

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

Your first name and initial: **BRADLEY S.** Last name: **SCHNEIDER** Your social security number: [REDACTED]

Your standard deduction:  Someone can claim you as a dependent  You were born before January 2, 1954  You are blind

If joint return, spouse's first name and initial: **JULIE R.** Last name: **DANN** Spouse's social security number: [REDACTED]

Spouse standard deduction:  Spouse is blind  Someone can claim your spouse as a dependent  Spouse itemizes on a separate return or you were dual-status alien  Spouse was born before January 2, 1954  Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no. [REDACTED] Presidential Election Campaign. (see inst.)  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **DEERFIELD, IL 60015** If more than four dependents, see inst. and  here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.	Your signature: [REDACTED]	Date: [REDACTED]	Your occupation: <b>LEGISLATOR</b>	If the IRS sent you an Identity Protection PIN, enter it here: [REDACTED]
	Spouse's signature. If a joint return, <b>both</b> must sign. [REDACTED]	Date: [REDACTED]	Spouse's occupation: <b>SALES</b>	If the IRS sent you an Identity Protection PIN, enter it here: [REDACTED]

<b>Paid Preparer Use Only</b>	Preparer's name: <b>JOHN F. BARSELLA</b>	Preparer's signature: [REDACTED]	PTIN: [REDACTED]	Firm's EIN: [REDACTED]	Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
	Firm's name: <b>PLANTE &amp; MORAN, PLLC</b>	Phone no.: [REDACTED]			

Firm's address: <b>CHICAGO, IL 60606</b>
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	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>STMT 1</b>	<b>1</b>	<b>346,880.</b>
	<b>2a</b>	Tax-exempt interest	<b>2a</b> <b>1,562.</b>	<b>b</b> Taxable interest	<b>2b</b> <b>4,652.</b>
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	<b>3a</b>	Qualified dividends	<b>3a</b> <b>43,863.</b>	<b>b</b> Ordinary dividends	<b>3b</b> <b>67,913.</b>
	<b>4a</b>	IRAs, pensions, and annuities	<b>4a</b>	<b>b</b> Taxable amount	<b>4b</b> <b>309,000.</b>
	<b>5a</b>	Social security benefits	<b>5a</b>	<b>b</b> Taxable amount	<b>5b</b>
	<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>254,453.</b>	<b>6</b>	<b>982,898.</b>
	<b>7</b>	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		<b>7</b>	<b>982,898.</b>
	<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)		<b>8</b>	<b>124,596.</b>
	<b>9</b>	Qualified business income deduction (see instructions)		<b>9</b>	<b>365.</b>
	<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		<b>10</b>	<b>857,937.</b>
	<b>11</b>	<b>a</b> Tax (see inst) <b>212,043.</b> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )		<b>11</b>	<b>212,043.</b>
		<b>b</b> Add any amount from Schedule 2 and check here <input checked="" type="checkbox"/>			
	<b>12</b>	<b>a</b> Child tax credit/credit for other dependents <b>b</b> Add any amount from Sch. 3 and check here <input checked="" type="checkbox"/>		<b>12</b>	<b>1,501.</b>
	<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-		<b>13</b>	<b>210,542.</b>
	<b>14</b>	Other taxes. Attach Schedule 4		<b>14</b>	<b>18,430.</b>
	<b>15</b>	Total tax. Add lines 13 and 14		<b>15</b>	<b>228,972.</b>
	<b>16</b>	Federal income tax withheld from Forms W-2 and 1099	<b>SEE STATEMENT 5</b>	<b>16</b>	<b>56,737.</b>
	<b>17</b>	Refundable credits: <b>a</b> EIC (see inst.) <b>b</b> Sch 8812 <b>c</b> Form 8863			
		Add any amount from Schedule 5	<b>219,900.</b>	<b>17</b>	<b>219,900.</b>
	<b>18</b>	Add lines 16 and 17. These are your total payments		<b>18</b>	<b>276,637.</b>
	<b>19</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		<b>19</b>	<b>47,665.</b>
<b>Refund</b>	<b>20a</b>	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		<b>20a</b>	
Direct deposit? See instructions.	<b>b</b>	Routing number		<b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	<b>d</b>	Account number			
	<b>21</b>	Amount of line 19 you want applied to your 2019 estimated tax	<b>21</b> <b>47,156.</b>		
<b>Amount You Owe</b>	<b>22</b>	<b>Amount you owe.</b> Subtract line 18 from line 15. For details on how to pay, see instructions		<b>22</b>	
	<b>23</b>	Estimated tax penalty (see instructions)	<b>23</b> <b>509.</b>		

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

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

Your social security number

<b>Additional Income</b>		<b>1-9b</b>		<b>STATEMENT 6</b>		<b>1-9b</b>		<b>STATEMENT 8</b>	
	Reserved .....								
<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes .....				<b>STATEMENT 7</b>				<b>4,646.</b>
<b>11</b>	Alimony received .....								
<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ .....								<b>30,874.</b>
<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>								<b>222,484.</b>
<b>14</b>	Other gains or (losses). Attach Form 4797 .....								
<b>15a</b>	Reserved .....								
<b>16a</b>	Reserved .....								
<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .....								<b>-3,551.</b>
<b>18</b>	Farm income or (loss). Attach Schedule F .....								
<b>19</b>	Unemployment compensation .....								
<b>20a</b>	Reserved .....								
<b>21</b>	Other income. List type and amount ▶ .....								
<b>22</b>	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 .....								<b>254,453.</b>
<b>Adjustments to Income</b>									
<b>23</b>	Educator expenses .....	<b>23</b>							
<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 .....	<b>24</b>							
<b>25</b>	Health savings account deduction. Attach Form 8889 .....	<b>25</b>							
<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 .....	<b>26</b>							
<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE .....	<b>27</b>							
<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans .....	<b>28</b>							
<b>29</b>	Self-employed health insurance deduction .....	<b>29</b>							
<b>30</b>	Penalty on early withdrawal of savings .....	<b>30</b>							
<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ▶ .....	<b>31a</b>							
<b>32</b>	IRA deduction .....	<b>32</b>							
<b>33</b>	Student loan interest deduction .....	<b>33</b>							
<b>34</b>	Reserved .....	<b>34</b>							
<b>35</b>	Reserved .....	<b>35</b>							
<b>36</b>	Add lines 23 through 35 .....	<b>36</b>							

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

Schedule 1 (Form 1040) 2018

**SCHEDULE 2  
(Form 1040)**

**Tax**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040.**

**2018**  
Attachment  
Sequence No. **02**

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

Name(s) shown on Form 1040

Your social security number

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

<b>Tax</b>	<b>38-44</b>	Reserved .....	<b>38-44</b>	
	<b>45</b>	Alternative minimum tax. Attach Form 6251 .....	<b>45</b>	0.
	<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962 .....	<b>46</b>	
	<b>47</b>	Add the amounts in the far right column. Enter here and include on Form 1040, line 11 .....	<b>47</b>	0.

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

**Schedule 2 (Form 1040) 2018**

**SCHEDULE 3  
(Form 1040)**

**Nonrefundable Credits**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **03**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040.**

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

Name(s) shown on Form 1040

Your social security number

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

<b>Nonrefundable</b>	<b>48</b>	Foreign tax credit. Attach Form 1116 if required .....	<b>48</b>	203.
<b>Credits</b>	<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441 .....	<b>49</b>	
	<b>50</b>	Education credits from Form 8863, line 19 .....	<b>50</b>	
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880 .....	<b>51</b>	
	<b>52</b>	Reserved .....	<b>52</b>	
	<b>53</b>	Residential energy credit. Attach Form 5695 .....	<b>53</b>	
	<b>54</b>	Other credits from Form a <input checked="" type="checkbox"/> 3800 b <input checked="" type="checkbox"/> 8801 c <input type="checkbox"/> .....	<b>54</b>	1,298.
	<b>55</b>	Add the amounts in the far right column. Enter here and include on Form 1040, line 12 .....	<b>55</b>	1,501.

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

**Schedule 3 (Form 1040) 2018**

**SCHEDULE 4  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Other Taxes**

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **04**

Name(s) shown on Form 1040

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

Your social security number

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<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 <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
	<b>59</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required .....	<b>59</b>	
	<b>60 a</b>	Household employment taxes. Attach Schedule H .....	<b>60a</b>	<b>6,449.</b>
	<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required .....	<b>60b</b>	
	<b>61</b>	Health care: individual responsibility (see instructions) .....	<b>61</b>	
	<b>62</b>	Taxes from: <b>a</b> <input checked="" type="checkbox"/> Form 8959 <b>b</b> <input checked="" type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) <b>SEE STATEMENT 9</b>	<b>62</b>	<b>11,981.</b>
	<b>63</b>	Section 965 net tax liability installment from Form 965-A ..... <b>63</b>		
	<b>64</b>	Add the amounts in the far right column. These are your <b>total other taxes</b> . Enter here and on Form 1040, line 14 .....	<b>64</b>	<b>18,430.</b>

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

**Schedule 4 (Form 1040) 2018**

**SCHEDULE 5  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Other Payments and Refundable Credits**

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **05**

Name(s) shown on Form 1040

Your social security number

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

<b>Other</b>	<b>65</b>	Reserved .....	<b>65</b>	
<b>Payments</b>	<b>66</b>	2018 estimated tax payments and amount applied from 2017 return <b>STMT 10</b> .....	<b>66</b>	<b>114,900.</b>
<b>and</b>	<b>67 a</b>	Reserved .....	<b>67a</b>	
<b>Refundable</b>	<b>b</b>	Reserved .....	<b>67b</b>	
<b>Credits</b>	<b>68-69</b>	Reserved .....	<b>68-69</b>	
	<b>70</b>	Net premium tax credit. Attach Form 8962 .....	<b>70</b>	
	<b>71</b>	Amount paid with request for extension to file (see instructions) .....	<b>71</b>	<b>105,000.</b>
	<b>72</b>	Excess social security and tier 1 RRTA tax withheld .....	<b>72</b>	
	<b>73</b>	Credit for federal tax on fuels. Attach Form 4136 .....	<b>73</b>	
	<b>74</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/> .....	<b>74</b>	
	<b>75</b>	Add the amounts in the far right column. These are your total <b>other payments</b> <b>and refundable credits</b> . Enter here and include on Form 1040, line 17 .....	<b>75</b>	<b>219,900.</b>

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

**Schedule 5 (Form 1040) 2018**

# Underpayment of Estimated Tax by Individuals, Estates, and Trusts

▶ Go to [www.irs.gov/Form2210](http://www.irs.gov/Form2210) for instructions and the latest information.

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

Name(s) shown on tax return

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

Identifying number



## Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 7 less than \$1,000? Yes →

No ↓

Complete lines 8 and 9 below. Is line 6 equal to or more than line 9? Yes →

No ↓

You may owe a penalty. Does any box in Part II below apply? Yes →

No ↓

**Don't file Form 2210.** You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but **don't file Form 2210.**

**You must file Form 2210.** Does box **B, C, or D** in Part II apply?

No ↓      Yes →

You must figure your penalty.

**You aren't required to figure your penalty** because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but **file only page 1 of Form 2210.**

### Part I Required Annual Payment

1 Enter your 2018 tax after credits from Form 1040, line 13 (see instructions if not filing Form 1040) .....	1	210,542.
2 Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions) .....	2	18,430.
3 Refundable credits, including the premium tax credit (see instructions) .....	3	( )
4 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, <b>stop</b> ; you don't owe a penalty. <b>Don't file Form 2210</b> .....	4	228,972.
5 Multiply line 4 by 90% (0.90) .....	5	206,075.
6 Withholding taxes. <b>Don't</b> include estimated tax payments (see instructions) .....	6	56,737.
7 Subtract line 6 from line 4. If less than \$1,000, <b>stop</b> ; you don't owe a penalty. <b>Don't file Form 2210</b> .....	7	172,235.
8 Maximum required annual payment based on prior year's tax (see instructions) .....	8	218,096.
9 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 5 or line 8 .....	9	206,075.

Next: Is line 9 more than line 6?

- No.** You **don't** owe a penalty. **Don't file Form 2210** unless box E below applies.
- Yes.** You may owe a penalty, but **don't file Form 2210** unless one or more boxes in Part II below applies.
- If box **B, C, or D** applies, you must figure your penalty and file Form 2210.
  - If box **A or E** applies (but not **B, C, or D**) file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

### Part II Reasons for Filing. Check applicable boxes. If none apply, **don't file Form 2210.**

- A**  You request a **waiver** (see instructions) of your entire penalty due to tax reform or other reasons. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B**  You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C**  Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D**  Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E**  You filed or are filing a joint return for either 2017 or 2018, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C, or D** applies).

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2210 (2018)

**Part IV Regular Method** (See the instructions if you are filing Form 1040NR or 1040NR-EZ.)

Section A - Figure Your Underpayment	Payment Due Dates				
	(a) 4/15/18	(b) 6/15/18	(c) 9/15/18	(d) 1/15/19	
<b>18</b> Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column .....	<b>18</b>	21,600.	37,778.	19,939.	126,758.
<b>19</b> Estimated tax paid and tax withheld. For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you don't owe a penalty. <b>Don't file Form 2210 unless you checked a box in Part II</b>	<b>19</b>	47,624.	40,184.	29,184.	54,645.
<b>20</b> Enter the amount, if any, from line 26 in the previous column .....	<b>20</b>		26,024.	28,430.	37,675.
<b>21</b> Add lines 19 and 20 .....	<b>21</b>		66,208.	57,614.	92,320.
<b>22</b> Add the amounts on lines 24 and 25 in the previous column .....	<b>22</b>				
<b>23</b> Subtract line 22 from line 21. If zero or less, enter -0-. For column (a) only, enter the amount from line 19 .....	<b>23</b>	47,624.	66,208.	57,614.	92,320.
<b>24</b> If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0- .....	<b>24</b>		0.	0.	
<b>25</b> Underpayment. If line 18 is equal to or more than line 23, subtract line 23 from line 18. Then go to line 20 of the next column. Otherwise, go to line 26 .....	<b>25</b>				34,438.
<b>26</b> Overpayment. If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column ...	<b>26</b>	26,024.	28,430.	37,675.	

**Section B - Figure the Penalty** (Use the Worksheet for Form 2210, Part IV, Section B - Figure the Penalty in the instructions.)

<b>27</b> Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part IV, Section B - Figure the Penalty. Also include this amount on Form 1040, line 23; Form 1040NR, line 76; Form 1040NR-EZ, line 26; or Form 1041, line 27. <b>Don't file Form 2210 unless you checked a box in Part II</b> .....	<b>27</b>				509.
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Form 2210 (2018)

**SEE ATTACHED WORKSHEET**

**Schedule AI - Annualized Income Installment Method** (See the instructions.)

Estates and trusts, **don't** use the period ending dates shown to the right. Instead, use the following: 2/28/18, 4/30/18, 7/31/18, and 11/30/18.

	(a)	(b)	(c)	(d)
	1/1/18 - 3/31/18	1/1/18 - 5/31/18	1/1/18 - 8/31/18	1/1/18 - 12/31/18

**Part I Annualized Income Installments**

1 Enter your adjusted gross income for each period (see instructions). (Estates and trusts, enter your taxable income without your exemption for each period.)	1	146,092.	292,184.	438,276.	982,898.
2 Annualization amounts. (Estates and trusts, see instructions.)	2	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2	3	584,368.	701,242.	657,414.	982,898.
4 If you itemize, enter itemized deductions for the period shown in each column. All others enter -0-, and skip to line 7. <b>Exception:</b> Estates and trusts, skip to line 11 and enter amount from line 3	4	26,766.	43,150.	69,916.	124,596.
5 Annualization amounts	5	4	2.4	1.5	1
6 Multiply line 4 by line 5	6	107,064.	103,560.	104,874.	124,596.
7 In each column, enter the full amount of your standard deduction from Form 1040, line 8. (Form 1040NR or 1040NR-EZ filers, enter -0-. <b>Exception:</b> Indian students and business apprentices, see instructions.)	7	24,000.	24,000.	24,000.	24,000.
8 Enter the <b>larger</b> of line 6 or line 7	8	107,064.	103,560.	104,874.	124,596.
9 Deduction for qualified business income	9	365.	730.	1,095.	365.
10 Add lines 8 and 9	10	107,429.	104,290.	105,969.	124,961.
11 Subtract line 10 from line 3	11	476,939.	596,952.	551,445.	857,937.
12 Form 1040, 1040NR, or 1040NR-EZ filers, enter -0- in each column. (Estates and trusts, see instructions.)	12	0.	0.	0.	0.
13 Subtract line 12 from line 11. If zero or less, enter -0-	13	476,939.	596,952.	551,445.	857,937.
14 Figure your tax on the amount on line 13 (see instructions)	14	79,073.	115,022.	100,577.	212,043.
15 Self-employment tax from line 36 (complete Part II below)	15	0.	0.	0.	0.
16 Enter other taxes for each payment period including, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	16	18,430.	18,430.	18,430.	18,430.
17 Total tax. Add lines 14, 15, and 16	17	97,503.	133,452.	119,007.	230,473.
18 For each period, enter the same type of credits as allowed on Form 2210, Part I, lines 1 and 3 (see instructions)	18	1,501.	1,501.	1,501.	1,501.
19 Subtract line 18 from line 17. If zero or less, enter -0-	19	96,002.	131,951.	117,506.	228,972.
20 Applicable percentage	20	22.5%	45%	67.5%	90%
21 Multiply line 19 by line 20	21	21,600.	59,378.	79,317.	206,075.
<b>Complete lines 22-27 of one column before going to line 22 of the next column.</b>					
22 Enter the total of the amounts in all previous columns of line 27	22		21,600.	59,378.	79,317.
23 Subtract line 22 from line 21. If zero or less, enter -0-	23	21,600.	37,778.	19,939.	126,758.
24 Enter 25% (0.25) of line 9 on page 1 of Form 2210 in each column	24	51,518.	51,519.	51,519.	51,519.
25 Subtract line 27 of the previous column from line 26 of that column	25		29,918.	43,659.	75,239.
26 Add lines 24 and 25	26	51,518.	81,437.	95,178.	126,758.
27 Enter the <b>smaller</b> of line 23 or line 26 here and on Form 2210, Part IV, line 18	27	21,600.	37,778.	19,939.	126,758.

**Part II Annualized Self-Employment Tax** (Form 1040 and Form 1040NR filers only)

28 Net earnings from self-employment for the period (see instructions)	28				
29 Prorated social security tax limit	29	\$32,100	\$53,500	\$85,600	\$128,400
30 Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax. <b>Exception:</b> If you filed Form 4137 or Form 8919, see instructions	30				
31 Subtract line 30 from line 29. If zero or less, enter -0-	31				
32 Annualization amounts	32	0.496	0.2976	0.186	0.124
33 Multiply line 32 by the <b>smaller</b> of line 28 or line 31	33				
34 Annualization amounts	34	0.116	0.0696	0.0435	0.029
35 Multiply line 28 by line 34	35				
36 Add lines 33 and 35. Enter here and on line 15 above	36				



**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

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

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

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions) .....	1	
	2	Enter amount from Form 1040, line 7 .....	2	
	3	Multiply line 2 by 7.5% (0.075) .....	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .....	4	
<b>Taxes You Paid</b>	5	State and local taxes.		
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <b>SEE STATEMENT 12</b> ▶ <input type="checkbox"/>	5a	28,069.
	b	State and local real estate taxes (see instructions) .....	5b	836.
	c	State and local personal property taxes .....	5c	
	d	Add lines 5a through 5c .....	5d	28,905.
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) .....	5e	10,000.
	6	Other taxes. List type and amount ▶ -----	6	
	7	Add lines 5e and 6 .....	7	10,000.
<b>Interest You Paid</b>	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>		
	a	Home mortgage interest and points reported to you on Form 1098 .....	8a	12,487.
	b	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ -----	8b	
	c	Points not reported to you on Form 1098. See instructions for special rules .....	8c	
	d	Reserved .....	8d	
	e	Add lines 8a through 8c .....	8e	12,487.
	9	Investment interest. Attach Form 4952 if required. See instructions <b>SEE STATEMENT 14</b>	9	1,885.
	10	Add lines 8e and 9 .....	10	14,372.
<b>Gifts to Charity</b>	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions .....	11	9,575.
	12	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 .....	12	28,622.
	13	Carryover from prior year .....	13	
	14	Add lines 11 through 13 .....	14	38,197.
<b>Casualty and Theft Losses</b>	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions .....	15	
<b>Other Itemized Deductions</b>	16	Other - from list in instructions. List type and amount ▶ <b>SEE STATEMENT 11</b> -----	16	62,027.
	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8 .....	17	124,596.
<b>Total Itemized Deductions</b>	18	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		

**SCHEDULE B**  
**(Form 1040)**

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

**Interest and Ordinary Dividends**

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

▶ Attach to Form 1040.

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **08**

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

Your social security number  
[REDACTED]

**Part I**

**Interest**

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶
- AERODIRECT FUND III, LLC
  - CIBC BANK USA
  - CHARLES SCHWAB & CO., INC.
  - FROM K-1 - SPAULDING ASSOCIATES, LTD.
  - FROM K-1 - CD FAMILY INVESTMENT L.P.
  - FROM K-1 - CD FAMILY INVESTMENT L.P.
  - FROM K-1 - MDRJB PARTNERSHIP
  - FROM K-1 - QUESTEK INTERNATIONAL, LLC
  - FROM K-1 - AERODIRECT, INC.
  - FROM K-1 - MDRJB PARTNERSHIP

	Amount
	2,917.
	11.
	81.
	1.
	1,275.
1	17.
	136.
	12.
	192.
	10.
2	4,652.
3	
4	4,652.

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2 Add the amounts on line 1
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b ▶

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Part II**

**Ordinary Dividends**

- 5 List name of payer ▶
- M FINANCIAL HOLDINGS INCORPORATED
  - NATIONAL FINANCIAL SERVICES - 6128
  - NATIONAL FINANCIAL SERVICES - 1016
  - NATIONAL FINANCIAL SERVICES - 1778
  - FROM K-1 - SPAULDING ASSOCIATES, LTD.
  - FROM K-1 - CD FAMILY INVESTMENT L.P.
  - FROM K-1 - CD FAMILY INVESTMENT L.P.
  - FROM K-1 - MDRJB PARTNERSHIP
  - FROM K-1 - AERODIRECT, INC.

	Amount
	6,606.
	6,145.
	20,501.
	19,690.
	104.
	4,920.
	65.
5	1,869.
	8,013.
6	67,913.

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3b ▶

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III**

**Foreign Accounts and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2018, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶
- 8 During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

	Yes	No
		X
		X

827501 10-24-18

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

Schedule B (Form 1040) 2018

# Interest and Dividend Summary

Name: BRADLEY S. SCHNEIDER & JULIE R. DANN

FEIN/SSN: [REDACTED]

Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A AERODIRECT FUND III, LLC	2,917.							
B CIBC BANK USA	11.							
C M FINANCIAL HOLDINGS INCORPORATED							6,606.	6,606.
D CHARLES SCHWAB & CO., INC.	81.							
E NATIONAL FINANCIAL SERVICES - 6128			142.	6.			6,145.	2,464.
F NATIONAL FINANCIAL SERVICES - 1016			962.				20,501.	11,555.
G NATIONAL FINANCIAL SERVICES - 1778			400.				19,690.	10,455.
H FROM K-1 - SPAULDING ASSOCIATES, LTD.	1.						104.	104.
I FROM K-1 - CD FAMILY INVESTMENT L.P.	1,275.						4,920.	2,761.
J FROM K-1 - CD FAMILY INVESTMENT L.P.	17.						65.	36.
K FROM K-1 - MDRJB PARTNERSHIP	136.						1,869.	1,869.
<b>Totals</b>	<b>4,652.</b>		<b>1,562.</b>	<b>6.</b>			<b>67,913.</b>	<b>43,863.</b>

	Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A									
B									
C									
D									
E	2,507.				67.				42.
F	8,912.								26.
G									60.
H									
I					27.				
J									
K									
<b>Totals</b>	<b>11,419.</b>				<b>94.</b>				<b>128.</b>

# Interest and Dividend Summary

Name: BRADLEY S. SCHNEIDER & JULIE R. DANN

FEIN/SSN: [REDACTED]

	Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A	FROM K-1 - QUESTEK INTERNATIONAL, LLC	12.							
B	FROM K-1 - AERODIRECT, INC.	192.						8,013.	8,013.
C	FROM K-1 - MDRJB PARTNERSHIP	10.							
D	FROM K-1 - CD FAMILY INVESTMENT L.P.			57.					
E	FROM K-1 - CD FAMILY INVESTMENT L.P.			1.					
F									
G									
H									
I									
J									
K									
Totals									

	Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A									
B									
C									
D									
E									
F									
G									
H									
I									
J									
K									
Totals									

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **09**

Name of proprietor

Social security number (SSN)

**BRADLEY S. SCHNEIDER**

B Enter code from instructions

524210

A Principal business or profession, including product or service (see instructions)

**INSURANCE SALES**

D Employer ID number (EIN) (see instr.)

C Business name. If no separate business name, leave blank.

**DAVIS DANN ADLER SCHNEIDER, LLC**

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

**DEERFIELD, IL 60015**

F Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) \_\_\_\_\_

G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses  Yes  No

H If you started or acquired this business during 2018, check here  Yes  No

I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions)  Yes  No

J If "Yes," did you or will you file required Forms 1099?  Yes  No

**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	30,910.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	30,910.
4	Cost of goods sold (from line 42)	4	
5	<b>Gross profit.</b> Subtract line 4 from line 3	5	30,910.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	<b>Gross income.</b> Add lines 5 and 6	7	30,910.

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	28	36.	26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	30,874.	27 a	Other expenses (from line 48)	27a	36.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	<b>Reserved for future use</b>	27b	
31	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	31	30,874.	32a	<input type="checkbox"/> All investment is at risk.		
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			32b	<input type="checkbox"/> Some investment is not at risk.		



**SCHEDULE D  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

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

OMB No. 1545-0074

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

Name(s) shown on return

Your social security number

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....	56,995.	59,401.		<2,406.>
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....	97,302.	98,478.	66.	<1,110.>
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .....			4	
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....			5	2,403.
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....			6	( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 .....			7	<1,113.>

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....	217,565.	221,253.		<3,688.>
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....	383,965.	382,435.	54.	1,584.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....	174,600.	30,419.		144,181.
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....	8,033.			8,033.
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 .....			11	23,619.
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....			12	38,449.
<b>13</b> Capital gain distributions .....			13	11,419.
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....			14	( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on page 2 .....			15	223,597.

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

Schedule D (Form 1040) 2018

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result .....</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul> <p><b>17</b> Are lines 15 and 16 <b>both</b> gains?  <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.  <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p> <p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet .....</p> <p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet <u>SEE STATEMENT 21</u> .....</p> <p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <b>Don't</b> complete lines 21 and 22 below.   <input checked="" type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p> <p><b>21</b> If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the <b>smaller</b> of:  <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> </p> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p><b>22</b> Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b?   <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42).   <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>	<p><b>16</b></p> <p><b>18</b></p> <p><b>19</b></p> <p><b>21</b></p>	<p><b>222,484.</b></p> <p><b>6,750.</b></p> <p>( )</p>
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Schedule D (Form 1040) 2018







Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

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.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). 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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	AERODIRECT FUND III DISPOSITION		12/31/18	8,033.	0.			8,033.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ►								
				8,033.				8,033.

