| £ 1040 | | nent of the Treasury—Internal Re Individual Incot | | | 20 | 16 | OM8 No | , 1545-0074 | O esU SRI | nly0 | to not wike or steple in th | ls space. |
|-----------------------------|---------------------------|------------------------------------------------------|-----------------|------------------|-----------|---------------|------------|---------------------------------|-------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| For the year Jan. 1-De | c, 31, 201 | 6, or other lax year beginning | , | | ,2 | 016, ending | | , 2 | 0 | • | e separate instruct | |
| Your () ist name and | Initial | · · | Last name | | | | | | | You | ur social security nu | mber |
| CHPARLES E | | | SCHUME | ER | | | | | ·— | 1_ | | |
| Il a joir (return, spor | Jse's firs | name and Initial | Last name | | | | | | | Spc | ouse's social security i | quii:ber |
| IRLS | | | SCHUME | | | | | | 41 | 1 | | |
| Home ≪ddress (num | ber and | street). If you have a P.O. b | ox, see instru | clions. | | | | | Apl. no. | A | Make sure the SSN(and on line 6c are o | |
| City, to vn or post office | e, slale, | and ZIP code, If you have a lore | elon address, s | elso complete s | paces be | low (see inst | uctions). | | | P | residential Election Ca | mpalgn |
| Foreign country man | .10 | 1 | | Foreign pro | vince/st | ale/county | ··· | Forelgn | oostal code | - Johti | ck here il you, or your spous ly, want \$3 to go to Urs fund x below will not change you td. \times \times You \times | d, Checking Intex or |
| | 1 | ☐ Single | | | | 4 | ☐ Head | Lof bousehold | Light ouali | fulna | person), (See Instructi | |
| Filing Status | | Married filing jointly | feven if only | t one had in | (erron | 4 | | | | | nol your dependent, e | |
| Check only one | 3 | Married filing separa | | | | 'e | | 's name here. | | | | |
| box. | - | and full name here.) | | | | | Qual | ifying widow | (er) with d | epen | dent child | |
| Exemptions | 6a | Yourself. If some | ne can clai | m you as a c | depend | ent, do no | t check | box 6a . | | $\overline{\cdot}$ | Boxes checked on 6a and 6b | 2 |
| EXCHIBITIONS | b | 🔀 Spouse | . , | 4 4 5 | | | | | | <u>.</u> J | No, of children | |
| | C | Dependents: | | (2) Dependent's | | (3) Depend | | (4) / if child qualitying for c | | | on 60 Who; • lived With you | |
| | (i) First | name Last name | \$0 | dal security num | ıber | telationship | to you | (sea Instr | | | did not live with you due to divorce | |
| If more than four | | | | | | | | | <u> </u> | _ | or separation (see instructions) | |
| dependents, see | | | | | | | | | <u> </u> | | Dependents on 60 | |
| Instructions and | | | | | | | | · <u></u> | <u> </u> | | not entered above | |
| check here ► | d | Total number of exem | aliona alola | nod. | 1 | | 1 | <u> </u> | J | | Add numbers on lines above > | 2 |
| | 7 | Wages, salaries, tips, | | + | | | | | · · · | 7 | | 747. |
| Income | 7 8a | Taxable Interest, Atlac | | | | | | | : | 8a | | 258. |
| | b | Tax-exempt interest. | | | | | | | | | | |
| Attach Form(s) | 9a | Ordinary dividends. At | | | | | | | | 9a | | |
| W-2 here, Also attach Forms | iso b Overlided dividends | | | | | | 7.100p | | | | | |
| W-2G and | 10 | Taxable refunds, credi | ls, or offset | s of state an | d local | income ta | xes . | | [| 10 | . 5, | 213. |
| 1099-R If tax | 11 | Alimony received | | | | | | | 11 | | | |
| was withheld. | 12 | · · | | | | | | 12 | | | | |
| If did as | 13 | Capital gain or (loss). A | | | | | | | | 13 | | 0. |
| If you did not get a W-2, | 14 | Other gains or (losses) | 1 1 | rm 4797 | | 1 | | | · · - | 14 | | |
| see Instructions. | 15a | IRA distributions . | 15a | | | _ | xable an | | · · - | 15b | | |
| | 16a | Pensions and annuities | 16a | | | | ns eldsx | | · · · - | 16b 17 | | |
| | 17 | Rental real estate, roya Farm Income or (loss). | | | | | | | VIE E | 18 | | |
| • | 18 19 | Unemployment compe | | | | | | | | 19 | | |
| | 20a | Social security benefits | | | | | xable an | | | 20b | | |
| | 21 | Other income Liet has | and amou | int | | | | | | 21 | | |
| | 22 | Combine the amounts in | the far right | column for lin | es 7 thro | ough 21. Ti | ls Is your | total incom | e Þ | 22 | 509, | 218. |
| | 23 | Educator expenses | | | | . 23 | | | (§ | | | |
| Adjusted | 24 | Certain business expense | s of reservis | ls, performing | artists, | and | | | CEOLAN | | j | |
| Gross | | fee-basis government offi | clais, Attach | Form 2106 or | 2106-E | 7 24 | | | | | İ | |
| Income | 25 | Health savings accoun | | | | | <u> </u> | | - Language | | | |
| | 26 | Moving expenses, Atta | | | | | 1 | | | 變 | | |
| | 27 | Deductible part of self-en | | | | | | | | | | |
| | 28 | Self-employed SEP, SI | | | | | - | | | | | |
| | 29 | Self-employed health in | | | | 1 | +- | | 1120% | | | |
| | 30 | Penalty on early withdr | | | | 31a | | | | 3.6 | | |
| | 31a 32 | Alimony paid b Recipi IRA deduction , | | | | | + | | | | | |
| | 33 | Student loan Interest d | | | | | + | | | | | |
| | 34 | Tultion and fees, Attac | | | | | 1 | | - S | | | |
| | 35 | Domestic production act | | | | 1 | | | | | | |
| | 36 | Add Ilnes 23 through 3 | | | | | | | | 36 | | |
| | 37 | Subtract line 36 from II | | | | | | | | 37 | 509, | 218. |

