



Department of Taxation and Finance

# Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-201

For the full year January 1, 2017, through December 31, 2017, or fiscal year beginning ..

and ending ..

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

Your first name MARCUS	MI J	Your last name (for a joint return, enter spouse's name on line below) MOLINARO	Your date of birth (mmddyyyy) 10081975	Your social security number [REDACTED]
Spouse's first name CORINNE	MI	Spouse's last name ADAMS	Spouse's date of birth (mmddyyyy) 08121987	Spouse's social security number [REDACTED]
Mailing address (see Instructions, page 13) (number and street or PO box) [REDACTED]			Apartment number	New York State county of residence DUTC
City, village, or post office RED HOOK	State NY	ZIP code 12571	Country (if not United States)	School district name RED HOOK
Taxpayer's permanent home address (see Instructions, page 13) (number and street or rural route)			Apartment number	School district code number ..... 526
City, village, or post office	State NY	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy) Spouse's date of death (mmddyyyy)

### A Filing status

(mark an X in one box):

- 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) with dependent child

B Did you itemize your deductions on your 2017 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 14) Yes  No

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

(1) Did you receive a property tax relief credit? (see page 14) Yes  No

(2) Enter the amount

D3 Were you required to report, under P.L. 110-343, Div. C, §801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page XX) Yes  No

E (1) Did you or your spouse maintain living quarters in NYC during 2017? (see page 14) Yes  No

(2) Enter the number of days spent in NYC in 2017 (any part of a day spent in NYC is considered a day)

### F NYC residents and NYC part-year residents only (see page 14):

(1) Number of months you lived in NYC in 2017

(2) Number of months your spouse lived in NYC in 2017

G Enter your 2-character special condition code(s) if applicable (see page 14)

### H Dependent exemption information (see page 15)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)
[REDACTED]		MOLINARO	DAUGHTER	[REDACTED]	[REDACTED]
[REDACTED]	A	MOLINARO	SON	[REDACTED]	[REDACTED]

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

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number
[REDACTED]

**Federal income and adjustments** (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc.	1	166352 .00
2	Taxable interest income	2	453 .00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	246 .00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	9	6997 .00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of social security benefits (also enter on line 27)	15	.00
16	Other income (see page 15) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	174048 .00
18	Total federal adjustments to income (see page 15) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	174048 .00

**New York additions** (see page 16)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)	21	.00
22	New York's 529 college savings program distributions (see page 16)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	174048 .00

**New York subtractions** (see page 17)

25	Taxable refunds, credits, or offsets of state & local income taxes (from line 4)	25	246 .00
26	Pensions of NYS & local governments & the federal government (see page 17)	26	.00
27	Taxable amount of social security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	453 .00
29	Pension and annuity income exclusion (see page 18)	29	.00
30	New York's 529 college savings program deduction/earnings	30	2400 .00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	3099 .00
33	New York adjusted gross income (subtract line 32 from line 24)	33	170949 .00

**Standard deduction or itemized deduction** (see page 20)

34	Enter your standard deduction (table on page 20) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: <input type="checkbox"/> Standard - or - <input checked="" type="checkbox"/> Itemized	34	24434 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	146515 .00
36	Dependent exemptions (enter the number of dependents listed in Item H; see page 20)	36	2 000.00
37	Taxable income (subtract line 36 from line 35)	37	144515 .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  
[REDACTED]

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

38	Taxable income (from line 37 on page 2)	38	144515.00
39	NYS tax on line 38 amount (see page 21)	39	9321.00
40	NYS household credit (page 21, table 1, 2, or 3)	40	.00
41	Resident credit (see page 22)	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	9321.00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46	Total New York State taxes (add lines 44 and 45)	46	9321.00

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

47	NYC resident tax on line 38 amount (see page 22)	47	.00
48	NYC household credit (page 22, table 4, 5, or 6)	48	.00
49	Subtract line 48 from line 47 (if line 48 is more than line 47, 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 25)	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	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58	.00

See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

59	Sales or use tax (see page 26; do not leave line 59 blank)	59	0.00
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**Voluntary contributions** (see page 27)

60a	Return a Gift to Wildlife	60a	.00
60b	Missing/Exploited Children Fund	60b	.00
60c	Breast Cancer Research Fund	60c	.00
60d	Alzheimer's Fund	60d	.00
60e	Olympic Fund (\$2 or \$4; see page 27)	60e	.00
60f	Prostate and Testicular Cancer Research and Education Fund	60f	.00
60g	9/11 Memorial	60g	.00
60h	Volunteer Firefighting & EMS Recruitment Fund	60h	.00
60i	Teen Health Education	60i	.00
60j	Veterans Remembrance	60j	.00
60k	Homeless Veterans	60k	.00
60l	Mental Illness Anti-Stigma Fund	60l	.00
60m	Women's Cancers Education and Prevention Fund	60m	.00
60n	Autism Fund	60n	.00
60o	Veterans' Homes	60o	.00
60	Total voluntary contributions (add lines 60a through 60o)	60	.00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	9321.00

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Your social security number  
[REDACTED]

62 Enter amount from line 61

62 9321.00

**Payments and refundable credits** (see pages 28 through 30)

63 Empire State child credit	63	.00
64 NYS/NYC child and dependent care credit	64	120.00
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	9544.00
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

If applicable, complete Form(s) IT- 2 and/or IT-1 099-R and submit them with your return (see page 12).  
 Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75)

76 9664.00

**Your refund, amount you owe, and account information** (see pages 31 through 33)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)

77 343.00

78 Amount of line 77 to be refunded  
 Mark one refund choice:  direct deposit to checking or savings account (fill in line 83) - or -  paper check

78 343.00

79 Amount of line 77 that you want applied to your 2018 estimated tax (see instructions)

79 .00

79a Amount of line 77 that you want as a NYS 529 account deposit (submit Form IT-195)

79a .00

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

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.

80 .00

See page 32 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31)

81 .00

See page 35 for the proper assembly of your return.

82 Other penalties and interest (see page 32)

82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 32).

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. 32)

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

83b Routing number [REDACTED] 83c Account number [REDACTED]

84 Electronic funds withdrawal (see page 33) Date [REDACTED] 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 <span style="background-color: black; color: black;">[REDACTED]</span>	Personal identification number (PIN) <span style="background-color: black; color: black;">[REDACTED]</span>
E-mail: <span style="background-color: black; color: black;">[REDACTED]</span>			

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN 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 <span style="background-color: black; color: black;">[REDACTED]</span>		
Address 11 RACQUET RD NEWBURGH NY 12550		Emp	Date	04132018
E-mail: <span style="background-color: black; color: black;">[REDACTED]</span>				

▼ Taxpayer(s) must sign here ▼	
Your signature	
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.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

# Resident Itemized Deduction Schedule

# IT-201-D

Submit this form with Form IT-201. See instructions for completing Form IT-201-D in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201

Your social security number

MARCUS J MOLINARO CORINNE ADAMS



Whole dollars only

1	Medical and dental expenses (federal Schedule A, line 4)	.00
2	Taxes you paid (federal Schedule A, line 9)	18831 .00
3	Interest you paid (federal Schedule A, line 15)	14172 .00
4	Gifts to charity (federal Schedule A, line 19)	1000 .00
5	Casualty and theft losses (federal Schedule A, line 20)	.00
6	Job expenses / miscellaneous deductions (federal Schedule A, line 27)	.00
7	Other miscellaneous deductions (federal Schedule A, line 28)	.00
8	Enter amount from federal Schedule A, line 29	34003 .00
9	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions)	9569 .00
10	Subtract line 9 from line 8	24434 .00
11	Addition adjustments (see instructions)	.00
12	Add lines 10 and 11	24434 .00
13	Itemized deduction adjustment (see instructions)	.00
14	Subtract line 13 from line 12	24434 .00
15	College tuition itemized deduction (see Form IT-272)	.00
16	New York State itemized deduction (add lines 14 and 15; enter on Form IT-201, line 34)	24434 .00

SEE STMT 1

NO HANDWRITTEN ENTR 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 MARCUS J MOLINARO CORINNE ADAMS	Your social security number [REDACTED]
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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.)

	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.)
1st Care provider	BOBBIE'S DAY CARE	TAXEXEMPT	4462.00
	[REDACTED] City: RED HOOK State: NY ZIP code: 12571		
2nd Care provider	[REDACTED] City: RED HOOK State: NY ZIP code: 12571		.00
	[REDACTED] City: [REDACTED] State: [REDACTED] ZIP code: [REDACTED]		

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

A	B	C	D	E	F
First name	Last name	Qualified expenses paid	Person with disability (see instr.)	Social security number	Date of birth (mmddyyyy)
[REDACTED]	MOLINARO	4462.00	<input type="checkbox"/>	[REDACTED]	[REDACTED]
		.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** 4462.00

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
- federal Form 2441, line 3; or
- 3,000 if one qualifying person, or 6,000 if two or more qualifying persons

Whole dollars only

5	3000.00
6	139883.00

6 Enter your earned income (see instructions)

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

7	26469.00
8	3000.00

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

9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38 **9** 174048.00

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

NO HANDWRITTEN ENTRIES ON THIS FORM

12 Amount from line 11 .....	12	600.00
13 Enter your New York adjusted gross income (Form IT-201 filers, line 33; Form IT-203 filers, line 32) .....	170949.00	
Use the <i>New York State child and dependent care credit limitation table</i> in the instructions to determine the decimal to be entered on this line .....	13	0.200
14 Multiply line 12 by the decimal amount on line 13. This is your New York State child and dependent care credit ( <i>see instructions</i> ) .....	14	120.00

**Part-year New York State residents**

15 Enter the amount from Form IT-203, line 40 .....	15	.00
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	.00
17 Enter the amount from Form IT-203-ATT, line 29 ( <i>If you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.</i> ) .....	17	.00
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	.00
19 Enter the amount from line 19, Column D, of the <i>Part-year resident income allocation worksheet</i> in the instructions for Form IT-203 .....	19	.00
20 Enter the amount from line 19, Column A, of the <i>Part-year resident income allocation worksheet</i> in the instructions for Form IT-203 .....	20	.00
21 Divide line 19 by line 20 ( <i>round the result to the fourth decimal place</i> ). 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	.00

**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 4 of the instructions.

23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old .....	23	.00
<b>IT-201 filers:</b>		
24 Refundable New York City child and dependent care credit ( <i>from Worksheet 1, line 7 or line 13</i> ) .....	24	.00
25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64 .....	25	.00
26 Part-year New York City resident nonrefundable New York City child and dependent care credit ( <i>from Worksheet 1, line 8</i> ); also enter this amount on Form IT-201-ATT, line 9a .....	26	.00