**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.

**Schedule D Tax Worksheet**

Name(s) shown on return <b>BRADLEY S. SCHNEIDER &amp; JULIE R. DANN</b>	Your SSN [REDACTED]
--	------------------------

Complete this worksheet only if line 18 or line 19 of Schedule D is more than zero and lines 15 and 16 of Schedule D are gains. Otherwise, complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42) to figure your tax. Before completing this worksheet, complete Form 1040 through line 10 (or Form 1040NR through line 41).

**Exception: Don't** use the Qualified Dividends and Capital Gain Tax Worksheet or this worksheet to figure your tax if:

- Line 15 or line 16 of Schedule D is zero or less **and** you have no qualified dividends on Form 1040, line 3a (or Form 1040NR, line 10b); **or**
- Form 1040, line 10 (or Form 1040NR, line 41) is zero or less.

Instead, see the instructions for Form 1040, line 11a (or Form 1040NR, line 42).

1. Enter your taxable income from Form 1040, line 10 (or Form 1040NR, line 41). (However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter instead the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions for Form 1040, line 11a)	1. <u>857,937.</u>
2. Enter your qualified dividends from Form 1040, line 3a (or Form 1040NR, line 10b) .....	2. <u>43,863.</u>
3. Enter the amount from Form 4952 (used to figure investment interest expense deduction), line 4g .....	3. _____
4. Enter the amount from Form 4952, line 4e* .....	4. _____
5. Subtract line 4 from line 3. If zero or less, enter -0- .....	5. _____
6. Subtract line 5 from line 2. If zero or less, enter -0-** .....	6. <u>43,863.</u>
7. Enter the <b>smaller</b> of line 15 or line 16 of Sch. D ...	7. <u>222,484.</u>
8. Enter the <b>smaller</b> of line 3 or line 4 .....	8. _____
9. Subtract line 8 from line 7. If zero or less, enter -0-** .....	9. <u>222,484.</u>
10. Add lines 6 and 9 .....	10. <u>266,347.</u>
11. Add lines 18 and 19 of Schedule D** .....	11. <u>6,750.</u>
12. Enter the <b>smaller</b> of line 9 or line 11 .....	12. <u>6,750.</u>
13. Subtract line 12 from line 10 .....	13. <u>259,597.</u>
14. Subtract line 13 from line 1. If zero or less, enter -0- .....	14. <u>598,340.</u>
15. Enter:	
<ul style="list-style-type: none"> <li>• \$38,600 if single or married filing separately;</li> <li>• \$77,200 if married filing jointly or qualifying widow(er); or</li> <li>• \$51,700 if head of household.</li> </ul>	} ..... 15. <u>77,200.</u>
16. Enter the <b>smaller</b> of line 1 or line 15 .....	16. <u>77,200.</u>
17. Enter the <b>smaller</b> of line 14 or line 16 .....	17. <u>77,200.</u>
18a. Subtract line 10 from line 1. If zero or less, enter -0- .....	18a. <u>591,590.</u>
18b. Enter the <b>smaller</b> of line 1 or \$157,500 (\$315,000 if married filing jointly or qualifying widow(er)) ...	18b. <u>315,000.</u>
18c. Enter the <b>smaller</b> of line 14 or line 18b .....	18c. <u>315,000.</u>
19. Enter the <b>larger</b> of line 18a or line 18c .....	19. <u>591,590.</u>
20. Subtract line 17 from line 16. This amount is taxed at 0% .....	20. <u>0.</u>
<b>If lines 1 and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.</b>	
21. Enter the <b>smaller</b> of line 1 or line 13 .....	21. <u>259,597.</u>
22. Enter the amount from line 20. (If line 20 is blank, enter -0-) .....	22. <u>0.</u>
23. Subtract line 22 from line 21. If zero or less, enter -0- .....	23. <u>259,597.</u>
24. Enter:	
<ul style="list-style-type: none"> <li>• \$425,800 if single;</li> <li>• \$239,500 if married filing separately;</li> <li>• \$479,000 if married filing jointly or qualifying widow(er); or</li> <li>• \$452,400 if head of household.</li> </ul>	} ..... 24. <u>479,000.</u>
25. Enter the smaller of line 1 or line 24 .....	25. <u>479,000.</u>
26. Add lines 19 and 20 .....	26. <u>591,590.</u>
27. Subtract line 26 from line 25. If zero or less, enter -0- .....	27. <u>0.</u>
28. Enter the <b>smaller</b> of line 23 or line 27 .....	28. <u>0.</u>
29. Multiply line 28 by 15% (0.15) .....	29. <u>0.</u>
30. Add lines 22 and 28 .....	30. <u>0.</u>
<b>If lines 1 and 30 are the same, skip lines 31 through 41 and go to line 42. Otherwise, go to line 31.</b>	

**Schedule D Tax Worksheet - Continued**

31. Subtract line 30 from line 21 .....	31.	<u>259,597.</u>	
32. Multiply line 31 by 20% (0.20) .....	32.		<u>51,919.</u>
<b>If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.</b>			
33. Enter the <b>smaller</b> of line 9 above or Schedule D, line 19 .....	33.	<u>6,750.</u>	
34. Add lines 10 and 19 .....	34.	<u>857,937.</u>	
35. Enter the amount from line 1 above .....	35.	<u>857,937.</u>	
36. Subtract line 35 from line 34. If zero or less, enter -0- .....	36.	<u>0.</u>	
37. Subtract line 36 from line 33. If zero or less, enter -0- .....	37.	<u>6,750.</u>	
38. Multiply line 37 by 25% (0.25) .....	38.		<u>1,688.</u>
<b>If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.</b>			
39. Add lines 19, 20, 28, 31, and 37 .....	39.		
40. Subtract line 39 from line 1 .....	40.		
41. Multiply line 40 by 28% (0.28) .....	41.		
42. Figure the tax on the amount on <b>line 19</b> . If the amount on line 19 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet .....	42.	<u>158,436.</u>	
43. Add lines 29, 32, 38, 41, and 42 .....	43.	<u>212,043.</u>	
44. Figure the tax on the amount on <b>line 1</b> . If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet .....	44.	<u>256,816.</u>	
45. <b>Tax on all taxable income (including capital gains and qualified dividends).</b> Enter the <b>smaller</b> of line 43 or line 44. Also include this amount on Form 1040, line 11a (or Form 1040NR, line 42). (If you are filing Form 2555 or 2555-EZ, don't enter this amount on Form 1040, line 11a. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the Form 1040 instructions) .....	45.		<u>212,043.</u>

\* If applicable, enter instead the smaller amount you entered on the dotted line next to line 4e of Form 4952.

\*\* If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet in the instructions for Form 1040, line 11a, before completing this line.

**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**

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

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

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

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **13**

Name(s) shown on return

Your social security number

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

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

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

**1a** Physical address of each property (street, city, state, ZIP code)

<b>A</b>	
<b>B</b>	
<b>C</b>	

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

**Type of Property:**

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

<b>Income:</b>	<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received	<b>3</b>	24,091.		
<b>4</b> Royalties received	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising	<b>5</b>			
<b>6</b> Auto and travel (see instructions)	<b>6</b>			
<b>7</b> Cleaning and maintenance	<b>7</b>			
<b>8</b> Commissions	<b>8</b>			
<b>9</b> Insurance	<b>9</b>	1,165.		
<b>10</b> Legal and other professional fees	<b>10</b>			
<b>11</b> Management fees	<b>11</b>			
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest	<b>13</b>			
<b>14</b> Repairs	<b>14</b>			
<b>15</b> Supplies	<b>15</b>			
<b>16</b> Taxes	<b>16</b>	238.		
<b>17</b> Utilities	<b>17</b>			
<b>18</b> Depreciation expense or depletion	<b>18</b>	9,246.		
<b>19</b> Other (list) ▶	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19	<b>20</b>	10,649.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	<b>21</b>	13,442.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	<b>22</b>			
<b>23a</b> Total of all amounts reported on line 3 for all rental properties	<b>23a</b>	24,091.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties	<b>23d</b>	9,246.		
<b>e</b> Total of all amounts reported on line 20 for all properties	<b>23e</b>	10,649.		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses	<b>24</b>			13,442.
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b>			
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	<b>26</b>			13,442.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2018

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II Income or Loss From Partnerships and S Corporations** - Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198** (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section  Yes  No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	SEE STATEMENT 22					
B						
C						
D						

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a Totals		20,823.		316.
b Totals	38,132.			
30 Add columns (h) and (k) of line 29a				30 21,139.
31 Add columns (g), (i), and (j) of line 29b				31 ( 38,132. )
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 -16,993.

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A	SEE STATEMENT 23	
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ( )
37 Total estate and trust income or (loss). Combine lines 35 and 36			37

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

**Part V Summary \* ENTIRE DISPOSITION OF PASSIVE ACTIVITY**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18	41	-3,551.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2018

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough SPAULDING ASSOCIATES, LTD.

ID 36-2903456

SPOUSE

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....	4,260.							
Rental real estate income (loss) .....								
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....								
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....	4,260.							4,260.
First passive other .....								
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....								
Total Schedule E (page 2) .....	4,260.							4,260.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....	673.							673.
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income								
Other .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2018

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough SPAULDING ASSOCIATES, LTD.

ID 36-2903456

SPOUSE

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....	1.							1.
Interest from U.S. bonds .....								
Ordinary dividends .....	104.							104.
Qualified dividends .....	104.							104.
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2018

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

**Passthrough** CD FAMILY INVESTMENT L.P.

ID 36-3934185

SPOUSE

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....	651.							
Rental real estate income (loss) .....	-3,081.							
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....	7.							
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....	-2,437.							-2,437.
First passive other .....	1.							1.
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....	92.							92.
Total Schedule E (page 2) .....	-2,344.							-2,344.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....	4,663.							4,663.
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....	2,372.							2,372.
Net long-term cap. gain (loss) .....	34,236.							34,236.
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A	118.							118.
Other net investment income .....	92.							92.
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....	2.							2.
Deductions related to portfolio income	10.							10.
Other .....	60.							60.

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2018

SCHEDULE E

Name JULIE R. DANN

SSN/EIN [REDACTED]

Passthrough CD FAMILY INVESTMENT L.P.

ID 36-3934185

SPOUSE

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....	1,275.							1,275.
Interest from U.S. bonds .....								
Ordinary dividends .....	4,920.							4,920.
Qualified dividends .....	2,761.							2,761.
Tax-exempt interest income .....	57.							57.
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86	136.							136.
Adjusted gain or loss .....	-277.							-277.
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....	2.							2.
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....	32.							32.
Casualty and theft loss .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2018

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough GREENWAY APARTMENTS LIMITED PARTNERSHIP  
PARTNERSHIP

ID 74-3074463

SPOUSE

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....								
Rental real estate income (loss) .....	1,000.							
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....								
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....	1,000.							1,000.
First passive other .....								
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....								
Total Schedule E (page 2) .....	1,000.							1,000.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income								
Other .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2018

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough GREENWAY APARTMENTS LIMITED PARTNERSHIP  
PARTNERSHIP

ID 74-3074463

SPOUSE

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....								
Interest from U.S. bonds .....								
Ordinary dividends .....								
Qualified dividends .....								
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2018

SCHEDULE E

Name JULIE R. DANN

SSN/EIN [REDACTED]

Passthrough CD FAMILY INVESTMENT L.P.

ID 36-3934185

SPOUSE

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....	9.							
Rental real estate income (loss) .....	-40.							
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....								
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....	-31.							-31.
First passive other .....								
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....	1.							1.
Total Schedule E (page 2) .....	-30.							-30.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....	61.							61.
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....	31.							31.
Net long-term cap. gain (loss) .....	450.							450.
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A	1.							1.
Other net investment income .....	1.							1.
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income								
Other .....	1.							1.

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2018

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough CD FAMILY INVESTMENT L.P.

ID 36-3934185

SPOUSE

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....	17.							17.
Interest from U.S. bonds .....								
Ordinary dividends .....	65.							65.
Qualified dividends .....	36.							36.
Tax-exempt interest income .....	1.							1.
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86	2.							2.
Adjusted gain or loss .....	-4.							-4.
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								

**SCHEDULE E**

Name BRADLEY S. SCHNEIDER & JULIE R. DANN

SSN/EIN [REDACTED]

Passthrough MDRJB PARTNERSHIP  
PARTNERSHIP

ID 20-8575774

JOINT

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....	-4,974.							
Rental real estate income (loss) .....	-32,142.							
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....								
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....	-37,116.				1,462.			-35,654.
First passive other .....	3.							3.
Second passive other .....	-14.							-14.
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....	223.							223.
Total Schedule E (page 2) .....	-36,904.				1,462.			-35,442.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....	18,895.							18,895.
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....	3,090.							3,090.
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A	1,766.							1,766.
Other net investment income .....	223.							223.
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....	1.							1.
Deductions related to portfolio income	24.							24.
Other .....								

**SCHEDULE E**

Name BRADLEY S. SCHNEIDER & JULIE R. DANN

SSN/EIN [REDACTED]

Passthrough MDRJB PARTNERSHIP  
PARTNERSHIP

ID 20-8575774

JOINT

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....	146.							146.
Interest from U.S. bonds .....								
Ordinary dividends .....	1,869.							1,869.
Qualified dividends .....	1,869.							1,869.
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86	706.							706.
Adjusted gain or loss .....	-988.							-988.
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....	-1.							-1.
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2018

**SCHEDULE E**

Name BRADLEY S. SCHNEIDER & JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough MDRJB PARTNERSHIP - ACTIVITY NUMBER 20039  
PARTNERSHIP

ID 20-8575774

JOINT

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....	1,686.							
Rental real estate income (loss) .....	-32,142.							
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....								
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....	-30,456.							-30,456.
First passive other .....	3.							3.
Second passive other .....	-14.							-14.
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....	223.							223.
Total Schedule E (page 2) .....	-30,244.							-30,244.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....	18,895.							18,895.
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....	3,090.							3,090.
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A	1,766.							1,766.
Other net investment income .....	223.							223.
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income	24.							24.
Other .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2018

**SCHEDULE E**

**Name** BRADLEY S. SCHNEIDER & JULIE R. DANN

**SSN/EIN** [REDACTED]

**Passthrough** MDRJB PARTNERSHIP - ACTIVITY NUMBER 20039

**ID** 20-8575774

**JOINT**

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....	136.							136.
Interest from U.S. bonds .....								
Ordinary dividends .....	1,869.							1,869.
Qualified dividends .....	1,869.							1,869.
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86	1,041.							1,041.
Adjusted gain or loss .....	-988.							-988.
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....	-1.							-1.
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2018

**SCHEDULE E**

Name BRADLEY S. SCHNEIDER & JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough MDRJB PARTNERSHIP - GIC 11 E. WALTON HOLDINGS LLC  
PARTNERSHIP

ID 20-8575774

JOINT

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....	-6,660.							
Rental real estate income (loss) .....								
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....								
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....	-6,660.				1,462.			-5,198.
First passive other .....								
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....								
Total Schedule E (page 2) .....	-6,660.				1,462.			-5,198.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....	1.							1.
Deductions related to portfolio income								
Other .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2018

**SCHEDULE E**

**Name** BRADLEY S. SCHNEIDER & JULIE R. DANN

**SSN/EIN** XXXXXXXXXX

**Passthrough** MDRJB PARTNERSHIP - GIC 11 E. WALTON HOLDINGS LLC  
PARTNERSHIP

**ID** 20-8575774

**JOINT**

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....	10.							10.
Interest from U.S. bonds .....								
Ordinary dividends .....								
Qualified dividends .....								
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86 .....	-335.							-335.
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages .....								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040 .....								
Penalty on early withdrawal of savings .....								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2018

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough ENCLAVE AT WINGHAVEN UI, LLC

ID 20-5845867

SPOUSE

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....								
Rental real estate income (loss) .....	3,848.							
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....								
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....	3,848.							3,848.
First passive other .....	-181.							-181.
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....								
Total Schedule E (page 2) .....	3,667.							3,667.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income								
Other .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2018

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough ENCLAVE AT WINGHAVEN UI, LLC

ID 20-5845867

SPOUSE

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....								
Interest from U.S. bonds .....								
Ordinary dividends .....								
Qualified dividends .....								
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2018

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough QUESTEK INTERNATIONAL, LLC

ID 36-4116425

SPOUSE

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....	468.							
Rental real estate income (loss) .....								
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....	23.							
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....	445.							445.
First passive other .....	-1.							-1.
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....								
Total Schedule E (page 2) .....	444.							444.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....	6.							6.
Deductions related to portfolio income								
Other .....								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2018

SCHEDULE E

Name JULIE R. DANN

SSN/EIN [REDACTED]

Passthrough QUESTEK INTERNATIONAL, LLC

ID 36-4116425

SPOUSE

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....	12.							12.
Interest from U.S. bonds .....								
Ordinary dividends .....								
Qualified dividends .....								
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....	132.							132.
Casualty and theft loss .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2018

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough JULIE D. SCHNEIDER NON-EXEMPT CHILD'S TRUST (CHARLES) - J ID 46-7133880  
ESTATE OR TRUST

SPOUSE

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....								
Rental real estate income (loss) .....								
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....								
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....								
First passive other .....								
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....								
Total Schedule E (page 2) .....								
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income								
Other .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2018

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough JULIE D. SCHNEIDER NON-EXEMPT CHILD'S TRUST (CHARLES) - J ID 46-7133880  
ESTATE OR TRUST

SPOUSE

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....								
Interest from U.S. bonds .....								
Ordinary dividends .....								
Qualified dividends .....								
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2018

**SCHEDULE E**

Name BRADLEY S. SCHNEIDER & JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough AERODIRECT FUND III, LLC

ID 90-0934844

JOINT

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....	1,095.							
Rental real estate income (loss) .....								
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....								
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....	1,095.							1,095.
First passive other .....								
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....								
Total Schedule E (page 2) .....	1,095.							1,095.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income								
Other .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2018

**SCHEDULE E**

**Name** BRADLEY S. SCHNEIDER & JULIE R. DANN

**SSN/EIN** [REDACTED]

**Passthrough** AERODIRECT FUND III, LLC

**ID** 90-0934844

**JOINT**

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....								
Interest from U.S. bonds .....								
Ordinary dividends .....								
Qualified dividends .....								
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86	-52.							-52.
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2018

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough JULIE D. SCHNEIDER EXEMPT CHILD'S TRUST (CHARLES) - JULIE ID 46-7137503  
ESTATE OR TRUST

SPOUSE

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....								
Rental real estate income (loss) .....								
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....								
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....								
First passive other .....								
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....								
Total Schedule E (page 2) .....								
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income								
Other .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2018

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough JULIE D. SCHNEIDER EXEMPT CHILD'S TRUST (CHARLES) - JULIE ID 46-7137503  
ESTATE OR TRUST

SPOUSE

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....								
Interest from U.S. bonds .....								
Ordinary dividends .....								
Qualified dividends .....								
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2018

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough CHARLES DANN FAMILY TRUST - ROBERT H. DANN, DEBRA DANN RO ID 47-6343857  
ESTATE OR TRUST

SPOUSE

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....								
Rental real estate income (loss) .....								
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....								
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....								
First passive other .....								
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....								
Total Schedule E (page 2) .....								
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income								
Other .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2018

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough CHARLES DANN FAMILY TRUST - ROBERT H. DANN, DEBRA DANN RO ID 47-6343857  
ESTATE OR TRUST

SPOUSE

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....								
Interest from U.S. bonds .....								
Ordinary dividends .....								
Qualified dividends .....								
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2018

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough JULIE D. SCHNEIDER NON-EXEMPT CHILD'S TRUST (AUDREY) - JU ID 47-6352050  
ESTATE OR TRUST

SPOUSE

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....								
Rental real estate income (loss) .....								
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....								
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....								
First passive other .....								
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....								
Total Schedule E (page 2) .....								
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income								
Other .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2018

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough JULIE D. SCHNEIDER NON-EXEMPT CHILD'S TRUST (AUDREY) - JU ID 47-6352050

SPOUSE

ESTATE OR TRUST

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....								
Interest from U.S. bonds .....								
Ordinary dividends .....								
Qualified dividends .....								
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2018

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough JULIE D. SCHNEIDER EXEMPT CHILD'S TRUST (AUDREY) - JULIE ID 47-6354525  
 ESTATE OR TRUST

SPOUSE

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....								
Rental real estate income (loss) .....								
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....								
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....								
First passive other .....								
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....								
Total Schedule E (page 2) .....								
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income								
Other .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2018

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough JULIE D. SCHNEIDER EXEMPT CHILD'S TRUST (AUDREY) - JULIE ID 47-6354525  
ESTATE OR TRUST

SPOUSE

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....								
Interest from U.S. bonds .....								
Ordinary dividends .....								
Qualified dividends .....								
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2018

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough AERODIRECT, INC.  
S CORPORATION

ID 36-4052510

SPOUSE

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....	10,357.							
Rental real estate income (loss) .....								
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....								
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....	10,357.							10,357.
First passive other .....								
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....								
Total Schedule E (page 2) .....	10,357.							10,357.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income								
Other .....								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2018

SCHEDULE E

Name JULIE R. DANN

SSN/EIN [REDACTED]

Passthrough AERODIRECT, INC.  
S CORPORATION

ID 36-4052510

SPOUSE

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....	192.							192.
Interest from U.S. bonds .....								
Ordinary dividends .....	8,013.							8,013.
Qualified dividends .....	8,013.							8,013.
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86	-164.							-164.
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								

**Schedule E PASSTHROUGH RECAP - BASIC INFORMATION 2018**

BRADLEY S. SCHNEIDER & JULIE R. DANN

T Y P E	Schedule K-1 Line Reference: (1065/1120S/1041)		1/1/6	2/2/7	3/3/8	*	*	5/4/1	*	6a/5a/2a	7/6/*	8/7/3	9a/8a/4a	4/*/*
	Entity No.	Act. No.	Ordinary Income (Loss)	Rental Real Estate Inc. (Loss)	Other Rental Income (Loss)	Passive Activity Loss C/O	AMT Passive Activity Loss C/O	Interest	US Treasury Bond Interest	Dividends	Royalties	Short-Term Capital Gain (Loss)	Net Long-Term Capital Gain (Loss)	Guaranteed Payments to Partner
J P2	0043	20050	AERODIRECT FUND III, LLC	1,095.										
S S2	0048	20056	AERODIRECT, INC.	10,357.				192.		8,013.				
S P2	0004	20004	CD FAMILY INVESTMENT L.P.	651.	-3,081.			1,275.		4,920.		2,372.	34,236.	
S P2	0029	20037	CD FAMILY INVESTMENT L.P.	9.	-40.			17.		65.		31.	450.	
S E2	0045	20052	CHARLES DANN FAMILY TRUST											
S P2	0035	20043	ENCLAVE AT WINGHAVEN UI, LLC		3,848.									
J P2	0031	20057	GIC 11 E. WALTON HOLDINGS LLC	-6,660.				10.						
S P2	0028	20036	GREENWAY APARTMENTS LIMITED PAR		1,000.									
S E2	0044	20051	JULIE D. SCHNEIDER EXEMPT CHILD											
S E2	0047	20054	JULIE D. SCHNEIDER EXEMPT CHILD											
S E2	0042	20049	JULIE D. SCHNEIDER NON-EXEMPT C											
S E2	0046	20053	JULIE D. SCHNEIDER NON-EXEMPT C											

Totals .....  
 Component of:

Schedule E, Page 2, Various	Schedule E, Page 2, Various	Schedule E, Page 2, Various	Form 8582 Line 3c	Form 8582 AMT, Line 3c	Schedule B, Line 1	Schedule B, Line 1	Schedule B, Line 5	Schedule E, Line 4	Schedule D, Line 5	Schedule D, Line 12	Schedule E, Page 2, Various
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Schedule K-1 Line Reference: (1065/1120S/1041)		10/9/*	*	11/10/*	13/12/*	12/11/*	13/12/*	13/12/*	13/12/*	*/*	20/17/14	13/*/*	*	14/*/*	17/15/12	*/*/12	*/*/12
Entity No.	Act. No.	Section 1231 Gain (Loss)	Ordinary Gain (Loss) Form 4797	Other Income	Charitable Contributions 50%	Section 179 Expense	Deductions Related to Portfolio Income (2%)	Other Deductions	Investment Int. Expense (Schedule A)	Investment Int. Expense (Schedule E)	Investment Income	SE Health Insurance Premium	Wages for More Than 2% Shareholders	Net SE Earnings	AMT Depr Adj on Post 86 Property	Minimum Tax Adjustment	Exclusion Items
2	0043	20050													-52.		
2	0048	20056									8,205.				-164.		
2	0004	20004	4,663.	1.	2.	7.			118.						136.		
2	0029	20037	61.						1.						2.		
2	0035	20043						181.									
2	0031	20057			1.										-335.		
Totals .....																	
Component of:		Form 4797, Line 2	Form 4797, Line 10	Schedule E, Page 2, Various	Schedule A, Lines 16 & 17	Form 4562, Line 6	Schedule A, Line 23	Schedule E, Page 2, Various	Schedule A, Line 14	Schedule E, Page 2, Various	Form 4952, Line 4a	Form 1040, Line 29	Form 1040, Line 7	Schedule SE, Line 2	Form 6251, Line 19	Form 6251, Line 16	2018 Form 8801

\* - No specific Schedule K-1 line reference for these amounts.

Schedule E		PASSTHROUGH RECAP - BASIC INFORMATION													2018	
BRADLEY S. SCHNEIDER & JULIE R. DANN																
T Y S P J E	Schedule K-1 Line Reference: (1065/1120S/1041)			1/1/6	2/2/7	3/3/8	*	*	5/4/1	*	6a/5a/2a	7/6/*	8/7/3	9a/8a/4a	4/*/*	
	Entity No.	Act. No.	Name	Ordinary Income (Loss)	Rental Real Estate Inc. (Loss)	Other Rental Income (Loss)	Passive Activity Loss C/O	AMT Passive Activity Loss C/O	Interest	US Treasury Bond Interest	Dividends	Royalties	Short-Term Capital Gain (Loss)	Net Long-Term Capital Gain (Loss)	Guaranteed Payments to Partner	
J P	0031	20039	MDRJB PARTNERSHIP	1,686.	-32,142.				136.		1,869.			3,090.		
S P	0040	20047	QUESTEK INTERNATIONAL, LLC	468.					12.							
S P	0001	20001	SPAULDING ASSOCIATES, LTD.	4,260.					1.		104.			673.		
<b>Totals</b> .....				<b>11,866.</b>	<b>-30,415.</b>				<b>1,643.</b>		<b>14,971.</b>		<b>2,403.</b>	<b>38,449.</b>		
<b>Component of:</b>				Schedule E, Page 2, Various	Schedule E, Page 2, Various	Schedule E, Page 2, Various	Form 8582 Line 3c	Form 8582 AMT, Line 3c	Schedule B, Line 1	Schedule B, Line 1	Schedule B, Line 5	Schedule E, Line 4	Schedule D, Line 5	Schedule D, Line 12	Schedule E, Page 2, Various	

Schedule K-1 Line Reference: (1065/1120S/1041)																	
Entity No.	Act. No.	Section 1231 Gain (Loss)	Ordinary Gain (Loss) Form 4797	Other Income	Charitable Contributions 50%	Section 179 Expense	Deductions Related to Portfolio Income (2%)	Other Deductions	Investment Int. Expense (Schedule A)	Investment Int. Expense (Schedule E)	Investment Income	SE Health Insurance Premium	Wages for More Than 2% Shareholders	Net SE Earnings	AMT Depr Adj on Post 86 Property	Minimum Tax Adjustment	Exclusion Items
2	0031	20039	18,895.		3.			14.	1,766.						1,041.		
2	0040	20047			6.	23.		1.									
<b>Totals</b> .....		<b>23,619.</b>		<b>4.</b>	<b>9.</b>	<b>30.</b>		<b>196.</b>	<b>1,885.</b>		<b>8,205.</b>				<b>628.</b>		
<b>Component of:</b>		Form 4797, Line 2	Form 4797, Line 10	Schedule E, Page 2, Various	Schedule A, Lines 16 & 17	Form 4562, Line 6	Schedule A, Line 23	Schedule E, Page 2, Various	Schedule A, Line 14	Schedule E, Page 2, Various	Form 4952, Line 4a	Form 1040, Line 29	Form 1040, Line 7	Schedule SE, Line 2	Form 6251, Line 19	Form 6251, Line 16	2018 Form 8801

\* - No specific Schedule K-1 line reference for these amounts.