Form 1040 (2016)

| Form 1040 (201 | 6) | | Page 2 |
|------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| | 38 | Amount from line 37 (adjusted gross income) | 38 509,218. |
| 525 | 39a | Check X You were born before January 2, 1952, Blind. Total boxes | |
| Tax and | ••• | if: Spouse was born before January 2, 1952, ☐ Blind, checked ▶ 39a ☐ 1 | |
| Credits | b | If your spouse itemizes on a separate return or you were a dual-status alien, check here > 39b | |
| (0) | 40 | | 40 85,123. |
| Standard Deduction | 41 | • • • • • • • • • • • • • • • • • • • • | 41 424,095. |
| for⊷ | 1 | | |
| • People who | 42 | Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d, Otherwise, see instructions | |
| box on line 39a or 39b or | 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0 | |
| who can be | 44 | Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c | 44 115,579. |
| claimed as a dependent | 45 | Alternative minimum tax (see Instructions). Attach Form 6251 | 45 14,467. |
| seè | 46 | Excess advance premium tax credit repayment. Attach Form 8962 | 46 |
| instructions. • All others: | 47 | Add lines 44, 45, and 46 | 47 130,046. |
| Single of | 48 | Foreign lax credit. Attach Form 1116 if required 48 | 35 \ 20 |
| Marded filing | 49 | Credit for child and dependent care expenses. Attach Form 2441 49 | |
| separately, \$6,300 | 50 | Education credits from Form 8863, line 19 | |
| Married filing | 51 | Retirement savings contributions credit, Atlach Form 8880 51 | |
| jointly or Qualifying | 52 | Child tax credit. Attach Schedule 8812, If required | |
| γidoví(e≀), \$12,600 | 53 | Residential energy credits, Attach Form 5695 53 | 2002 2003 2003 2003 |
| Head of | 64 | Other credits from Form: a 3800 b 8801 c 54 | |
| household | 55 | Add lines 48 through 54. These are your total credits | 55 |
| \$9,300 | 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 130,046. |
| | 57 | Self-employment tax. Attach Schedule SE | 57 |
| Other | 58 | Unreported social security and Medicare tax from Form: a 14137 b 8919 | 58 |
| | 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 |
| Taxes | 60a | Household employment taxes from Schedule H | 60a 2,020. |
| | ь | First-time homebuyer credit repayment. Attach Form 5405 if required | 60b |
| | 61 | Health care: Individual responsibility (see instructions) Full-year coverage X | 61 |
| | 62 | Taxes from: a ☒ Form 8959 b ☒ Form 8960 c ☐ Instructions; enter code(s) | 62 2,661. |
| | 63 | Add lines 56 through 62. This is your total tax | 63 134,727. |
| Doumanto | 64 | Federal Income tax withheld from Forms W-2 and 1099 | 1317,1211 |
| Payments | 65 | 2016 estimated tax payments and amount applied from 2016 return 65 | |
| If you have a | 66a | Earned Income credit (EIC) , NO | |
| qualifying | b | | |
| child, attach Schedule EIC. | j | | |
| Scriedule Lio. | 67 | Additional child tax credit. Attach Schedute 8812 | |
| | 68 | American opportunity credit from Form 8863, line 8 68 | |
| | 69 | Net premium tax credit. Attach Form 8962 | |
| | 70 | Amount paid with request for extension to file | |
| | 71 | Excess social security and tier 1 RRTA tax withheld , , , , 71 | |
| | 72 | Credit for federal tax on fuels, Attach Form 4136 | |
| | 73 | Credits from Form: a ☐ 2439 b ☑ Ressayed c ☐ 8885 d ☐ | 150 550 |
| | 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | 74 153,658. |
| Refund | 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 76 18,931. |
| | 76a | Amount of line 75 you want refunded to you. If Form 8888 is attached, check here . > | 76a 18,931. |
| Direct deposit? | P b | Troding homoes PC Type. XI checking [] Savings | |
| See Instructions. | > d | Account number 0 | |
| | 77 | Amount of line 76 you want applied to your 2017 estimated tax ▶ | |
| Amount | 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions | 78 |
| You Owe | 79 | Estimated tax penalty (see instructions) | |
| Third Party | | | Complete below. |
| Designee | | gnee's | lification |
| Clan | | natives of perjury, I declare that I have exemined this return and accompanying schedules and statements, and to the best of my knowled | foe and belief, they are true, correct, and |
| Sign Here | accuratel | y fat all amounts and sources of income I received during the tax year, Declaration of preparer (other than taxpayer) is based on all inform | nation of which preparer has any knowledge. |
| | You | rsignature Oate Your occupation | Daytime phone number |
| Joint return? See Instructions. | <u> </u> | U.S.SENATOR | |
| Keep a copy for | Spo | use's signature. If a joint return, both must sign. Date Spouse's occupation | If the IRS sent you an Identity Protection |
| your records. | , | ADMINISTRATOR | PIN, enter it here (see inst.) |
| Paid | Prin | VType preparer's name Preparer's signature Date | Check X if PTIN |
| Preparer | | 02/27/2017 | self-employed |
| Use Only | Firm | 's name ▶ | Firm's EIN ▶ |
| OSE OHLY | | 's address ▶ | Phone no, |
| | | | |