**IT-203 filers:**

27 Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit ( <i>from Worksheet 1, line 8</i> ); also enter this amount on Form IT-203, line 52 .....	27	.00
28 Refundable portion of your part-year New York City resident New York City child and dependent care credit ( <i>from Worksheet 1, line 13</i> ); also enter this amount on Form IT-203-ATT, line 9a .....	28	.00
<b>Part-year New York City resident filers only:</b>		
29 Enter the amount from Worksheet 1, line 10 .....	29	.00
30 Enter the amount from Worksheet 1, line 11 .....	30	.00

NO HANDWRITTEN ENTRIES ON THIS FORM

**New York Statements**

**Statement 1 - Form IT-201-D - Subtraction Adjustments**

<u>Class Code</u>	<u>Description</u>	<u>Amount</u>
	STATE/LOCAL/FOREIGN TAXES	\$ 9,569
TOTAL		<u>\$ 9,569</u>



Form <b>IT-201</b>	<b>New York College Tuition Addition and Subtraction Worksheet</b>	<b>2017</b>
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Name <b>MARCUS J MOLINARO CORINNE ADAMS</b>	Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 15px;"></div>
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**College Choice Tuition Savings Deduction and Earnings Distributions Worksheet**

1. Contributions to New York State College Choice Tuition Savings Program (From federal Screen 1099Q) .....	1.	<u>2,400.</u>
2. Contributions entered from a partnership .....	2.	
3. Total contributions limited to maximum allowed (Added into lines 4 and 5 of next worksheet) .....	3.	<u>2,400.</u>
4. Distributions included on federal Form 1040, line 21 .....	4.	
5. Add lines 3 and 4. This is your 2017 subtraction modification. ....	5.	<u>2,400.</u>

**College Choice Tuition Savings Distribution Worksheet**

1. 2017 and prior years' nonqualified withdrawals from your account(s) .....	1.	
2. Distributions entered from a partnership .....	2.	
3. Total 2017 and prior years' nonqualified withdrawals from your account(s) .....	3.	
4. Total 2017 and prior years' contributions to your account(s) .....	4.	<u>23,000.</u>
5. Total 2017 and prior years' subtraction modifications .....	5.	<u>23,000.</u>
6. Subtract line 5 from line 4 .....	6.	
7. Total prior years' addition modifications .....	7.	
8. Add lines 6 and 7 .....	8.	
9. Subtract line 8 from line 3. This is your 2017 addition modification. ....	9.	

Form <b>IT-201/203</b>	<b>New York Subtraction Adjustment Limitation Worksheet</b>	<b>2017</b>
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Name <b>MARCUS J MOLINARO CORINNE ADAMS</b>	Taxpayer Identification Number <div style="background-color: black; width: 100%; height: 20px;"></div>
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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. Federal itemized deductions .....  | 1. | 34,003. |
| 2. Amount of state, local, foreign income taxes or general sales tax from federal Schedule A, lines 5 and 8 ..... | 2. | 9,569.  |
| 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-201-D or IT-203-D line 9 .....                               | 5. | 9,569.  |

Form IT-201/203

New York State Tax Computation Worksheets

2017

(For taxpayers with adjusted gross income or taxable income greater than tax table thresholds)

Name

MARCUS J MOLINARO CORINNE ADAMS

Taxpayer Identification Number



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)
2. Taxable income
3. Tax on line 2 based on filing status

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 170,949.
2. Taxable income 144,515.
3. Multiply in 2 by MFJ/QW 6.45%, Single/MFS/HoH 6.65% 9,321.
4. Tax calculated on line 2 based on rate schedule\*
5. Subtract line 4 from line 3
6. Excess of line 1 over \$107,650
7. Divide line 6 by \$50,000
8. Multiply line 5 by line 7
9. Add lines 4 and 8 9,321.

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
2. Taxable income
3. Multiply in 2 by MFJ/QW 6.65%, Single/MFS/HoH 6.85%
4. Tax calculated on line 2 based on rate schedule\*
5. Subtract line 4 from line 3
6. Enter: MFJ/QW \$681, Single/MFS \$500, HoH \$725
7. Subtract line 6 from line 5
8. Excess of line 1 > MFJ/QW (\$161,550), Single/MFS (\$215,400), HoH (\$269,300)
9. Divide line 8 by \$50,000
10. Multiply line 7 by line 9
11. Add lines 4, 6, and 10

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
2. Taxable income
3. Multiply in 2 by MFJ/QW 6.85%, Single/MFS/HoH 8.82%
4. Tax calculated on line 2 based on rate schedule\*
5. Subtract line 4 from line 3
6. Enter: MFJ/QW \$1004, Single/MFS if Taxable <= \$215,400 enter \$500, >\$215,400 enter \$930, HoH if Taxable <= \$269,300 enter \$725, >\$269,300 enter \$1263
7. Subtract line 6 from line 5
8. Excess of line 1 > MFJ/QW (\$323,200), Single/MFS (\$1,077,550), HoH (\$1,616,450)
9. Divide line 8 by \$50,000
10. Multiply line 7 by line 9
11. Add lines 4, 6, and 10

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

- 1. New York adjusted gross income
2. Taxable income
3. Multiply line 2 by 8.82%
4. Tax calculated on line 2 based on rate schedule\*
5. Subtract line 4 from line 3
6. Enter: If Taxable Income <= \$161,550 enter \$681, if > \$161,550 but <= \$323,200 enter \$1004, if > \$323,200 enter \$1650
7. Subtract line 6 from line 5 (if less than zero, enter 0)
8. Excess of line 1 over \$2,155,350
9. Divide line 8 by \$50,000
10. Multiply line 7 by line 9
11. Add lines 4, 6, and 10

Filing Status: (Used for this calculation)

2-MARRIED FILING JOINT

**NY Asset Report****47 Prince Street**

FYE: 12/31/2017

Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
<b>Prior MACRS:</b>								
	1 House	6/01/15	203,000	203,000	11,380	7,382	7,382	0
			<u>203,000</u>	<u>203,000</u>	<u>11,380</u>	<u>7,382</u>	<u>7,382</u>	<u>0</u>
	<b>Grand Totals</b>		203,000	203,000	11,380	7,382	7,382	0
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>203,000</u>	<u>203,000</u>	<u>11,380</u>	<u>7,382</u>	<u>7,382</u>	<u>0</u>

**NY Future Depreciation Report**

**FYE: 12/31/18**

FYE: 12/31/2017

**47 Prince Street**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NY</u>
<b><u>Prior MACRS:</u></b>				
I	House	6/01/15	<u>203,000</u>	<u>7,382</u>
			<u>203,000</u>	<u>7,382</u>
	<b>Grand Totals</b>		<u>203,000</u>	<u>7,382</u>



**New York Two Year Comparison Report**

**2016 & 2017**

Name **MARCUS J MOLINARO CORINNE ADAMS**

Tp SSN

		2016	2017	Differences
<b>Income</b>	1. Wages	174,232.	166,352.	-7,880.
	2. Interest and dividends	21.	453.	432.
	3. State tax refund		246.	246.
	4. Alimony received			
	5. Business income or loss			
	6. Capital gain or loss			
	7. Other gains or losses			
	8. Taxable amount of IRA distributions		6,997.	6,997.
	9. Taxable amount of pensions and annuities			
	10. Rent, royalty, partnership, S corporation and trust income			
	11. Farm income or loss			
	12. Unemployment			
	13. Social security			
	14. Other income			
	15. Total income	174,253.	174,048.	-205.
	16. Total adjustments to income			
	17. Federal adjusted gross income	174,253.	174,048.	-205.
<b>Adjustments</b>	18. Non-New York municipal income			
	19. Public employee 414(h) retirement contributions			
	20. Tuition and other additions			
	21. Total New York additions to income			
	22. State tax refund		246.	246.
	23. Pensions of New York, local and federal governments			
	24. Social security and Railroad Tier I			
	25. US obligations		453.	453.
	26. Pension exclusion			
27. Tuition and other subtractions	2,400.	2,400.		
28. Total New York subtractions from income	2,400.	3,099.	699.	
29. New York adjusted gross income	171,853.	170,949.	-904.	
<b>Deduction</b>	30. Standard or itemized deduction	20,459.	24,434.	3,975.
	31. Exemptions	2,000.	2,000.	
	32. New York taxable income	149,394.	144,515.	-4,879.
<b>Tax Computation</b>	33. New York State tax	9,636.	9,321.	-315.
	34. New York household and other nonrefundable credits			
	35. Other New York State taxes			
	36. New York City resident tax			
	37. New York City household credit			
	38. Other New York City taxes			
	39. New York City nonrefundable credits			
	40. MCTMT			
	41. Yonkers taxes			
	42. Use tax			
	43. Contributions			
	44. Total taxes, gifts and contributions	9,636.	9,321.	-315.
	45. New York State child and dependent care credit	34.	120.	86.
	46. New York State earned income credit			
	47. Real property tax credit			
	48. All other refundable credits	350.		-350.
	49. Total New York State income tax withheld	9,882.	9,544.	-338.
	50. Total New York City income tax withheld			
	51. Total Yonkers income tax withheld			
	52. Estimated tax payments			
	53. Other payments			
	54. Total payments and refundable credits	10,266.	9,664.	-602.
	55. Tax due/-refund	-630.	-343.	287.
	56. Penalties and interest			
	57. Net tax due/-refund	-630.	-343.	287.
	58. Effective tax rate	6 %	6 %	

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2017** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning \_\_\_\_\_, 2017, ending \_\_\_\_\_, 20 See separate instructions.

Your first name and initial **MARCUS J** Last name **MOLINARO** Your social security number [REDACTED]

If a joint return, spouse's first name and initial **CORINNE** Last name **ADAMS** Spouse's social security number [REDACTED]

Home address (number and street), if you have a P.O. box, see instructions. [REDACTED] Apt. no. [REDACTED] ▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **RED HOOK NY 12571** Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

Foreign country name Foreign province/state/county Foreign postal code

**Filing Status** 1  Single 4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 2  Married filing jointly (even if only one had income) 5  Qualifying widow(er) (see instructions) 3  Married filing separately. Enter spouse's SSN above and full name here. Check only one box.