**Schedule E PASSTHROUGH RECAP - ADDITIONAL INCOME, DEDUCTIONS, AND PRIOR YEAR CARRYOVERS 2018**

BRADLEY S. SCHNEIDER & JULIE R. DANN

Schedule K-1 Line Reference: (1065/1120S/1041)																	
Entity No.	Act. No.	17/15/*	15/13/13	15/13/*	*/*/10	*/*/11	18/16/14	18/16/*	18/16/*	*	*	*	*	*	*	*	*
		AMT Adj. Gain or Loss	Low Income Housing Cr Pre '08	Low Income Housing Cr Post '07	Estate Tax Deduction	Excess Deductions on Termination	Tax-exempt Interest Income	Other Tax-exempt Income	Nondeductible Expenses	Section 1231 PAL Carryover	AMT Section 1231 PAL Carryover	ST Capital PAL C/O	AMT ST Capital PAL C/O	LT Capital PAL C/O	AMT LT Capital PAL C/O	Form 4797 Ordinary PAL C/O	AMT 4797 Ordinary PAL C/O
20048	20056								670.								
20004	20004	-277.					57.	240.	4,491.								
20029	20037	-4.					1.	3.	59.								
Totals																	
Component of:		Form 6251, Line 18	Form 8586 Line 4	Form 8586 Line 11	Schedule A, Line 28	Schedule A, Line 23	Schedule B, Line 1	Schedule B, Line 1	Form 6198, Line 4 Basic Lmt.	Form 8582, Line 3c	Form 8582 AMT, Line 3c	Form 8582, Line 3c	Form 8582 AMT, Line 3c	Form 8582, Line 3c	Form 8582 AMT, Line 3c	Form 8582, Line 3c	Form 8582 AMT, Line 3c

Schedule K-1 Line Reference: (1065/1120S/1041)																	
Entity No.	Act. No.	*/*	13/12/*	13/12/*	13/12/*	13/*/*	13/*/*	13/*/*	11/10/5	*	9c/8c/4c	20/17/*	*	*/*/9	13/12/*	*	13/12/*
		Section 179 Carryover	Charitable Contributions 30% Regular	Charitable Contributions 30% Special	Charitable Contributions 20%	Keogh Payments	SEP Payments	IRA Contributions	Other Portfolio Income (loss)	Other Nonportfolio Nonpassive Income	Unrecaptured Section 1250 Gain	Investment Expenses	Investment Interest Expense C/O (Sch. E)	Nonpassive Depreciation and Amortization	Deductions Related to Portfolio Income (not 2%)	Medical Payments for 2% Owner	Section 59(e)(2) Expenditure
20004	20004								92.		1,241.				10.		
20029	20037								1.		16.						
Totals																	
Component of:		Form 4562, Line 10	Schedule A, Lines 16 & 17	Schedule A, Lines 16 & 17	Schedule A, Lines 16 & 17	Form 1040, Line 28	Form 1040, Line 28	Form 1040, Line 32	Schedule E, Page 2, Various	Schedule E, Page 2, Various	Schedule D, Line 19	Form 4952, Line 5	Form 4952, Line 2	Schedule E, Line 33	Schedule A, Line 28	Schedule A, Line 1	Schedule E, Page 2, Various

828072 04-01-18 \* - No specific Schedule K-1 line reference for these amounts.

**Schedule E PASSTHROUGH RECAP - ADDITIONAL INCOME, DEDUCTIONS, AND PRIOR YEAR CARRYOVERS 2018**

BRADLEY S. SCHNEIDER & JULIE R. DANN

Schedule K-1 Line Reference: (1065/1120S/1041)																	
		17/15/*	15/13/13	15/13/*	*/*/10	*/*/11	18/16/14	18/16/*	18/16/*	*	*	*	*	*	*	*	
Entity No.	Act. No.	AMT Adj. Gain or Loss	Low Income Housing Cr Pre '08	Low Income Housing Cr Post '07	Estate Tax Deduction	Excess Deductions on Termination	Tax-exempt Interest Income	Other Tax-exempt Income	Nondeductible Expenses	Section 1231 PAL Carryover	AMT Section 1231 PAL Carryover	ST Capital PAL C/O	AMT ST Capital PAL C/O	LT Capital PAL C/O	AMT LT Capital PAL C/O	Form 4797 Ordinary PAL C/O	AMT 4797 Ordinary PAL C/O
20031	20039	-988.							10.								
20040	20047								20.								
<b>Totals</b> .....		-1,269.					58.	243.	5,250.								
<b>Component of:</b>		Form 6251, Line 18	Form 8586 Line 4	Form 8586 Line 11	Schedule A, Line 28	Schedule A, Line 23	Schedule B, Line 1	Schedule B, Line 1	Form 6198, Line 4 Basic Lmt.	Form 8582, Line 3c	Form 8582 AMT, Line 3c	Form 8582, Line 3c	Form 8582 AMT, Line 3c	Form 8582, Line 3c	Form 8582 AMT, Line 3c	Form 8582, Line 3c	Form 8582 AMT, Line 3c

Schedule K-1 Line Reference: (1065/1120S/1041)																	
		*/*	13/12/*	13/12/*	13/12/*	13/*/*	13/*/*	13/*/*	11/10/5	*	9c/8c/4c	20/17/*	*	*/*/9	13/12/*	*	13/12/*
Entity No.	Act. No.	Section 179 Carryover	Charitable Contributions 30% Regular	Charitable Contributions 30% Special	Charitable Contributions 20%	Keogh Payments	SEP Payments	IRA Contributions	Other Portfolio Income (loss)	Other Nonportfolio Nonpassive income	Unrecaptured Section 1250 Gain	Investment Expenses	Investment Interest Expense C/O (Sch. E)	Nonpassive Depreciation and Amortization	Deductions Related to Portfolio Income (not 2%)	Medical Payments for 2% Owner	Section 59(e)(2) Expenditure
20031	20039								223.		6,606.				24.		
<b>Totals</b> .....									316.		7,863.				34.		
<b>Component of:</b>		Form 4562, Line 10	Schedule A, Lines 16 & 17	Schedule A, Lines 16 & 17	Schedule A, Lines 16 & 17	Form 1040, Line 28	Form 1040, Line 28	Form 1040, Line 32	Schedule E, Page 2, Various	Schedule E, Page 2, Various	Schedule D, Line 19	Form 4952, Line 5	Form 4952, Line 2	Schedule E, Line 33	Schedule A, Line 28	Schedule A, Line 1	Schedule E, Page 2, Various

828072 04-01-18 \* - No specific Schedule K-1 line reference for these amounts.

**Schedule E PASSTHROUGH RECAP - ADDITIONAL INFORMATION AND PRIOR YEAR AT-RISK CARRYOVERS 2018**

BRADLEY S. SCHNEIDER & JULIE R. DANN

Schedule K-1 Line Reference: (1065/1120S/1041)																
Entity No.	Act. No.	9b/8b/4b Net LT Capital Gain (Loss) 28%	* Form 4684 Casualty or Theft Gain (Loss)	15/13/13 Federal Income Tax Withheld	* 15/13/13 State Income Tax Withheld	*/*/13 Estimated Tax Paid by a Trust	15/13/13 Qualified Rehabilitation Expenditures Credit	15/13/13 Biofuel Producer Credit	15/13/* Patrons Credit	15/13/13 Work Opportunity Credit	17/15/12 Form 6251 Depletion (Not Oil and Gas)	17/15/* Form 6251 Interest Deduction Adjustments	17/15/* Form 6251 Incentive Stock Options	17/15/* Form 6251 Passive Activities	17/15/* Form 6251 Tax-exempt Interest P.A. Bonds	
20004	20004				60.											
20029	20037				1.											
<b>Totals</b> .....																
<b>Component of:</b>		Schedule D, Line 18	Form 4684, Section B	Form 1040, Line 61	Schedule A, Line 5	Form 1040, Line 62	Form 3468, Line 10	Form 6478, Line 7	Form 5884, Line 3	Form 5884, Line 3	Form 6251, Line 10	Form 6251, Line 9	Form 6251, Line 15	Form 6251, Line 20	Form 6251, Line 13	

Schedule K-1 Line Reference: (1065/1120S/1041)																
Entity No.	Act. No.	* Schedule E At-Risk Carryover	* AMT Schedule E At-Risk Carryover	* ST At-Risk Carryover	* AMT ST At-Risk Carryover	* LT At-Risk Carryover	* AMT LT At-Risk Carryover	* Sec. 1231 At-Risk Carryover	* AMT Sec. 1231 At-Risk Carryover	* 4797-Ord. At-Risk Carryover	* AMT 4797-Ord. At-Risk Carryover	* Other At-Risk Carryovers	* AMT Other At-Risk Carryovers			
<b>Totals</b> .....																
<b>Component of:</b>		Form 6198, Line 1	Form 6198 AMT, Line 1	Form 6198, Line 2a	Form 6198 AMT, Line 2a	Form 6198, Line 2a	Form 6198 AMT, Line 2a	Form 6198, Line 2a	Form 6198 AMT, Line 2a	Form 6198, Line 2b	Form 6198 AMT, Line 2b	Form 6198, Various	Form 6198 AMT, Various			

828073 04-01-18 \* - No specific Schedule K-1 line reference for these amounts.







**Schedule E PASSTHROUGH RECAP - ADDITIONAL INFORMATION AND PRIOR YEAR BASIS CARRYOVERS 2018**

BRADLEY S. SCHNEIDER & JULIE R. DANN

Schedule K-1 Line Reference: (1065/1120S/1041)															
	6b/5b/2b	11/10/*	13/*/*	13/12/14	13/12/*	15/13/*	15/13/13	15/13/13	15/13/*	15/13/*	20/17/13	*//*/*	13/12/*		
Entity No.	Act. No.	Qualified Dividends	Sec. 1256 Contracts & Straddles	Dependent Care Benefits	Qualified Production Activities Income	Employer's W-2 Wages	Undistributed Capital Gains	Empowerment Zone Credit	Credit for Increasing Research Activities	New Markets Credit	Credit for SS & Medicare Taxes	Recapture of Low-income Housing Credit	Royalty/Depletion Expenses	Charitable Contributions 100%	
20048	20056	8,013.													
20004	20004	2,761.							32.						
20029	20037	36.													
<b>Totals</b> .....															
<b>Component of:</b>															
	Form 1040, Line 9b	Form 6781, Line 1	Form 2441, Line 14	Form 8903, Line 7	Form 8903, Line 15	Form 1040, Line 70	Form 8844, Line 3	Form 6765, Line 37	Form 8874, Line 2	Form 8846, Line 5	Form 8611, Line 8	Schedule E, Page 1 or 2	Schedule A, Lines 16 & 17		

Schedule K-1 Line Reference: (1065/1120S/1041)															
	*	*	*	*	*	*	*	*	*	*	*	*	*		
Entity No.	Act. No.	Schedule E Basis Carryover	AMT Schedule E Basis Carryover	ST Basis Carryover	AMT Basis Carryover	LT Basis Carryover	AMT LT Basis Carryover	Sec. 1231 Basis Carryover	AMT Sec. 1231 Basis Carryover	4797-Ord. Basis Carryover	AMT 4797-Ord. Basis Carryover	Other Basis Carryovers	AMT Other Basis Carryovers		
<b>Totals</b> .....															
<b>Component of:</b>															
	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet		

828076 04-01-18 \* - No specific Schedule K-1 line reference for these amounts.

**Schedule E PASSTHROUGH RECAP - ADDITIONAL INFORMATION AND PRIOR YEAR BASIS CARRYOVERS 2018**

BRADLEY S. SCHNEIDER & JULIE R. DANN

Schedule K-1 Line Reference: (1065/1120S/1041)															
	6b/5b/2b	11/10/*	13/*/*	13/12/14	13/12/*	15/13/*	15/13/13	15/13/13	15/13/*	15/13/*	20/17/13	*/*/*	13/12/*		
Entity No.	Act. No.	Qualified Dividends	Sec. 1256 Contracts & Straddles	Dependent Care Benefits	Qualified Production Activities Income	Employer's W-2 Wages	Undistributed Capital Gains	Empowerment Zone Credit	Credit for Increasing Research Activities	New Markets Credit	Credit for SS & Medicare Taxes	Recapture of Low-income Housing Credit	Royalty/ Depletion Expenses	Charitable Contributions 100%	
20031	20039	1,869.													
20040	20047								132.						
20001	20001	104.													
Totals .....		12,783.							164.						
Component of:		Form 1040, Line 9b	Form 6781, Line 1	Form 2441, Line 14	Form 8903, Line 7	Form 8903, Line 15	Form 1040, Line 70	Form 8844, Line 3	Form 6765, Line 37	Form 8874, Line 2	Form 8846, Line 5	Form 8611, Line 8	Schedule E, Page 1 or 2	Schedule A, Lines 16 & 17	

Schedule K-1 Line Reference: (1065/1120S/1041)															
	*	*	*	*	*	*	*	*	*	*	*	*	*		
Entity No.	Act. No.	Schedule E Basis Carryover	AMT Schedule E Basis Carryover	ST Basis Carryover	AMT Basis Carryover	LT Basis Carryover	AMT LT Basis Carryover	Sec. 1231 Basis Carryover	AMT Sec. 1231 Basis Carryover	4797-Ord. Basis Carryover	AMT 4797-Ord. Basis Carryover	Other Basis Carryovers	AMT Other Basis Carryovers		
Totals .....															
Component of:		Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet		

828076 04-01-18 \* - No specific Schedule K-1 line reference for these amounts.

2018 DEPRECIATION AND AMORTIZATION REPORT

RESIDENTIAL RESIDENCE - [REDACTED]

SCHEDULE E- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	RESIDENTIAL RESIDENCE	08/01/01	SL	27.50	MM	17	254,261.				254,261.	151,403.		9,246.	160,649.
2	LAND	08/01/01	L				13,382.				13,382.			0.	0.
3	WINDOWS	06/01/02	200DB	7.00	HY	17	2,759.			828.	1,931.	1,931.		0.	1,931.
	TOTAL SCH E DEPRECIATION						270,402.			828.	269,574.	153,334.		9,246.	162,580.

Form **1116**

Department of the Treasury  
Internal Revenue Service (99)

**Foreign Tax Credit**

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

OMB No. 1545-0121

**2018**

Attachment  
Sequence No. **19**

Name **BRADLEY S. SCHNEIDER & JULIE R. DANN** Identifying number as shown on page 1 of your tax return

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a  Section 951A income
- c  Passive category income
- e  Section 901(j) income
- g  Lump-sum distributions
- b  Foreign branch income
- d  General category income
- f  Certain income re-sourced by treaty

h Resident of (name of country) ▶ **UNITED STATES**

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
<b>i Enter the name of the foreign country or U.S. possession</b> ▶ OTHER COUNTRIES				
<b>1a</b> Gross income from sources within country shown above and of the type checked above:				
	16,486.			<b>1a</b> 16,486.
<b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement) <b>SEE STATEMENT 25</b>	14.			
<b>3</b> Pro rata share of other deductions <b>not definitely related:</b>				
<b>a</b> Certain itemized deductions or standard deduction	72,027.			
<b>b</b> Other deductions (attach statement)				
<b>c</b> Add lines 3a and 3b	72,027.			
<b>d</b> Gross foreign source income	22,237.			
<b>e</b> Gross income from all sources	992,377.			
<b>f</b> Divide line 3d by line 3e	.022407815			
<b>g</b> Multiply line 3c by line 3f	1,614.			
<b>4</b> Pro rata share of interest expense:				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	280.			
<b>b</b> Other interest expense				
<b>5</b> Losses from foreign sources				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5	1,908.			<b>6</b> 1,908.
<b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				<b>7</b> 14,578.

**Part II Foreign Taxes Paid or Accrued**

**SEE STATEMENT 24**

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued						(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		In foreign currency			In U.S. dollars				
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends		
<b>A</b>						128.		75.	203.
<b>B</b>									
<b>C</b>									
<b>8</b> Add lines A through C, column (u). Enter the total here and on line 9, page 2									<b>8</b> 203.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2018)

**Part III Figuring the Credit**

<b>9</b> Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....	<b>9</b>	203.	
<b>10</b> Carryback or carryover (attach detailed computation) ..... (If your income was section 951A income (box a above Part I), leave line 10 blank.)	<b>10</b>		
<b>11</b> Add lines 9 and 10 .....	<b>11</b>	203.	
<b>12</b> Reduction in foreign taxes .....	<b>12</b>		
<b>13</b> Taxes reclassified under high tax kickout .....	<b>13</b>		
<b>14</b> Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit .....	<b>14</b>		203.
<b>15</b> Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I .....	<b>15</b>	14,578.	
<b>16</b> Adjustments to line 15 .....	<b>16</b>		
<b>17</b> Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) .....	<b>17</b>	14,578.	
<b>18</b> <b>Individuals:</b> Enter the amount from Form 1040, line 10; or Form 1040NR, line 41. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption ..... <b>SEE STATEMENT 26</b>	<b>18</b>	736,463.	
<b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
<b>19</b> Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....	<b>19</b>		.01979
<b>20</b> <b>Individuals:</b> Enter the total of Form 1040, line 11a, and Schedule 2 (Form 1040), line 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 40, 41, and 43. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 .....	<b>20</b>		212,043.
<b>Caution:</b> If you are completing line 20 for separate category <b>g</b> (lump-sum distributions), see instructions.			
<b>21</b> Multiply line 20 by line 19 (maximum amount of credit) .....	<b>21</b>		4,196.
<b>22</b> Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV .....	<b>22</b>		203.

**Part IV Summary of Credits From Separate Parts III**

<b>23</b> Credit for taxes on section 951A income .....	<b>23</b>		
<b>24</b> Credit for taxes on foreign branch income .....	<b>24</b>		
<b>25</b> Credit for taxes on passive category income .....	<b>25</b>		
<b>26</b> Credit for taxes on general category income .....	<b>26</b>		
<b>27</b> Credit for taxes on section 901(j) income .....	<b>27</b>		
<b>28</b> Credit for taxes on certain income re-sourced by treaty .....	<b>28</b>		
<b>29</b> Credit for taxes on lump-sum distributions .....	<b>29</b>		
<b>30</b> Add lines 23 through 29 .....	<b>30</b>		
<b>31</b> Enter the <b>smaller</b> of line 20 or line 30 .....	<b>31</b>		203.
<b>32</b> Reduction of credit for international boycott operations .....	<b>32</b>		
<b>33</b> Subtract line 32 from line 31. This is your <b>foreign tax credit</b> . Enter here and on Schedule 3 (Form 1040), line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 45a .....	<b>33</b>		203.

# General Business Credit

▶ Go to [www.irs.gov/Form3800](http://www.irs.gov/Form3800) for instructions and the latest information.  
 ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

BRADLEY S. SCHNEIDER & JULIE R. DANN

Identifying number  
XXXXXXXXXX

**Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)**  
 (See instructions and complete Part(s) III before Parts I and II.)

1	General business credit from line 2 of all Parts III with box A checked .....	1	
2	Passive activity credits from line 2 of all Parts III with box B checked .....	2	
3	Enter the applicable passive activity credits allowed for 2018. See instructions .....	3	
4	Carryforward of general business credit to 2018. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach .....	4	
5	Carryback of general business credit from 2019. Enter the amount from line 2 of Part III with box D checked .....	5	
6	Add lines 1, 3, 4, and 5 .....	6	

**Part II Allowable Credit**

7	Regular tax before credits: <ul style="list-style-type: none"> <li>Individuals. Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 (Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44</li> <li>Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return .....</li> <li>Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return .....</li> </ul>	7	212,043.
8	Alternative minimum tax: <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 11 .....</li> <li>Corporations. Enter -0- .....</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 .....</li> </ul>	8	
9	Add lines 7 and 8 .....	9	212,043.
10a	Foreign tax credit .....	10a	203.
b	Certain allowable credits (see instructions) .....	10b	
c	Add lines 10a and 10b .....	10c	203.
11	<b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 .....	11	211,840.
12	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0- .....	12	211,840.
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions .....	13	46,710.
14	Tentative minimum tax: <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 9 .....</li> <li>Corporations. Enter -0- .....</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 .....</li> </ul>	14	186,011.
15	Enter the greater of line 13 or line 14 .....	15	186,011.
16	Subtract line 15 from line 11. If zero or less, enter -0- .....	16	25,829.
17	Enter the <b>smaller</b> of line 6 or line 16 .....	17	0.

LHA For Paperwork Reduction Act Notice, see separate instructions.

**Part II Allowable Credit** (continued)

**Note:** If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions .....	18	
19	Enter the greater of line 13 or line 18 .....	19	
20	Subtract line 19 from line 11. If zero or less, enter -0- .....	20	
21	Subtract line 17 from line 20. If zero or less, enter -0- .....	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked .....	22	
23	Passive activity credit from line 3 of all Parts III with box B checked .....	23	
24	Enter the applicable passive activity credit allowed for 2018. See instructions .....	24	
25	Add lines 22 and 24 .....	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 .....	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0- .....	27	165,130.
28	Add lines 17 and 26 .....	28	
29	Subtract line 28 from line 27. If zero or less, enter -0- .....	29	165,130.
30	Enter the general business credit from line 5 of all Parts III with box A checked .....	30	
31	Reserved .....	31	
32	Passive activity credits from line 5 of all Parts III with box B checked .....	32	145.
33	Enter the applicable passive activity credits allowed for 2018. See instructions .....	33	145.
34	Carryforward of business credit to 2018. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach .....	34	
35	Carryback of business credit from 2019. Enter the amount from line 5 of Part III with box D checked. See instructions .....	35	
36	Add lines 30, 33, 34, and 35 .....	36	145.
37	Enter the <b>smaller</b> of line 29 or line 36 .....	37	145.
38	<b>Credit allowed for the current year.</b> Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> <li>• Individuals. Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 .....</li> <li>• Corporations. Form 1120, Schedule J, Part I, line 5c .....</li> <li>• Estates and trusts. Form 1041, Schedule G, line 2b .....</li> </ul>	38	145.

Name(s) shown on return

Identifying number

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A  General Business Credit From a Non-Passive Activity
- B  General Business Credit From a Passive Activity
- C  General Business Credit Carryforwards
- D  General Business Credit Carrybacks
- E  Reserved
- F  Reserved
- G  Eligible Small Business Credit Carryforwards
- H  Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765) <span style="float: right;">STMT 27</span>	4i	145.
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	145.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	145.

Name(s) shown on return

Identifying number

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A  General Business Credit From a Non-Passive Activity
- B  General Business Credit From a Passive Activity
- C  General Business Credit Carryforwards
- D  General Business Credit Carrybacks
- E  Reserved
- F  Reserved
- G  Eligible Small Business Credit Carryforwards
- H  Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b)	(c)
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	36-3934185 32.
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	32.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	32.

Name(s) shown on return

Identifying number

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A  General Business Credit From a Non-Passive Activity
- B  General Business Credit From a Passive Activity
- C  General Business Credit Carryforwards
- D  General Business Credit Carrybacks
- E  Reserved
- F  Reserved
- G  Eligible Small Business Credit Carryforwards
- H  Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b)	(c)
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	36-4116425 113.
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	113.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	113.

**Sales of Business Property**  
 (Also Involuntary Conversions and Recapture Amounts  
 Under Sections 179 and 280F(b)(2))  
 Attach to your tax return.

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

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

Identifying number  
XXXXXXXXXX

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

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 28						23,619.

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows <b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. <b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.	7	23,619.
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	

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

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


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

LHA For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

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

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

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

### At-Risk Limitations

OMB No. 1545-0712

- ▶ Attach to your tax return.
- ▶ See separate instructions.

Attachment Sequence No. **31**

Name(s) shown on return

Identifying number

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

Description of activity (see page 2 of the instructions)

**GIC 11 E. WALTON HOLDINGS LLC 20-8575774**

**Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts.** See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	-6,660.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	10.
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	( 1.)
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	-6,651.

**Part II Simplified Computation of Amount At Risk.** See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	
7	Increases for the tax year (see page 3 of the instructions)	7	SEE STATEMENT 31 5,189.
8	Add lines 6 and 7	8	5,189.
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8	10a	5,189.
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	5,189.

**Part III Detailed Computation of Amount At Risk.**

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	16	
b	<input type="checkbox"/> The end of your prior year		
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	18	
b	<input type="checkbox"/> The end of your prior year		
19a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

**Part IV Deductible Loss**

20	Amount at risk. Enter the larger of line 10b or line 19b	20	5,189.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	( 5,189.)

**Note:** If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

LHA For Paperwork Reduction Act Notice, see page 8 of the instructions.

Form 6198 (Rev. 11-2009)

ALTERNATIVE MINIMUM TAX

Form **6198**  
(Rev. November 2009)  
Department of the Treasury  
Internal Revenue Service

**At-Risk Limitations**

- ▶ Attach to your tax return.
- ▶ See separate instructions.

OMB No. 1545-0712

Attachment Sequence No. **31**

Name(s) shown on return

Identifying number

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

Description of activity (see page 2 of the instructions)

**GIC 11 E. WALTON HOLDINGS LLC 20-8575774**

**Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts.** See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	-6,995.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	10.
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	( 1.)
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	-6,986.

**Part II Simplified Computation of Amount At Risk.** See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	5,189.
8	Add lines 6 and 7	8	5,189.
9	Decreases for the tax year (see page 4 of the instructions)	9	
10 a	Subtract line 9 from line 8	10a	5,189.
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	5,189.

**Part III Detailed Computation of Amount At Risk.**

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	16	
b	<input type="checkbox"/> The end of your prior year		
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	18	
b	<input type="checkbox"/> The end of your prior year		
19 a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

**Part IV Deductible Loss**

20	Amount at risk. Enter the larger of line 10b or line 19b	20	5,189.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	( 5,189.)

SEE STATEMENT 33

**Note:** If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

LHA For Paperwork Reduction Act Notice, see page 8 of the instructions.