www.lrs.gov/form1040

REV 01/25/17 PRO Form 1040 (2016)

SCHEDULE A (Form 1040)

Itemized Deductions

OLIB No. 1545-0074

2016

Department of the Treasury Internal Pevenue Service (99) ► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

► Attach to Form 1040.

Attachment Sequence No. 07 social security nun

| Name(a) suomo o | ı For | 1 1040 | | 1001 Social Security number |
|------------------------|-------|------------------------------------------------------------------------|-------------------|-----------------------------|
| CHARLES E | . દિ | IRIS SCHUMER | Take | |
| | | Caution: Do not include expenses reimbursed or paid by others. | 额 | |
| Medi∢al | 1 | Medical and dental expenses (see instructions) | 1 | |
| and | 2 | | | |
| Dental | 3 | Multiply line 2 by 10% (0.10). But if either you or your spouse was | | |
| Expenses | | born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead | 3 | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | 4 |
| Taxes You | 5 | State and local (check only one box): | | |
| Paid | | a ⊠ income taxes, or \ | 5 58,142. | |
| | | b General sales taxes | | |
| | 6 | Real estate taxes (see instructions) | 6 10,100. | |
| | 7 | Personal property taxes | 7 | |
| | 8 | Other taxes. List type and amount ▶ | | |
| | | | 8 | |
| | 9 | Add lines 6 through 8 | | 9 68,242. |
| Interest | | Home mortgage Interest and points reported to you on Form 1098 | 10 14,168. | |
| You Paid | 11 | Home mortgage interest not reported to you on Form 1098, if paid | | |
| | | to the person from whom you bought the home, see instructions | | |
| Note: Your mortgage | | and show that person's name, identifying no., and address ▶ | | |
| Interest | | | | 20 |
| deduction may | | | 11 | |
| be ilmited (see | 12 | Points not reported to you on Form 1098. See instructions for | | |
| instructions). | | special rules , | 12 | |
| • | 13 | Mortgage insurance premiums (see instructions) | 13 | |
| | | Investment interest. Attach Form 4952 if required. (See instructions.) | 14 | |
| | 15 | Add lines 10 through 14 | | 15 14,168. |
| Gifts to | 16 | Gifts by cash or check. If you made any gift of \$250 or more, | | |
| Charity | | see instructions | 16 8,651. | |
| If you made a | 17 | Other than by cash or check. If any gift of \$250 or more, see | | |
| gift and got a | | instructions. You must attach Form 8283 if over \$500 | 17 | |
| benefit for it, | | Carryover from prior year | 18 | 2 |
| see Instructions. | 19 | Add Ilnes 16 through 18 | | 19 8,651. |
| Casually and | | | | |
| Theft Losses | 20 | Casualty or theft loss(es). Attach Form 4684. (See instructions.) | <u> </u> | 20 |
| Job Expenses | 21 | Unrelmbursed employee expenses-job travel, union dues, | \$15 | |
| and Certain | | Job education, etc. Attach Form 2106 or 2106-EZ if required. | | |
| Miscellaneous | | (See Instructions.) ▶ | 21 | |
| Deductions | | Tax preparation fees | 22 | |
| | 23 | Other expenses-investment, safe deposit box, etc. List type | | |
| | | and amount > | | |
| | | *************************************** | 23 | |
| | | Add Ilnes 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 |
| Other | 28 | Other—from list in instructions. List type and amount ▶ | | |
| Miscellaneous | | *************************************** | | |
| Deductions | | | | 28 |
| Total | 29 | Is Form 1040, line 38, over \$155,650? | | |
| Itemized | | No. Your deduction is not limited. Add the amounts in the far | | |
| Deductions | | for lines 4 through 28. Also, enter this amount on Form 1040, | 3 1 | 29 85,123. |
| | | Yes. Your deduction may be limited. See the Itemized Deduc | tions | |
| | | Worksheet in the instructions to figure the amount to enter. | , | |
| | 30 | If you elect to itemize deductions even though they are less the | nan your standard | |

SCHEDULE D (Form 1040)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR.
► Information about Schedule D and its separate instructions is at www.irs.gov/scheduled. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s-) shown on return

