 2555-EZ, line 18	3. _____
4. Add lines 2 and 3	4. <u>149,040</u>
5. Enter \$110000 if married filing jointly; \$75000 if single, head of household, or qualifying widow(er); \$55000 if married filing separately.	5. <u>110,000</u>
6. Is the amount on line 4 more than the amount on line 5? <input type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7. <input checked="" type="checkbox"/> Yes. Subtract line 5 from line 4. If the result is not a multiple of \$1000, increase it to the next multiple of \$1000.	6. <u>40,000</u>
7. Multiply the amount on line 6 by 5% (.05). Enter the result.	7. <u>2,000</u>
8. Subtract line 7 from line 1. If zero or less, enter 0 on IT-213, lines 6 and 7	8. <u>1,000</u>

<b>Part 2</b>	
9. Enter your 2018 federal tax	9. <u>18,680</u>
10. Add the amounts from Schedule 3, lines 48, 49, 50 & 51 or Form 1040NR lines 46, 47 & 48, plus any amounts from Form 8910, line 15, Form 8936, line 23, and Schedule R, line 22. Enter the total.	10. <u>600</u>
11. Did you claim any of the following federal credits? <input type="checkbox"/> Mortgage interest credit, Form 8396 <input type="checkbox"/> Adoption credit, Form 8839 <input type="checkbox"/> Residential energy efficient property credit, Form 5695, Part I <input type="checkbox"/> District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. If you are filing Form 2555 or 2555-EZ, enter the amount from line 10. Otherwise, enter the amount from Child Tax Credit - Line 11 Worksheet below.	11. <u>600</u>
12. Subtract line 11 from line 9.	12. <u>18,080</u>
13. Is line 8 more than line 12? <input checked="" type="checkbox"/> No. Enter the amount from line 8 on Form IT-213, line 6; and 0 on Form IT-213, line 7. <input type="checkbox"/> Yes. Enter the amount from line 12 on Form IT-213, line 6 and complete Additional Child Tax Credit worksheet	

**Empire State Child Tax Credit - Line 11 Worksheet**

1. Enter the amount from line 8 of the Child Tax Credit Worksheet above.	1. _____
2. Enter the taxable earned income from the Child Tax Credit Taxable Earned Income Worksheet.	2. _____
3. Is the amount on line 2 more than \$3000? <input type="checkbox"/> No. Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> Yes. Subtract \$3000 from the amount on line 2. Enter the result.	3. _____
4. Multiply the amount on line 3 by 15% (.15) and enter the result.	4. _____
5. Is the amount on line 1 of the Child Tax Worksheet above \$3,000 or more? <input type="checkbox"/> No. If line 4 above is: <ul style="list-style-type: none"> <li>• Zero, do not complete the rest of this worksheet. Instead, go back to Worksheet B and enter the amount from line 10 on line 11, and complete lines 12 and 13.</li> <li>• More than zero, enter 0 on line 6, go to line 7 below.</li> </ul> <input type="checkbox"/> Yes. If line 4 above is equal to or more than line 1 above, enter 0 on line 6 and continue; otherwise continue to line 6	
6. Amount from Publication 972, Line 11 Worksheet, line 10, if applicable	6. <u>0</u>
7. Larger of line 4 or line 6	7. _____
8. Subtract line 7 from line 1	8. <u>0</u>
9. Amount from Publication 972, Line 11 Worksheet, line 13, if applicable	9. _____
10. Amount from line 10 of Worksheet for Form IT-213, Line 6	10. _____
11. Add lines 9 and 10, enter result here and on line 11 of Worksheet for Form IT-213, Line 6	11. _____

**Additional Child Tax Credit Amount**

1. Amount from line 8 of IT-213, Line 6 worksheet above	1. _____
2. Amount from IT-213, Line 6	2. _____
3. Subtract line 2 from line 1	3. _____
4a. Earned income	4a. _____
4b. Nontaxable combat pay	4b. _____
5. Subtract \$3000 from line 4a	5. _____
6. Multiply line 5 by 15%	6. _____
7. Three or more qualifying children? <b>NO</b> - enter smaller of line 3 or 6 on Form IT-213, Line 7 <b>YES</b> - If line 6 equals or is more than line 3, enter line 3 on Form IT-213 Line 7; - If line 6 is less than line 3, enter amount from federal Schedule 8812, line 11	7. _____
8. Enter larger of line 6 or line 7	8. _____
9. Enter smaller of line 3 or line 8 here and Form IT-213, line 7	9. _____