Form 6198 (Rev. 11-2009)

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

**Part I Alternative Minimum Taxable Income**

<b>1</b>	Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.)	<b>1</b>	857,937.
<b>2a</b>	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040, line 8	<b>2a</b>	10,000.
<b>b</b>	Tax refund from Schedule 1 (Form 1040), line 10 or line 21	<b>2b</b>	-4,646.
<b>c</b>	Investment interest expense (difference between regular tax and AMT)	<b>2c</b>	
<b>d</b>	Depletion (difference between regular tax and AMT)	<b>2d</b>	
<b>e</b>	Net operating loss deduction from Schedule 1 (Form 1040), line 21. Enter as a positive amount	<b>2e</b>	
<b>f</b>	Alternative tax net operating loss deduction	<b>2f</b>	
<b>g</b>	Interest from specified private activity bonds exempt from the regular tax	<b>2g</b>	SEE STATEMENT 35 6.
<b>h</b>	Qualified small business stock, see instructions	<b>2h</b>	
<b>i</b>	Exercise of incentive stock options (excess of AMT income over regular tax income)	<b>2i</b>	
<b>j</b>	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	<b>2j</b>	
<b>k</b>	Disposition of property (difference between AMT and regular tax gain or loss)	<b>2k</b>	
<b>l</b>	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	<b>2l</b>	
<b>m</b>	Passive activities (difference between AMT and regular tax income or loss)	<b>2m</b>	SEE STATEMENT 34 -305.
<b>n</b>	Loss limitations (difference between AMT and regular tax income or loss)	<b>2n</b>	
<b>o</b>	Circulation costs (difference between regular tax and AMT)	<b>2o</b>	
<b>p</b>	Long-term contracts (difference between AMT and regular tax income)	<b>2p</b>	
<b>q</b>	Mining costs (difference between regular tax and AMT)	<b>2q</b>	
<b>r</b>	Research and experimental costs (difference between regular tax and AMT)	<b>2r</b>	
<b>s</b>	Income from certain installment sales before January 1, 1987	<b>2s</b>	
<b>t</b>	Intangible drilling costs preference	<b>2t</b>	
<b>3</b>	Other adjustments, including income-based related adjustments	<b>3</b>	
<b>4</b>	<b>Alternative minimum taxable income.</b> Combine lines 1 through 3. (If married filing separately and line 4 is more than \$718,800, see instructions.)	<b>4</b>	862,992.

**Part II Alternative Minimum Tax (AMT)**

<b>5</b>	Exemption. (If you were under age 24 at the end of 2018, see instructions.) <b>IF your filing status is ... AND line 4 is not over ... THEN enter on line 5 ...</b> Single or head of household ... \$500,000 ... \$70,300 Married filing jointly or qualifying widow(er) ... 1,000,000 ... 109,400 Married filing separately ... 500,000 ... 54,700 If line 4 is <b>over</b> the amount shown above for your filing status, see instructions.	<b>5</b>	109,400.
<b>6</b>	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	<b>6</b>	753,592.
<b>7</b>	<ul style="list-style-type: none"> <li>If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; you reported qualified dividends on Form 1040, line 3a; 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 40 here.</li> <li><b>All others:</b> If line 6 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result.</li> </ul>	<b>7</b>	186,214.
<b>8</b>	Alternative minimum tax foreign tax credit (see instructions)	<b>8</b>	203.
<b>9</b>	Tentative minimum tax. Subtract line 8 from line 7	<b>9</b>	186,011.
<b>10</b>	Add Form 1040, line 11a (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 46. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 48. If you used Schedule J to figure your tax on Form 1040, line 11a, refigure that tax without using Schedule J before completing this line (see instructions)	<b>10</b>	211,840.
<b>11</b>	<b>AMT.</b> Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 45	<b>11</b>	0.

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

Form 6251 (2018)

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

Table with 4 columns: Line number, Description, Line number, and Amount. Rows 12-40 detailing tax calculations for capital gains rates, including instructions for AMT, joint filing, and specific percentages.

**ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT**

Name(s) <b>BRADLEY S. SCHNEIDER &amp; JULIE R. DANN</b>	Social Security Number <div style="background-color: black; width: 100px; height: 15px;"></div>
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Form Name	Description	Income	Adjustment				
			Form 6251, Line 2k	Form 6251, Line 2l	Form 6251, Line 2m	Form 6251, Line 2n	Form 6251 Other Adjustment
K1-	AERODIRECT FUND III, L LC 100% DISPOSITION						
	* REGULAR INCOME	1,095.					
	AMT ADJUSTMENTS	-52.			-52.		
	* AMT NET INCOME	1,043.			-52.		
4797	CD FAMILY INVESTMENT L .P.						
	* REGULAR INCOME	4,663.					
	* AMT NET INCOME	4,663.					
4797	CD FAMILY INVESTMENT L .P.						
	* REGULAR INCOME	61.					
	* AMT NET INCOME	61.					
4797	MDRJB PARTNERSHIP						
	* REGULAR INCOME	18,895.					
	* AMT NET INCOME	18,895.					
D-	MDRJB PARTNERSHIP						
	* REGULAR INCOME	3,090.					
	* AMT NET INCOME	3,090.					

**ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT**

Name(s) <b>BRADLEY S. SCHNEIDER &amp; JULIE R. DANN</b>	Social Security Number <div style="background-color: black; width: 100px; height: 15px;"></div>
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Form Name	Description	Income	Adjustment					
			Form 6251, Line 2k	Form 6251, Line 2l	Form 6251, Line 2m	Form 6251, Line 2n	Form 6251 Other Adjustment	
K1-	SPAULDING ASSOCIATES, LTD.							
	* REGULAR INCOME	4,260.						
	* AMT NET INCOME	4,260.						
K1-	CD FAMILY INVESTMENT L.P.							
	* REGULAR INCOME	-2,436.						
	AMT ADJUSTMENTS	-139.			-139.			
	* AMT NET INCOME	-2,575.			-139.			
K1-	GREENWAY APARTMENTS LIMITED PARTNERSHIP							
	* REGULAR INCOME	1,000.						
	* AMT NET INCOME	1,000.						
K1-	CD FAMILY INVESTMENT L.P.							
	* REGULAR INCOME	-31.						
	AMT ADJUSTMENTS	-2.			-2.			
	* AMT NET INCOME	-33.			-2.			
K1-	MDRJB PARTNERSHIP							
	* REGULAR INCOME	-30,467.						
	AMT ADJUSTMENTS	52.			52.			
	* AMT NET INCOME	-30,415.			52.			

**ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT**

Name(s) <b>BRADLEY S. SCHNEIDER &amp; JULIE R. DANN</b>	Social Security Number <div style="background-color: black; width: 100px; height: 15px;"></div>
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Form Name	Description	Income	Adjustment				
			Form 6251, Line 2k	Form 6251, Line 2l	Form 6251, Line 2m	Form 6251, Line 2n	Form 6251 Other Adjustment
K1-	ENCLAVE AT WINGHAVEN U I, LLC						
	* REGULAR INCOME	3,667.					
	* AMT NET INCOME	3,667.					
K1-	QUESTEK INTERNATIONAL, LLC						
	* REGULAR INCOME	444.					
	* AMT NET INCOME	444.					
K1-	AERODIRECT, INC.						
	* REGULAR INCOME	10,357.					
	AMT ADJUSTMENTS	-164.			-164.		
	* AMT NET INCOME	10,193.			-164.		
K1-	GIC 11 E. WALTON HOLDI NGS LLC						
	* REGULAR INCOME	-5,198.					
	* AMT NET INCOME	-5,198.					
C-	DAVIS DANN ADLER SCHNE IDER, LLC						
	* REGULAR INCOME	30,874.					
	* AMT NET INCOME	30,874.					



ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
	RESIDENTIAL RESIDENCE - 1215								
1	RESIDENTIAL RESIDENCE	080101	SL	27.50	254,261.	151,403.	9,246.	9,246.	0.
	** SUBTOTAL **				254,261.	151,403.	9,246.	9,246.	0.
	*** GRAND TOTAL ***				254,261.	151,403.	9,246.	9,246.	0.

**ALTERNATIVE MINIMUM TAX  
Foreign Tax Credit**

OMB No. 1545-0121

Form **1116**

Department of the Treasury  
Internal Revenue Service (99)

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

**2018**  
Attachment  
Sequence No. **19**

Name **BRADLEY S. SCHNEIDER & JULIE R. DANN** Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a  Section 951A income    c  Passive category income    e  Section 901(j) income    g  Lump-sum distributions  
b  Foreign branch income    d  General category income    f  Certain income re-sourced by treaty

h Resident of (name of country) ▶ **UNITED STATES**

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
<b>i Enter the name of the foreign country or U.S. possession</b> ▶ OTHER COUNTRIES				
<b>1a</b> Gross income from sources within country shown above and of the type checked above:	18,662.			<b>1a</b> 18,662.
<b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement) .....	14.			
<b>3</b> Pro rata share of other deductions <b>not definitely related:</b>				
<b>a</b> Certain itemized deductions or standard deduction .....	62,027.			
<b>b</b> Other deductions (attach statement) .....				
<b>c</b> Add lines 3a and 3b .....	62,027.			
<b>d</b> Gross foreign source income .....	22,237.			
<b>e</b> Gross income from all sources .....	987,737.			
<b>f</b> Divide line 3d by line 3e .....	.022513078			
<b>g</b> Multiply line 3c by line 3f .....	1,396.			
<b>4</b> Pro rata share of interest expense:				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) .....	281.			
<b>b</b> Other interest expense .....				
<b>5</b> Losses from foreign sources .....				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5 .....	1,691.			<b>6</b> 1,691.
<b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 .....				<b>7</b> 16,971.

**Part II Foreign Taxes Paid or Accrued**

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:				(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest		(q) Dividends	(r) Rents and royalties	(s) Interest	
<b>A</b>						128.			75.	203.
<b>B</b>										
<b>C</b>										
<b>8</b> Add lines A through C, column (u). Enter the total here and on line 9, page 2 .....										<b>8</b> 203.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2018)

ALTERNATIVE MINIMUM TAX

**Part III Figuring the Credit**

<b>9</b> Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....	<b>9</b>	203.	
<b>10</b> Carryback or carryover (attach detailed computation) ..... (If your income was section 951A income (box a above Part I), leave line 10 blank.)	<b>10</b>		
<b>11</b> Add lines 9 and 10 .....	<b>11</b>	203.	
<b>12</b> Reduction in foreign taxes .....	<b>12</b>		
<b>13</b> Taxes reclassified under high tax kickout .....	<b>13</b>		
<b>14</b> Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit .....	<b>14</b>		203.
<b>15</b> Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I .....	<b>15</b>	16,971.	
<b>16</b> Adjustments to line 15 .....	<b>16</b>		
<b>17</b> Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) .....	<b>17</b>	16,971.	
<b>18 Individuals:</b> Enter the amount from Form 1040, line 10; or Form 1040NR, line 41. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption ..... <b>SEE STATEMENT 36</b>	<b>18</b>	788,102.	
<b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
<b>19</b> Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....	<b>19</b>		.02153
<b>20 Individuals:</b> Enter the total of Form 1040, line 11a, and Schedule 2 (Form 1040), line 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 40, 41, and 43. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 .....	<b>20</b>		186,214.
<b>Caution:</b> If you are completing line 20 for separate category <b>g</b> (lump-sum distributions), see instructions.			
<b>21</b> Multiply line 20 by line 19 (maximum amount of credit) .....	<b>21</b>		4,009.
<b>22</b> Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV .....	<b>22</b>		203.

**Part IV Summary of Credits From Separate Parts III**

<b>23</b> Credit for taxes on section 951A income .....	<b>23</b>		
<b>24</b> Credit for taxes on foreign branch income .....	<b>24</b>		
<b>25</b> Credit for taxes on passive category income .....	<b>25</b>		
<b>26</b> Credit for taxes on general category income .....	<b>26</b>		
<b>27</b> Credit for taxes on section 901(j) income .....	<b>27</b>		
<b>28</b> Credit for taxes on certain income re-sourced by treaty .....	<b>28</b>		
<b>29</b> Credit for taxes on lump-sum distributions .....	<b>29</b>		
<b>30</b> Add lines 23 through 29 .....	<b>30</b>		
<b>31</b> Enter the <b>smaller</b> of line 20 or line 30 .....	<b>31</b>		203.
<b>32</b> Reduction of credit for international boycott operations .....	<b>32</b>		
<b>33</b> Subtract line 32 from line 31. This is your <b>foreign tax credit</b> . Enter here and on Schedule 3 (Form 1040), line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 45a .....	<b>33</b>		203.

**SCHEDULE H  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Household Employment Taxes**

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

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

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

OMB No. 1545-1971

**2018**  
Attachment  
Sequence No. **44**

Name of employer

**BRADLEY S. SCHNEIDER**

Social security number

Employer identification number

Calendar year taxpayers having no household employees in 2018 don't have to complete this form for 2018.

**A** Did you pay **any one** household employee cash wages of \$2,100 or more in 2018? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

- Yes.** Skip lines B and C and go to line 1.
- No.** Go to line B.

**B** Did you withhold federal income tax during 2018 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 2017 or 2018 to **all** household employees? (**Don't** count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Don't file this schedule.
- Yes.** Skip lines 1-9 and go to line 10.

**Part I Social Security, Medicare, and Federal Income Taxes**

<b>1</b>	Total cash wages subject to social security tax .....	<b>1</b>	30,500.	
<b>2</b>	Social security tax. Multiply line 1 by 12.4% (0.124) .....	<b>2</b>		3,782.
<b>3</b>	Total cash wages subject to Medicare tax .....	<b>3</b>	30,500.	
<b>4</b>	Medicare tax. Multiply line 3 by 2.9% (0.029) .....	<b>4</b>		885.
<b>5</b>	Total cash wages subject to Additional Medicare Tax withholding .....	<b>5</b>		
<b>6</b>	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009) .....	<b>6</b>		
<b>7</b>	Federal income tax withheld, if any .....	<b>7</b>		1,740.
<b>8</b>	<b>Total social security, Medicare, and federal income taxes.</b> Add lines 2, 4, 6, and 7 .....	<b>8</b>		6,407.

**9** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2017 or 2018 to **all** household employees? (**Don't** count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Include the amount from line 8 above on Schedule 4 (Form 1040), line 60a. If you're not required to file Form 1040, see the line 9 instructions.
- Yes.** Go to line 10.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Schedule H (Form 1040) 2018

**Part II Federal Unemployment (FUTA) Tax**

	Yes	No
<b>10</b> Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No." .....	<b>X</b>	
<b>11</b> Did you pay all state unemployment contributions for 2018 by April 15, 2019? Fiscal year filers, see instructions .....	<b>X</b>	
<b>12</b> Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? .....	<b>X</b>	

**Next:** If you checked the "Yes" box on **all** the lines above, complete Section A.  
If you checked the "No" box on **any** of the lines above, skip Section A and complete Section B.

**Section A**

<b>13</b> Name of the state where you paid unemployment contributions .....	<b>IL</b>	
<b>14</b> Contributions paid to your state unemployment fund .....	<b>14</b> 68.	
<b>15</b> Total cash wages subject to FUTA tax .....	<b>15</b>	7,000.
<b>16</b> FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25 .....	<b>16</b>	42.

**Section B**

**17** Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-.	(h) Contributions paid to state unemployment fund
		From	To					

<b>18</b> Totals .....	<b>18</b>	
<b>19</b> Add columns (g) and (h) of line 18 .....	<b>19</b>	
<b>20</b> Total cash wages subject to FUTA tax (see the line 15 instructions) .....	<b>20</b>	
<b>21</b> Multiply line 20 by 6.0% (0.060) .....	<b>21</b>	
<b>22</b> Multiply line 20 by 5.4% (0.054) .....	<b>22</b>	
<b>23</b> Enter the <b>smaller</b> of line 19 or line 22 .....	<b>23</b>	
(If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here) .....	<input type="checkbox"/>	
<b>24</b> FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25 .....	<b>24</b>	

**Part III Total Household Employment Taxes**

<b>25</b> Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0- .....	<b>25</b>	6,407.
<b>26</b> Add line 16 (or line 24) and line 25 .....	<b>26</b>	6,449.

**27** Are you required to file Form 1040?

- Yes. Stop.** Include the amount from line 26 above on Schedule 4 (Form 1040), line 60a. **Don't** complete Part IV below.  
 **No.** You may have to complete Part IV. See instructions for details.

**Part IV Address and Signature - Complete this part only if required. See the line 27 instructions.**

Address (number and street) or P.O. box if mail isn't delivered to street address \_\_\_\_\_ Apt., room, or suite no. \_\_\_\_\_  
 City, town or post office, state, and ZIP code \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Paid Preparer Use Only</b>	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.

# Nondeductible IRAs

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

▶ Attach to **2018 Form 1040** or **2018 Form 1040NR**.

Name. If married, file a separate form for each spouse required to file 2018 Form 8606. See instructions.

**JULIE R. DANN**

Your social security number

[REDACTED]

**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.

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 2018.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2018 **and** you made nondeductible contributions to a traditional IRA in 2018 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified 2017 disaster distribution (see 2018 Form 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 2018 **and** you made nondeductible contributions to a traditional IRA in 2018 or an earlier year.

1 Enter your nondeductible contributions to traditional IRAs for 2018, including those made for 2018 from January 1, 2019, through April 15, 2019. See instructions .....	<b>1</b>	
2 Enter your total basis in traditional IRAs. See instructions .....	<b>2</b>	210,174.
3 Add lines 1 and 2 .....	<b>3</b>	210,174.

<p><b>In 2018, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?</b></p>	<p>No</p>	<p>Yes</p>	<p>Enter the amount from line 3 on line 14. Do not complete the rest of Part I.</p> <p>Go to line 4.</p>
--	-----------	------------	--

4 Enter those contributions included on line 1 that were made from January 1, 2019, through April 15, 2019 .....	<b>4</b>	
5 Subtract line 4 from line 3 .....	<b>5</b>	
6 Enter the value of <b>all</b> your traditional, SEP, and SIMPLE IRAs as of December 31, 2018, plus any outstanding rollovers. Subtract any repayments of qualified 2017 disaster distributions (see 2018 Form 8915B). If the result is zero or less, enter -0-. See instructions .....	<b>6</b>	
7 Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2018. <b>Do not</b> include rollovers (other than repayments of qualified 2017 disaster distributions (see 2018 Form 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) .....	<b>7</b>	
8 Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2018. Also enter this amount on line 16 .....	<b>8</b>	
9 Add lines 6, 7, and 8 .....	<b>9</b>	
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" .....	<b>10</b>	x
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 .....	<b>11</b>	
12 Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA .....	<b>12</b>	
13 Add lines 11 and 12. This is the nontaxable portion of all your distributions .....	<b>13</b>	
14 Subtract line 13 from line 3. This is <b>your total basis in traditional IRAs for 2018 and earlier years</b> .....	<b>14</b>	210,174.
15 a Subtract line 12 from line 7 .....	<b>15a</b>	
b Enter the amount on line 15a attributable to qualified 2017 disaster distributions from 2018 Form 8915B (see instructions). Also, enter this amount on 2018 Form 8915B, line 22 .....	<b>15b</b>	
c <b>Taxable amount.</b> Subtract line 15b from line 15a. If more than zero, also include this amount on 2018 Form 1040, line 4b; or 2018 Form 1040NR, line 17b .....	<b>15c</b>	

**Note:** You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59 1/2 at the time of the distribution. See instructions.

**Part II 2018 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 2018.

<b>16</b>	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 2018 .....	<b>16</b>	
<b>17</b>	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions) .....	<b>17</b>	
<b>18</b>	<b>Taxable amount.</b> Subtract line 17 from line 16. If more than zero, also include this amount on 2018 Form 1040, line 4b; or 2018 Form 1040NR, line 17b .....	<b>18</b>	

**Part III Distributions From Roth IRAs**

Complete this part only if you took a distribution from a Roth IRA in 2018. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified 2017 disaster distribution (see 2018 Form 8915B)), qualified charitable distribution, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).

<b>19</b>	Enter your total nonqualified distributions from Roth IRAs in 2018, including any qualified first-time homebuyer distributions, and any qualified 2017 disaster distributions (see instructions). Also see 2018 Form 8915B .....	<b>19</b>	
<b>20</b>	Qualified first-time homebuyer expenses (see instructions). <b>Do not</b> enter more than \$10,000 .....	<b>20</b>	
<b>21</b>	Subtract line 20 from line 19. If zero or less, enter -0- .....	<b>21</b>	
<b>22</b>	Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, <b>stop here</b> .....	<b>22</b>	
<b>23</b>	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) .....	<b>23</b>	
<b>24</b>	Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA. See instructions .....	<b>24</b>	
<b>25 a</b>	Subtract line 24 from line 23. If zero or less, enter -0- and skip lines 25b and 25c .....	<b>25a</b>	
<b>b</b>	Enter the amount on line 25a attributable to qualified 2017 disaster distributions from 2018 Form 8915B (see instructions). Also, enter this amount on 2018 Form 8915B, line 23 .....	<b>25b</b>	
<b>c</b>	<b>Taxable amount.</b> Subtract line 25b from line 25a. If more than zero, also include this amount on 2018 Form 1040, line 4b; or 2018 Form 1040NR, line 17b .....	<b>25c</b>	

**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.

Your signature Date

<b>Paid Preparer Use Only</b>	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.

## Investment Interest Expense Deduction

▶ Go to [www.irs.gov/Form4952](http://www.irs.gov/Form4952) for the latest information.  
▶ Attach to your tax return.

Name(s) shown on return

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

Identifying number

[REDACTED]

**Part I Total Investment Interest Expense**

1 Investment interest expense paid or accrued in 2018 (see instructions) ..... <b>SEE STATEMENT 37</b>	<b>1</b>	1,885.
2 Disallowed investment interest expense from 2017 Form 4952, line 7 .....	<b>2</b>	
<b>3 Total investment interest expense.</b> Add lines 1 and 2 .....	<b>3</b>	1,885.

**Part II Net Investment Income**

4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) ..... <b>STMT 38</b>	<b>4a</b>	72,881.		
b Qualified dividends included on line 4a .....	<b>4b</b>	43,863.		
c Subtract line 4b from line 4a .....	<b>4c</b>			29,018.
d Net gain from the disposition of property held for investment ..... <b>STMT 39</b>	<b>4d</b>	195,775.		
e Enter the <b>smaller</b> of line 4d or your net capital gain from the disposition of property held for investment (see instructions) ..... <b>STMT 40</b>	<b>4e</b>	195,775.		
f Subtract line 4e from line 4d .....	<b>4f</b>			0.
g Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions) .....	<b>4g</b>			
h Investment income. Add lines 4c, 4f, and 4g .....	<b>4h</b>			29,018.
5 Investment expenses (see instructions) ..... <b>SEE STATEMENT 41</b>	<b>5</b>			34.
<b>6 Net investment income.</b> Subtract line 5 from line 4h. If zero or less, enter -0- .....	<b>6</b>			28,984.

**Part III Investment Interest Expense Deduction**

7 Disallowed investment interest expense to be carried forward to 2019. Subtract line 6 from line 3. If zero or less, enter -0- .....	<b>7</b>	0.
<b>8 Investment interest expense deduction.</b> Enter the <b>smaller</b> of line 3 or 6. See instructions ..... <b>STMT 42</b>	<b>8</b>	1,885.

LHA For Paperwork Reduction Act Notice, see separate instructions.

ALTERNATIVE MINIMUM TAX

Form **4952**

**Investment Interest Expense Deduction**

OMB No. 1545-0191

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form4952](http://www.irs.gov/Form4952) for the latest information.  
▶ Attach to your tax return.

**2018**  
Attachment  
Sequence No. **51**

Name(s) shown on return

Identifying number

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

**Part I Total Investment Interest Expense**

<b>1</b>	Investment interest expense paid or accrued in 2018 (see instructions) ..... <b>SEE STATEMENT 43</b>	<b>1</b>	<b>1,885.</b>
<b>2</b>	Disallowed investment interest expense from 2017 Form 4952, line 7 .....	<b>2</b>	
<b>3</b>	<b>Total investment interest expense.</b> Add lines 1 and 2 .....	<b>3</b>	<b>1,885.</b>

**Part II Net Investment Income**

<b>4a</b>	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) .....	<b>4a</b>	<b>72,887.</b>	
<b>4b</b>	Qualified dividends included on line 4a .....	<b>4b</b>	<b>43,863.</b>	
<b>4c</b>	Subtract line 4b from line 4a .....	<b>4c</b>	<b>29,024.</b>	
<b>4d</b>	Net gain from the disposition of property held for investment .....	<b>4d</b>	<b>195,775.</b>	
<b>4e</b>	Enter the <b>smaller</b> of line 4d or your net capital gain from the disposition of property held for investment (see instructions) .....	<b>4e</b>	<b>195,775.</b>	
<b>4f</b>	Subtract line 4e from line 4d .....	<b>4f</b>	<b>0.</b>	
<b>4g</b>	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions) .....	<b>4g</b>		
<b>4h</b>	Investment income. Add lines 4c, 4f, and 4g .....	<b>4h</b>	<b>29,024.</b>	
<b>5</b>	Investment expenses (see instructions) .....	<b>5</b>	<b>34.</b>	
<b>6</b>	<b>Net investment income.</b> Subtract line 5 from line 4h. If zero or less, enter -0- .....	<b>6</b>	<b>28,990.</b>	

**Part III Investment Interest Expense Deduction**

<b>7</b>	Disallowed investment interest expense to be carried forward to 2019. Subtract line 6 from line 3. If zero or less, enter -0- .....	<b>7</b>	<b>0.</b>
<b>8</b>	<b>Investment interest expense deduction.</b> Enter the <b>smaller</b> of line 3 or 6. See instructions .....	<b>8</b>	<b>1,885.</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4952** (2018)

REGULAR FORM 4952, LINE 8 1,885.  
 LESS RECOMPUTED FORM 4952, LINE 8 1,885.  
 INTEREST ADJUSTMENT - FORM 6251, LINE 2C

# Health Savings Accounts (HSAs)

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

Name(s) shown on Form 1040 or Form 1040NR

**JULIE R. DANN**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions) .....	▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) .....	2		
3	If you were under age 55 at the end of 2018, and on the first day of <b>every</b> month during 2018, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,450 (\$6,900 for family coverage). <b>All others</b> , see the instructions for the amount to enter .....	3		6,900.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs .....	4		
5	Subtract line 4 from line 3. If zero or less, enter -0- .....	5		6,900.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter .....	6		6,900.
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions) .....	7		1,000.
8	Add lines 6 and 7 .....	8		7,900.
9	Employer contributions made to your HSAs for 2018 .....	9		7,524.
10	Qualified HSA funding distributions .....	10		
11	Add lines 9 and 10 .....	11		7,524.
12	Subtract line 11 from line 8. If zero or less, enter -0- .....	12		376.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25 .....	13		
<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax (see instructions).				

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2018 from all HSAs (see instructions) .....	14a		6,858.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) .....	14b		
c	Subtract line 14b from line 14a .....	14c		6,858.
15	Qualified medical expenses paid using HSA distributions (see instructions) .....	15		6,858.
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount .....	16		0.
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here .....		<input type="checkbox"/>	
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box .....	17b		

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

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b> Last-month rule .....	<b>18</b>	
<b>19</b> Qualified HSA funding distribution .....	<b>19</b>	
<b>20</b> <b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, enter "HSA" and the amount .....	<b>20</b>	
<b>21</b> <b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box .....	<b>21</b>	

## Additional Medicare Tax

# 2018

Attachment  
Sequence No. 71

- ▶ If any line does not apply to you, leave it blank. See separate instructions.
- ▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
- ▶ Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

Name(s) shown on return **BRADLEY S. SCHNEIDER & JULIE R. DANN** Your social security number XXXXXXXXXX

### Part I 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	395,880.		
2 Unreported tips from Form 4137, line 6 .....	2			
3 Wages from Form 8919, line 6 .....	3			
4 Add lines 1 through 3 .....	4	395,880.		
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			145,880.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II .....	7			1,313.

### Part II Additional Medicare Tax on Self-Employment Income

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 filing status: Married filing jointly ..... \$250,000 Married filing separately ..... \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 .....	9			
10 Enter the amount from line 4 .....	10			
11 Subtract line 10 from line 9. If zero or less, enter -0- .....	11			
12 Subtract line 11 from line 8. If zero or less, enter -0- .....	12			
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III .....	13			

### Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) .....	14			
15 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 .....	15			
16 Subtract line 15 from line 14. If zero or less, enter -0- .....	16			
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV .....	17			

### Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 4 (Form 1040), line 62 (check box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Part V .....	18			1,313.
--	----	--	--	--------

### Part V 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	5,937.		
20 Enter the amount from line 1 .....	20	395,880.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages .....	21	5,740.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages .....	22			197.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) .....	23			
24 <b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 16 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) .....	24			197.