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a } Boxes checked on 6a and 6b **2** b  Spouse } No. of children on 6c who: • lived with you **2** • did not live with you due to divorce or separation (see instructions) c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qual. for child tax credit (see Instr.)
[REDACTED]	<b>MOLINARO</b>	[REDACTED]	<b>DAUGHTER</b>	<input checked="" type="checkbox"/>
[REDACTED]	<b>MOLINARO</b>	[REDACTED]	<b>SON</b>	<input checked="" type="checkbox"/>

d Total number of exemptions claimed Add numbers on lines above **4**

Income	7	8a	9a	10	11	12	13	14	15a	15b	16a	16b	17	18	19	20a	20b	21	22	
Wages, salaries, tips, etc. Attach Form(s) W-2																				<b>166,352</b>
Taxable interest. Attach Schedule B if required																				<b>453</b>
Tax-exempt interest. Do not include on line 8a		8b																		
Ordinary dividends. Attach Schedule B if required			9a																	
Qualified dividends			9b																	
Taxable refunds, credits, or offsets of state and local income taxes				10																<b>246</b>
Alimony received				11																
Business income or (loss). Attach Schedule C or C-EZ				12																
Capital gain or (loss). Attach Schedule D if required. If not required, check here				13																
Other gains or (losses). Attach Form 4797				14																
IRA distributions	15a																			
Taxable amount																				<b>6,997</b>
Pensions and annuities	16a																			
Taxable amount																				
Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E				17																<b>0</b>
Farm income or (loss). Attach Schedule F				18																
Unemployment compensation				19																
Social security benefits	20a																			
Taxable amount																				
Other income. List type and amount				21																
Combine the amounts in the far right column for lines 7 through 21. This is your total income																				<b>174,048</b>

Adjusted Gross Income	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
Educator expenses	23														
Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24														
Health savings account deduction. Attach Form 8889	25														
Moving expenses. Attach Form 3903	26														
Deductible part of self-employment tax. Attach Schedule SE	27														
Self-employed SEP, SIMPLE, and qualified plans	28														
Self-employed health insurance deduction	29														
Penalty on early withdrawal of savings	30														
Alimony paid b Recipient's SSN	31a														
IRA deduction	32														
Student loan interest deduction	33														
Tuition and fees. Attach Form 8917	34														
Domestic production activities deduction. Attach Form 8903	35														
Add lines 23 through 35															
Subtract line 36 from line 22. This is your adjusted gross income															<b>174,048</b>



	<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	<b>174,048</b>
<b>Tax and Credits</b>	<b>39a</b>	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <b>39a</b> <input type="checkbox"/> If: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/>		
	<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b> <input type="checkbox"/>		
<b>Standard Deduction for—</b> • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	<b>40</b>	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	<b>40</b>	<b>34,003</b>
	<b>41</b>	Subtract line 40 from line 38	<b>41</b>	<b>140,045</b>
	<b>42</b>	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	<b>16,200</b>
	<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	<b>123,845</b>
	<b>44</b>	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	<b>44</b>	<b>22,439</b>
	<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
	<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
	<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	<b>22,439</b>
	<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
	<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>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>		
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>		
<b>54</b>	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	<b>54</b>		
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	<b>600</b>	
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	<b>21,839</b>	

<b>Other Taxes</b>	<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
	<b>58</b>	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	<b>58</b>	
	<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	<b>700</b>
	<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
	<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
	<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
	<b>62</b>	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	<b>22,539</b>	

<b>Payments</b> If you have a qualifying child, attach Schedule EIC.	<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	<b>24,573</b>
	<b>65</b>	2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
	<b>66a</b>	Earned income credit (EIC)	<b>66a</b>	
	<b>b</b>	Nontaxable combat pay election <b>66b</b>		
	<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
	<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
	<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
	<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
	<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
	<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	<b>73</b>		
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	<b>24,573</b>	

<b>Refund</b> Direct deposit? See instructions.	<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	<b>75</b>	<b>2,034</b>
	<b>76a</b>	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	<b>2,034</b>
	<b>b</b>	Routing number <input type="checkbox"/> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <input type="checkbox"/>			
<b>77</b>	Amount of line 75 you want applied to your 2018 estimated tax	<b>77</b>		

<b>Amount You Owe</b>	<b>78</b>	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>	
	<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below.  No

Designee's name	<b>SUSAN L. HOWELL, CPA</b>	Personal identification number (PIN)	<input type="checkbox"/>
		Phone no.	<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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<input type="checkbox"/>		<b>COUNTY EXECUTIVE</b>	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
<input type="checkbox"/>		<b>DIRECT OF COMMUNICATIONS</b>	

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
<b>SUSAN L. HOWELL, CPA</b>	<b>SUSAN L. HOWELL, CPA</b>	<b>04/13/18</b>		<b>P00171387</b>
Firm's name	<b>RBT CPAS, LLP</b>			
Firm's address	<b>11 RACQUET RD NEWBURGH NY 12550</b>			

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2017**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

**MARCUS J MOLINARO & CORINNE ADAMS**

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

<b>Medical and Dental Expenses</b>	1	Medical and dental expenses (see instructions)	1			
	2	Enter amount from Form 1040, line 38	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 (check only one box):	5			
	a	<input checked="" type="checkbox"/> Income taxes, or		9,569		
	b	<input type="checkbox"/> General sales taxes				
	6	Real estate taxes (see instructions)	6	9,262		
	7	Personal property taxes	7			
	8	Other taxes. List type and amount ▶	8			
	9	Add lines 5 through 8	9		18,831	
	<b>Interest You Paid</b>	10	Home mortgage interest and points reported to you on Form 1098	10	14,172	
		11	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 ▶	11		
12		Points not reported to you on Form 1098. See instructions for special rules	12			
13		Mortgage insurance premiums (see instructions)	13			
14		Investment interest. Attach Form 4952 if required. See instructions.	14			
15		Add lines 10 through 14	15		14,172	
<b>Gifts to Charity</b>	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16			
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	1,000		
	18	Carryover from prior year	18			
	19	Add lines 16 through 18	19		1,000	
<b>Casualty and Theft Losses</b>	20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	20			
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶	21			
	22	Tax preparation fees	22			
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23			
	24	Add lines 21 through 23	24			
	25	Enter amount from Form 1040, line 38	25			
	26	Multiply line 25 by 2% (0.02)	26			
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			
<b>Other Miscellaneous Deductions</b>	28	Other—from list in instructions. List type and amount ▶	28			
<b>Total Itemized Deductions</b>	29	Is Form 1040, line 38, over \$156,900? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29		34,003	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here				

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

Schedule A (Form 1040) 2017

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2017**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

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

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 2017 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 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days		QJV	
			A	B	A	B	A	B
A	1		365					
B								
C								

**Type of Property:**

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

Income:	Properties:	A	B	C
3 Rents received	3	27,000		
4 Royalties received	4			
<b>Expenses:</b>				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	17,729		
13 Other interest	13	1,410		
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	8,696		
17 Utilities	17			
18 Depreciation expense or depletion	18	7,382		
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	35,217		
21 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 Form 6198	21	-8,217		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	0		

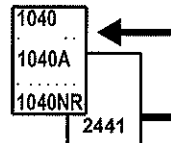
23a Total of all amounts reported on line 3 for all rental properties	23a	27,000	
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c	17,729	
d Total of all amounts reported on line 18 for all properties	23d	7,382	
e Total of all amounts reported on line 20 for all properties	23e	35,217	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		0
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		
26 Total rental real estate and royalty income or (loss). 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 Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26		

For Paperwork Reduction Act Notice, see the separate instructions.

Form **2441**

**Child and Dependent Care Expenses**

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.  
▶ Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.



OMB No. 1545-0074

**2017**

Attachment Sequence No. **21**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**MARCUS J MOLINARO & CORINNE ADAMS**

Your social security number

**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	[REDACTED]	TAX-EXEMPT [REDACTED]	4,462

Did you receive dependent care benefits?  No  Yes  
 No → Complete only Part II below.  
 Yes → Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for 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 2017 for the person listed in column (a)
First	Last		
[REDACTED]	MOLINARO	[REDACTED]	4,462

3 Add the amounts in column (c) of line 2. Don't 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	3	3,000
4 Enter your earned income. See instructions	4	139,883
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4	5	26,469
6 Enter the smallest of line 3, 4, or 5	6	3,000
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	174,048
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X .20
9 Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions	9	600
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	22,439
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47	11	600

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0 – 15,000		.35	\$29,000 – 31,000		.27
15,000 – 17,000		.34	31,000 – 33,000		.26
17,000 – 19,000		.33	33,000 – 35,000		.25
19,000 – 21,000		.32	35,000 – 37,000		.24
21,000 – 23,000		.31	37,000 – 39,000		.23
23,000 – 25,000		.30	39,000 – 41,000		.22
25,000 – 27,000		.29	41,000 – 43,000		.21
27,000 – 29,000		.28	43,000 – No limit		.20

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

Form **2441** (2017)

Form **5329**  
 Department of the Treasury  
 Internal Revenue Service (99)

**Additional Taxes on Qualified Plans  
 (Including IRAs) and Other Tax-Favored Accounts**

OMB No. 1545-0074

**2017**

Attachment  
 Sequence No. **29**

▶ Attach to Form 1040 or Form 1040NR.  
 ▶ Go to [www.irs.gov/Form5329](http://www.irs.gov/Form5329) for instructions and the latest information.

Name of individual subject to additional tax. If married filing jointly, see instructions.

Your social security number

**MARCUS J MOLINARO**

[REDACTED]

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

**Fill in Your Address Only  
 If You Are Filing This  
 Form by Itself and Not  
 With Your Tax Return**

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

If this is an amended return, check here

Foreign country name

Foreign province/state/county

Foreign postal code

If you only owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 59, or Form 1040NR, line 57, without filing Form 5329. See the instructions for Form 1040, line 59, or for Form 1040NR, line 57.

**Part I Additional Tax on Early Distributions.** Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040 or Form 1040NR — see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions (see instructions).

1	Early distributions included in income. For Roth IRA distributions, see instructions	1	6,997
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	6,997
4	<b>Additional tax.</b> Enter 10% (0.10) of line 3. Include this amount on Form 1040, line 59, or Form 1040NR, line 57 <i>Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions).</i>	4	700

**Part II Additional Tax on Certain Distributions From Education Accounts and ABLER Accounts.** Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABLER account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLER account	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	<b>Additional tax.</b> Enter 10% (0.10) of line 7. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	8	

**Part III Additional Tax on Excess Contributions to Traditional IRAs.** Complete this part if you contributed more to your traditional IRAs for 2017 than is allowable or you had an amount on line 17 of your 2016 Form 5329.

9	Enter your excess contributions from line 16 of your 2016 Form 5329 (see instructions). If zero, go to line 15	9	
10	If your traditional IRA contributions for 2017 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11	2017 traditional IRA distributions included in income (see instructions)	11	
12	2017 distributions of prior year excess contributions (see instructions)	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 2017 (see instructions)	15	
16	Total excess contributions. Add lines 14 and 15	16	
17	<b>Additional tax.</b> Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2017 (including 2017 contributions made in 2018). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	17	

**Part IV Additional Tax on Excess Contributions to Roth IRAs.** Complete this part if you contributed more to your Roth IRAs for 2017 than is allowable or you had an amount on line 25 of your 2016 Form 5329.