CHARLES E & IRIS SCHUMER

Your social security number

| L | Sho | rt-Term Capital Gains and Losses—As | sets Held One \ | ear or Less | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------|
| lines This | below. | or how to figure the amounts to enter on the easier to complete if you round off cents to | (d) Proceeds (sales price) | Proceeds Cost to gain or | | a from Part I, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | | | | |
| 1b | Totals for al | transactions reported on Form(s) 8949 with ked | | | | | |
| 2 | Totals for al Box B chec | transactions reported on Form(s) 8949 with ked | | | | | |
| 3 | Totals for all Box C chec | transactions reported on Form(s) 8949 with | | | | | |
| 4 5 | Net short- | gain from Form 6252 and short-term gain or (learning gain or (loss) from partnerships, | S corporations, | estates, and tr | | 4 | |
| 6 | Short-term | K-1 | y, from line 8 of y | our Capital Loss | Carryover | 5 6 | |
| 7 | Worksheet in the instructions | | | | | | |
| Pa | | g-Term Capital Gains and Losses⊷Ass | = | | | | |
| lines This | bekw. | or how to figure the amounts to enter on the easier to complete if you round off cents to | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustmen Io gain or loss Form(s) 8949, F line 2, columi | from Part II, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 8a | 1099-B for v which you had However, if y | long-term transactions reported on Form which basis was reported to the IRS and for ave no adjustments (see instructions), you choose to report all these transactions 9, leave this line blank and go to line 8b. | | | | | |
| 86 | Totals for all Box D check | transactions reported on Form(s) 8949 with | | | | | |
| 9 | Totals for all Box E check | transactions reported on Form(s) 8949 with | 10,000. | 10,000. | | | 0. |
| 10 | | transactions reported on Form(s) 8949 with ed | | | | | |
| 11 | Gain from Fe | orm 4797, Part I; long-term galn from Forms 4684, 6781, and 8824 | | | | 11 | · |
| 12 | Net long-ten | n gain or (loss) from partnerships, S corporati | ons, estates, and i | trusts from Sched | lule(s) K-1 | 12 | |
| | | distributions. See the Instructions | | | | 13 | |
| | Worksheet I | apital loss carryover. Enter the amount, if any n the instructions | | | | 14 | () |
| 15 | | m capital gain or (loss). Combine lines 8a t | | | | 15 | 0, |

| KIL | M Summary | | _ |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 0 | |
| ٠ | • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. | | |
| | • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. | | |
| | • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? | | |
| | Yes. Go to line 18. | | |
| | ☐ No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions | 18 | |
| 19 | Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the | | |
| | Instructions , , , , , , , , , , , , , , , , , , , | 19 | |
| 20 | Are lines 18 and 19 both zero or blank? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions | | |
| | for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. | | |
| | ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: | | |
| , | The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) | 21 (0. |) 纸 |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? | | |
| | Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). | | Section of |
| | ☑ No. Complete the rest of Form 1040 or Form 1040NR. | | |

Name(s) shown on return, Name and SSN or taxpayer Identification no. not required if shown on other side

Social security number or taxpayer identification number

CHARLES E & IRIS SCHOMER

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B, Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

eavill

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need,

- 🖂 (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- [E] Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

| (a) Description of property | (b) Date acquired | (c) Dale sold or | Proceeds | (e) Cost or other basis, See the Note below | Adjustment, i If you enter an enter a c See the ser | (b) Gain or (loss). Subtract column (c) | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|-------------------------------------|---------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) In the separate Instructions | (f) Code(s) from Instructions | (9) Amount of adjustment | combine the result with column (g) |
| \$5,000 CATSKILL CSD | 06/29/07 | 06/15/16 | 5,000. | 5,000. | | | 0. |
| \$5,000 CATSKILL CSD | 06/29/07 | 06/15/16 | 5,000. | 5,000. | | | 0. |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | 1 |
| | | | | | | | |
| | | | | | | ÷ | |
| | | | | | | | |
| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total is Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box | here and includ- is checked), lin | e on your e 9 (If Box E | 10,000. | 10,000. | Service Control | | 0. |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Alternative Minimum Tax—Individuals

OMB No. 1645-0074

Attachment Sequence No. 32

Department of the Treasury Internal Asvenue Service (99)