Form <b>IT-201/203</b>	<b>New York State Tax Computation Worksheets</b> <small>(For taxpayers with adjusted gross income or taxable income greater than tax table thresholds)</small>	<b>2018</b>
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Name <b>MARCUS J MOLINARO CORINNE ADAMS</b>	Taxpayer Identification Number
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**New York State Tax Rate Schedule and Computation Worksheets**

Form: **FORM IT-201**

**Tax Rate Schedule:** (\*Also calculates for worksheets)

If adjusted gross income <= \$107,650

1. New York adjusted gross income (Calculates on worksheets when AGI is greater than \$107,650)	1. <u>148,817.</u>
2. Taxable income	2. <u>119,235.</u>
3. Tax on line 2 based on filing status	3. <u>6,919.</u>

**Tax Computations Worksheets 1, 5, 8:**

If AGI > \$107,650 but <= MFJ/QW (\$2,155,350), Single/MFS (\$1,077,550), HoH (\$1,616,450)

Taxable income <= MFJ/QW (\$161,550), Single/MFS (\$215,400), HoH (\$269,300)

1. New York adjusted gross income	1.	148,817.		
2. Taxable income	2.	119,235.		
3. Multiply In 2 by MFJ/QW 6.33%, Single/MFS/HoH 6.57%	3.	7,548.		
<small>(If AGI &gt;= \$157,650 enter on line 9 and skip lines 4-8)</small>				
4. Tax calculated on line 2 based on rate schedule*	4.	6,919.		
5. Subtract line 4 from line 3	5.	629.		
6. Excess of line 1 over \$107,650	6.	41,167.		
7. Divide line 6 by \$50,000	7.	0.8233		
8. Multiply line 5 by line 7	8.	518.		
9. Add lines 4 and 8	9.	7,437.		

**Tax Computation Worksheets 3, 7, 10:**

If AGI > MFJ/QW (\$323,200 but <= \$2,155,350), Single/MFS (\$1,077,550), HoH (\$1,616,450)

Taxable income > MFJ/QW (\$323,200)

1. New York adjusted gross income	1.			
2. Taxable income	2.			
3. Multiply In 2 by MFJ/QW 6.85%, Single/MFS/HoH 8.82%	3.			
<small>(If AGI &gt;= MFJ/QW (\$373,200), Single/MFS (\$1,127,550), HoH (\$1,666,450) enter on line 11 and skip lines 4-10)</small>				
4. Tax calculated on line 2 based on rate schedule*	4.			
5. Subtract line 4 from line 3	5.			
6. Enter: MFJ/QW \$1017	6.			
<small>Single/MFS if Taxable &lt;= \$215,400 enter \$506, &gt; \$215,400 enter \$1109 HoH if Taxable &lt;= \$269,300 enter \$729, &gt; \$269,300 enter \$1483</small>				
7. Subtract line 6 from line 5	7.			
8. Excess of line 1 > MFJ/QW (\$323,200)	8.			
<small>Single/MFS (\$1,077,550), HoH (\$1,616,450)</small>				
9. Divide line 8 by \$50,000	9.			
10. Multiply line 7 by line 9	10.			
11. Add lines 4, 6, and 10	11.			

**Tax Computation Worksheets 2, 6, 9:**

If AGI: MFJ/QW (>\$161,550 but <= \$2,155,350), Single/MFS (>\$215,400, but <= \$1,077,550),

HoH (>\$269,300 but <= \$1,616,450)

Taxable income > MFJ/QW (\$161,550 but not >\$323,200), Single/MFS (\$215,400), HoH (\$269,300)

1. New York adjusted gross income	1.			
2. Taxable income	2.			
3. Multiply In 2 by MFJ/QW 6.57%, Single/MFS/HoH 6.85%	3.			
<small>(If AGI &gt;= MFJ/QW (\$211,550), Single/MFS (\$265,400), HoH (\$319,300) enter on line 11 and skip lines 4-10)</small>				
4. Tax calculated on line 2 based on rate schedule*	4.			
5. Subtract line 4 from line 3	5.			
6. Enter: MFJ/QW \$629, Single/MFS \$506, HoH \$729	6.			
7. Subtract line 6 from line 5	7.			
8. Excess of line 1 > MFJ/QW (\$161,550), Single/MFS (\$215,400)	8.			
<small>HoH (\$269,300)</small>				
9. Divide line 8 by \$50,000	9.			
10. Multiply line 7 by line 9	10.			
11. Add lines 4, 6, and 10	11.			