18	Enter your excess contributions from line 24 of your 2016 Form 5329 (see instructions). If zero, go to line 23	18	
19	If your Roth IRA contributions for 2017 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20	2017 distributions from your Roth IRAs (see instructions)	20	
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Excess contributions for 2017 (see instructions)	23	
24	Total excess contributions. Add lines 22 and 23	24	
25	<b>Additional tax.</b> Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2017 (including 2017 contributions made in 2018). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	25	

Form **8606**

**Nondeductible IRAs**

OMB No. 1545-0074

▶ Go to [www.irs.gov/Form8606](http://www.irs.gov/Form8606) for instructions and the latest information.

▶ Attach to 2017 Form 1040, 2017 Form 1040A, or 2017 Form 1040NR.

**2017**

Attachment Sequence No. **48**

Department of the Treasury  
Internal Revenue Service (99)

Name. If married, file a separate form for each spouse required to file 2017 Form 8606. See instructions.

Your social security number

**MARCUS J MOLINARO**

Fill in Your Address  
Only if You Are  
Filing This Form by  
Itself and Not With  
Your Tax Return

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

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

If this is an amended return, check here

Foreign country name

Foreign province/state/county

Foreign postal code

**Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs**

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2017.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2017 and you made nondeductible contributions to a traditional IRA in 2017 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2017 Forms 8915A and 8915B)), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2017 (excluding any portion you recharacterized) and you made nondeductible contributions to a traditional IRA in 2017 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2017, including those made for 2017 from January 1, 2018, through April 17, 2018. See instructions	1					
2	Enter your total basis in traditional IRAs. See instructions	2					
3	Add lines 1 and 2	3					
	<table border="1"> <tr> <td rowspan="2">In 2017, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?</td> <td>No</td> <td>Enter the amount from line 3 on line 14. Do not complete the rest of Part I.</td> </tr> <tr> <td>Yes</td> <td>Go to line 4.</td> </tr> </table>	In 2017, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?	No	Enter the amount from line 3 on line 14. Do not complete the rest of Part I.	Yes	Go to line 4.	
In 2017, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?	No		Enter the amount from line 3 on line 14. Do not complete the rest of Part I.				
	Yes	Go to line 4.					
4	Enter those contributions included on line 1 that were made from January 1, 2018, through April 17, 2018	4					
5	Subtract line 4 from line 3	5					
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2017, plus any outstanding rollovers. Subtract any repayments of qualified disaster distributions (see 2017 Forms 8915A and 8915B). If the result is zero or less, enter -0-. See instructions	6					
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2017. Do not include rollovers (other than repayments of qualified disaster distributions (see 2017 Forms 8915A and 8915B)), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions)	7					
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2017. Do not include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16	8					
9	Add lines 6, 7, and 8	9					
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	10					
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17	11					
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA	12					
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13					
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2017 and earlier years	14					
15a	Subtract line 12 from line 7	15a					
b	Enter the amount on line 15a attributable to qualified disaster distributions from 2017 Forms 8915A and 8915B (see instructions). Also, enter this amount on 2017 Form 8915A, line 22, or 2017 Form 8915B, line 13, as applicable	15b					
c	Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on 2017 Form 1040, line 15b; 2017 Form 1040A, line 11b; or 2017 Form 1040NR, line 16b	15c					
	Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59½ at the time of the distribution. See instructions.						

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

Form **8606** (2017)

**Part II 2017 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs**

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2017 (excluding any portion you recharacterized).

16	If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2017. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2017 or 2018 (see instructions)	16	
17	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions)	17	
18	<b>Taxable amount.</b> Subtract line 17 from line 16. If more than zero, also include this amount on 2017 Form 1040, line 15b; 2017 Form 1040A, line 11b; or 2017 Form 1040NR, line 16b	18	

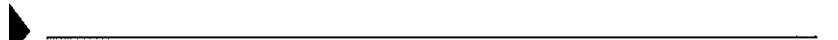

**Part III Distributions From Roth IRAs**

Complete this part only if you took a distribution from a Roth IRA in 2017. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2017 Forms 8915A and 8915B)), qualified charitable distribution, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).

19	Enter your total nonqualified distributions from Roth IRAs in 2017, including any qualified first-time homebuyer distributions, and any qualified disaster distributions (see instructions). Also see 2017 Forms 8915A and 8915B	19	6,997
20	Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	6,997
22	Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, stop here	22	
23	Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see instructions)	23	6,997
24	Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA. See instructions	24	
25a	Subtract line 24 from line 23. If zero or less, enter -0- and skip lines 25b and 25c	25a	6,997
b	Enter the amount on line 25a attributable to qualified disaster distributions from 2017 Forms 8915A and 8915B (see instructions). Also, enter this amount on 2017 Form 8915A, line 23, or 2017 Form 8915B, line 14, as applicable	25b	0
c	<b>Taxable amount.</b> Subtract line 25b from line 25a. If more than zero, also include this amount on 2017 Form 1040, line 15b; 2017 Form 1040A, line 11b; or 2017 Form 1040NR, line 16b	25c	6,997

**Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return**

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

Form **8582**

Department of the Treasury  
Internal Revenue Service(99)

**Passive Activity Loss Limitations**

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

OMB No. 1545-1008

**2017**

Attachment  
Sequence No. **88**

Name(s) shown on return

Identifying number

**MARCUS J MOLINARO & CORINNE ADAMS**

**Part I 2017 Passive Activity Loss**

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))		
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	8,217	
1c	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	7,547	
1d	Combine lines 1a, 1b, and 1c		-15,764

**Commercial Revitalization Deductions From Rental Real Estate Activities**

2a	Commercial revitalization deductions from Worksheet 2, column (a)		
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)		
2c	Add lines 2a and 2b		

**All Other Passive Activities**

3a	Activities with net income (enter the amount from Worksheet 3, column (a))		
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))		
3c	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))		
3d	Combine lines 3a, 3b, and 3c		

4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used		
4			-15,764

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
  - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4		15,764
6	Enter \$150,000. If married filing separately, see instructions	150,000	
7	Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	174,048	
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions		
10	Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.		0

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions		
12	Enter the loss from line 4		
13	Reduce line 12 by the amount on line 10		
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13		

**Part IV Total Losses Allowed**

15	Add the income, if any, on lines 1a and 3a and enter the total		
16	Total losses allowed from all passive activities for 2017. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return		0

For Paperwork Reduction Act Notice, see instructions.



MARCUS J MOLINARO & CORINNE ADAMS



Form 8582 (2017)

**Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)**

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
47 PRINCE STREET		8,217	7,547		15,764
Total. Enter on Form 8582, lines 1a, 1b, and 1c		8,217	7,547		

**Worksheet 2—For Form 8582, Lines 2a and 2b (See instructions.)**

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

**Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (See instructions.)**

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

**Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total			1.00		

**Worksheet 5—Allocation of Unallowed Losses (See instructions.)**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
47 PRINCE STREET	SCH E1	15,764	1.0000	15,764
Total		15,764	1.00	15,764

MARCUS J MOLINARO & CORINNE ADAMS



Form 8582 (2017)

**Worksheet 6—Allowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
47 PRINCE STREET	SCH E1	15,764	15,764	
<b>Total</b>		15,764	15,764	

**Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules** (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
<b>Total</b>			1.00		

Form **8283**

(Rev. December 2014)

Department of the Treasury  
Internal Revenue Service

# Noncash Charitable Contributions

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

OMB No. 1545-0008

Attachment Sequence No. **155**

▶ 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**

Identifying number

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	YOUNG MISSION OUTREACH 30 N. GRAND POUGHEEPSIE NY 12428	<input type="checkbox"/>	FURNITURE, 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	4,100	1,000	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 ▶ \_\_\_\_\_
- e Name of any person, other than the donee organization, having actual possession of the property ▶ \_\_\_\_\_

- 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
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

Form **1040****General Sales Tax Deduction Worksheet****2017**

Name as shown on return

**MARCUS J MOLINARO & CORINNE ADAMS**

Taxpayer Identification Number

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 38 .....   | 1. | <u>174,048</u> |
| 2. Add the nontaxable amounts from Form 1040, lines 8b, 15a, 16a, 20a (Exclude rollovers and tax-free Sec. 1035 exchanges) .....   | 2. | _____          |
| 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 received in 2017 ..... | 3. | _____          |
| 4. Add lines 1 through 3, this is income for general sales tax table purposes .....  | 4. | <u>174,048</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>838</u>     |
| 6. Enter the number of days of residence in state .....  | 6. | _____          |
| 7. Total days in year .....  | 7. | <u>365</u>     |
| 8. Divide line 6 by line 7 (rounded to at least 3 decimal places) .....  | 8. | _____          |
| 9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table. ....   | 9. | <u>838</u>     |

**Local Sales Tax Using IRS Tables**

- |  |     |                |
|--|-----|----------------|
| 10. Enter the amount from the sales tax table in the Schedule A instructions. ....   | 10. | <u>838</u>     |
| 11. If you are a resident of Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi (city of Jackson or Tupelo only), Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah, or Virginia, enter the amount from the applicable Optional Local Sales Tax Table in the Schedule A instructions. ....   | 11. | _____          |
| 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 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 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>864</u>     |
| 16. Enter the number of days of residence in locality .....  | 16. | _____          |
| 17. Total days in year .....   | 17. | <u>365</u>     |
| 18. Divide line 16 by line 17 (rounded to at least 3 decimal places) .....   | 18. | _____          |
| 19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables. ....   | 19. | <u>864</u>     |

**General Sales Tax Summary**

- |   |     |              |
|---|-----|--------------|
| 20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets .....     | 20. | <u>838</u>   |
| 21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets .....    | 21. | <u>864</u>   |
| 22. Add lines 20 and 21, this is the total General Sales taxes using the tables ..... | 22. | <u>1,702</u> |
| 23. Enter the actual state and local general sales taxes paid .....                   | 23. | _____        |
| 24. Enter the greater of line 22 or line 23 .....                                     | 24. | <u>1,702</u> |
| 25. Enter the state and local taxes paid on specified items (major purchases) .....   | 25. | _____        |
| 26. Add lines 24 and 25, this is the deductible General Sales tax .....               | 26. | <u>1,702</u> |
| 27. Enter total state and local income taxes paid .....                               | 27. | <u>9,569</u> |

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



Form <b>1040</b>	<b>QTP/ESA Basis Worksheet</b>	<b>2017</b>
------------------	--------------------------------	-------------

Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 15px;"></div>
--	--

Payer's/Trustee's name	<b>NEW YORK COLLEGE PLUS</b>	Account number
Account type	<b>STATE QTP</b>	
Beneficiary first name	<div style="background-color: black; width: 150px; height: 15px;"></div>	Beneficiary last name <b>MOLINARO</b>

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

1. Basis in QTP/ESA as of December 31, 2016	1.	16,100
2. Enter QTP/ESA contributions for 2017	2.	2,400
3. Add lines 1 and 2	3.	18,500
4. Enter distributions from this QTP/ESA during 2017	4.	
5. Subtract Line 4 from Line 3	5.	18,500
6. Other increases or decreases to basis	6.	
7. Basis in your QTP or ESA as of December 31, 2017	7.	18,500

Form <b>1040</b>	<b>QTP/ESA Basis Worksheet</b>	<b>2017</b>
------------------	--------------------------------	-------------

Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 15px;"></div>
--	--

Payer's/Trustee's name	<u>NEW YORK COLLEGE SAVINGS PLUS</u>	
Account type	<u>STATE QTP</u>	Account number
Beneficiary first name	<div style="background-color: black; width: 100px; height: 15px;"></div>	Beneficiary last name <u>MOLINARO</u>

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

1. Basis in QTP/ESA as of December 31, 2016	1.	<u>7,400</u>
2. Enter QTP/ESA contributions for 2017	2.	
3. Add lines 1 and 2	3.	<u>7,400</u>
4. Enter distributions from this QTP/ESA during 2017	4.	
5. Subtract Line 4 from Line 3	5.	<u>7,400</u>
6. Other increases or decreases to basis	6.	
7. Basis in your QTP or ESA as of December 31, 2017	7.	<u>7,400</u>

Form **1040**

**Nonrefundable Personal Credit Limitation Worksheet**

**2017**

Name **MARCUS J MOLINARO & CORINNE ADAMS**

Taxpayer Identification Number

**Amounts from tax return**

- |  |                  |  |          |                             |          |
|--|------------------|--|----------|-----------------------------|----------|
| a. Regular tax (Form 1040, line 44) .....    | a. <u>22,439</u> | h. CTC, line 11 wrk, line 12 .....         | h. _____ | n. Form 8859, line 3 .....  | n. _____ |
| b. AMT (Form 1040, line 45) .....            | b. _____         | i. Child tax cr (Form 1040, line 52) ..... | i. _____ | o. Form 8910, line 15 ..... | o. _____ |
| c. Exc adv PTC (Form 1040, line 46) .....    | c. _____         | j. Form 5695, line 30 .....                | j. _____ | p. Form 8936, line 23 ..... | p. _____ |
| d. Foreign tax cr (Form 1040, line 48) ..... | d. _____         | k. Form 5695, line 15 .....                | k. _____ | q. Form 8834, line 7 .....  | q. _____ |
| e. Child care cr (Form 1040, line 49) .....  | e. <u>600</u>    | l. Form 8396, line 9 .....                 | l. _____ | r. Form 3800, line 38 ..... | r. _____ |
| f. Education cr (Form 1040, line 50) .....   | f. _____         | m. Elderly cr (Sch R, line 22) .....       | m. _____ | s. Form 8839, line 16 ..... | s. _____ |
| g. Retirement cr (Form 1040, line 51) .....  | g. _____         |  |          |                             |          |

	Form 2441	Schedule R	Form 8880	Form 5695, Part II	Form 5695, Part I
1. Total tax available .....	1. <u>22,439</u>	_____	_____	_____	_____
2. Other nonrefundable personal credits allowed .....	2. _____	_____	_____	_____	_____
3. Limitation based on tax liability, line 1 minus line 2 .....	3. <u>22,439</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 8911, 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, line 47 ..... | _____ |   |       |



Form <b>1040</b>	<b>Passive Activity Deduction Worksheet</b>	<b>2017</b>
------------------	---	-------------

Name <b>MARCUS J MOLINARO</b>	Taxpayer Identification Number <b>[REDACTED]</b>
Activity <b>47 PRINCE STREET</b>	Form <b>SCH E</b> Unit <b>1</b>
Type <b>RENTAL REAL ESTATE W/ACTIVE PARTICIPATION</b>	Entire Disposition of Activity

**Regular Tax Loss Calculations**

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating	<u>7,547</u>	<u>8,217</u>	<u>          </u>	<u>15,764</u>
Short-term capital loss	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Long-term capital loss	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
28% rate capital loss	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Section 1231 loss	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Ordinary business loss	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Other Losses - 1040 pg 1	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Commercial revitalization	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>

**Alternative Minimum Tax Loss Calculations**

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating	<u>7,547</u>	<u>8,217</u>	<u>          </u>	<u>15,764</u>
Short-term capital loss	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Long-term capital loss	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
28% rate capital loss	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Section 1231 loss	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Ordinary business loss	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Other Losses - 1040 pg 1	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Commercial revitalization	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>

Form <b>1040</b>	<b>Passive Activity MAGI Calculation</b>	<b>2017</b>
------------------	--	-------------

Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 15px;"></div>
--	--

1 Adjusted gross income .....		1 <u>174,048</u>
2 Subtractions:		
2(a) Passive activity income .....	2(a) _____	
2(b) Taxable social security income .....	2(b) _____	
2(c) Other .....	2(c) _____	
2(d) Total subtractions .....	2(d) _____	
3 Additions:		
3(a) Allowed passive activity losses .....	3(a) _____	
3(b) Rental real estate loss allowed to real estate professionals .....	3(b) _____	
3(c) Overall loss from a PTP .....	3(c) _____	
3(d) Your IRA deduction .....	3(d) _____	
3(e) Spouse's IRA deduction .....	3(e) _____	
3(f) Domestic production activities deduction .....	3(f) _____	
3(g) One-half self-employment tax .....	3(g) _____	
3(h) Series EE & I Bond Interest .....	3(h) _____	
3(i) Employer's adoption assistance program exclusion amount .....	3(i) _____	
3(j) Student loan interest deduction .....	3(j) _____	
3(k) Tuition and fees deduction .....	3(k) _____	
3(l) Other .....	3(l) _____	
Total additions .....	3(m) _____	
4 Modified adjusted gross income .....	4	<u>174,048</u>



Form <b>1040</b>	<b>Tax Refund Worksheets</b>	<b>2017</b>
------------------	------------------------------	-------------

Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 15px;"></div>
--	--

	2016	2015	2014
1. State and local tax refunds	1. <u>246</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>246</u>		
4. Total itemized deductions from Schedule A	4. <u>30,372</u>		
5. Standard deduction	5. <u>12,600</u>		
6. Subtract line 5 from line 4. If result is zero or less, STOP here The amount on line 3 is not taxable	6. <u>17,772</u>		
7. Enter the smaller of line 3 or line 6	7. <u>246</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>127,681</u>		
9. Enter the following amount to include on Form 1040, line 10: If line 8 is:	9. <u>246</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**

	2016	2015	2014
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, 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 1040

Tax Refund Worksheet - 2017 State and Local Refunds

2018

Name

Taxpayer Identification Number

MARCUS J MOLINARO & CORINNE ADAMS

[Redacted]

NY

1. 2017 payments paid in 2018 ..... 1. \_\_\_\_\_

2. 2017 extension paid in 2018 ..... 2. \_\_\_\_\_

3. 2017 additional payment paid in 2018 ..... 3. \_\_\_\_\_

4. Total 2017 payments paid in 2018 (sum of lines 1 through 3) ..... 4. \_\_\_\_\_

5. Total payments on the 2017 return ..... 5. 9,544

6. Total 2017 overpayment/refund ..... 6. 223

7. 2017 refund attributable to tax paid in 2018 (line 4 divided by line 5 multiplied by line 6) ..... 7. \_\_\_\_\_

8. 2017 state/local tax refund attributable to tax paid in 2017 (line 6 minus line 7) ..... 8. 223

1. 2017 payments paid in 2018 ..... 1. \_\_\_\_\_

2. 2017 extension paid in 2018 ..... 2. \_\_\_\_\_

3. 2017 additional payment paid in 2018 ..... 3. \_\_\_\_\_

4. Total 2017 payments paid in 2018 (sum of lines 1 through 3) ..... 4. \_\_\_\_\_

5. Total payments on the 2017 return ..... 5. \_\_\_\_\_

6. Total 2017 overpayment/refund ..... 6. \_\_\_\_\_

7. 2017 refund attributable to tax paid in 2018 (line 4 divided by line 5 multiplied by line 6) ..... 7. \_\_\_\_\_

8. 2017 state/local tax refund attributable to tax paid in 2017 (line 6 minus line 7) ..... 8. \_\_\_\_\_

1. 2017 payments paid in 2018 ..... 1. \_\_\_\_\_

2. 2017 extension paid in 2018 ..... 2. \_\_\_\_\_

3. 2017 additional payment paid in 2018 ..... 3. \_\_\_\_\_

4. Total 2017 payments paid in 2018 (sum of lines 1 through 3) ..... 4. \_\_\_\_\_

5. Total payments on the 2017 return ..... 5. \_\_\_\_\_

6. Total 2017 overpayment/refund ..... 6. \_\_\_\_\_

7. 2017 refund attributable to tax paid in 2018 (line 4 divided by line 5 multiplied by line 6) ..... 7. \_\_\_\_\_

8. 2017 state/local tax refund attributable to tax paid in 2017 (line 6 minus line 7) ..... 8. \_\_\_\_\_

1. 2017 payments paid in 2018 ..... 1. \_\_\_\_\_

2. 2017 extension paid in 2018 ..... 2. \_\_\_\_\_

3. 2017 additional payment paid in 2018 ..... 3. \_\_\_\_\_

4. Total 2017 payments paid in 2018 (sum of lines 1 through 3) ..... 4. \_\_\_\_\_

5. Total payments on the 2017 return ..... 5. \_\_\_\_\_

6. Total 2017 overpayment/refund ..... 6. \_\_\_\_\_

7. 2017 refund attributable to tax paid in 2018 (line 4 divided by line 5 multiplied by line 6) ..... 7. \_\_\_\_\_

8. 2017 state/local tax refund attributable to tax paid in 2017 (line 6 minus line 7) ..... 8. \_\_\_\_\_

1. 2017 payments paid in 2018 ..... 1. \_\_\_\_\_

2. 2017 extension paid in 2018 ..... 2. \_\_\_\_\_

3. 2017 additional payment paid in 2018 ..... 3. \_\_\_\_\_

4. Total 2017 payments paid in 2018 (sum of lines 1 through 3) ..... 4. \_\_\_\_\_

5. Total payments on the 2017 return ..... 5. \_\_\_\_\_

6. Total 2017 overpayment/refund ..... 6. \_\_\_\_\_

7. 2017 refund attributable to tax paid in 2018 (line 4 divided by line 5 multiplied by line 6) ..... 7. \_\_\_\_\_