# Net Investment Income Tax - Individuals, Estates, and Trusts

## 2018

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to your tax return.**

▶ **Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.**

Attachment  
Sequence No. **72**

Name(s) shown on your tax return: **BRADLEY S. SCHNEIDER & JULIE R. DANN**      Your social security number or EIN: XXXXXXXXXX

**Part I Investment Income**     Section 6013(g) election (see instructions)  
 Section 6013(h) election (see instructions)  
 Regulations section 1.1411-10(g) election (see instructions)

1 Taxable interest (see instructions) .....		<b>1</b>	4,652.
2 Ordinary dividends (see instructions) .....		<b>2</b>	67,913.
3 Annuities (see instructions) .....		<b>3</b>	
4a Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) .....	<b>4a</b>		-3,551.
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) .....	<b>4b</b>		
c Combine lines 4a and 4b .....		<b>4c</b>	-3,551.
5a Net gain or loss from disposition of property (see instructions) .....	<b>5a</b>		222,484.
b Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) .....	<b>5b</b>		
c Adjustment from disposition of partnership interest or S corporation stock (see instructions) .....	<b>5c</b>		
d Combine lines 5a through 5c .....		<b>5d</b>	222,484.
6 Adjustments to investment income for certain CFCs and PFICs (see instructions) .....		<b>6</b>	
7 Other modifications to investment income (see instructions) <b>SEE STATEMENT 44</b> .....		<b>7</b>	1,154.
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 .....		<b>8</b>	292,652.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

9a Investment interest expenses (see instructions) .....	<b>9a</b>	1,885.	
b State, local, and foreign income tax (see instructions) .....	<b>9b</b>	10,000.	
c Miscellaneous investment expenses (see instructions) .....	<b>9c</b>	34.	
d Add lines 9a, 9b, and 9c .....			<b>9d</b> 11,919.
10 Additional modifications (see instructions) .....			<b>10</b>
11 Total deductions and modifications. Add lines 9d and 10 .....			<b>11</b> 11,919.

**Part III Tax Computation**

12 Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0- .....		<b>12</b>	280,733.
<b>Individuals:</b>			
13 Modified adjusted gross income (see instructions) .....	<b>13</b>	982,898.	
14 Threshold based on filing status (see instructions) .....	<b>14</b>	250,000.	
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	732,898.	
16 Enter the smaller of line 12 or line 15 .....			<b>16</b> 280,733.
17 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions) .....			<b>17</b> 10,668.
<b>Estates and Trusts:</b>			
18a Net investment income (line 12 above) .....	<b>18a</b>		
b Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) .....	<b>18b</b>		
c Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0- .....	<b>18c</b>		
19a Adjusted gross income (see instructions) .....	<b>19a</b>		
b Highest tax bracket for estates and trusts for the year (see instructions) .....	<b>19b</b>		
c Subtract line 19b from line 19a. If zero or less, enter -0- .....	<b>19c</b>		
20 Enter the smaller of line 18c or line 19c .....			<b>20</b>
21 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions) .....			<b>21</b>

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

**Line 7 - Deduction Recoveries Worksheet**

ILLINOIS

Keep for Your Records

<p>1. Enter total amount of recovery included in gross income .....</p> <ul style="list-style-type: none"> <li>• Don't include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6).</li> <li>• Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013.</li> <li>• Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you weren't subject to the NIIT solely because your MAGI was below the applicable threshold.</li> </ul>	<p>1. <u>3,946.</u></p>
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; text-align: center; font-weight: bold;">CAUTION</div> <span style="font-size: small; margin-left: 10px;">This rule doesn't apply if you incurred a net operating loss (NOL) in such year, and a portion of such NOL constitutes a section 1411 NOL.</span>	
<p>2. Amount of the recovery that would've been included in gross income but for the application of the tax benefit rule under section 111 .....</p>	<p>2. <u>0.</u></p>
<p>3. Total amount of recovery (add lines 1 and 2) .....</p>	<p>3. <u>3,946.</u></p>
<p>4. Enter the percentage of the deduction allocated to net investment income in the prior year. (If the deduction wasn't allocated between investment income and non-investment income, enter 100%.) .....</p>	<p>4. <u>.292513837</u></p>
<p>5. Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to item recovered (after any deduction limitations imposed by section 67 or 68) .....</p>	<p>5. <u>1,154.</u></p>

**Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL**

<p>6. Multiply line 5 by 0.038 .....</p>	<p>6. <u>44.</u></p>
<p>7. Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) .....</p>	<p>7. <u>106,703.</u></p>
<p>8. Add the amount of line 5 to line 7 .....</p>	<p>8. <u>107,857.</u></p>
<p>9. Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here .....</p>	<p>9. <u>4,099.</u></p>
<p>10. Enter the NIIT reported for the year of the deduction .....</p>	<p>10. <u>4,055.</u></p>
<p>11. Subtract line 10 from line 9 .....</p>	<p>11. <u>44.</u></p>
<p>12. Enter the smaller of line 6 or line 11 .....</p>	<p>12. <u>44.</u></p>
<p>13. Divide line 12 by 3.8% (line 12 ÷ 0.038). Enter the result here and include on Form 8960, line 7 .....</p>	<p>13. <u>1,154.</u></p>

**Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL**

<p>14. Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number) .....</p>	<p>14. _____</p>
<p>15. Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero) .....</p>	<p>15. _____</p>
<p>16. Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7 .....</p>	<p>16. _____</p>

**Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet**

Keep for Your Records

**Part III - Deductions Properly Allocable to Investment Income (Individuals Only)**

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from column (C) of Part II:

	Description	Line	Amount
(a)	N/A	N/A	N/A
(b)	N/A	N/A	N/A

2. Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income (limited to \$10,000, \$5,000 if MFS) ..... **2.** 10,000.

3. Enter the amounts of other Itemized Deductions properly allocable to investment income

(Description and Form 8960 line number where they'll be reported):

	Description	Line	Amount
(a)	SEE STATEMENT 45		
(b)			

4. Enter the total deductions properly allocable to investment income. Enter the sum of lines 2 and 3 ..... **4.** 10,034.

5. Enter the amount of total itemized deductions reported on Form 1040 ..... **5.** 124,596.

6. Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:

(a)	Investment Interest Expense	N/A
(b)	Casualty Losses (other than losses described in section 165(c)(1))	N/A
(c)	Medical Expenses	N/A
(d)	Gambling Losses	N/A
(e)	Total of lines 6(a) through 6(d)	6e. <u>N/A</u>

7. Subtract line 6e from line 5 ..... **7.** 124,596.

8. Enter the lesser of line 7 or line 4 ..... **8.** 10,034.

**TIP**

*This is the amount of itemized deductions that are properly allocable to investment income. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.*

**Part IV - Reconciliation of Schedule A Deductions to Form 8960, Lines 9 and 10 (Individuals Only)**

		(A)	(B)	(C)
		Reenter the amounts and descriptions from Part III, lines 1 - 3.	IF Part III, line 8 is less than Part III, line 4, THEN divide line 8 by line 4 AND enter the amount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).	Multiply the individual amounts in column (A) by the amount in column (B). Enter these amounts in the appropriate location on lines 9 and 10.
<b>Miscellaneous Itemized Deductions properly allocable to investment income:</b>				
1.	(a)	N/A	X N/A	= N/A
	(b)	N/A	X N/A	= N/A
2.	State, local, and foreign income taxes	10,000.	X 1.0000	= 10,000.
<b>Itemized Deductions Included on Line 3 of Part III:</b>				
3.	(a)	SEE STATEMENT 46	X	=
	(b)		X	=

# Net Investment Income Tax - Individuals, Estates, and Trusts

# 2018

ILLINOIS

Name(s) **BRADLEY S. SCHNEIDER & JULIE R. DANN** Your social security number or EIN XXXXXXXXXX

**Part I Investment Income**  Section 6013(g) election  
 Regulations section 1.1411-10(g) election

1 Taxable interest .....		<b>1</b>	6,214.
2 Ordinary dividends .....		<b>2</b>	67,913.
3 Annuities from nonqualified plans .....		<b>3</b>	
4a Rental real estate, royalties, partnerships, S corporations, trusts, etc. ....	<b>4a</b>		-3,551.
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business .....	<b>4b</b>		
c Combine lines 4a and 4b .....		<b>4c</b>	-3,551.
5a Net gain or loss from disposition of property from Schedule 1 (Form 1040), combine lines 13 and 14; or from Form 1041, combine lines 4 and 7 .....	<b>5a</b>		222,484.
b Net gain or loss from disposition of property that is not subject to net investment income tax .....	<b>5b</b>		
c Adjustment from disposition of partnership interest or S corporation stock .....	<b>5c</b>		
d Combine lines 5a through 5c .....		<b>5d</b>	222,484.
6 Changes in investment income for certain CFCs and PFICs .....		<b>6</b>	
7 Other modifications to investment income .....		<b>7</b>	
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 .....		<b>8</b>	293,060.

**Part II State Income Tax Pro-ration for 2018 Income Tax Payments**

9 State total income .....		<b>9</b>	670,394.
10 State income tax payments for 2018 .....	<b>SEE STATEMENT 47</b>	<b>10</b>	25,024.
11 2018 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10 .....		<b>11</b>	10,939.

**Part III State Income Tax Pro-ration for 2017 Estimate Payments Made in 2018**

12 State estimate payments for 2017 .....		<b>12</b>	
13 Percent of state income taxes attributable to investment income for 2017 .....		<b>13</b>	.292514
14 2017 state estimate payments attributable to investment income. Line 12 times line 13 .....		<b>14</b>	

**Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2018**

15 Balance of prior years tax plus extension payments paid in 2018 .....		<b>15</b>	3,500.
16 Percent of state income taxes attributable to investment income for 2017 .....		<b>16</b>	.292514
17 Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16 .....		<b>17</b>	1,024.

**Part V Reduction of State Tax Deduction**

18 Reduction of state tax deduction .....		<b>18</b>	( 516.)
19 Percent of state income taxes attributable to investment income for 2017 .....		<b>19</b>	.292514
20 Reduction of state tax deduction attributable to investment income. Line 18 times line 19 .....		<b>20</b>	( 151.)

**Part VI Total State Income Tax Payments Attributable to Investment Income**

21 Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2 .....		<b>21</b>	11,812.
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Form **8960** (2018)

**Credit for Prior Year Minimum Tax -  
Individuals, Estates, and Trusts**

**2018**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form8801](http://www.irs.gov/Form8801) for instructions and the latest information.

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

Attachment  
Sequence No. **74**

Name(s) shown on return

Identifying number

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

[REDACTED]

**Part I Net Minimum Tax on Exclusion Items**

1	Combine lines 1, 6, and 10 of your 2017 Form 6251. Estates and trusts, see instructions	1	583,263.
2	Enter adjustments and preferences treated as exclusion items (see instructions)	2	137,828.
3	Minimum tax credit net operating loss deduction (see instructions)	3	( )
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$249,450 and you were married filing separately for 2017, see instructions	4	721,091.
5	Enter: \$84,500 if married filing jointly or qualifying widow(er) for 2017; \$54,300 if single or head of household for 2017; or \$42,250 if married filing separately for 2017. Estates and trusts, enter \$24,100	5	84,500.
6	Enter: \$160,900 if married filing jointly or qualifying widow(er) for 2017; \$120,700 if single or head of household for 2017; or \$80,450 if married filing separately for 2017. Estates and trusts, enter \$80,450	6	160,900.
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	560,191.
8	Multiply line 7 by 25% (0.25)	8	140,048.
9	Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2017, see instructions	9	0.
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions	10	721,091.
11	<ul style="list-style-type: none"> <li>• If for 2017 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>• If for 2017 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 18a and 19, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 55 here. Form 1040NR filers, see instructions.</li> <li>• All others: If line 10 is \$187,800 or less (\$93,900 or less if married filing separately for 2017), multiply line 10 by 26% (0.26). Otherwise, multiply line 10 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately for 2017) from the result. Form 1040NR filers, see instructions.</li> </ul>	11	184,376.
12	Minimum tax foreign tax credit on exclusion items (see instructions)	12	277.
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	184,099.
14	Enter the amount from your 2017 Form 6251, line 34, or 2017 Form 1041, Schedule I, line 55	14	151,091.
15	<b>Net minimum tax on exclusion items.</b> Subtract line 14 from line 13. If zero or less, enter -0-	15	33,008.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8801 (2018)

**Part II Minimum Tax Credit and Carryforward to 2019**

<b>16</b> Enter the amount from your 2017 Form 6251, line 35, or 2017 Form 1041, Schedule I, line 56 .....	<b>16</b>	34,161.
<b>17</b> Enter the amount from line 15 .....	<b>17</b>	33,008.
<b>18</b> Subtract line 17 from line 16. If less than zero, enter as a negative amount .....	<b>18</b>	1,153.
<b>19 2017 credit carryforward.</b> Enter the amount from your 2017 Form 8801, line 26 .....	<b>19</b>	
<b>20</b> Enter your 2017 unallowed qualified electric vehicle credit (see instructions) .....	<b>20</b>	
<b>21</b> Combine lines 18 through 20. If zero or less, stop here and see the instructions .....	<b>21</b>	1,153.
<b>22</b> Enter your 2018 regular income tax liability minus allowable credits (see instructions) .....	<b>22</b>	211,695.
<b>23</b> Enter the amount from your 2018 Form 6251, line 9, or 2018 Form 1041, Schedule I, line 54 .....	<b>23</b>	186,011.
<b>24</b> Subtract line 23 from line 22. If zero or less, enter -0- .....	<b>24</b>	25,684.
<b>25 Minimum tax credit.</b> Enter the <b>smaller</b> of line 21 or line 24. Also enter this amount on your 2018 Schedule 3 (Form 1040), line 54 (check box <b>b</b> ); Form 1040NR, line 51 (check box <b>b</b> ); or Form 1041, Schedule G, line 2c .....	<b>25</b>	1,153.
<b>26 Credit carryforward to 2019.</b> Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years .....	<b>26</b>	0.

Form 8801 (2018)

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 11 or by the Foreign Earned Income Tax Worksheet in the instructions.

Caution: If you didn't complete the 2017 Qualified Dividends and Capital Gain Tax Worksheet, the 2017 Schedule D Tax Worksheet, or Part V of the 2017 Schedule D (Form 1041), see the instructions before completing this part. \*

Table with 2 columns: Line number and Amount. Rows include 27 (721,091), 28 (144,413), 29 (17,601), 30 (162,014), 31 (162,014), 32 (559,077), 33 (152,786), 34 (75,900), 35 (454,443), 36 (0), 37 (144,413), 38 (144,413), 40 (470,700), 41 (41), 42 (436,842).

\* The 2017 Qualified Dividends and Capital Gain Tax Worksheet is in the 2017 Instructions for Form 1040. The 2017 Schedule D Tax Worksheet is in the 2017 Instructions for Schedule D (Form 1040) (or the 2017 Instructions for Schedule D (Form 1041)).

**Part III Tax Computation Using Maximum Capital Gains Rates** (continued)

43	Add lines 41 and 42 .....	43	436,842.
44	Subtract line 43 from line 40. If zero or less, enter -0- .....	44	33,858.
45	Enter the <b>smaller</b> of line 39 or line 44 .....	45	33,858.
46	Multiply line 45 by 15% (0.15) .....	46	5,079.
47	Add lines 38 and 45 .....	47	33,858.
<b>If lines 47 and 27 are the same, skip lines 48 through 52 and go to line 53. Otherwise, go to line 48.</b>			
48	Subtract line 47 from line 37 .....	48	110,555.
49	Multiply line 48 by 20% (0.20) .....	49	22,111.
<b>If line 29 is zero or blank, skip lines 50 through 52 and go to line 53. Otherwise, go to line 50.</b>			
50	Add lines 32, 47, and 48 .....	50	703,490.
51	Subtract line 50 from line 27 .....	51	17,601.
52	Multiply line 51 by 25% (0.25) .....	52	4,400.
53	Add lines 33, 46, 49, and 52 .....	53	184,376.
54	If line 27 is \$187,800 or less (\$93,900 or less if married filing separately for 2017), multiply line 27 by 26% (0.26). Otherwise, multiply line 27 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately for 2017) from the result. Form 1040NR filers, see instructions .....	54	198,149.
55	Enter the <b>smaller</b> of line 53 or line 54 here and on line 11. If you filed Form 2555 or 2555-EZ for 2017, don't enter this amount on line 11. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the instructions for line 11 .....	55	184,376.

Form 8801 (2018)

**Foreign Tax Credit**

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

Name **BRADLEY S. SCHNEIDER & JULIE R. DANN** Identifying number as shown on page 1 of your tax return

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a  Passive category income      c  Section 901(j) income      e  Lump-sum distributions  
b  General category income      d  Certain income re-sourced by treaty

f Resident of (name of country) ▶ **UNITED STATES**

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
<b>g</b> Enter the name of the foreign country or U.S. possession	<b>OTHER COUNTRIES</b>			
<b>1a</b> Gross income from sources within country shown above and of the type checked above:				
	2,905.			<b>1a</b> 2,905.
<b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement)	11.			
<b>3</b> Pro rata share of other deductions <b>not definitely related:</b>				
<b>a</b> Certain itemized deductions or standard deduction	51,060.			
<b>b</b> Other deductions (attach statement)				
<b>c</b> Add lines 3a and 3b	51,060.			
<b>d</b> Gross foreign source income	3,540.			
<b>e</b> Gross income from all sources	882,295.			
<b>f</b> Divide line 3d by line 3e	.004012263			
<b>g</b> Multiply line 3c by line 3f	205.			
<b>4</b> Pro rata share of interest expense:				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
<b>b</b> Other interest expense				
<b>5</b> Losses from foreign sources				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5	216.			<b>6</b> 216.
<b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				<b>7</b> 2,689.

**Part II Foreign Taxes Paid or Accrued**

Country	Credit is claimed for taxes (you must check one) (h) <input type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued						(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency			In U.S. dollars				
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends		
<b>A</b>									
<b>B</b>									
<b>C</b>									

**8** Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ **8**

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	277.	
10	Carryback or carryover (attach detailed computation)		
11	Add lines 9 and 10	277.	
12	Reduction in foreign taxes		
13	Taxes reclassified under high tax kickout		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit		277.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	2,689.	
16	Adjustments to line 15		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	2,689.	
18	<b>Individuals:</b> Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption <b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	671,900.	
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"		.00400
20	<b>Individuals:</b> Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 <b>Caution:</b> If you are completing line 20 for separate category e (lump-sum distributions), see instructions.		184,376.
21	Multiply line 20 by line 19 (maximum amount of credit)		738.
22	Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV		277.

Part IV Summary of Credits From Separate Parts III

23	Credit for taxes on passive category income		
24	Credit for taxes on general category income		
25	Credit for taxes on certain income re-sourced by treaty		
26	Credit for taxes on lump-sum distributions		
27	Add lines 23 through 26		
28	Enter the <b>smaller</b> of line 20 or line 27		277.
29	Reduction of credit for international boycott operations		
30	Subtract line 29 from line 28. This is your <b>foreign tax credit</b> . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a		277.

Minimum Tax Foreign Tax Credit  
on Exclusion Items  
2017 Schedule D Tax Worksheet Recalculated

Name  
BRADLEY S. SCHNEIDER & JULIE R. DANN



1. Enter your taxable income from Form 8801, line 10 ..... 1. 721,091.

2. Enter your qualified dividends from Form 1040, line 9b ..... 2. N/A

3. Enter the amount from  
Form 4952, line 4g ... 3. N/A

4. Enter the amount from  
Form 4952, line 4e\* 4. N/A

5. Subtract line 4 from line 3. If zero or less, enter -0- 5. N/A

6. Subtract line 5 from line 2. If zero or less, enter -0- ..... 6. N/A

7. Enter the **smaller** of line 15 or line 16 of Sch. D ... 7. N/A

8. Enter the **smaller** of line 3 or line 4 ..... 8. N/A

9. Subtract line 8 from line 7. If zero or less, enter -0- ..... 9. N/A

10. Add lines 6 and 9 ..... 10. 162,014.

11. Add lines 18 and 19 of Schedule D ..... 11. 17,601.

12. Enter the **smaller** of line 9 or line 11 ..... 12. 17,601.

13. Subtract line 12 from line 10 ..... 13. 144,413.

14. Subtract line 13 from line 1. If zero or less, enter -0- ..... 14. 576,678.

15. Enter:  

- \$37,950 if single or married filing separately;
- \$75,900 if married filing jointly or qualifying widow(er); or
- \$50,800 if head of household

} ..... 15. 75,900.

16. Enter the **smaller** of line 1 or line 15 ..... 16. 75,900.

17. Enter the **smaller** of line 14 or line 16 ..... 17. 75,900.

18. Subtract line 10 from line 1. If zero or less, enter -0- ..... 18. 559,077.

19. Enter the **larger** of line 17 or line 18 ..... ► 19. 559,077.

20. Subtract line 17 from line 16. This amount is taxed at 0% ..... ► 20. \_\_\_\_\_

**If lines 1 and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.**

21. Enter the **smaller** of line 1 or line 13 ..... 21. 144,413.

22. Enter the amount from line 20 (if line 20 is blank, enter -0-) ..... 22. 0.

23. Subtract line 22 from line 21. If zero or less, enter -0- ..... ► 23. 144,413.

24. Enter:  

- \$418,400 if single;
- \$235,350 if married filing separately;
- \$470,700 if married filing jointly or qualifying widow(er); or
- \$444,550 if head of household

} ..... 24. 470,700.

25. Enter the smaller of line 1 or line 24 ..... 25. 470,700.

26. Add lines 19 and 20 ..... 26. 559,077.

27. Subtract line 26 from line 25, if zero or less, enter -0- ..... 27. \_\_\_\_\_

28. Enter the **smaller** of line 23 or line 27 ..... ► 28. \_\_\_\_\_

29. Multiply line 28 by 15% (.15) ..... 29. N/A

30. Add lines 22 and 28 ..... 30. \_\_\_\_\_

**If lines 1 and 30 are the same, skip lines 31 through 41 and go to line 42. Otherwise, go to line 31.**

31. Subtract line 30 from line 21 ..... ► 31. 144,413.

32. Multiply line 31 by 20% (.20) ..... 32. N/A

**If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.**

33. Enter the **smaller** of line 9 above or Schedule D, line 19 ..... 33. 17,601.

34. Add lines 10 and 19 ..... 34. 721,091.

35. Enter the amount from line 1 above ..... 35. 721,091.

36. Subtract line 35 from line 34. If zero or less, enter -0- ..... 36. 0.

37. Subtract line 36 from line 33. If zero or less, enter -0- ..... ► 37. 17,601.

38. Multiply line 37 by 25% (.25) ..... 38. N/A

**If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.**

Minimum Tax Foreign Tax Credit on Exclusion Items 2017 Schedule D Tax Worksheet Recalculated - *Continued*

39. Add lines 19, 20, 28, 31, and 37 .....	39.	_____	
40. Subtract line 39 from line 1 .....	40.	_____	
41. Multiply line 40 by 28% (.28) .....	41.	_____	N/A
42. Figure the tax on the amount on <b>line 19</b> . If the amount on line 19 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet .....	42.	_____	N/A
43. Add lines 29, 32, 38, 41, and 42 .....	43.	_____	N/A
44. Figure the tax on the amount on <b>line 1</b> . If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet .....	44.	_____	N/A
45. <b>Tax on all taxable income (including capital gains and qualified dividends)</b> . Enter the <b>smaller</b> of line 43 or line 44 .....	45.	_____	N/A

Minimum Tax Foreign Tax Credit  
on Exclusion Items  
Worksheet for Line 18

Name

BRADLEY S. SCHNEIDER & JULIE R. DANN

1	Enter the amount from Form 8801, line 4 .....		721,091.
2	Enter 2017 worldwide 28% gains .....	N/A	
3	Multiply line 2 by 0.2000 .....	N/A	
4	Enter 2017 worldwide 25% gains .....	17,601.	
5	Multiply line 4 by 0.1071 .....	1,885.	
6	Enter prior year worldwide 20% gains and qualified dividends .....	110,555.	
7	Multiply line 6 by 0.2857 .....	31,586.	
8	Enter 2017 worldwide 15% gains and qualified dividends .....	33,858.	
9	Multiply line 8 by 0.4643 .....	15,720.	
10	Enter 2017 worldwide 0% gains and qualified dividends .....		
11	Add lines 5, 7, 9 and 10 .....		49,191.
12	Subtract line 11 from line 1. Enter the result here and on MTFTCE Form 1116, line 18 .....		671,900.

Name  
BRADLEY S. SCHNEIDER & JULIE R. DANN

PASSIVE INCOME

	Short-term	Long-term			
		0%	15%	20%	25%
1 Separate category rate group capital gain or (loss)				2,222.	
2 U.S. capital loss adjustment					
3 Subtotal				2,222.	
4 Rate differential factor		0.0000	0.5357	0.7143	0.8929
5 Adjusted capital gains and losses				1,587.	

# 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.

Name(s) shown on return <b>BRADLEY S. SCHNEIDER &amp; JULIE R. DANN</b>	Identifying number <b>[REDACTED]</b>
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**Part I 2018 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))	<b>1a</b>	13,442.		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	<b>1b</b>	( )		
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	<b>1c</b>	( )		
<b>d</b> Combine lines 1a, 1b, and 1c	<b>1d</b>			13,442.

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

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

**All Other Passive Activities**

3a Activities with net income (enter the amount from Worksheet 3, column (a))	<b>3a</b>	78,406.		
b Activities with net loss (enter the amount from Worksheet 3, column (b))	<b>3b</b>	( 38,132.)		
c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	<b>3c</b>	( )		
<b>d</b> Combine lines 3a, 3b, and 3c	<b>3d</b>			40,274.

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	<b>4</b>			53,716.
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- 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 <b>smaller</b> of the loss on line 1d or the loss on line 4	<b>5</b>			
6 Enter \$150,000. If married filing separately, see instructions	<b>6</b>			
7 Enter modified adjusted gross income, but not less than zero (see instructions)	<b>7</b>			
<b>Note:</b> 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.				
8 Subtract line 7 from line 6	<b>8</b>			
9 Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	<b>9</b>			
10 Enter the <b>smaller</b> of line 5 or line 9	<b>10</b>			

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

**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	<b>11</b>			
12 Enter the loss from line 4	<b>12</b>			
13 Reduce line 12 by the amount on line 10	<b>13</b>			
14 Enter the <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13	<b>14</b>			

**Part IV Total Losses Allowed**

15 Add the income, if any, on lines 1a and 3a and enter the total	<b>15</b>			
16 <b>Total losses allowed from all passive activities for 2018.</b> Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	<b>16</b>			

**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
	SEE ATTACHED STATEMENT FOR WORKSHEET 1				
<b>Total. Enter on Form 8582, lines 1a, 1b, and 1c</b> .....	13,442.				

**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
<b>Total. Enter on Form 8582, lines 2a and 2b</b> .....			

**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
	SEE ATTACHED STATEMENT FOR WORKSHEET 3				
<b>Total. Enter on Form 8582, lines 3a, 3b, and 3c</b> .....	78,406.	-38,132.			