▶ Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

Attach to Form 1040 or Form 1040NR. Name(s) shown on Form 1040 or Form 1040NR

Your social security number

| | ED SHOWN OF FORM 1040 OF FORM 1040 OF | • • • • • • • • • • • • • • • • • • • • | , occurry manage |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------|
| | ARLES E & IRIS SCHUMER | lina l | |
| PROCESS | Alternative Minimum Taxable Income (See Instructions for how to complete each | | 1 |
| | If filling Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwisenter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount | i.) <u>1</u> | 424,095. |
| 2 | Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 104 | | |
| | line 4, or 2.5% (0.025) of Form 1040, line 38. If zero or less, enter -0 | | 0. |
| 3 | Taxes from Schedule A (Form 1040), line 9 | | 68,242. |
| 4 | Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line. | | |
| 5 | Miscellaneous deductions from Schedule A (Form 1040), line 27 | | 7 020 1 |
| G | If Form 1040, line 38, is \$155,650 or less, enter -0 Otherwise, see instructions | | (5,938.) |
| 7 | Tax refund from Form 1040, line 10 or line 21 | | (5,213.) |
| 8 | Investment interest expense (difference between regular tax and AMT) | | |
| 9 | Depletion (difference between regular tax and AMT) | | |
| 10 | Net operating loss deduction from Form 1040, line 21. Enter as a positive amount | | 1 |
| 11 | Afternative tax net operating loss deduction | | 1 |
| 12 | Interest from specified private activity bonds exempt from the regular tex | | |
| 13 | Qualified small business stock, see Instructions | j | 0. |
| 14 | Exercise of incentive stock options (excess of AMT income over regular tax income) | . 14 | |
| 15 | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | | |
| 16 | Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) | | |
| 17 | Disposition of property (difference between AMT and regular tax gain or loss) | | 0. |
| 18 | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | | |
| 19 | Passive activities (difference between AMT and regular tax income or loss) | | |
| 20 | Loss limitations (difference between AMT and regular tax income or loss) | . 20 | |
| 21 | Circulation costs (difference between regular tax and AMT) | . 21 | |
| 22 | Long-term contracts (difference between AMT and regular tax Income) | . 22 | |
| 23 | Mining costs (difference between regular tax and AMT) | | |
| 24 | Research and experimental costs (difference between regular tax and AMT) | | |
| . 25 | Income from certain installment sales before January 1, 1987 | 25 | 1 |
| 26 | Intangible drilling costs preference | | |
| 27 | Other adjustments, including income-based related adjustments | - 1 | |
| 28 | Alternative minimum taxable income. Combine lines 1 through 27. (If married filling separately and li 28 is more than \$247,450, see instructions.) | ne 28 | 481,186. |
| 1 | Alternative Minimum Tax (AMT) | <u> </u> | |
| 29 | Exemption. (If you were under age 24 at the end of 2016, see instructions.) | 12.5 | |
| | IF your filing status is AND line 28 is not over THEN enter on line 29 | | |
| | Single or head of household \$119,700 \$53,900 | | |
| | Married filing Jointly or qualifying widow(er) 159,700 83,800 | | |
| | Married filing separately | . 29 | 3,428. |
| | If line 28 is over the amount shown above for your filing status, see instructions. | | |
| 30 | Subtract line 29 from line 28. If more than zero, go to line 31, if zero or less, enter -0- here and on lines 31, 3 | 3. | |
| ~~ | and 35, and go to line 34 | . 30 | 477,758. |
| 31 | • If you are filling Form 2555 or 2555-EZ, see instructions for the amount to enter. | <u>W</u> W | |
| | • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends | 100 A | ļ · |
| | on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. | 31 | 130,046. |
| | All others: If line 30 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line | 100 | |
| | 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,726 (\$1,863 if | 14.5 | |
| 00 | married filling separately) from the result. | 20 | |
| | Alternative minimum tax foreign tax credit (see instructions) | . 32 | 130,046. |
| | Tentative minimum tex. Subtract line 32 from line 31 | . 33 | 130,040. |
| 34 | Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result at | | |
| | foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 4 | | 115,579. |
| 95 | refigure that tax without using Schedule J before completing this line (see instructions) | <u> </u> | 14,467. |
| 30 | AMIL OUDING OF MIND OF MOITH MIND OO, IT ZERO OF 1855, BRILLY OF, ERRET FIELD AND OF FORM 1040, 100 45 | . 35 | T4/40// |

| Form: | 6241 (2016) | | Page 2 |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------|
| | Tax Computation Using Maximum Capital Gains Rates Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Wo | rkshee | t in the instructions. |
| 26 | Enter the amount from 6261, line 30. If you are filling Form 2555 or 2555-EZ, enter the amount from | Ł | |
| | Time 3 of the worksheet in the Instructions for line 31 | 36 | |
| 37 | Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filling Form 2555 or 2555-EZ, see instructions for the amount to enter | 37 | |
| 38 | Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, If necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter | 38 | |
| 39 | If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filling Form 2555 or 2655-EZ, see instructions for the amount to enter | 1 | |
| 40 | Enter the smaller of line 36 or line 39 | 40 | |
| 41 | Subtract line 40 from tine 36 | 41 | |
| | If Ine 41 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result | 42 | |
| 43 | Enter: | | |
| | \$75,300 If married filling jointly or qualifying widow(er), \$37,650 If single or married filling separately, or | 43 | |
| | • \$37,650 if single or married filing separately, or • \$50,400 if head of household. | 100 | |
| 44 | Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; If zero or less, enter -0 If you are filing Form 2555 or 2555-EZ, see Instructions for the amount to enter | 44 | |
| 45 | Subtract line 44 from line 43. If zero or less, enter -0 | 45 | |
| 46 | Enter the smaller of line 36 or line 37 | 46 | |
| 47 | Enter the smaller of line 46 or line 46. This amount is taxed at 0% | 47 | <u> </u> |
| 48 49 | Subtract line 47 from line 46 | 48 | |
| | • \$233,475 If married filling separately | 49 | , · |
| | \$466,950 If married filling jointly or qualifying widow(er) \$441,000 If head of household | | |
| EΟ | Enter the amount from line 45 | 50 | ļ |
| | | 1 | |
| 51 | Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you are filling Form 2555 or Form 2555-EZ, | | |
| - | see instructions for the amount to enter | 51 | |
| 52 | Add line 50 and line 51 | 52 | |
| 63 | Subtract line 52 from line 49. If zero or less, enter -0 | 53 | |
| 54 | Enter the smaller of line 48 or line 53 | 55 | |
| 55 | Multiply line 54 by 15% (0.15) | 56 | |
| 56 | Add lines 47 and 54 | | |
| 67 | Subtract line 56 from line 46 | 57 | |
| 58 | Multiply line 57 by 20% (0.20) , | 58 | |
| 69 | If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59. Add lines 41, 56, and 57 | 59 | |
| 60 | Subtract line 59 from line 36 | 60 | |
| 61 | Multiply line 60 by 25% (0.25) | 61 | |
| 62 | Add lines 42, 55, 58, and 61 | 62 | |
| 63 | If line 36 is \$186,300 or less (\$93,150 or less if married filling separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filling separately) from the result | 63 | |
| 64 | Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31 | 64 | |