**Tax Computation Worksheet 4:** If AGI > MFJ/QW \$2,155,350

1. New York adjusted gross income	1.			
2. Taxable income	2.			
3. Multiply line 2 by 8.82%	3.			
<small>(If AGI &gt;= \$2,205,350 enter on line 11 and skip lines 4-10)</small>				
4. Tax calculated on line 2 based on rate schedule*	4.			
5. Subtract line 4 from line 3	5.			
6. Enter: If Taxable income <= \$161,550 enter \$629,	6.			
<small>if &gt; \$161,550 but &lt;= \$323,200 enter \$1017, if &gt; \$323,200 enter \$1922</small>				
7. Subtract line 6 from line 5 (if less than zero, enter 0)	7.			
8. Excess of line 1 over \$2,155,350	8.			
9. Divide line 8 by \$50,000	9.			
10. Multiply line 7 by line 9	10.			
11. Add lines 4, 6, and 10	11.			

Filing Status: (Used for this calculation)

**2-MARRIED FILING JOINT**





**New York Two Year Comparison Report**

**2017 & 2018**

Name **MARCUS J MOLINARO CORINNE ADAMS**

Tp SSN

		2017	2018	Differences
<b>Income</b>	1. Wages	1. 166,352.	151,924.	-14,428.
	2. Interest and dividends	2. 453.	141.	-312.
	3. State tax refund	3. 246.	223.	-23.
	4. Alimony received	4.		
	5. Business income or loss	5.		
	6. Capital gain or loss	6.	10,876.	10,876.
	7. Other gains or losses	7.		
	8. Taxable amount of IRA distributions	8. 6,997.		-6,997.
	9. Taxable amount of pensions and annuities	9.		
	10. Rent, royalty, partnership, S corporation and trust income	10.		-14,124.
	11. Farm income or loss	11.		
	12. Unemployment	12.		
	13. Social security	13.		
	14. Other income	14.		
	15. <b>Total income</b>	15. 174,048.	149,040.	-25,008.
	16. Total adjustments to income	16.		
	17. <b>Federal adjusted gross income</b>	17. 174,048.	149,040.	-25,008.
<b>Adjustments</b>	18. Non-New York municipal income	18.		
	19. Public employee 414(h) retirement contributions	19.		
	20. Tuition and other additions	20.		
	21. <b>Total New York additions to income</b>	21.		
	22. State tax refund	22. 246.	223.	-23.
	23. Pensions of New York, local and federal governments	23.		
	24. Social security and Railroad Tier I	24.		
	25. US obligations	25. 453.		-453.
	26. Pension exclusion	26.		
	27. Tuition and other subtractions	27. 2,400.		-2,400.
28. <b>Total New York subtractions from income</b>	28. 3,099.	223.	-2,876.	
29. <b>New York adjusted gross income</b>	29. 170,949.	148,817.	-22,132.	
<b>Deduction</b>	30. Standard or itemized deduction	30. 24,434.	26,582.	2,148.
	31. Exemptions	31. 2,000.	3,000.	1,000.
	32. <b>New York taxable income</b>	32. 144,515.	119,235.	-25,280.
<b>Tax Computation</b>	33. New York State tax	33. 9,321.	7,437.	-1,884.
	34. New York household and other nonrefundable credits	34.		
	35. Other New York State taxes	35.		
	36. New York City resident tax	36.		
	37. New York City household credit	37.		
	38. Other New York City taxes	38.		
	39. New York City nonrefundable credits	39.		
	40. MCTMT	40.		
	41. Yonkers taxes	41.		
	42. Use tax	42.		
	43. Contributions	43.		
	44. <b>Total taxes, gifts and contributions</b>	44. 9,321.	7,437.	-1,884.
	45. New York State child and dependent care credit	45. 120.	360.	240.
	46. New York State earned income credit	46.		
	47. Real property tax credit	47.		
	48. All other refundable credits	48.	110.	110.
	49. Total New York State income tax withheld	49. 9,544.	8,806.	-738.
	50. Total New York City income tax withheld	50.		
	51. Total Yonkers income tax withheld	51.		
	52. Estimated tax payments	52.		
	53. Other payments	53.		
	54. <b>Total payments and refundable credits</b>	54. 9,664.	9,276.	-388.
	55. Tax due/-refund	55. -343.	-1,839.	-1,496.
	56. Penalties and interest	56.		
	57. <b>Net tax due/-refund</b>	57. -343.	-1,839.	-1,496.
	58. <b>Effective tax rate</b>	58. 6 %	6 %	