**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)
<b>Total</b> .....					

**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
<b>Total</b> .....				

Identifying number

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

**Part I Passive Activity Credits**

*Caution: If you have credits from a publicly traded partnership, see Publicly Traded Partnerships (PTPs) in the instructions.*

<b>Credits From Rental Real Estate Activities With Active Participation (Other Than Rehabilitation Credits and Low-Income Housing Credits)</b> (See Lines 1a through 1c in the instructions.)			
<b>1a</b> Credits from Worksheet 1, column (a) .....	<b>1a</b>		
<b>b</b> Prior year unallowed credits from Worksheet 1, column (b) .....	<b>1b</b>		
<b>c</b> Add lines 1a and 1b .....		<b>1c</b>	
<b>Rehabilitation Credits From Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990)</b> (See Lines 2a through 2c in the instructions.)			
<b>2a</b> Credits from Worksheet 2, column (a) .....	<b>2a</b>		
<b>b</b> Prior year unallowed credits from Worksheet 2, column (b) .....	<b>2b</b>		
<b>c</b> Add lines 2a and 2b .....		<b>2c</b>	
<b>Low-Income Housing Credits for Property Placed in Service After 1989</b> (See Lines 3a through 3c in the instructions.)			
<b>3a</b> Credits from Worksheet 3, column (a) .....	<b>3a</b>		
<b>b</b> Prior year unallowed credits from Worksheet 3, column (b) .....	<b>3b</b>		
<b>c</b> Add lines 3a and 3b .....		<b>3c</b>	
<b>All Other Passive Activity Credits</b> (See Lines 4a through 4c in the instructions.)			
<b>4a</b> Credits from Worksheet 4, column (a) .....	<b>4a</b>		145.
<b>b</b> Prior year unallowed credits from Worksheet 4, column (b) .....	<b>4b</b>		
<b>c</b> Add lines 4a and 4b .....		<b>4c</b>	145.
<b>5</b> Add lines 1c, 2c, 3c, and 4c .....		<b>5</b>	145.
<b>6</b> Enter the tax attributable to net passive income (see instructions) .....		<b>6</b>	15,132.
<b>7</b> Subtract line 6 from line 5. If line 6 is more than or equal to line 5, enter -0- and see instructions .....		<b>7</b>	0.
<b>Note:</b> <i>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, III, or IV. Instead, go to line 37.</i>			

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

*Note: Complete this part only if you have an amount on line 1c. Otherwise, go to Part III.*

<b>8</b> Enter the smaller of line 1c or line 7 .....		<b>8</b>	
<b>9</b> Enter \$150,000. If married filing separately, see instructions .....	<b>9</b>		
<b>10</b> Enter modified adjusted gross income, but not less than zero (see instructions). If line 10 is equal to or more than line 9, skip lines 11 through 15 and enter -0- on line 16 .....	<b>10</b>		
<b>11</b> Subtract line 10 from line 9 .....	<b>11</b>		
<b>12</b> Multiply line 11 by 50% (.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions .....	<b>12</b>		
<b>13a</b> Enter the amount, if any, from line 10 of Form 8582 .....	<b>13a</b>		
<b>b</b> Enter the amount, if any, from line 14 of Form 8582 .....	<b>13b</b>		
<b>c</b> Add lines 13a and 13b .....	<b>13c</b>		
<b>14</b> Subtract line 13c from line 12 .....	<b>14</b>		
<b>15</b> Enter the tax attributable to the amount on line 14 (see instructions) .....		<b>15</b>	
<b>16</b> Enter the <b>smaller</b> of line 8 or line 15 .....		<b>16</b>	

LHA For Paperwork Reduction Act Notice, see instructions.

**Part III Special Allowance for Rehabilitation Credits From Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990)**

Note: Complete this part only if you have an amount on line 2c. Otherwise, go to Part IV.

17	Enter the amount from line 7 .....			<b>17</b>
18	Enter the amount from line 16 .....			<b>18</b>
19	Subtract line 18 from line 17. If zero, enter -0- here and on lines 30 and 36, and then go to Part V .....			<b>19</b>
20	Enter the <b>smaller</b> of line 2c or line 19 .....			<b>20</b>
21	Enter \$250,000. If married filing separately, see instructions to find out if you can skip lines 21 through 26 .....	<b>21</b>		
22	Enter modified adjusted gross income, but not less than zero. (See instructions for line 10.) If line 22 is equal to or more than line 21, skip lines 23 through 29 and enter -0- on line 30 .....	<b>22</b>		
23	Subtract line 22 from line 21 .....	<b>23</b>		
24	Multiply line 23 by 50% (.50). Do not enter more than \$25,000. If married filing separately, see instructions .....	<b>24</b>		
25a	Enter the amount, if any, from line 10 of Form 8582 .....	<b>25a</b>		
b	Enter the amount, if any, from line 14 of Form 8582 .....	<b>25b</b>		
c	Add lines 25a and 25b .....	<b>25c</b>		
26	Subtract line 25c from line 24 .....	<b>26</b>		
27	Enter the tax attributable to the amount on line 26 (see instructions) .....	<b>27</b>		
28	Enter the amount, if any, from line 18 .....	<b>28</b>		
29	Subtract line 28 from line 27 .....			<b>29</b>
30	Enter the <b>smaller</b> of line 20 or line 29 .....			<b>30</b>

**Part IV Special Allowance for Low-Income Housing Credits for Property Placed in Service After 1989**

Note: Complete this part only if you have an amount on line 3c. Otherwise, go to Part V.

31	If you completed Part III, enter the amount from line 19. Otherwise, subtract line 16 from line 7 .....	<b>31</b>	
32	Enter the amount from line 30 .....	<b>32</b>	
33	Subtract line 32 from line 31. If zero, enter -0- here and on line 36 .....	<b>33</b>	
34	Enter the <b>smaller</b> of line 3c or line 33 .....	<b>34</b>	
35	Tax attributable to the remaining special allowance (see instructions) .....	<b>35</b>	
36	Enter the <b>smaller</b> of line 34 or line 35 .....	<b>36</b>	

**Part V Passive Activity Credit Allowed**

37	<b>Passive Activity Credit Allowed.</b> Add lines 6, 16, 30, and 36. See instructions to find out how to report the allowed credit on your tax return and how to allocate allowed and unallowed credits if you have more than one credit or credits from more than one activity. If you have any credits from a publicly traded partnership, see <b>Publicly Traded Partnerships (PTPs)</b> in the instructions.	<b>37</b>	<b>145.</b>
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**Part VI Election To Increase Basis of Credit Property**

38	If you disposed of your entire interest in a passive activity or former passive activity in a fully taxable transaction, and you elect to increase your basis in credit property used in that activity by the unallowed credit that reduced your basis in the property, check this box. See instructions .....	<input type="checkbox"/>
39	Name of passive activity disposed of ▶	
40	Description of the credit property for which the election is being made ▶	
41	Amount of unallowed credit that reduced your basis in the property .....	▶ \$

**ALTERNATIVE MINIMUM TAX  
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.

Name(s) shown on return <b>BRADLEY S. SCHNEIDER &amp; JULIE R. DANN</b>	Identifying number [REDACTED]
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**Part I 2018 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)) .....	<b>1a</b>	13,442.		
b Activities with net loss (enter the amount from Worksheet 1, column (b)) .....	<b>1b</b>	( )		
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) .....	<b>1c</b>	( )		
<b>d</b> Combine lines 1a, 1b, and 1c .....	<b>1d</b>			13,442.

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

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

**All Other Passive Activities**

3a Activities with net income (enter the amount from Worksheet 3, column (a)) .....	<b>3a</b>	78,190.		
b Activities with net loss (enter the amount from Worksheet 3, column (b)) .....	<b>3b</b>	( 38,221.)		
c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) .....	<b>3c</b>	( )		
<b>d</b> Combine lines 3a, 3b, and 3c .....	<b>3d</b>			39,969.

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 .....	<b>4</b>			53,411.
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- 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 <b>smaller</b> of the loss on line 1d or the loss on line 4 .....	<b>5</b>			
6 Enter \$150,000. If married filing separately, see instructions .....	<b>6</b>	( )		
7 Enter modified adjusted gross income, but not less than zero (see instructions) <b>Note:</b> 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.	<b>7</b>	( )		
8 Subtract line 7 from line 6 .....	<b>8</b>	( )		
9 Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions .....	<b>9</b>			
10 Enter the <b>smaller</b> of line 5 or line 9 .....	<b>10</b>			

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

**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 .....	<b>11</b>			
12 Enter the loss from line 4 .....	<b>12</b>	( )		
13 Reduce line 12 by the amount on line 10 .....	<b>13</b>	( )		
14 Enter the <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13 .....	<b>14</b>	( )		

**Part IV Total Losses Allowed**

15 Add the income, if any, on lines 1a and 3a and enter the total .....	<b>15</b>			
16 <b>Total losses allowed from all passive activities for 2018.</b> Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return .....	<b>16</b>			

**ALTERNATIVE MINIMUM TAX**

**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
	SEE ATTACHED STATEMENT FOR WORKSHEET 1				
<b>Total. Enter on Form 8582, lines 1a, 1b, and 1c</b> ▶	13,442.				

**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
<b>Total. Enter on Form 8582, lines 2a and 2b</b> ▶			

**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
	SEE ATTACHED STATEMENT FOR WORKSHEET 3				
<b>Total. Enter on Form 8582, lines 3a, 3b, and 3c</b> ▶	78,190.	-38,221.			

**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)
<b>Total</b> ▶					

**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
<b>Total</b> ▶				

# Noncash Charitable Contributions

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

▶ **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

**Identifying number**

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

**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, check the box. Also enter the vehicle identification number (unless Form 1098-C is attached)	(c) Description of donated property <small>(For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)</small>
A	JEWISH FEDERATION OF METROPOLI 30 S. WELLS, CHICAGO, IL 60606	<input type="checkbox"/>	100 SHS. NETFLIX, INC.
B	GOODWILL INDUSTRIES 4131 DUN, NORTHBROOK, IL 60062	<input type="checkbox"/>	VARIOUS HOUSEHOLD ITEMS
C	GOODWILL INDUSTRIES 4131 DUN, NORTHBROOK, IL 60062	<input type="checkbox"/>	CLOTHING
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).

A	(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	12/24/18	VAR.	PURCHASE		24,216.	NYSE AVERAGE
B	12/31/18	VAR.	PURCHASE	6,204.	1,551.	THRIFT SHOP VALUE
C	05/27/18	VAR.	PURCHASE	11,420.	2,855.	THRIFT SHOP VALUE
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).

- 2 a** 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 ▶ \_\_\_\_\_

	Yes	No
<b>3 a</b> Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Is there a restriction limiting the donated property for a particular use? .....	<input type="checkbox"/>	<input type="checkbox"/>

LHA For Paperwork Reduction Act Notice, see separate instructions.



## Form 1116

## U.S. and Foreign Source Income Summary

NAME

BRADLEY S. SCHNEIDER &amp; JULIE R. DANN

INCOME TYPE	TOTAL	U.S.	FOREIGN PASSIVE
Compensation	346,880.	346,880.	
Dividends/Distributions	SEE STATEMENT 58	46,251.	21,662.
Interest	4,652.	4,652.	
Capital Gains	229,688.	229,688.	
Business/Profession	30,910.	30,910.	
Rent/Royalty	24,091.	24,091.	
State/Local Refunds	4,646.	4,646.	
Partnership/S Corporation	SEE STATEMENT 56	-25,978.	575.
Trust/Estate			
Other Income	309,000.	309,000.	
Gross Income	<u>992,377.</u>	<u>970,140.</u>	<u>22,237.</u>
Less:			
Section 911 Exclusion			
Capital Losses	7,204.	7,204.	
Capital Gains Tax Adjustment			5,751.
Total Income - Form 1116	<u>985,173.</u>	<u>962,936.</u>	<u>16,486.</u>
Deductions:			
Business/Profession Expenses	44,252.	44,238.	14.
Rent/Royalty Expenses	10,649.	10,649.	
Partnership/S Corporation Losses	35,442.	35,442.	
Trust/Estate Losses			
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction			
Self-employment Health Insurance			
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Total Deductions	<u>90,343.</u>	<u>90,329.</u>	<u>14.</u>
Adjusted Gross Income	<u>894,830.</u>	<u>872,607.</u>	<u>16,472.</u>
Less Itemized Deductions:			
Specifically Allocated	38,197.	38,197.	
Home Mortgage Interest	12,487.	12,207.	280.
Other Interest	1,885.	1,885.	
Ratably Allocated	72,027.	70,413.	1,614.
Total Adjustments to Adjusted Gross Income	<u>124,596.</u>	<u>122,702.</u>	<u>1,894.</u>
Taxable Income	<u>770,234.</u>	<u>749,905.</u>	<u>14,578.</u>

**Form 1116**

**Allocation of Itemized Deductions**

NAME  
**BRADLEY S. SCHNEIDER & JULIE R. DANN** XXXXXXXXXX

	Total Itemized Deductions	Form 1116		
		Specifically U.S.	Specifically Foreign	Ratable
Medical/Dental .....				
Taxes .....	10,000.			10,000.
Interest - Not Including Investment Interest .....	12,487.	12,207.	280.	
Investment Interest .....	1,885.	1,885.		
Contributions .....	38,197.	38,197.		
Casualty Losses .....				
Other Miscellaneous Deductions - Not Including Gambling Losses .....	62,027.			62,027.
Gambling Losses .....				
Foreign Adjustment .....				
<b>Total Itemized Deductions .....</b>	<b>124,596.</b>	<b>52,289.</b>	<b>280.</b>	<b>72,027.</b>

NAME

BRADLEY S. SCHNEIDER & JULIE R. DANN

Foreign Income Category

PASSIVE INCOME

Regular	2013	2014	2015	2016	2017	2018
1. Foreign tax paid/accrued						203.
2. FTC carryback to 2018 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						203.
5. Maximum credit allowable						4,196.
6. Unused foreign tax ( + ) or excess of limit ( - )					-224.	-3,993.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining					-224.	-3,993.
Total foreign taxes from all available years to be carried to next year						

	2008	2009	2010	2011	2012
1. Foreign tax paid/accrued					
2. FTC carryback to 2018 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax ( + ) or excess of limit ( - )					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

NAME

BRADLEY S. SCHNEIDER & JULIE R. DANN



Foreign Income Category

PASSIVE INCOME

AMT	2013	2014	2015	2016	2017	2018
1. Foreign tax paid/accrued						203.
2. FTC carryback to 2018 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						203.
5. Maximum credit allowable						4,009.
6. Unused foreign tax ( + ) or excess of limit ( - )					-461.	-3,806.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining					-461.	-3,806.
Total foreign taxes from all available years to be carried to next year						

	2008	2009	2010	2011	2012
1. Foreign tax paid/accrued					
2. FTC carryback to 2018 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax ( + ) or excess of limit ( - )					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

NAME

BRADLEY S. SCHNEIDER & JULIE R. DANN

Alternative minimum tax deductions allocation:

Itemized deductions .....	<u>62,027.</u>
Other deductions not directly allocated .....	<u>0.</u>
Total alternative minimum tax adjustments .....	<u>62,027.</u>
Total foreign source income .....	<u>22,237.</u>
Total gross income .....	<u>987,737.</u>
Ratio of foreign source income to gross income .....	<u>.022513078</u>
Total foreign source deductions .....	<u>1,396.</u>

Total deductions allocated to foreign income class:

General limitation income .....	<u>1,396.</u>
Passive income .....	<u>                    </u>
Section 901(j) income .....	<u>                    </u>
Income re-sourced by treaty .....	<u>                    </u>
Foreign branch income .....	<u>                    </u>
Section 951A income .....	<u>                    </u>

## Qualified Business Income Deduction Summary

1. 20% of aggregate qualified REIT dividends and qualified publicly traded partnership income	STMT 59	19.
Do not enter less than zero. If less than zero, this loss is carried over to next year.		
2. Add the amount from all Qualified Business Income Deduction Worksheets, line 1j		346.
3. Add lines 1 and 2. This is your total combined qualified business income		365.
4. Taxable Income before this deduction. If zero or less, enter zero		858,302.
a. Net capital gains plus qualified dividends	266,347.	
b. Line 4 minus line 4a	591,955.	
5. Multiply line 4b by 20%		118,391.
6. Lesser of line 5 or line 3. This is your Qualified Business Income Deduction.		
Enter this amount on Form 1040, line 9		365.
7. Qualified business income deduction from cooperatives. Do not enter more than line 4 minus line 6.		
Include this amount on Form 1040, line 10		



**Qualified Business Income Deduction Worksheet**

Activity: QUESTEK INTERNATIONAL, LLC

1.	Allocated qualified business income .....	32.	
a.	Multiply line 1 by 20% .....	6.	
b(i).	50% of W-2 wages .....	547.	
b(ii).	25% of W-2 wages plus 2.5% of UBIA .....	294.	
b(iii).	Greater of b(i) or b(ii) .....	547.	
c.	Cooperative dividends adjustment .....	0.	
Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?			
Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.			
No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?			
Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.			
No. Continue to line 1d.			
d.	Subtract line 1b(iii) from line 1a .....		
e.	Taxable income before this deduction .....		
f.	Threshold amount \$157,500 (\$315,000 if MFJ) .....		
g.	Subtract line 1f from line 1e .....		
h.	Divide line 1g by \$50,000 (\$100,000 if MFJ) .....		
i.	Multiply line 1d by line 1h .....		
j.	Subtract line 1i and 1c from line 1a. This is your activity's qualified income .....	6.	

Activity: GREENWAY APARTMENTS LIMITED PARTNERSHIP

1.	Allocated qualified business income .....	63.	
a.	Multiply line 1 by 20% .....	13.	
b(i).	50% of W-2 wages .....	516.	
b(ii).	25% of W-2 wages plus 2.5% of UBIA .....	1,941.	
b(iii).	Greater of b(i) or b(ii) .....	1,941.	
c.	Cooperative dividends adjustment .....	0.	
Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?			
Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.			
No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?			
Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.			
No. Continue to line 1d.			
d.	Subtract line 1b(iii) from line 1a .....		
e.	Taxable income before this deduction .....		
f.	Threshold amount \$157,500 (\$315,000 if MFJ) .....		
g.	Subtract line 1f from line 1e .....		
h.	Divide line 1g by \$50,000 (\$100,000 if MFJ) .....		
i.	Multiply line 1d by line 1h .....		
j.	Subtract line 1i and 1c from line 1a. This is your activity's qualified income .....	13.	

Activity: AERODIRECT FUND III, LLC

1.	Allocated qualified business income .....	70.	
a.	Multiply line 1 by 20% .....	14.	
b(i).	50% of W-2 wages .....	0.	
b(ii).	25% of W-2 wages plus 2.5% of UBIA .....	201.	
b(iii).	Greater of b(i) or b(ii) .....	201.	
c.	Cooperative dividends adjustment .....	0.	
Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?			
Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.			
No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?			
Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.			
No. Continue to line 1d.			
d.	Subtract line 1b(iii) from line 1a .....		
e.	Taxable income before this deduction .....		
f.	Threshold amount \$157,500 (\$315,000 if MFJ) .....		
g.	Subtract line 1f from line 1e .....		
h.	Divide line 1g by \$50,000 (\$100,000 if MFJ) .....		
i.	Multiply line 1d by line 1h .....		
j.	Subtract line 1i and 1c from line 1a. This is your activity's qualified income .....	14.	

**Qualified Business Income Deduction Worksheet**

Activity: **AERODIRECT, INC.**

1.	Allocated qualified business income .....	716.	
a.	Multiply line 1 by 20% .....	143.	
b(i).	50% of W-2 wages .....	21,815.	
b(ii).	25% of W-2 wages plus 2.5% of UBIA .....	11,547.	
b(iii).	Greater of b(i) or b(ii) .....	21,815.	
c.	Cooperative dividends adjustment .....	0.	
Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?			
Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.			
No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?			
Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.			
No. Continue to line 1d.			
d.	Subtract line 1b(iii) from line 1a .....		
e.	Taxable income before this deduction .....		
f.	Threshold amount \$157,500 (\$315,000 if MFJ) .....		
g.	Subtract line 1f from line 1e .....		
h.	Divide line 1g by \$50,000 (\$100,000 if MFJ) .....		
i.	Multiply line 1d by line 1h .....		
j.	Subtract line 1i and 1c from line 1a. This is your activity's qualified income .....	143.	

Activity: **SPAULDING ASSOCIATES, LTD.**

1.	Allocated qualified business income .....	270.	
a.	Multiply line 1 by 20% .....	54.	
b(i).	50% of W-2 wages .....	0.	
b(ii).	25% of W-2 wages plus 2.5% of UBIA .....	0.	
b(iii).	Greater of b(i) or b(ii) .....	0.	
c.	Cooperative dividends adjustment .....	0.	
Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?			
Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.			
No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?			
Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.			
No. Continue to line 1d.			
d.	Subtract line 1b(iii) from line 1a .....		
e.	Taxable income before this deduction .....		
f.	Threshold amount \$157,500 (\$315,000 if MFJ) .....		
g.	Subtract line 1f from line 1e .....		
h.	Divide line 1g by \$50,000 (\$100,000 if MFJ) .....		
i.	Multiply line 1d by line 1h .....		
j.	Subtract line 1i and 1c from line 1a. This is your activity's qualified income .....	0.	

Activity: **ENCLAVE AT WINGHAVEN UI, LLC**

1.	Allocated qualified business income .....	244.	
a.	Multiply line 1 by 20% .....	49.	
b(i).	50% of W-2 wages .....	0.	
b(ii).	25% of W-2 wages plus 2.5% of UBIA .....	0.	
b(iii).	Greater of b(i) or b(ii) .....	0.	
c.	Cooperative dividends adjustment .....	0.	
Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?			
Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.			
No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?			
Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.			
No. Continue to line 1d.			
d.	Subtract line 1b(iii) from line 1a .....		
e.	Taxable income before this deduction .....		
f.	Threshold amount \$157,500 (\$315,000 if MFJ) .....		
g.	Subtract line 1f from line 1e .....		
h.	Divide line 1g by \$50,000 (\$100,000 if MFJ) .....		
i.	Multiply line 1d by line 1h .....		
j.	Subtract line 1i and 1c from line 1a. This is your activity's qualified income .....	0.	

## Qualified Business Income Deduction Worksheet

Activity: **RESIDENTIAL RESIDENCE** - [REDACTED]

1.	Allocated qualified business income .....		852.
a.	Multiply line 1 by 20% .....		170.
b(i).	50% of W-2 wages .....	0.	
b(ii).	25% of W-2 wages plus 2.5% of UBIA .....	6,357.	
b(iii).	Greater of b(i) or b(ii) .....		6,357.
c.	Cooperative dividends adjustment .....		0.
Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?			
Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.			
No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?			
Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.			
No. Continue to line 1d.			
d.	Subtract line 1b(iii) from line 1a .....		
e.	Taxable income before this deduction .....		
f.	Threshold amount \$157,500 (\$315,000 if MFJ) .....		
g.	Subtract line 1f from line 1e .....		
h.	Divide line 1g by \$50,000 (\$100,000 if MFJ) .....		
i.	Multiply line 1d by line 1h .....		
j.	Subtract line 1i and 1c from line 1a. This is your activity's qualified income .....		170.

Activity: \_\_\_\_\_

1.	Allocated qualified business income .....		
a.	Multiply line 1 by 20% .....		
b(i).	50% of W-2 wages .....		
b(ii).	25% of W-2 wages plus 2.5% of UBIA .....		
b(iii).	Greater of b(i) or b(ii) .....		
c.	Cooperative dividends adjustment .....		
Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?			
Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.			
No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?			
Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.			
No. Continue to line 1d.			
d.	Subtract line 1b(iii) from line 1a .....		
e.	Taxable income before this deduction .....		
f.	Threshold amount \$157,500 (\$315,000 if MFJ) .....		
g.	Subtract line 1f from line 1e .....		
h.	Divide line 1g by \$50,000 (\$100,000 if MFJ) .....		
i.	Multiply line 1d by line 1h .....		
j.	Subtract line 1i and 1c from line 1a. This is your activity's qualified income .....		

Activity: \_\_\_\_\_

1.	Allocated qualified business income .....		
a.	Multiply line 1 by 20% .....		
b(i).	50% of W-2 wages .....		
b(ii).	25% of W-2 wages plus 2.5% of UBIA .....		
b(iii).	Greater of b(i) or b(ii) .....		
c.	Cooperative dividends adjustment .....		
Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?			
Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.			
No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?			
Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.			
No. Continue to line 1d.			
d.	Subtract line 1b(iii) from line 1a .....		
e.	Taxable income before this deduction .....		
f.	Threshold amount \$157,500 (\$315,000 if MFJ) .....		
g.	Subtract line 1f from line 1e .....		
h.	Divide line 1g by \$50,000 (\$100,000 if MFJ) .....		
i.	Multiply line 1d by line 1h .....		
j.	Subtract line 1i and 1c from line 1a. This is your activity's qualified income .....		

# Individual Report of Net 965 Tax Liability

▶ Go to [www.irs.gov/Form965A](http://www.irs.gov/Form965A) for instructions and the latest information.

Check this box if this is an amended report

Name of taxpayer with a net 965 tax liability  BRADLEY S. SCHNEIDER & JULIE R. DANN	Identifying number  [REDACTED]	Taxable year of reporting  2018
---	--------------------------------------	---------------------------------------

**Part I Report of Net 965 Tax Liability and Election To Pay in Installments**

	(a) Year of Section 965(a) Inclusion, Liability Assumed, or Liability Triggering Event (see instructions)	(b) Taxpayer's Net Tax Liability with all 965 amounts (see instructions)	(c) Taxpayer's Net Tax Liability without 965 amounts (see instructions)	(d) Net 965 Tax Liability (subtract column (c) from column (b))	(e) S Corporation Shareholder Total Deferred Net 965 Tax Liability (line total from Part III, column (g), see instructions)
1	2017	198,298.	198,269.	29.	
2	2018	0.	0.		
3					
4					
5					
6					
7					

	(f) Net 965 Tax Liability eligible for installment payment election (subtract column (e) from column (d), see instructions)	(g) Installment Election Made		(h) Net 965 Tax Liability to be paid in full in Year 1 (if column (g) is "No," enter amount from column (f))	(i) Net 965 Tax Liability to be paid in installments (if column (g) is "Yes," enter amount from column (f) and see instructions)	(j) Net 965 Tax Liability Transferred (Out), Transferred In, or Subsequent Adjustments if any (see instructions)	(k) Tax Identification Number of buyer/transferee or seller/transferor
		Yes	No				
1	29.		X	29.			
2			X				
3							
4							
5							
6							
7							

**Part II Record of Amount of Net 965 Tax Liability Paid by the Taxpayer** (see instructions)

	(a) Year of Section 965(a) Inclusion, Liability Assumed, or Triggering Event	(b) Paid for Year 1	(c) Paid for Year 2	(d) Paid for Year 3	(e) Paid for Year 4	(f) Paid for Year 5
1	2017					
2	2018					
3						
4						
5						
6						
7						

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

<b>Part II Record of Amount of Net 965 Tax Liability Paid by the Taxpayer</b> (continued)					
	(g) Paid for Year 6	(h) Paid for Year 7	(i) Paid for Year 8	(j) Net 965 Tax Liability Remaining Unpaid (see instruction)	(k) Net 965 Tax Liability Paid for the Reporting Year
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>Totals</b> .....					

<b>Part III S Corporation Shareholder: Report of Calculation of Net 965 Tax Liability Related to 965 Amounts Allocated From an S Corporation and Election To Defer Such Net 965 Tax Liability</b>								
Year of 965(a) Inclusion	(a) S Corporation Name	(b) S Corporation Tax Identification Number	(c) Taxpayer's Net Tax Liability with only 965 amounts from this S Corporation (see instructions)	(d) Taxpayer Net Tax Liability without 965 amounts (see instructions)	(e) Net 965 Tax Liability related to 965 amounts from this S Corporation (subtract column (d) from column (c))	(f) Deferral Election Made		(g) Deferred Net 965 Tax Liability (if column (f) is "Yes," enter amount from column (e))
						Yes	No	
<b>1</b> 2017	(i)							
	(ii)							
	(iii)							
	(iv)							
	(v)							
<b>Totals</b> .....								
<b>2</b> 2018	(i)							
	(ii)							
	(iii)							
	(iv)							
	(v)							
<b>Totals</b> .....								