SCHEDULE H (Form 1040)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

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

Information about Schedule H and its separato instructions is at www.irs.gov/scheduleh.

OMB No. 1545-1971

2016

Attachment

Altachment Sequence No. 44

Name o lemployer

Department of the Treasury Internal Fevenue Service (99)

Social security number

| CHARLES E SCHUMER | Employer Identification number |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Calencar year taxpayers having no household employees in 2016 don't have to complete this fo | orm for 2016. |
| A Did you pay any one household employee cash wages of \$2,000 or more in 2016? (If spouse, your child under age 21, your parent, or anyone under age 18, see the line A question.) | any household employee was your |
| Yes. Skip lines B and C and go to line 1. No. Go to line B. | |
| B Did you withhold federal income tax during 2016 for any household employee? | |
| ☐ Yes. Skip line C and go to line 7. ☐ No. Go to line C. | |
| C Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2015 or 20 (Don't count cash wages paid in 2015 or 2016 to your spouse, your child under age 21, or | |
| No. Stop. Don't file this schedule.☐ Yes. Skip lines 1-9 and go to line 10. | |
| Social Security, Medicare, and Federal Income Taxes | · · · · · · · · · · · · · · · · · · · |
| 1 Total cash wages subject to social security tax | 7,800. |
| 2 Social security tax. Multiply line 1 by 12,4% (0.124) | . , , 2 967. |
| 3 Total cash wages subject to Medicare tax | 7,800. |
| 4 Medicare tax. Multiply line 3 by 2.9% (0.029) , , | 4 226. |
| 5 Total cash wages subject to Additional Medicare Tax withholding 5 | |
| 6 Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009) | 6 |
| 7 Federal income tax withheld, if any | 7 780. |
| 8 Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7 | 8 1,973. |
| 9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2015 or 2016 (Don't count cash wages paid in 2015 or 2016 to your spouse, your child under age 21, or | |
| No. Stop. Include the amount from line 8 above on Form 1040, line 60a. If you're no line 9 instructions. | t required to file Form 1040, see the |
| ⊠ Yes. Go to line 10. | |

| Schedule Hi | Eorm | 10401 | 2016 |
|---------------|---------|-------|------|
| scaeau o ri i | (CO:111 | 1040 | 2010 |

| 220 | ^ | 2 |
|-----|---|---|
| | | |

| DATE: | Federal Une | mployment (FU) | TA) Tax | | · · · · · · · · · · · · · · · · · · · | ··· | | | |
|-----------------|---------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------|----------------------------|---------------------------------------------------|----------------------------------------|-------------------------------------------|------------------------------------------|--------------------|
| Personal | | ······································ | <u> </u> | | | | | Yes | No |
| | | ployment contribut ons and check "No." | | | | | | 10 X | |
| | state, see instructions and check "No." | | | | | | | | |
| | | t are taxable for FU | | | | | | 12 X | |
| Next: I | you checked the you checked the | "Yes" box on all it "No" box on any o | he lines above, co of the lines above, | mplete Sec skip Sectio | olion A. on A and comple | te Section B. | | | |
| | | | | Section A |) | | | | |
| | | vhere you pald uner | | | NY | | | | |
| 14 U | yat each madac bi Millibutiotis bain i | to your state unemp ubject to FUTA tax | noyment lund . | | . [14] | 11' | | | 200 |
| | | line 15 by 0.6% (0.0 | | | | | 15 5 16 | 7,8 | 300 47 |
| 10 1 | 5174 (dott matcht) | into 10 by 0.070 (0.0 | | Section B | | u go to ime za | 0 1101 | | 4 ; . |
| 17 C | omplete all columi | ns below that apply | | | | | | | |
| | (a) łame of state | (b) Taxable wages (as defined in state act) | (c) State experience rate period | (d) State experience | (e) Multiply col. (b) by 0,054 | (f) Multiply col. (i by col. (d) | from col. (e). If | (h) Contribu paid to s unemploy | itions state |
| | | | From To | rale | | ļ | zero or less, enter -0 | func | |
| | | | | | | | | | |
| | | | | | | | | | |
| - | | | <u></u> | l | <u> </u> | | | - | |
| 18 To | ld columns (g) and | i (h) of line 18 | | | . [19] | 1 | 8 | | |
| 20 To 21 Mu | tai cash wages su .itiply line 20 by 6. | bject to FUTA tax (| see the line 15 ins | tructions) | | | 20 | | |
| 20 እለ | ilipiy iile 20 by 0. Itinly line 20 by 5 | .4% (0.054) | | | , 22 | | 21 | | |
| | | line 19 or line 22 | | | | | | | |
| | | it reduction state m | | | | | | | |
| | | line 23 from line 21 | | | | | 24 | | , |
| Part II | Total Househ | old Employmen | t Taxes | <u>.</u> | | | | | |
| | | m line 8. If you che | | | of page 1, ente | er-0 | 25 | | 73. |
| | d line 16 (or line 2 you required to f | • | | · · · · | | | 26 | 2,0 | 20. |
| \boxtimes | Yes, Stop, Includ | de the amount from | | | | complete Pa | rt IV below. | | |
| | | e to complete Part | | | | t' o= ' | | | |
| RETAIL | | Signature — Con .o. box if mail isn't delive | mplete this part | only if red | uired. See the | | UCTIONS, Apt., room, or suite n | | |
| , | allibor and oxedly of t | Of DOX II III ISII I GSRYC | red to stiest addless | | | 1 | whin toom of sales if | <i>J.</i> | |
| City, town | or post office, state, ar | id ZIP code | | , | ~~~ | | | | |
| | | | _ | | | | | | |
| correct, an | id complete. No part d | clare that I have examin of any payment made to n taxpayer) is based on a | a state unemplovmer | it fund claime | d as a credit was. | end to the best or is to be, dedu | of my knowledge an oled from the payme | d belief, it i ints to empl | s Inte. loyees. |
| k | | | | | ١ | | | | |
| Emplo | yer's signature | | | | p | Date | | | |
| Paid | Print/Type prepa | irer's name | Preparer's signa | ture | 1 | ale | Check 🛛 If | 4 | |
| r aiu Prepar | er . | | | | 0 | 2/27/2017 | self-employed | | Ł |
| Use O | | <u>-</u> | | | | Firm | 's EIN | | |
| | Firm's address 1 | <u> </u> | | | | Phon | e no, | | |
| | | | REV | 01/25/17 PRO | | | | | |