8. 2017 state/local tax refund attributable to tax paid in 2017 (line 6 minus line 7) ..... 8. \_\_\_\_\_

Total of ALL 2017 state/local tax refunds attributable to tax paid in 2018 (sum of lines 7) ..... \_\_\_\_\_

Total of ALL 2017 state/local tax refunds attributable to tax paid in 2017 (sum of lines 8; for 2018 Tax Refund Wrk) ..... 223

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

Description	Amount
STATE WITHHOLDING ON W-2S	\$ 9,544
STATE DISABILITY FUND W/H	25
TOTAL INCOME TAXES*	<u>9,569</u>
GENERAL SALES TAX	1,702
TOTAL SALES TAXES	<u>1,702</u>

\*INCOME TAXES ARE BEING DEDUCTED

**Schedule A, Line 6 - Real Estate Taxes**

Description	Amount
REAL ESTATE TAXES	\$ 9,262
TOTAL	<u>\$ 9,262</u>

**Schedule A, Line 10 - Home Mortgage Interest & Points From Form 1098**

Description	Amount
RHINEBECK BANK	\$ 14,172
TOTAL	<u>\$ 14,172</u>

**Schedule A, Line 17 - Charitable Contributions Other Than Cash or Check**

Description	Amount
50% CONTRIB FROM 8283	\$ 1,000
TOTAL	<u>\$ 1,000</u>

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

<u>Description</u>	<u>Amount</u>
	\$ 27,000
TOTAL	\$ 27,000

**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.	\$ 10,624		\$ 10,624
ULSTER SAVINGS	7,105		7,105
TOTAL	\$ 17,729		\$ 17,729

**47 Prince Street****Schedule E, Line 13 - Other Interest**

<u>Description</u>	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
BANK OF AMERICA, N.A.	\$ 1,410		\$ 1,410
ULSTER SAVINGS			
TOTAL	\$ 1,410		\$ 1,410

**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	\$ 8,696		\$ 8,696
TOTAL	\$ 8,696		\$ 8,696

**Federal Statements**

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

Description	Amount
WAGES	\$ 139,883
TOTAL	\$ <u>139,883</u>

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

Description	Amount
WAGES	\$ 26,469
TOTAL	\$ <u>26,469</u>



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

	<u>Description</u>	<u>Amount</u>
NY		
1.	2016 PAYMENT PAID IN 2017	\$ 0
2.	2016 EXTENSION PAID IN 2017	0
3.	2016 ADDITIONAL PAYMENT PAID IN 2017	0
4.	TOTAL 2016 PAYMENTS PAID IN 2017 (SUM OF LINES 1 THROUGH 3)	0
5.	TOTAL PAYMENTS ON THE 2016 RETURN	9,882
6.	TOTAL 2016 OVERPAYMENT/REFUND	<u>246</u>
7.	2016 REFUND ATTRIBUTABLE TO TAX PAID IN 2017 (LINE 4 DIVIDED BY LINE 5 MULTIPLIED BY LINE 6)	\$ 0
8.	STATE/LOCAL TAX REFUND (LINE 6 MINUS LINE 7)	<u>\$ 246</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	26,280
SECTION 457(B) CONTRIBUTIONS	2,788
TOTAL	<u>\$ 29,176</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**

**Tinkleman Bros. Development Corp.**

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

Description	Amount
STATE DISABILITY INSURANCE WITHHOLDING (SDI)	\$ 25
NY-FLI	16
TOTAL	\$ <u>41</u>

**Federal Asset Report**

**47 Prince Street**

FYE: 12/31/2017

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>								
1	House	6/01/15	203,000		203,000	27 MMS/L	11,380	7,382
			<u>203,000</u>		<u>203,000</u>		<u>11,380</u>	<u>7,382</u>
	<b>Grand Totals</b>		203,000		203,000		11,380	7,382
	<b>Less: Dispositions and Transfers</b>		0		0		0	0
	<b>Less: Start-up/Org Expense</b>		0		0		0	0
	<b>Net Grand Totals</b>		<u>203,000</u>		<u>203,000</u>		<u>11,380</u>	<u>7,382</u>

**Depreciation Adjustment Report**

FYE: 12/31/2017

**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>
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There are no assets that meet the criteria of this report

**Future Depreciation Report** **FYE: 12/31/18**

FYE: 12/31/2017

47 Prince Street

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Prior MACRS:</b>					
I	House	6/01/15	203,000	7,382	0
			<u>203,000</u>	<u>7,382</u>	<u>0</u>
	<b>Grand Totals</b>		<u>203,000</u>	<u>7,382</u>	<u>0</u>

Form <b>1040</b>	<b>IRA Distribution Report</b>	<b>2017</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 15px;"></div>
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	T/S	Payer	Gross Distribution 1099-R Box 1	Taxable Amount 1099-R Box 2a <small>(less rollover amount)</small>
A	T	ASCENSUS TRUST	6,997	6,997
B	—			
C	—			
D	—			
E	—			
F	—			
G	—			
H	—			
I	—			
J	—			
K	—			
L	—			
M	—			
N	—			
O	—			
		Taxpayer	6,997	6,997
		Spouse		
		Total	6,997	6,997

	Amount Of Rollover	Federal Withholding	State Withholding	Local Withholding	Traditional IRA Converted to Roth IRA	Original Conversion or Recharacterization	Qualified Roth IRA Distribution
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
Tp							
Sp							
Total							

Form **1040** **Salaries & Wages Report** **2017**

Name **MARCUS J MOLINARO & CORINNE ADAMS** Taxpayer Identification Number [REDACTED]

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	<u>T</u> DUTCHESS COUNTY	139,883	21,248	127,200
B	<u>S</u> TINKLEMAN BROS. DEVELOPMENT CORP.	26,469	3,325	26,469
C	_____	_____	_____	_____
D	_____	_____	_____	_____
E	_____	_____	_____	_____
F	_____	_____	_____	_____
G	_____	_____	_____	_____
H	_____	_____	_____	_____
I	_____	_____	_____	_____
J	_____	_____	_____	_____
K	_____	_____	_____	_____
L	_____	_____	_____	_____
M	_____	_____	_____	_____
<b>Taxpayer</b>		<u>139,883</u>	<u>21,248</u>	<u>127,200</u>
<b>Spouse</b>		<u>26,469</u>	<u>3,325</u>	<u>26,469</u>
<b>Totals</b>		<u>166,352</u>	<u>24,573</u>	<u>153,669</u>

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	7,886	142,671	2,069	_____	_____	_____	3,173
B	1,641	26,469	384	_____	_____	_____	41
C	_____	_____	_____	_____	_____	_____	_____
D	_____	_____	_____	_____	_____	_____	_____
E	_____	_____	_____	_____	_____	_____	_____
F	_____	_____	_____	_____	_____	_____	_____
G	_____	_____	_____	_____	_____	_____	_____
H	_____	_____	_____	_____	_____	_____	_____
I	_____	_____	_____	_____	_____	_____	_____
J	_____	_____	_____	_____	_____	_____	_____
K	_____	_____	_____	_____	_____	_____	_____
L	_____	_____	_____	_____	_____	_____	_____
M	_____	_____	_____	_____	_____	_____	_____
<b>Taxpayer</b>	<u>7,886</u>	<u>142,671</u>	<u>2,069</u>	_____	_____	_____	<u>3,173</u>
<b>Spouse</b>	<u>1,641</u>	<u>26,469</u>	<u>384</u>	_____	_____	_____	<u>41</u>
<b>Totals</b>	<u>9,527</u>	<u>169,140</u>	<u>2,453</u>	_____	_____	_____	<u>3,214</u>

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	NY	139,883	8,534	_____	_____	_____
B	NY	26,469	1,010	_____	_____	_____
C	_____	_____	_____	_____	_____	_____
D	_____	_____	_____	_____	_____	_____
E	_____	_____	_____	_____	_____	_____
F	_____	_____	_____	_____	_____	_____
G	_____	_____	_____	_____	_____	_____
H	_____	_____	_____	_____	_____	_____
I	_____	_____	_____	_____	_____	_____
J	_____	_____	_____	_____	_____	_____
K	_____	_____	_____	_____	_____	_____
L	_____	_____	_____	_____	_____	_____
M	_____	_____	_____	_____	_____	_____
<b>Taxpayer</b>	_____	<u>139,883</u>	<u>8,534</u>	_____	_____	_____
<b>Spouse</b>	_____	<u>26,469</u>	<u>1,010</u>	_____	_____	_____
<b>Totals</b>	_____	<u>166,352</u>	<u>9,544</u>	_____	_____	_____



Form **1040****Two Year Comparison Report - Page 1****2016 & 2017**

Name

**MARCUS J MOLINARO & CORINNE ADAMS**

Taxpayer Identification Number

	2016		2017		Differences
		MFJ		MFJ	
<b>Filing Status</b>					
<b>Dependents claimed</b>		<b>2</b>		<b>2</b>	
1. Salaries and wages	1.	174,232	166,352	-7,880	
2. Interest income	2.	21	453	432	
3. Tax exempt interest income	3.				
4. Dividend income	4.				
5. Qualified dividend income	5.				
6. Taxable state/local refunds	6.		246	246	
7. Alimony received	7.				
8. Business income/loss	8.				
9. Capital gain/loss	9.				
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. 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>174,253</b>	<b>174,048</b>	<b>-205</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>174,253</b>	<b>174,048</b>	<b>-205</b>	
31. Medical	31.				
32. Taxes	32.	17,486	18,831	1,345	
33. Interest	33.	11,886	14,172	2,286	
34. Contributions	34.	1,000	1,000		
35. Casualty losses	35.				
36. Miscellaneous expenses	36.				
37. <b>Allowable itemized deductions</b>	37.	<b>30,372</b>	<b>34,003</b>	<b>3,631</b>	
38. Standard deduction	38.	12,600	12,700	100	
		<b>ITEMIZED</b>	<b>ITEMIZED</b>		
39. Deduction taken	39.	30,372	34,003	3,631	
40. Subtract line 39 from line 30	40.	143,881	140,045	-3,836	
41. Exemptions	41.	16,200	16,200		
42. <b>Taxable income</b>	42.	<b>127,681</b>	<b>123,845</b>	<b>-3,836</b>	