**Part IV** Annual Report of Deferred Net 965 Tax Liability Related to 965 Amounts Allocated From S Corporations  
(required every year until the liability is fully paid)

	(a) Election or Transfer Year	(b) S Corporation Name	(c) S Corporation Tax Identification Number	(d) Beginning Deferred Net 965 Tax Liability (see instructions)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

  

	(e) Reserved for Future Use	(f) Net 965 Tax Liability Triggered (see instructions)	(g) Deferred 965 Net Tax Liability Transferred (Out) or Transferred in by Agreement, if any (see instructions)	(h) Tax Identification Number of Transferee or Transferor	(i) Deferred Net Tax Liability at the end of this Reporting Year (add columns (d), (e), (f), and (g)) (see instructions)
1		( )			
2		( )			
3		( )			
4		( )			
5		( )			
6		( )			
7		( )			
8		( )			
9		( )			
10		( )			

**Totals** .....

If more lines are needed for any Part on this form, attach additional sheets.

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S ALLIANT INSURANCE SERVICES INC.	197,380.	34,849.	9,664.		7,961.	3,414.
T US HOUSE OF REPRESENTATIVES	149,500.	21,691.	7,298.		7,961.	2,523.
<b>TOTALS</b>	<b>346,880.</b>	<b>56,540.</b>	<b>16,962.</b>		<b>15,922.</b>	<b>5,937.</b>

FORM 1040

TAX-EXEMPT INTEREST

STATEMENT 2

NAME OF PAYER	AMOUNT
NATIONAL FINANCIAL SERVICES - 6128	142.
NATIONAL FINANCIAL SERVICES - 1016	962.
NATIONAL FINANCIAL SERVICES - 1778	400.
FROM K-1 - CD FAMILY INVESTMENT L.P.	57.
FROM K-1 - CD FAMILY INVESTMENT L.P.	1.
<b>TOTAL TO FORM 1040, LINE 2A</b>	<b>1,562.</b>

FORM 1040

QUALIFIED DIVIDENDS

STATEMENT 3

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
M FINANCIAL HOLDINGS INCORPORATED	6,606.	6,606.
NATIONAL FINANCIAL SERVICES - 6128	6,145.	2,464.
NATIONAL FINANCIAL SERVICES - 1016	20,501.	11,555.
NATIONAL FINANCIAL SERVICES - 1778	19,690.	10,455.
FROM K-1 - SPAULDING ASSOCIATES, LTD.	104.	104.
FROM K-1 - CD FAMILY INVESTMENT L.P.	4,920.	2,761.
FROM K-1 - CD FAMILY INVESTMENT L.P.	65.	36.
FROM K-1 - MDRJB PARTNERSHIP	1,869.	1,869.
FROM K-1 - AERODIRECT, INC.	8,013.	8,013.
<b>TOTAL INCLUDED IN FORM 1040, LINE 3A</b>		<b>43,863.</b>

FORM 1040

PENSIONS AND ANNUITIES

STATEMENT 4

## JULIE D. SCHNEIDER NON-EXEMPT CHILD'S TRUST (CHARLES)

AMOUNT RECEIVED THIS YEAR	108,000.	
NONTAXABLE AMOUNT		
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		108,000.

## JULIE D. SCHNEIDER NONEXEMPT CHILD'S TRUST (AUDREY)

AMOUNT RECEIVED THIS YEAR	201,000.	
NONTAXABLE AMOUNT		
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		201,000.

TOTAL INCLUDED IN FORM 1040, LINE 4B		309,000.
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FORM 1040

FEDERAL INCOME TAX WITHHELD

STATEMENT 5

T S DESCRIPTION	AMOUNT
S ALLIANT INSURANCE SERVICES INC.	34,849.
T US HOUSE OF REPRESENTATIVES	21,691.
FORM 8959, LINE 24	197.
TOTAL TO FORM 1040, LINE 16	56,737.

## SCHEDULE 1

## STATE AND LOCAL INCOME TAX REFUNDS

## STATEMENT 6

	2017	2016	2015
	ILLINOIS		
GROSS STATE/LOCAL INC TAX REFUNDS	4,462.		
LESS: TAX PAID IN FOLLOWING YEAR	516.		
NET TAX REFUNDS ILLINOIS	3,946.		
	WISCONSIN		
GROSS STATE/LOCAL INC TAX REFUNDS	700.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS WISCONSIN	700.		
TOTAL NET TAX REFUNDS	4,646.		

SCHEDULE 1	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT 7
	2017	2015
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	4,646.	
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION		
1 NET REFUNDS FOR RECALCULATION	4,646.	
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	250,320.	
3 DEDUCTION NOT SUBJ TO PHASEOUT	2,092.	
4 NET REFUNDS FROM LINE 1	4,646.	
5 LINE 2 MINUS LINES 3 AND 4	243,582.	
6 MULT LN 5 BY APPL SEC. 68 PCT	194,866.	
7 PRIOR YEAR AGI	833,583.	
8 ITEM. DED. PHASEOUT THRESHOLD	313,800.	
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	519,783.	
10 MULT LN 9 BY APPL SEC. 68 PCT	15,593.	
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	227,989.	
12 ITEM DED. NOT SUBJ TO PHASEOUT	2,092.	
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	230,081.	
13B PRIOR YR. STD. DED. AVAILABLE	12,700.	
14 PRIOR YR. ALLOWABLE ITEM. DED.	234,727.	
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	4,646.	
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	4,646.	
17 ALLOWABLE PRIOR YR. ITEM. DED.	234,727.	
18 PRIOR YEAR STD. DED. AVAILABLE	12,700.	
19 SUBTRACT LINE 18 FROM LINE 17	222,027.	
20 LESSER OF LINE 16 OR LINE 19	4,646.	
21 PRIOR YEAR TAXABLE INCOME	598,856.	
22 AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21		4,646.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2015		
TOTAL TO SCHEDULE 1, LINE 10		4,646.

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SCHEDULE 1 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 8

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	2017	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
	ILLINOIS		
STATE TAX PAID IN FOLLOW YEAR	3,500.		
	-----X	4,462. =	516.
TOTAL STATE TAX PAID 2017	30,261.		=====

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SCHEDULE 4 OTHER TAXES STATEMENT 9

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DESCRIPTION	AMOUNT
FROM FORM 8959	1,313.
FROM FORM 8960	10,668.
TOTAL TO SCHEDULE 4, LINE 62	=====

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SCHEDULE 5 CURRENT YEAR ESTIMATES AND STATEMENT 10  
AMOUNT APPLIED FROM PREVIOUS YEAR

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DESCRIPTION	AMOUNT
2ND QTR ESTIMATE PAYMENT - JOINT	26,000.
3RD QTR ESTIMATE PAYMENT - JOINT	15,000.
4TH QTR ESTIMATE PAYMENT - JOINT	40,460.
PRIOR YEAR OVERPAYMENT APPLIED - JOINT	33,440.
TOTAL TO SCHEDULE 5, LINE 66	=====

SCHEDULE A	OTHER ITEMIZED DEDUCTIONS	STATEMENT 11
DESCRIPTION		AMOUNT
ESTATE TAXES		61,993.
FROM K-1 - CD FAMILY INVESTMENT L.P.		10.
FROM K-1 - MDRJB PARTNERSHIP		24.
TOTAL TO SCHEDULE A, LINE 16		62,027.

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 12
DESCRIPTION		AMOUNT
FROM K-1 - CD FAMILY INVESTMENT L.P.		60.
FROM K-1 - CD FAMILY INVESTMENT L.P.		1.
ALLIANT INSURANCE SERVICES INC.		9,664.
US HOUSE OF REPRESENTATIVES		7,298.
ILLINOIS 2ND QTR ESTIMATE PAYMENTS		2,600.
ILLINOIS 3RD QTR ESTIMATE PAYMENTS		2,500.
ILLINOIS PRIOR YEAR OVERPAYMENT APPLIED		2,962.
ILLINOIS PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS		3,500.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS		-516.
TOTAL TO SCHEDULE A, LINE 5A		28,069.

SCHEDULE A	CASH CONTRIBUTIONS			STATEMENT 13
DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT	
MISCELLANEOUS		9,566.		
FROM K-1 - CD FAMILY INVESTMENT L.P.		2.		
FROM K-1 - MDRJB PARTNERSHIP		1.		
FROM K-1 - QUESTEK INTERNATIONAL, LLC		6.		
SUBTOTALS		9,575.		
TOTAL TO SCHEDULE A, LINE 11				9,575.

SCHEDULE A	INVESTMENT INTEREST	STATEMENT 14	
DESCRIPTION			AMOUNT
FROM K-1 - CD FAMILY INVESTMENT L.P.			118.
FROM K-1 - CD FAMILY INVESTMENT L.P.			1.
FROM K-1 - MDRJB PARTNERSHIP			1,766.
TOTAL TO SCHEDULE A, LINE 9			1,885.

SCHEDULE D	SHORT-TERM CAPITAL GAINS AND LOSSES				STATEMENT 15
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST OR OTHER BASIS	GAIN OR LOSS
NATIONAL FINANCIAL SERVICES - 1016	VARIOUS	12/31/18	8,667.	9,478.	-811.
NATIONAL FINANCIAL SERVICES - 6128	VARIOUS	12/31/18	48,328.	49,923.	-1,595.
TOTAL TO SCH D, LINE 1A			56,995.	59,401.	-2,406.

SCHEDULE D	LONG-TERM CAPITAL GAINS AND LOSSES				STATEMENT 16
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST OR OTHER BASIS	GAIN OR LOSS
NATIONAL FINANCIAL SERVICES - 1016	VARIOUS	12/31/18	217,565.	221,253.	-3,688.
TOTAL TO SCH D, LINE 8A			217,565.	221,253.	-3,688.

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824		STATEMENT 17
DESCRIPTION OF PROPERTY			28% GAIN
FORM 4797			23,619.
TOTAL TO SCHEDULE D, PART II, LINE 11			23,619.

SCHEDULE D NET SHORT-TERM GAIN OR LOSS FROM STATEMENT 18  
PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES

DESCRIPTION OF ACTIVITY	GAIN OR LOSS
CD FAMILY INVESTMENT L.P.	2,372.
CD FAMILY INVESTMENT L.P.	31.
TOTAL TO SCHEDULE D, PART I, LINE 5	2,403.

SCHEDULE D NET LONG-TERM GAIN OR LOSS FROM STATEMENT 19  
PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES

DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
SPAULDING ASSOCIATES, LTD.	673.	
CD FAMILY INVESTMENT L.P.	34,236.	
CD FAMILY INVESTMENT L.P.	450.	
MDRJB PARTNERSHIP	3,090.	
TOTAL TO SCHEDULE D, PART II, LINE 12	38,449.	

SCHEDULE D CAPITAL GAIN DISTRIBUTIONS STATEMENT 20

NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
NATIONAL FINANCIAL SERVICES - 6128	2,507.	
NATIONAL FINANCIAL SERVICES - 1016	8,912.	
TOTALS TO SCHEDULE D, LINE 13	11,419.	

## SCHEDULE D

## UNRECAPTURED SECTION 1250 GAIN

STATEMENT 21

1. IF YOU HAVE A SECTION 1250 PROPERTY IN PART III OF FORM 4797 FOR WHICH YOU MADE AN ENTRY IN PART I OF FORM 4797, ENTER THE SMALLER OF LINE 22 OR LINE 24 OF FORM 4797 FOR THAT PROPERTY. IF YOU DID NOT HAVE ANY SUCH PROPERTY, GO TO LINE 4		
2. ENTER THE AMOUNT FROM FORM 4797, LINE 26G, FOR THE PROPERTY FOR WHICH YOU MADE AN ENTRY ON LINE 1		
3. SUBTRACT LINE 2 FROM LINE 1		
4. ENTER THE TOTAL UNRECAPTURED SECTION 1250 GAIN INCLUDED ON LINE 26 OR LINE 37 OF FORM(S) 6252 FROM INSTALLMENT SALES OF TRADE OR BUSINESS PROPERTY HELD MORE THAN 1 YEAR		
5. ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1 FROM A PARTNERSHIP OR AN S CORPORATION AS "UNRECAPTURED SECTION 1250 GAIN"		7,863.
6. ADD LINES 3 THROUGH 5		7,863.
7. ENTER THE SMALLER OF LINE 6 OR THE GAIN FROM FORM 4797, LINE 7	7,863.	
8. ENTER THE AMOUNT, IF ANY, FROM FORM 4797, LINE 8		
9. SUBTRACT LINE 8 FROM LINE 7. IF ZERO OR LESS, ENTER -0-		7,863.
10. ENTER THE AMOUNT OF ANY GAIN FROM THE SALE OR EXCHANGE OF AN INTEREST IN A PARTNERSHIP ATTRIBUTABLE TO UNRECAPTURED SECTION 1250 GAIN		
11. ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1, FORMS 1099-DIV, OR FORM 2439 AS "UNRECAPTURED SECTION 1250 GAIN" FROM AN ESTATE, TRUST, REAL ESTATE INVESTMENT TRUST, OR MUTUAL FUND (OR OTHER REGULATED INVESTMENT COMPANY)		
12. ENTER THE TOTAL OF ANY UNRECAPTURED SECTION 1250 GAIN FROM SALES (INCLUDING INSTALLMENT SALES) OR OTHER DISPOSITIONS OF SECTION 1250 PROPERTY HELD MORE THAN 1 YEAR FOR WHICH YOU DID NOT MAKE AN ENTRY IN PART I OF FORM 4797 FOR THE YEAR OF SALE		
13. ADD LINES 9 THROUGH 12		7,863.
14. IF YOU HAD ANY SECTION 1202 GAIN OR COLLECTIBLE GAIN OR (LOSS), ENTER THE TOTAL OF LINES 1 THROUGH 4 OF THE 28% RATE GAIN WORKSHEET		
15. ENTER THE (LOSS), IF ANY, FROM SCH D, LINE 7. IF SCH D, LINE 7, IS ZERO OR A GAIN ENTER -0-	-1,113.	
16. ENTER YOUR LONG-TERM CAPITAL LOSS CARRYOVERS FROM SCHEDULE D, LINE 14, AND SCHEDULE K-1 (FORM 1041), BOX 11, CODE C		
17. COMBINE LINES 14 THROUGH 16. IF THE RESULT IS A (LOSS), ENTER IT AS A POSITIVE AMOUNT. IF THE RESULT IS ZERO OR A GAIN, ENTER -0-		1,113.
18. SUBTRACT LINE 17 FROM LINE 13. IF ZERO OR LESS, ENTER -0-. IF MORE THAN ZERO, ENTER THE RESULT HERE AND ON SCHEDULE D, LINE 19		6,750.

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SCHEDULE E INCOME OR (LOSS) FROM PARTNERSHIPS AND S CORPS STATEMENT 22

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NAME	EMP ID NO.	X IF FRN	BASIS COMP REQ	ANY NOT AT RISK	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	SEC. 179 DEDUCTION	NONPASSIVE INCOME
SPAULDING ASSOCIATES, LTD.									
36-2903456									
P						4,260.			
CD FAMILY INVESTMENT L.P.									
36-3934185									
P					2,436.				92.
GREENWAY APARTMENTS LIMITED PARTNERSHIP									
74-3074463									
P						1,000.			
CD FAMILY INVESTMENT L.P.									
36-3934185									
P					31.				1.
MDRJB PARTNERSHIP									
20-8575774									
P			X		35,665.				223.
ENCLAVE AT WINGHAVEN UI, LLC									
20-5845867									
P						3,667.			
QUESTEK INTERNATIONAL, LLC									
36-4116425									
P						444.			
AERODIRECT FUND III, LLC									
90-0934844									
P				*		1,095.			
AERODIRECT, INC.									
36-4052510									
S						10,357.			
TOTALS TO SCH. E, LN. 29					38,132.	20,823.			316.

\* ENTIRE DISPOSITION OF PASSIVE ACTIVITY




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SCHEDULE E INCOME OR (LOSS) FROM ESTATES AND TRUSTS STATEMENT 23

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NAME	EMPLOYER ID NO.	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	NONPASSIVE INCOME
JULIE D. SCHNEIDER NON-EXEMPT CHILD'S TRUST (CHARLES)	46-7133880				
JULIE D. SCHNEIDER EXEMPT CHILD'S TRUST (CHARLES)	46-7137503	0.			
CHARLES DANN FAMILY TRUST	47-6343857				
JULIE D. SCHNEIDER NON-EXEMPT CHILD'S TRUST (AUDREY)	47-6352050				
JULIE D. SCHNEIDER EXEMPT CHILD'S TRUST (AUDREY)	47-6354525	0.			
TOTALS TO SCHEDULE E, LINE 34		0.			

\* ENTIRE DISPOSITION OF PASSIVE ACTIVITY

## PASSIVE INCOME

## NAME OF COUNTRY IMPOSING TAX

DATE PAID	DATE ACCRUED	AMT/FOREIGN CURRENCY	AMOUNT IN U.S. DOLLARS			
			DIVIDENDS	RENT/ROYALTY	INTEREST	OTHER
	OTHER COUNTRIES	0.				74.
	OTHER COUNTRIES	0.				1.
OC 12/31/18		0.	42.			
OC		0.	26.			
OC 12/31/18		0.	60.			
			128.			75.
TOTAL TO FORM 1116, PART II, LINE 8						203.

## PRIOR YEAR TAXES PAID IN THE CURRENT YEAR:

	FOREIGN AMT	CONV. RATE	U.S. AMT
2017			
2016			
2015			
2014			
2013			
TOTAL PRIOR YEAR TAXES PAID IN THE CURRENT YEAR			

DESCRIPTION	COUNTRY	AMOUNT
CD FAMILY INVESTMENT L.P.	OTHER COUNTRIES	14.
TOTAL TO FORM 1116, PART I, LINE 2		14.

1	ENTER THE AMOUNT FROM FORM 1040, LINE 10. IF YOU ARE A NONRESIDENT ALIEN, ENTER THE AMOUNT FROM FORM 1040NR, LINE 41	857,937.
2	ENTER WORLDWIDE 28% GAINS	
3	MULTIPLY LINE 2 BY 0.2432	
4	ENTER WORLDWIDE 25% GAINS	6,750.
5	MULTIPLY LINE 4 BY 0.3243	2,189.
6	ENTER WORLDWIDE 20% GAINS AND QUALIFIED DIVIDENDS	259,597.
7	MULTIPLY LINE 6 BY 0.4595	119,285.
8	ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS	
9	MULTIPLY LINE 8 BY 0.5946	
10	ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS	
11	ADD LINES 3, 5, 7, 9 AND 10	<u>121,474.</u>
12	SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116, LINE 18	<u><u>736,463.</u></u>

1	TAXABLE INCOME ATTRIBUTABLE TO THIS ACTIVITY	0.	
2	TAXABLE INCOME FROM FORM 1040, LINE 43	857,937.	
3	DIVIDE LINE 1 BY LINE 2	.000000000	
4	NET INCOME TAX FROM FORM 3800, LINE 11	0.	
5	TAX LIABILITY LIMITATION (LINE 3 X LINE 4)		0.
A	CURRENT YEAR CREDIT FROM PASSIVE ACT SHOWN ON 8582-CR REPORTED ON LINE 1C REPORTED ON LINE 4I		
B	CREDIT CARRIED FORWARD FROM PRIOR YEAR(S) REPORTED ON LINE 1C REPORTED ON LINE 4I		
C	TOTAL CREDITS		
	CURRENT YEAR CREDIT (LESSER OF 5A OR 5 - 5B)		0.

1	TAXABLE INCOME ATTRIBUTABLE TO THIS ACTIVITY	0.	
2	TAXABLE INCOME FROM FORM 1040, LINE 43	857,937.	
3	DIVIDE LINE 1 BY LINE 2	.000000000	
4	NET INCOME TAX FROM FORM 3800, LINE 11	0.	
5	TAX LIABILITY LIMITATION (LINE 3 X LINE 4)		0.
A	CURRENT YEAR CREDIT FROM PASSIVE ACT SHOWN ON 8582-CR REPORTED ON LINE 1C REPORTED ON LINE 4I		
B	CREDIT CARRIED FORWARD FROM PRIOR YEAR(S) REPORTED ON LINE 1C REPORTED ON LINE 4I		
C	TOTAL CREDITS		
	CURRENT YEAR CREDIT (LESSER OF 5A OR 5 - 5B)		0.



CD FAMILY INVESTMENT L.P.

1	TAXABLE INCOME ATTRIBUTABLE TO THIS ACTIVITY	45,122.	
2	TAXABLE INCOME FROM FORM 1040, LINE 43	857,937.	
3	DIVIDE LINE 1 BY LINE 2	.052593605	
4	NET INCOME TAX FROM FORM 3800, LINE 11	211,840.	
5	TAX LIABILITY LIMITATION (LINE 3 X LINE 4)		11,141.
A	CURRENT YEAR CREDIT FROM PASSIVE ACT SHOWN ON 8582-CR		
	REPORTED ON LINE 1C		
	REPORTED ON LINE 4I	32.	32.
B	CREDIT CARRIED FORWARD FROM PRIOR YEAR(S)		
	REPORTED ON LINE 1C		
	REPORTED ON LINE 4I		
C	TOTAL CREDITS	32.	
	CURRENT YEAR CREDIT (LESSER OF 5A OR 5 - 5B)		32.

QUESTEK INTERNATIONAL, LLC

1	TAXABLE INCOME ATTRIBUTABLE TO THIS ACTIVITY	456.	
2	TAXABLE INCOME FROM FORM 1040, LINE 43	857,937.	
3	DIVIDE LINE 1 BY LINE 2	.000531508	
4	NET INCOME TAX FROM FORM 3800, LINE 11	211,840.	
5	TAX LIABILITY LIMITATION (LINE 3 X LINE 4)		113.
A	CURRENT YEAR CREDIT FROM PASSIVE ACT SHOWN ON 8582-CR		
	REPORTED ON LINE 1C		
	REPORTED ON LINE 4I	132.	113.
B	CREDIT CARRIED FORWARD FROM PRIOR YEAR(S)		
	REPORTED ON LINE 1C		
	REPORTED ON LINE 4I		
C	TOTAL CREDITS	113.	
	CURRENT YEAR CREDIT (LESSER OF 5A OR 5 - 5B)		113.

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 28

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
CD FAMILY INVESTMENT L.P.						4,663.
CD FAMILY INVESTMENT L.P.						61.
MDRJB PARTNERSHIP						18,895.
TOTAL TO 4797, PART I, LINE 2						23,619.

FORM 6198

ALLOCATION OF INCOME AND AMOUNT AT-RISK

STATEMENT 29

GIC 11 E. WALTON HOLDINGS LLC

DESCRIPTION	INCOME	LOSS	PERCENT OF LOSS	ALLOCATION OF INCOME	ALLOCATION OF AMOUNT AT-RISK
ORDINARY INTEREST CHAR CONTR- 50% LMT	10.	6,660.	.999849872	10.	5,188.
- CASH		1.	.000150128	0.	1.
TOTALS	10.	6,661.	1.000000000	10.	5,189.

FORM 6198

ALLOCATION OF ALLOWABLE LOSSES

STATEMENT 30

GIC 11 E. WALTON HOLDINGS LLC

DESCRIPTION	LOSS	ALLOCATION OF INCOME	ALLOCATION OF AT-RISK	ALLOWABLE LOSS	DISALLOWED LOSS
ORDINARY CHAR CONTR- 50% LMT	6,660.	10.	5,188.	5,198.	1,462.
- CASH	1.	0.	1.	1.	0.
TOTALS	6,661.	10.	5,189.	5,199.	1,462.

FORM 6198

INCREASES IN BASIS

STATEMENT 31

GIC 11 E. WALTON HOLDINGS LLC

DESCRIPTION

AMOUNT

	5,189.
TOTAL TO FORM 6198, LINE 7 OR LINE 16	5,189.

FORM 6198AMT

ALTERNATIVE MINIMUM TAX  
ALLOCATION OF INCOME AND AMOUNT AT-RISK

STATEMENT 32

GIC 11 E. WALTON HOLDINGS LLC

DESCRIPTION	INCOME	LOSS	PERCENT OF LOSS	ALLOCATION OF INCOME	ALLOCATION OF AMOUNT AT-RISK
ORDINARY INTEREST	10.	6,995.	.999857061	10.	5,188.
CHAR CONTR- 50% LMT - CASH		1.	.000142939	0.	1.
TOTALS	10.	6,996.	1.000000000	10.	5,189.

FORM 6198AMT

ALTERNATIVE MINIMUM TAX  
ALLOCATION OF ALLOWABLE LOSSES

STATEMENT 33

GIC 11 E. WALTON HOLDINGS LLC

DESCRIPTION	LOSS	ALLOCATION OF INCOME	ALLOCATION OF AT-RISK	ALLOWABLE LOSS	DISALLOWED LOSS
ORDINARY CHAR CONTR- 50% LMT	6,995.	10.	5,188.	5,198.	1,797.
- CASH	1.	0.	1.	1.	0.
TOTALS	6,996.	10.	5,189.	5,199.	1,797.

FORM 6251

PASSIVE ACTIVITIES

STATEMENT 34

NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
SPAULDING ASSOCIATES, LTD.	SCH E	4,260.	4,260.	
CD FAMILY INVESTMENT L.P.	FORM 4797	4,663.	4,663.	
CD FAMILY INVESTMENT L.P.	SCH E	-2,575.	-2,436.	-139.
GREENWAY APARTMENTS LIMITED PARTNERSHIP	SCH E	1,000.	1,000.	
CD FAMILY INVESTMENT L.P.	FORM 4797	61.	61.	
CD FAMILY INVESTMENT L.P.	SCH E	-33.	-31.	-2.
MDRJB PARTNERSHIP	FORM 4797	18,895.	18,895.	
MDRJB PARTNERSHIP	SCH D	3,090.	3,090.	
MDRJB PARTNERSHIP	SCH E	-30,415.	-30,467.	52.
GIC 11 E. WALTON HOLDINGS LLC	SCH E	-5,198.	-5,198.	
ENCLAVE AT WINGHAVEN UI, LLC	SCH E	3,667.	3,667.	
QUESTEK INTERNATIONAL, LLC	SCH E	444.	444.	
AERODIRECT FUND III, LLC	SCH E	1,043.	1,095.	-52.
AERODIRECT, INC.	SCH E	10,193.	10,357.	-164.
DAVIS DANN ADLER SCHNEIDER, LLC	SCH C	30,874.	30,874.	
RESIDENTIAL RESIDENCE - [REDACTED]	SCH E	13,442.	13,442.	
TOTAL TO FORM 6251, LINE 2M				-305.

FORM 6251

INTEREST FROM SPECIFIED PRIVATE ACTIVITY BONDS

STATEMENT 35

DESCRIPTION	AMOUNT
NATIONAL FINANCIAL SERVICES - 6128	6.
TOTAL TO FORM 6251, LINE 2G	6.



FORM 4952

INCOME FROM PROPERTY HELD FOR INVESTMENT

STATEMENT 38

## DESCRIPTION

AMOUNT

INTEREST INCOME	4,652.
DIVIDEND INCOME	67,913.
CD FAMILY INVESTMENT L.P.	92.
CD FAMILY INVESTMENT L.P.	1.
MDRJB PARTNERSHIP	223.
TOTAL TO FORM 4952, LINE 4A	72,881.