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
 Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
 Information about Form 8959 and its instructions is at www.lrs.gov/form8959.

Form 8959 (2016)

OMB No. 1545-0074

Name(s) shown on return Your social security number

Attachment Sequence No. 71

| • | • *** | | | t | | | | |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------|------------------------|----------|----------|--|--|--|
| CHARLES E & IRIS SCHUMER | | | | | | | | |
| Additional Medicare Tax on Medicare Wages | | | | | | | | |
| 1 | Medicare wages and tips from Form W-2, box 5. If you have | | | | | | | |
| | more than one Form W-2, enter the total of the amounts | | | | | | | |
| | from box 5 | 1 | 544,684. | | | | | |
| 2 | Unreported tips from Form 4137, line 6 | 2 | | | | | | |
| 3 | Wages from Form 8919, line 6 | 3 | | - [漢型] | | | | |
| 4 | Add lines 1 through 3 , | 4 | 544,684. | | | | | |
| 5 | Enter the following amount for your filing status: | | | | | | | |
| | Married filing jointly \$250,000 | | | | | | | |
| | Married filing separately , , \$125,000 | | | | | | | |
| | Single, Head of household, or Qualifying widow(er) \$200,000 | 5 | 250,000. | | | | | |
| 6 | Subtract line 5 from line 4. If zero or less, enter -0 | | | 6 | 294,684. | | | |
| 7 | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0 | | | | | | | |
| | go to Part II | | | 7 | 2,652. | | | |
| | go to Part II | me | | | | | | |
| 8 | Self-employment Income from Schedule SE (Form 1040), | | | | | | | |
| | Section A, line 4, or Section B, line 6. If you had a loss, enter | | | | | | | |
| | -0- (Form 1040-PR and Form 1040-SS filers, see instructions.) | 8 | | | | | | |
| 9 | Enter the following amount for your filling status: | | • | | | | | |
| • | Married filing jointly \$250,000 | - 1 | | 100 Mag. | | | | |
| | Married filing separately \$125,000 | | | | | | | |
| | | 9 | | | | | | |
| 10 | | 10 | | | | | | |
| 11 | | 11 | | | | | | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0 | | | 12 | | | | |
| 13 | Additional Medicare Tax on self-employment income. Multiply Ilr | | | | | | | |
| | here and go to Part III | | | 13 | | | | |
| Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation | | | | | | | | |
| 14 | Railroad retirement (RRTA) compensation and tips from | | | 48.8 | | | | |
| | | 14 | | | | | | |
| 15 | Enter the following amount for your filling status: | | | | | | | |
| | Married filing jointly \$250,000 | | | | | | | |
| | Married filing separately \$125,000 | ļ | | | | | | |
| | Single, Head of household, or Qualifying widow(er) \$200,000 | 15 | | | | | | |
| 16 | | , , | | 16 | | | | |
| 17 | Additional Medicare Tax on railroad retirement (RRTA) compensa | alion | . Multiply line 16 by | | | | | |
| | 0.9% (0.009). Enter here and go to Part IV | | | 17 | | | | |
| Rill | | | | • | | | | |
| 18 | Add lines 7, 13, and 17. Also include this amount on Form 10 | 040. | line 62, (Form 1040NR, | | | | | |
| | 1040-PR, and 1040-SS filers, see instructions) and go to Part V | | | 18 | 2,652. | | | |
| Part | Withholding Reconciliation | | | | | | | |
| 19 | Medicare tax withheld from Form W-2, box 6, if you have | | | | | | | |
| | more than one Form W-2, enter the total of the amounts |] | | | | | | |
| | from box 6 , | 19 | 9,486. | | | | | |
| 20 | h— | 20 | 544,684. | | | | | |
| 21 | Multiply line 20 by 1.45% (0.0145). This is your regular | | | 1939 | | | | |
| | | 21 | 7,898. | | | | | |
| 22 | Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax | | | | | | | |
| | withholding on Medicare wages , | | | | 1,588. | | | |
| 23 | Additional Medicare Tax withholding on railroad retirement (RRT/ | 22 | | | | | | |
| 20 | W-2, box 14 (see instructions) | 23 | | | | | | |
| 24 | Total Additional Medicare Tax withholding. Add lines 22 and 2 | | | | | | | |
| • | amount with federal income tax withholding on Form 1040, line 6 | | | | | | | |
| | and 1040-SS (ilers, see instructions) | | | 24 | 1,588. | | | |