Form **1040****Two Year Comparison Report - Page 2****2016 & 2017**

Name

**MARCUS J MOLINARO & CORINNE ADAMS**

Taxpayer Identification Number

	2016	2017	Differences
43. Taxable income from 2YR page 1, line 42	127,681	123,845	-3,836
44. Tax on taxable income	23,463	22,439	-1,024
45. Alternative minimum tax			
46. Excess advance premium tax credit			
47. Child care credit	172	600	428
48. Education credits			
49. Retirement savings credit			
50. Child tax credit			
51. General business credit			
52. Other credits			
53. Total credits	172	600	428
54. Net tax liability	23,291	21,839	-1,452
55. Self-employment taxes			
56. Other taxes		700	700
57. Total tax	23,291	22,539	-752
58. Income tax withheld	25,681	24,573	-1,108
59. Estimated tax payments			
60. Earned income credit			
61. Additional Child tax credit			
62. Other refundable tax credits			
63. Other payments			
64. Total payments	25,681	24,573	-1,108
65. Tax due/-refund	-2,390	-2,034	356
66. Penalties and interest			
67. Net tax due/-refund	-2,390	-2,034	356
68. Refund applied to estimated tax payments			
69. Refund received	-2,390	-2,034	356
70. Marginal tax rate	25.0%	25.0%	
71. Effective tax rate	18.0%	18.0%	

Form <b>1040</b>	<b>Two Year Comparison Report - Schedule E Page 1</b>	<b>2016 &amp; 2017</b>
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Name **MARCUS J MOLINARO** Taxpayer identification number XXXXXXXXXX

Property description **47 PRINCE STREET** Unit **1**

		2016	2017	Differences
<b>Income</b>				
1. Total rents and royalties received	1.	27,600	27,000	-600
<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.	15,858	17,729	1,871
10. Other interest	10.	1,442	1,410	-32
11. Repairs	11.			
12. Supplies	12.			
13. Taxes	13.	8,659	8,696	37
14. Utilities	14.			
15. Depreciation expense or depletion	15.	7,382	7,382	
16. Other expenses	16.	400		-400
17. Total expenses	17.	33,741	35,217	1,476
<b>Profit/(loss)</b>				
18. Income or (loss) from rental real estate or royalty properties	18.	-6,141	-8,217	-2,076
19. Deductible rental real estate loss	19.			
<b>Carryover</b>				
20. Vacation home operating expenses carryover to next year	20.			
21. Vacation home excess casualty & depreciation carryover to next year	21.			

**Client Analysis Report**  
**Tax Year 2017**

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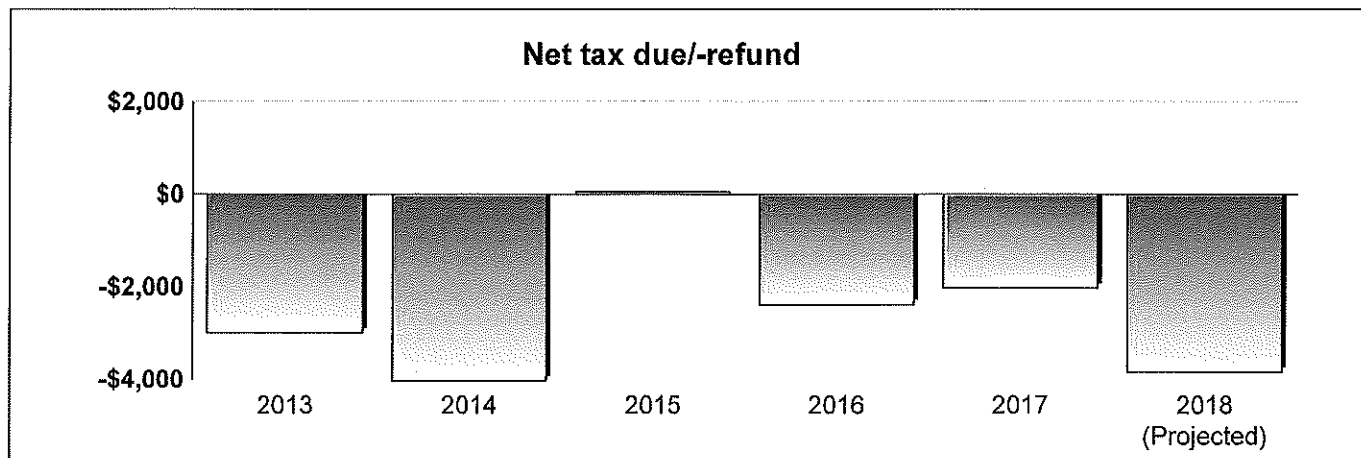
**Tax Cuts and Jobs Act of 2017 (TCJA):**

2018 state and local taxes paid total \$18,831, however, under new law enacted by the 2017 Tax Cuts and Jobs Act, the deduction is limited to \$10,000.

Due to the passage of the Tax Cuts and Jobs Act, personal exemptions are suspended for tax years 2018 - 2025. The suspension of personal exemptions could result in a higher taxable income for next year.

Under the 2017 Tax Cuts and Jobs Act, the deduction for home mortgage interest on home equity debt NOT used to buy, build or substantially improve the home is suspended. This could result in a smaller mortgage interest deduction in 2018 for any interest paid on existing home equity loans. Additional consideration for incurring new home equity debt should also be given, if applicable.

Starting in 2018, The Tax Cuts and Jobs Act allows tax free 529 plan distributions of up to \$10,000 per year per student for tuition at elementary or secondary school, public, private or religious school.



Form **1040**

**Tax Return History Report - Page 1**

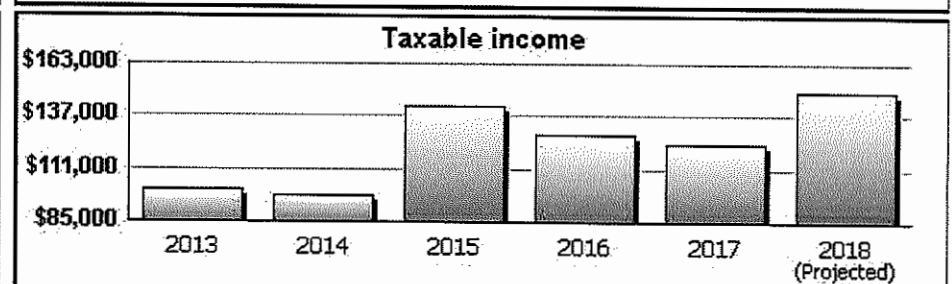
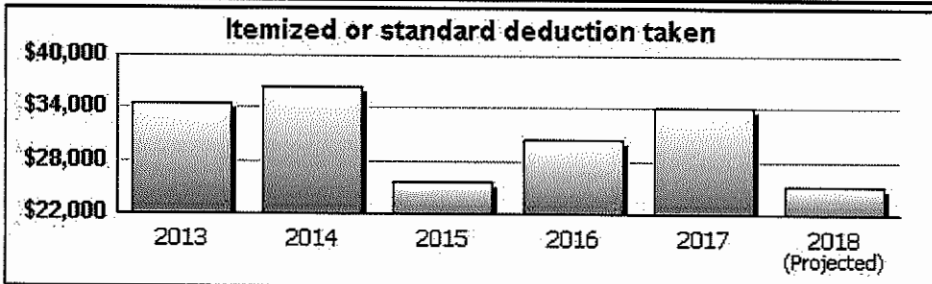
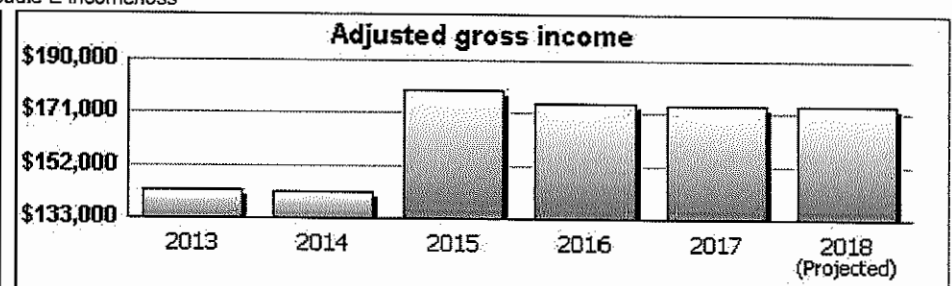
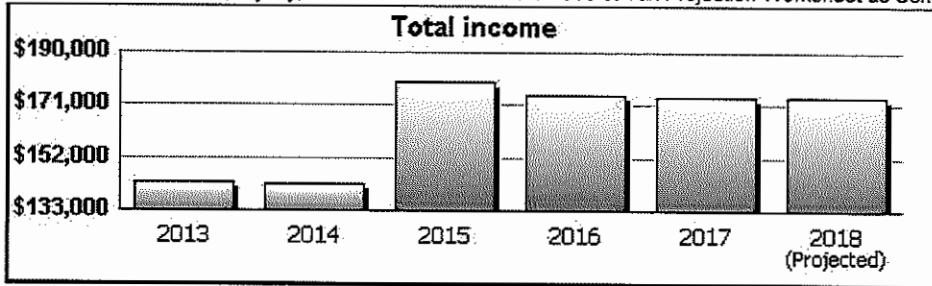
**2017**

Name **MARCUS J MOLINARO & CORINNE ADAMS**

Taxpayer Identification Number

	2013	2014	2015	2016	2017	2018 PROJECTED
Filing Status	HH	HH	MFJ	MFJ	MFJ	MFJ
Salaries and wages	140,601	140,601	177,877	174,232	166,352	166,352
Interest income				21	453	453
Dividend income						
Business income/loss						
Capital gains/losses						
Other gains/losses						
IRA distributions, pensions, annuities					6,997	6,997
Rent, royalty, farm rental income	1,200					
Partnership/S corp income						
Estate or trust income						
Farm income/loss						
Other income/loss	1,117	1,726	1,547		246	223
<b>Total income</b>	<b>142,918</b>	<b>142,327</b>	<b>179,424</b>	<b>174,253</b>	<b>174,048</b>	<b>174,025</b>
Total adjustments						
<b>Adjusted gross income</b>	<b>142,918</b>	<b>142,327</b>	<b>179,424</b>	<b>174,253</b>	<b>174,048</b>	<b>174,025</b>
Allowable itemized deductions	34,492	36,399	25,664	30,372	34,003	25,172
Standard deduction	8,950	9,100	12,600	12,600	12,700	24,000
<b>Itemized or standard deduction taken</b>	<b>34,492</b>	<b>36,399</b>	<b>25,664</b>	<b>30,372</b>	<b>34,003</b>	<b>25,172</b>
Exemptions	7,800	7,900	12,000	16,200	16,200	
Taxable income before QBID						148,853
Qualified business income deduction						
<b>Taxable income</b>	<b>100,626</b>	<b>98,028</b>	<b>141,760</b>	<b>127,681</b>	<b>123,845</b>	<b>148,853</b>