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REV 01/25/17 PRO

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

Net Investment Income Tax—
Individuals, Estates, and Trusts

► Attach to your fax return.

► Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

OMB No. 1545-2227

Departer ent of the Treasury Internal Revenue Service (99)

Allachment Sequence No.

| • | sjsnown on your tax return | Your social security number or Elly | | |
|--------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------|---------------|
| | RLES E & IRIS SCHUMER | | | |
| | | | | |
| | Section 6013(h) election (see instruc | • | | |
| | Regulations section 1.1411-10(g) ele | ection (see instructions) | | |
| 1 | Taxable interest (see instructions) | | | 258. |
| 2 | Ordinary dividends (see instructions) | | 2 | |
| 3 | Annuities (see instructions) | , , , , , , , , , , , , , , , , , , , , | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) | 4a | | |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | 4b | | |
| C | Combine lines 4a and 4b | | 4c | |
| 5a | Net gain or loss from disposition of property (see instructions) , | 5a (|). | |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) | 5b | | |
| c | Adjustment from disposition of partnership interest or S corporation stock (see instructions) | 5c | | |
| d | Combine lines 5a through 5c | 1 | 5d | 0. |
| 6 | Adjustments to investment income for certain CFCs and PFICs (see in | | | |
| 7 | Other modifications to investment income (see instructions) | | | 0. |
| 8 | Total Investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. | | | 258. |
| DATE. | Investment Expenses Allocable to Investment Income a | and Modifications | | |
| 9a | Investment Interest expenses (see Instructions) | 9a | | - |
| b | State, local, and foreign income tax (see instructions) | 9b · 29 | , S | |
| C | Miscellaneous investment expenses (see instructions) | 90 | | |
| d | Add lines 9a, 9b, and 9c | | 9d | 29. |
| 10 | Additional modifications (see instructions) | | | |
| 11 | Total deductions and modifications. Add lines 9d and 10 | | 11 | 29. |
| | Tax Computation | · · · · · · · · · · · · · · · · · · · | | |
| 12 | Net investment income. Subtract Part II, line 11 from Part I, line 8. Inc | dividuals complete lines 13 | l | |
| 122 | 17. Estates and trusts complete lines 18a-21. If zero or less, enter -0- | | 12 | 229, |
| | Individuals: | | 5 400 | |
| 13 | Modified adjusted gross income (see instructions) | 13 509,218 | | |
| 14 | Threshold based on filing status (see Instructions) | 14 250,000 | 75.50.55.5 | |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 15 259,218 | 13747748831 | |
| 16 | Enter the smaller of line 12 or line 15 | | 16 | 229. |
| 17 | Net investment income tax for individuals. Multiply line 16 by 3,8 | | | 24.5. |
| 17 | include on your tex return (see instructions) | 70 (1000). Litter fiere all | 17 | 9, |
| | Estates and Trusts: | | 100051 | |
| 18a | Net Investment Income (line 12 above) | 18a | | |
| b | Deductions for distributions of net investment income and | 104 | | |
| n | deductions under section 642(c) (see instructions) , | 18b | | |
| o | Undistributed net investment income, Subtract line 18b from 18a (see | 100 | | |
| v | Instructions). If zero or less, enter -0- , , | 18c | | |
| 19a | Adjusted gross income (see instructions) | 19a | | |
| | Highest lax bracket for estates and trusts for the year (see | 104 | | |
| i, | instructions) | 19b | | |
| | Subtract line 19b from line 19a. If zero or less, enter -0- | | - 66 | |
| Ç | Total the secultural line (October 10) | 19c | - 20 | |
| 20 | | u cool (000) Estaular | <u> </u> | |
| 21 | Net investment income tax for estates and trusts. Multiply line 20 b and include on your tax return (see instructions) | | 21 | |
| Eov De | pervork Reduction Act Notice, see your tax return instructions. BAA | REV 01/25/17 PRO | | m 8960 (2016) |
| | JOIN ON THE WANTER FOR THE WAY AND TAKE MAY LAW LAMBER MISSERATION AND | THE VIEW III I LIV | , , , | 1 7 |

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