\* Combined with Rent, royalty, farm rental income on the Federal Tax Projection Worksheet as Schedule E income/loss



Form **1040**

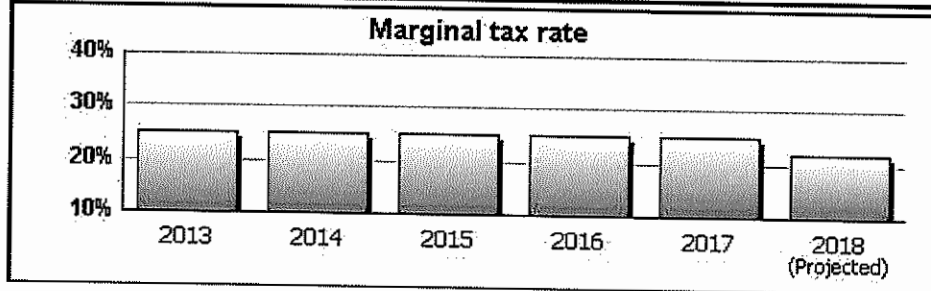
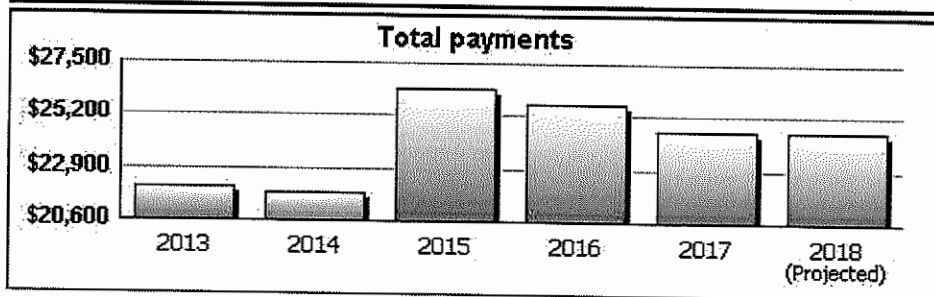
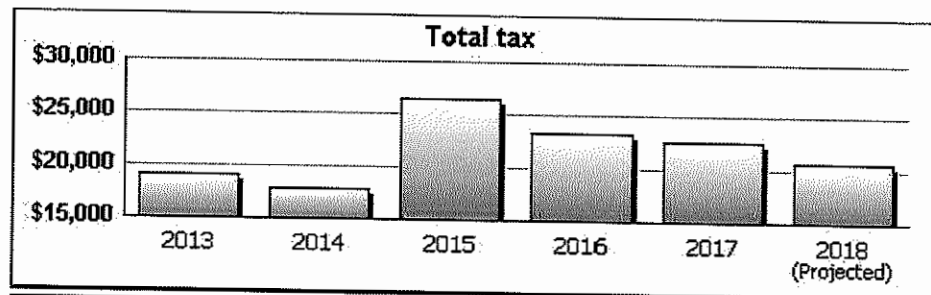
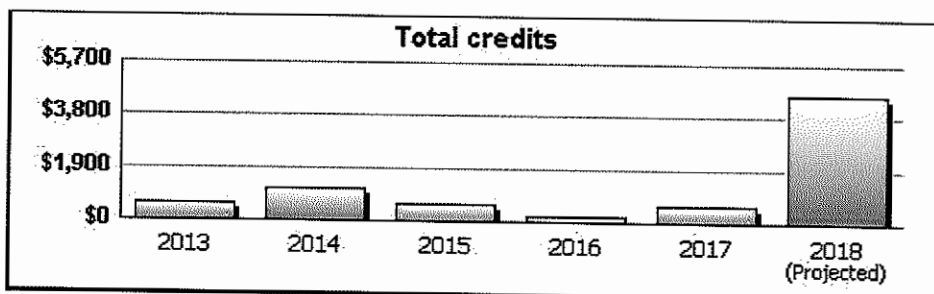
**Tax Return History Report - Page 2**

**2017**

Name **MARCUS J MOLINARO & CORINNE ADAMS**

Taxpayer Identification Number

	2013	2014	2015	2016	2017	2018 PROJECTED
Taxable income	100,626	98,028	141,760	127,681	123,845	148,853
Tax on taxable income and Form 8962	19,659	18,919	27,028	23,463	22,439	24,627
Alternative minimum tax						
Total credits	600	1,161	580	172	600	4,600
Net tax liability	19,059	17,758	26,448	23,291	21,839	20,027
Self-employment taxes						
Other taxes					700	700
Total tax	19,059	17,758	26,448	23,291	22,539	20,727
Income tax withheld	22,058	21,796	26,395	25,681	24,573	24,573
Estimated tax payments						
Other payments						
Total payments	22,058	21,796	26,395	25,681	24,573	24,573
Total due/refund	-2,999	-4,038	53	-2,390	-2,034	-3,846
Penalties and interest						
Net tax due/refund	-2,999	-4,038	53	-2,390	-2,034	-3,846
Refund applied to estimated tax payments						
Refund received	-2,999	-4,038		-2,390	-2,034	
Marginal tax rate	25.0%	25.0%	25.0%	25.0%	25.0%	22.0%
Effective tax rate	19.0%	18.0%	19.0%	18.0%	18.0%	14.0%



Form <b>1040</b>	<b>Reconciliation Worksheet - Taxable Income &amp; Tax</b>	<b>2017</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 15px;"></div>
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**Reconciliation Tax Summary**

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 .....	<b>MARRIED FILING JOINTLY</b>
Tax Method .....	<b>TAX RATE SCHEDULE</b>
Tax Pct Total Tax (In 27) divided Total Taxable Income (In 19) .....	<b>18.0 %</b>

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	123,845	25.0 %	22,439	\$75,900 - \$153,100	29,255
Capital Income		%			
Capital Income - 1250		%			
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 ..... MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$18,650	1a. 18,650	1b. 1,869
2. 15% rate ..... MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$57,250	2a. 57,250	2b. 8,590
3. 25% rate ..... MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$77,200	3a. 47,945	3b. 11,980
4. 28% rate .....	4a. _____	4b. _____
5. 33% rate .....	5a. _____	5b. _____
6. 35% rate .....	6a. _____	6b. _____
7. 39.6% rate .....	7a. _____	7b. _____
8. Total ordinary taxable income and ordinary tax. Add lines 1 through 7. ....	8a. 123,845	8b. 22,439

Income taxed at capital gains rates		
9. 0% capital gains rate .....	9a. _____	9b. _____
10. 15% capital gains rate .....	10a. _____	10b. _____
11. 20% capital gains rate .....	11a. _____	11b. _____
12. 25% capital gains rate ..... Unrecaptured Section 1250 Gain	12a. _____	12b. _____
13. 28% capital gains rate ..... Small business stock, collectibles	13a. _____	13b. _____
14. Total taxable capital gains and capital gains tax. Add lines 9 through 13. ....	14a. _____	14b. _____

Total taxable income	
15. Total ordinary taxable income. Enter the amount from line 8a. ....	15. 123,845
16. Total capital gains taxable income. Enter the amount from line 14a. ....	16. _____
17. Add lines 15 and 16. ....	17. 123,845
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c. ....	18. _____
19. Taxable income reported on 1040, line 43 (1040A, line 27, 1040EZ, line 6, 1040NR, line 41, or 1040NR-EZ, line 17). Subtract line 18 from line 17. ....	19. 123,845

Total tax	
20. Total ordinary tax. Enter the amount from line 8b. ....	20. 22,439
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. 22,439
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5. ....	26. _____
27. Total tax reported on 1040, line 44, (1040A, line 28, 1040EZ, line 10, 1040NR, line 42, or 1040NR-EZ, line 15). Subtract line 26 from line 25. ....	27. 22,439

Form <b>1040</b>	<b>Reconciliation Worksheet - Projected Taxable Income &amp; Tax</b>	<b>2018</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number [REDACTED]
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### Reconciliation Tax Summary

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 projected 2018 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 .....	<b>MARRIED FILING JOINTLY</b>
Tax Method .....	<b>TAX RATE SCHEDULES</b>
Tax Pct Total Tax (ln 24) divided by Total Taxable Income (ln 19) .....	<b>17.0%</b>

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	148,853	22.0%	24,627	\$77,400 - \$165,000	16,147
Capital Income	_____	%	_____	_____	_____
Capital Income - 1250	_____	%	_____	_____	_____
Capital Income - 1202	_____	%	_____	_____	_____

	(a) Taxable Income	(b) Tax
<b>Projected Income taxed at ordinary rates</b>		
1. 10.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$19,050	1a. 19,050	1b. 1,905
2. 12.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$58,350	2a. 58,350	2b. 7,002
3. 22.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$97,600	3a. 71,453	3b. 15,720
4. 24.0% rate	4a. _____	4b. _____
5. 32.0% rate	5a. _____	5b. _____
6. 35.0% rate	6a. _____	6b. _____
7. 37.0% rate	7a. _____	7b. _____
8. Total projected ordinary taxable income and ordinary tax. Add lines 1 through 7.	8a. 148,853	8b. 24,627

<b>Projected Income taxed at capital gains rates</b>		
9. 0% capital gains rate	9a. _____	9b. _____
10. 15% capital gains rate	10a. _____	10b. _____
11. 20% capital gains rate	11a. _____	11b. _____
12. 25% capital gains rate Unrecaptured Section 1250 Gain	12a. _____	12b. _____
13. 28% capital gains rate Small business stock, collectibles	13a. _____	13b. _____
14. Total projected taxable capital gains and capital gains tax. Add lines 9 through 13.	14a. _____	14b. _____

<b>Total projected taxable income</b>		
15. Total ordinary taxable income. Enter the amount from line 8a.	15. 148,853	
16. Total capital gains taxable income. Enter the amount from line 14a.	16. _____	
17. Add lines 15 and 16.	17. 148,853	
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18. _____	
19. Projected taxable income reported on 1040, line 43 (1040A, line 27, 1040EZ, line 6, 1040NR, line 41, or 1040NR-EZ, line 17). Subtract line 18 from line 17.	19. 148,853	

<b>Total projected tax</b>		
20. Total ordinary tax. Enter the amount from line 8b.	20. 24,627	
21. Total capital gains tax. Enter the amount from line 14b.	21. _____	
22. Add lines 20 and 21.	22. 24,627	
23. Enter the tax allocated to the net exclusion amount from the Tax Projection Foreign Earned Income Tax Worksheet, line 5.	23. _____	
24. Total projected 2018 tax reported on Federal Tax Projection Worksheet 2, line 47. Subtract line 23 from line 22	24. 24,627	