FORM 4952

NET GAIN FROM THE DISPOSITION OF  
PROPERTY HELD FOR INVESTMENT

STATEMENT 39

## DESCRIPTION

AMOUNT

SCH D, LINE 16 NET CAPITAL GAINS(LOSSES)	222,484.
LESS: FORM 4797 GAIN(LOSS)	-23,619.
LESS: PASSIVE LONG-TERM PASSTHROUGH GAIN (LOSS)	-3,090.
TOTAL TO FORM 4952, LINE 4D	195,775.

FORM 4952

NET CAPITAL GAIN FROM THE DISPOSITION OF  
PROPERTY HELD FOR INVESTMENT

STATEMENT 40

## DESCRIPTION

AMOUNT

NATIONAL FINANCIAL SERVICES - 1778 - SEE ATTACHED	364.
NATIONAL FINANCIAL SERVICES - 1016	-3,688.
NATIONAL FINANCIAL SERVICES - 1016 - SEE ATTACHED	3,878.
NATIONAL FINANCIAL SERVICES - 6128 - SEE ATTACHED	1,220.
352.000 SH - LIBERTY ALL STAR EQUITY FD SH BEN INT, USA	199.
CHARLES SCHWAB - SEE ATTACHED	140,104.
AERODIRECT FUND III DISPOSITION	8,033.
CAPITAL GAIN DISTRIBUTIONS	11,419.
GAIN OR LOSS FROM PARTNERSHIPS, S CORPS, TRUSTS, ETC.	35,359.
LESS SHORT-TERM CAPITAL LOSS	-1,113.
TOTAL TO FORM 4952, LINE 4E	195,775.

FORM 4952	INVESTMENT EXPENSES	STATEMENT 41
DESCRIPTION		AMOUNT
SCHEDULE A DEDUCTIONS		34.
TOTAL TO FORM 4952, LINE 5		34.

FORM 4952	INVESTMENT INTEREST EXPENSE DEDUCTION SUMMARY	STATEMENT 42			
NAME	FORM OR SCHEDULE	INVESTMENT INTEREST EXPENSE	INVESTMENT INTEREST EXPENSE C/O	DISALLOWED INVESTMENT INTEREST EXPENSE	ALLOWED INVESTMENT INTEREST EXPENSE
FROM K-1 - CD FAMILY I	SCH A	118.	0.	0.	118.
FROM K-1 - CD FAMILY I	SCH A	1.	0.	0.	1.
FROM K-1 - MDRJB PARTN	SCH A	1,766.	0.	0.	1,766.
TOTALS		1,885.	0.	0.	1,885.

FORM 4952AMT	INVESTMENT INTEREST EXPENSE	STATEMENT 43
DESCRIPTION		CURRENT CARRYOVER
FROM K-1 - CD FAMILY INVESTMENT L.P.		118.
FROM K-1 - CD FAMILY INVESTMENT L.P.		1.
FROM K-1 - MDRJB PARTNERSHIP		1,766.
TOTALS TO FORM 4952AMT, LINES 1 AND 2		1,885.

FORM 8960	OTHER MODIFICATIONS TO INVESTMENT INCOME	STATEMENT 44
AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR IL		1,154.
TOTAL RECOVERY OF PRIOR YEAR FORM 8960, LINE 9B		1,154.
AMOUNT TO FORM 8960, LINE 7		1,154.

FORM 8960 OTHER ITEMIZED DEDUCTIONS PROPERLY STATEMENT 45  
 ALLOCABLE TO INVESTMENT INCOME

DESCRIPTION	LINE	AMOUNT
FROM K-1 - CD FAMILY INVESTMENT L.P.	9C	10.
FROM K-1 - MDRJB PARTNERSHIP	9C	24.
TOTAL TO LINES 9 AND 10 WORKSHEET, PART III, LINE 3		34.

FORM 8960 OTHER ITEMIZED DEDUCTIONS PROPERLY STATEMENT 46  
 ALLOCABLE TO INVESTMENT INCOME

DESCRIPTION	LINE	COLUMN A AMNT	RATIO	COLUMN C AMNT
FROM K-1 - CD FAMILY INVESTMENT L.P	9C	10.	1.0000	10.
FROM K-1 - MDRJB PARTNERSHIP	9C	24.	1.0000	24.
TOTAL TO LINES 9 & 10 WORKSHEET, PART IV, LINE 3		34.		34.

FORM 8960 STATE INCOME TAX PAYMENTS STATEMENT 47

## ILLINOIS

DESCRIPTION	AMOUNT
ALLIANT INSURANCE SERVICES INC.	9,664.
US HOUSE OF REPRESENTATIVES	7,298.
ILLINOIS 2ND QUARTER ESTIMATE PAYMENT	2,600.
ILLINOIS 3RD QUARTER ESTIMATE PAYMENT	2,500.
ILLINOIS PRIOR YEAR OVERPAYMENT APPLIED	2,962.
TOTAL TO STATE FORM 8960, LINE 10	25,024.

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
RESIDENTIAL RESIDENCE - [REDACTED], DEERFIELD, IL 60015	13,442.	0.		13,442.	
TOTALS	13,442.	0.		13,442.	

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
SPAULDING ASSOCIATES, LTD.	4,260.	0.		4,260.	
CD FAMILY INVESTMENT L.P.	4,663.	-2,436.		2,227.	
GREENWAY APARTMENTS LIMITED PARTNERSHIP CD FAMILY INVESTMENT L.P.	1,000.	0.		1,000.	
MDRJB PARTNERSHIP GIC 11 E. WALTON HOLDINGS LLC	61.	-31.		30.	
ENCLAVE AT WINGHAVEN UI, LLC	21,985.	-30,467.			-8,482.
QUESTEK INTERNATIONAL, LLC	0.	-5,198.			-5,198.
AERODIRECT FUND III, LLC	3,667.	0.		3,667.	
AERODIRECT, INC.	444.	0.		444.	
DAVIS DANN ADLER SCHNEIDER, LLC	1,095.	0.		1,095.	
TOTALS	10,357.	0.		10,357.	
	30,874.	0.		30,874.	
TOTALS	78,406.	-38,132.		53,954.	-13,680.

R R E A -	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
	SCH E					
	SPAULDING ASSOCIATES, LTD.	4,260.		4,260.		
	CD FAMILY INVESTMENT L.P.	4,663.		4,663.		
	CD FAMILY INVESTMENT L.P.	-2,436.		-2,436.		2,436.
	GREENWAY APARTMENTS LIMITED PARTNERSHIP	1,000.		1,000.		
	CD FAMILY INVESTMENT L.P.	61.		61.		
	CD FAMILY INVESTMENT L.P.	-31.		-31.		31.
	MDRJB PARTNERSHIP	18,895.		18,895.		
	MDRJB PARTNERSHIP	3,090.		3,090.		
	MDRJB PARTNERSHIP	-30,467.		-30,467.		30,467.
	GIC 11 E. WALTON HOLDINGS LLC	-5,198.		-5,198.		5,198.
	ENCLAVE AT WINGHAVEN UI, LLC	3,667.		3,667.		
	QUESTEK INTERNATIONAL, LLC	444.		444.		
	AERODIRECT FUND III, LLC	1,095.		1,095.		
	AERODIRECT, INC.	10,357.		10,357.		
	DAVIS DANN ADLER SCHNEIDER, LLC	30,874.		30,874.		
X	RESIDENTIAL RESIDENCE - [REDACTED]	13,442.		13,442.		
	TOTALS	53,716.		53,716.		38,132.
	PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME					
	TOTAL					38,132.



FORM 8582-CR

OTHER PASSIVE ACTIVITY CREDITS  
WORKSHEET 4

STATEMENT 51

NAME OF ACTIVITY	FROM FORM	CURRENT YEAR CREDITS	PRIOR YEAR UNALLOWED CREDITS	TOTAL
				CREDITS
CD FAMILY INVESTMENT L.P.	6765/3800, LINE 32	32.		32.
QUESTEK INTERNATIONAL, LLC	6765/3800, LINE 32	113.		113.
<b>TOTALS</b>		<b>145.</b>		<b>145.</b>

FORM 8582

ALTERNATIVE MINIMUM TAX  
ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1

STATEMENT 52

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
RESIDENTIAL RESIDENCE - [REDACTED]	13,442.	0.		13,442.	
<b>TOTALS</b>	<b>13,442.</b>	<b>0.</b>		<b>13,442.</b>	

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
SPAULDING ASSOCIATES, LTD.	4,260.	0.		4,260.	
CD FAMILY INVESTMENT L.P.	4,663.	-2,575.		2,088.	
GREENWAY APARTMENTS LIMITED PARTNERSHIP CD FAMILY INVESTMENT L.P.	1,000.	0.		1,000.	
MDRJB PARTNERSHIP GIC 11 E. WALTON HOLDINGS LLC	61.	-33.		28.	
ENCLAVE AT WINGHAVEN UI, LLC	21,985.	-30,415.			-8,430.
QUESTEK INTERNATIONAL, LLC	0.	-5,198.			-5,198.
AERODIRECT FUND III, LLC	3,667.	0.		3,667.	
AERODIRECT, INC.	444.	0.		444.	
DAVIS DANN ADLER SCHNEIDER, LLC	1,043.	0.		1,043.	
TOTALS	10,193.	0.		10,193.	
	30,874.	0.		30,874.	
	78,190.	-38,221.		53,597.	-13,628.

R R E A -	NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
	SPAULDING ASSOCIATES, LTD.	SCH E	4,260.		4,260.		
	CD FAMILY INVESTMENT L.P.	FORM 4797	4,663.		4,663.		
	CD FAMILY INVESTMENT L.P.	SCH E	-2,575.		-2,575.		2,575.
	GREENWAY APARTMENTS LIMITED PARTNERSHIP	SCH E	1,000.		1,000.		
	CD FAMILY INVESTMENT L.P.	FORM 4797	61.		61.		
	CD FAMILY INVESTMENT L.P.	SCH E	-33.		-33.		33.
	MDRJB PARTNERSHIP	FORM 4797	18,895.		18,895.		
	MDRJB PARTNERSHIP	SCH D	3,090.		3,090.		
	MDRJB PARTNERSHIP	SCH E	-30,415.		-30,415.		30,415.
	GIC 11 E. WALTON HOLDINGS LLC	SCH E	-5,198.		-5,198.		5,198.
	ENCLAVE AT WINGHAVEN UI, LLC	SCH E	3,667.		3,667.		
	QUESTEK INTERNATIONAL, LLC	SCH E	444.		444.		
	AERODIRECT FUND III, LLC	SCH E	1,043.		1,043.		
	AERODIRECT, INC.	SCH E	10,193.		10,193.		
	DAVIS DANN ADLER SCHNEIDER, LLC	SCH C	30,874.		30,874.		
X	RESIDENTIAL RESIDENCE - [REDACTED]	SCH E	13,442.		13,442.		
TOTALS			53,411.		53,411.		38,221.
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME							
TOTAL							38,221.

FORM 4562

PART I - BUSINESS INCOME

STATEMENT 55

INCOME TYPE	AMOUNT
WAGES	346,880.
SCHEDULE C	30,874.
TOTAL BUSINESS INCOME USED IN FORM 4562, LINE 11	377,754.

FORM 1116	U.S. AND FOREIGN SOURCE INCOME SUMMARY FOREIGN PARTNERSHIP/S-CORPORATION INCOME	STATEMENT 56
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DESCRIPTION	AMOUNT
CD FAMILY INVESTMENT L.P.	568.
CD FAMILY INVESTMENT L.P.	7.
TOTAL FOREIGN PARTNERSHIP/S-CORPORATION INCOME	575.

FORM 1116	U.S. AND FOREIGN SOURCE INCOME SUMMARY TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS	STATEMENT 57
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DESCRIPTION	INCOME	LOSS
SPAULDING ASSOCIATES, LTD.	4,260.	
CD FAMILY INVESTMENT L.P.	-45,806.	
GREENWAY APARTMENTS LIMITED PARTNERSHIP	1,000.	
CD FAMILY INVESTMENT L.P.	-602.	
MDRJB PARTNERSHIP		-30,244.
GIC 11 E. WALTON HOLDINGS LLC		-5,198.
ENCLAVE AT WINGHAVEN UI, LLC	3,848.	
QUESTEK INTERNATIONAL, LLC	445.	
AERODIRECT FUND III, LLC	1,095.	
AERODIRECT, INC.	10,357.	
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS	-25,403.	-35,442.

FORM 1116

U.S. AND FOREIGN SOURCE INCOME SUMMARY  
FOREIGN QUALIFIED DIVIDENDS

STATEMENT 58

DESCRIPTION	TOTAL DIVIDEND	QUALIFIED DIVIDEND	REDUCTION PERCENT	DIVIDEND TO LINE 1A	QUAL DIV ADJUSTMENT
NATIONAL FINANCIAL	267.	233.	.5405	160.	107.
NATIONAL FINANCIAL	20,501.	11,555.	.5405	6,245.	5,310.
NATIONAL FINANCIAL	894.	726.	.5405	560.	334.
<b>TOTALS</b>	<b>21,662.</b>	<b>12,514.</b>		<b>6,965.</b>	<b>5,751.</b>

QBID WORKSHEET

## QUALIFIED REIT DIVIDENDS AND PTP INCOME

STATEMENT 59

NAME OF ENTITY/ACTIVITY	REIT DIVIDENDS	PTP INCOME
NATIONAL FINANCIAL SERVICES - 6128	67.	
FROM K-1 - CD FAMILY INVESTMENT L.P.	27.	
USED IN CALCULATION OF QBID SUMMARY, LINE 1	94.	

**Illinois Department of Revenue**  
**2018 Form IL-1040**  
**Individual Income Tax Return** or for fiscal year ending \_\_\_\_\_

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

**Step 1: Personal Information**

BRADLEY S. SCHNEIDER  
 JULIE R. DANN  
 DEERFIELD, IL 60015

- B** Filing status:  Single or head of household  Married filing jointly  Married filing separately  Widowed  
**C** **Check** if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.  You  Spouse  
**D** **Check** the box if this applies to you during 2018:  Nonresident - **Attach** Sch. NR  Part-year resident - **Attach** Sch. NR

**Step 2: Income**

(Whole dollars only)

1	Federal adjusted gross income from your federal Form 1040, Line 7.	1	982,898 .00
2	Federally tax-exempt interest and dividend income from your federal Form 1040, Line 2a.	2	1,504 .00
3	Other additions. <b>Attach</b> Schedule M.	3	140 .00
4	<b>Total income.</b> Add Lines 1 through 3.	4	984,542 .00

**Step 3: Base Income**

5	Social Security benefits and certain retirement plan income received if included in Line 1. <b>Attach</b> Page 2 of federal return.	5	309,000 .00
6	Illinois Income Tax overpayment included in federal Form 1040, Sch. 1, Line 10.	6	3,946 .00
7	Other subtractions. <b>Attach</b> Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	1,202 .00
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	314,148 .00
9	<b>Illinois base income.</b> Subtract Line 8 from Line 4.	9	670,394 .00

**Step 4: Exemptions**

10	<b>a</b> Enter the exemption amount for yourself and your spouse. <b>See instructions.</b>	a	.00
	<b>b</b> <b>Check</b> if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b	.00
	<b>c</b> <b>Check</b> if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c	.00
	<b>d</b> If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. <b>Attach</b> Schedule IL-E/EIC.	d	.00
	<b>Exemption allowance.</b> Add Lines a through d.	LIMITED 10	0 .00

**Step 5: Net Income and Tax**

11	<b>Residents: Net income.</b> Subtract Line 10 from Line 9. <i>Nonresidents and part-year residents:</i> Enter the <b>Illinois net income</b> from Sch. NR. <b>Attach</b> Sch. NR.	11	670,394 .00
12	<b>Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. <i>Nonresidents and part-year residents:</i> Enter the tax from Schedule NR.	12	33,185 .00
13	Recapture of investment tax credits. <b>Attach</b> Schedule 4255.	13	.00
14	<b>Income tax.</b> Add Lines 12 and 13. Cannot be less than zero.	14	33,185 .00

**Step 6: Tax After Nonrefundable Credits**

15	Income tax paid to another state while an Illinois resident. <b>Attach</b> Sch. CR.	15	33 .00
16	Property tax and K-12 education expense credit amount from Schedule ICR. <b>Attach</b> Schedule ICR.	16	.00
17	Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.	17	.00
18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	33 .00
19	<b>Tax after nonrefundable credits.</b> Subtract Line 18 from Line 14.	19	33,152 .00

**Step 7: Other Taxes**

20	Household employment tax. See instructions.	20	1,350 .00
21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. <b>Do not</b> leave blank.	21	0 .00
22	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge.	22	.00
23	<b>Total Tax.</b> Add Lines 19, 20, 21, and 22.	23	34,502 .00



24 Total tax from Page 1, Line 23. 24 34,502 .00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 16,962 .00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 21,062 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Earned Income Credit from Sch. IL-E/EIC, Step 4, Line 8. Attach Sch. IL-E/EIC. 28 .00
29 Total payments and refundable credit. Add Lines 25 through 28. 29 38,024 .00

Step 9: Total

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 3,522 .00
31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

32 Late-payment penalty for underpayment of estimated tax 32 .00
a [ ] Check if at least two-thirds of your federal gross income is from farming.
b [ ] Check if you or your spouse are 65 or older and permanently living in a nursing home.
c [ ] Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d [ ] Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
33 Voluntary charitable donations. Attach Schedule G. 33 .00
34 Total penalty and donations. Add Lines 32 and 33. 34 .00

Step 11: Refund

35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your overpayment. 35 3,522 .00
36 Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions. 36 0 .00
37 I choose to receive my refund by
a [ ] direct deposit - Complete the information below if you check this box.
Routing number [ ] Checking or [ ] Savings
Account number [ ]
b [ ] Illinois Individual Income Tax refund debit card.
c [ ] paper check.
38 Amount to be credited forward. Subtract Line 36 from Line 35. See instructions. 38 3,522 .00

Step 12: Amount You Owe

39 If you have an amount on Line 31, add Lines 31 and 34. - or -
If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the amount you owe. See instructions. 39 .00

Step 13:

If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Table with columns: Sign Here, Paid, Preparer, Use Only, Third Party, Designee. Rows include signature, date, name, address, and phone number for JOHN F. BARSELLA and PLANTE & MORAN, PLLC.

If no payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62719-0001

If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001



**Illinois Department of Revenue  
2018 Schedule CR**

**Credit for Tax Paid  
to Other States**

Attach to your Form IL-1040

IL Attachment No. 17

**Read this information first**

You should file Schedule CR if

- you were either a resident or a part-year resident of Illinois during the tax year; **and**
- you paid income tax to another state on income you earned while you were an Illinois resident; **and**
- the income subject to the other state's tax is included in your Illinois base income; **and**
- you did not deduct the income tax paid to the other state when you figured your federal adjusted gross income as shown on your Illinois tax return.

You should **not** file this schedule if

- you were a **nonresident** of Illinois during the entire tax year; **or**
- you did **not** pay income tax to Illinois and another state.

For purposes of this schedule, "state" means any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or political subdivision of any of these (e.g., county, city, local). The term "state" does not refer to any foreign country.

**Note** If you earned income in Iowa, Kentucky, Michigan, or Wisconsin, you may be covered by a reciprocal agreement. This agreement applies only to income from wages, salaries, tips, and other employee compensation. See the Schedule CR Instructions.

**Step 1: Provide the following information**

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

Your name as shown on your Form IL-1040

Your Social Security number

**Step 2: Figure the Illinois and non-Illinois portions of your federal adjusted gross income**

**STOP** **Illinois residents:** In Column A of each line, except Line 15, enter the amounts exactly as reported on the corresponding line of your federal income tax return.  
**Part-year residents:** In Column A of each line, enter the amounts as reported on the equivalent line of your Schedule NR, Column B.

Read the instructions before completing this step.

	Column A Total (Whole dollars only)	Column B Non-Illinois Portion (Whole dollars only)
<b>1</b> Wages, salaries, tips, etc. (federal Form 1040, Line 1)	346,880 .00	.00
<b>2</b> Taxable interest (federal Form 1040, Line 2b)	4,652 .00	.00
<b>3</b> Ordinary dividends (federal Form 1040, Line 3b)	67,913 .00	.00
<b>4</b> Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040, Schedule 1, Line 10)	4,646 .00	
<b>5</b> Alimony received (federal Form 1040, Schedule 1, Line 11)	.00	
<b>6</b> Business income or loss (federal Form 1040, Schedule 1, Line 12)	30,874 .00	.00
<b>7</b> Capital gain or loss (federal Form 1040, Schedule 1, Line 13)	222,484 .00	.00
<b>8</b> Other gains or losses (federal Form 1040, Schedule 1, Line 14)	.00	.00
<b>9</b> Taxable IRAs, pensions and annuities (federal Form 1040, Line 4b)	309,000 .00	
<b>10</b> RESERVED		
<b>11</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040, Schedule 1, Line 17)	-3,551 .00	935 .00
<b>12</b> Farm income or loss (federal Form 1040, Schedule 1, Line 18)	.00	.00
<b>13</b> Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Schedule 1, Line 19)	.00	.00
<b>14</b> Taxable Social Security benefits (federal Form 1040, Line 5b)	.00	
<b>15</b> Other income. <b>See instructions.</b> (federal Form 1040, Schedule 1, Line 21) Identify each item.	.00	.00
<b>16</b> Add Columns A and B, Lines 1 through 15.	982,898 .00	935 .00

Continue with Step 2 on Page 2 →



		Column A Total (Whole dollars only)	Column B Non-Illinois Portion (Whole dollars only)
17	Enter the amounts from Page 1, Line 16.	982,898 .00	935 .00
Adjustments to Income	18 Educator expenses (federal Form 1040, Schedule 1, Line 23)	.00	.00
	19 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040, Schedule 1, Line 24)	.00	.00
	20 Health savings account deduction (federal Form 1040, Schedule 1, Line 25)	.00	.00
	21 Moving expenses for members of the Armed Forces (fed. Form 1040, Sch. 1, Line 26)	.00	.00
	22 Deductible part of self-employment tax (federal Form 1040, Sch. 1, Line 27)	.00	.00
	23 Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040, Sch. 1, Line 28)	.00	.00
	24 Self-employed health insurance deduction (fed. Form 1040, Sch. 1, Line 29)	.00	.00
	25 Penalty on early withdrawal of savings (federal Form 1040, Sch. 1, Line 30)	.00	.00
	26 Alimony paid (federal Form 1040, Schedule 1, Line 31a)	.00	.00
	27 IRA deduction (federal Form 1040, Schedule 1, Line 32)	.00	.00
	28 Student loan interest deduction (federal Form 1040, Schedule 1, Line 33)	.00	.00
	29 RESERVED	.00	.00
	30 RESERVED	.00	.00
31 Other adjustments. <b>See instructions.</b>	.00	.00	
32 Add Columns A and B, Lines 18 through 31.	.00	.00	
33 Subtract Columns A and B, Line 32 from Line 17.	982,898 .00	935 .00	

### Step 3: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total (Whole dollars only)	Column B Non-Illinois Portion (Whole dollars only)
Illinois Adjustments	34 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	1,504 .00	.00
	35 Other additions (Form IL-1040, Line 3)	140 .00	.00
	36 Add Columns A and B, Lines 33, 34, and 35.	984,542 .00	935 .00
	37 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	309,000 .00	.00
	38 Illinois Income Tax overpayment included on your federal Form 1040, Sch. 1, Line 10. (Form IL-1040, Line 6)	3,946 .00	.00
	39 Other subtractions (Form IL-1040, Line 7)	1,202 .00	.00
40 Add Columns A and B, Lines 37 through 39.	314,148 .00	.00	
41 Subtract Columns A and B, Line 40 from Line 36. If Line 40 is larger than Line 36, enter zero.	670,394 .00	935 .00	

Continue to Page 3 →



## Step 4: Figure your Schedule CR decimal

		Column A	Column B
Decimal	42	Enter the amount from Line 41, Column A and Column B.	42 <u>670,394.00</u>
	43	Divide Column B, Line 42 by Column A, Line 42 (round to three decimal places). Enter the appropriate decimal. If Column B, Line 42 is greater than Column A, Line 42, enter 1.000. Enter this amount on Step 6, Line 53. →	43 <u>.00100</u>

## Step 5: Part-year residents only (Full year residents, go to Step 6.)

Part-Year Only	44	Enter the base income from your Form IL-1040, Line 9.	44 _____ .00
	45	Divide Column A, Line 42 by Line 44 (round to 3 decimal places).	45 _____
	46	Enter the exemption amount from Form IL-1040, Line 10.	46 _____ .00
	47	Multiply Line 45 by Line 46.	47 _____ .00
	48	Subtract Line 47 from Column A, Line 42.	48 _____ .00
	49	Multiply Line 48 by 4.95% (.0495). Enter this amount on Step 6, Line 52, and continue on to Step 6, Line 50.	49 _____ .00

## Step 6: Figure your credit

Credit for Tax Paid to Other States	50	If you are claiming a credit for tax paid to any of the states listed below, check the box for the appropriate state. See instructions. <input type="checkbox"/> Iowa <input type="checkbox"/> Kentucky <input type="checkbox"/> Michigan <input checked="" type="checkbox"/> Wisconsin	
	51	Enter the total amount of income tax paid to other states on Illinois base income (see instructions). <b>Note:</b> Do not enter the tax withheld from your Form W-2 unless you are including tax paid to a city or local government that does not require you to file a tax return.	SEE STATEMENT 1 51 _____ 52 .00
	52	<b>Illinois Residents:</b> Enter your Illinois tax due from Form IL-1040, Line 12. <b>Part-year Residents:</b> Enter the amount from Step 5, Line 49.	52 <u>33,185.00</u>
	53	Enter the decimal amount from Step 4, Line 43 here.	53 <u>.001</u>
	54	Multiply Line 52 by Line 53.	54 <u>33.00</u>
	55	Compare the amounts on Lines 51 and 54. Enter the lesser amount here and on Form IL-1040, Line 15. This is your tax credit.	55 <u>33.00</u>

→ **Keep your out-of-state tax returns and any Schedules K-1-P and K-1-T with your records. You must send us this information if we request it.** ←



**Schedule IL-WIT**

**Illinois Income Tax Withheld**

12/31/2018

Tax year ending

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule.

**IL Attachment No. 31**

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O		

**Step 1: Provide your withholding records (includes all W-2 and 1099 forms)**

BRADLEY S. SCHNEIDER

Your name as shown on Form IL-1040

[REDACTED]  
Your Social Security number

	Column A Form Type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1	W	[REDACTED]	\$ 149,500 .00	\$ 149,500 .00	\$ 7,298 .00
2			\$ .00	\$ .00	\$ .00
3			\$ .00	\$ .00	\$ .00
4			\$ .00	\$ .00	\$ .00
5			\$ .00	\$ .00	\$ .00

**Step 2: Provide spouse's withholding records (includes all W-2 and 1099 forms)**

JULIE R. DANN

Your spouse's name as shown on Form IL-1040

\*\*\* \*\* 9161

Your spouse's Social Security number

	Column A Form Type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6	W	[REDACTED]	\$ 197,380 .00	\$ 197,380 .00	\$ 9,664 .00
7			\$ .00	\$ .00	\$ .00
8			\$ .00	\$ .00	\$ .00
9			\$ .00	\$ .00	\$ .00
10			\$ .00	\$ .00	\$ .00

**Step 3: Total Illinois withholding**

**11** Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

**11** \$ 16,962 .00

→ Attach all Schedules IL-WIT to your IL-1040. ←



**Read this information first**

Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or if you are entitled to take subtractions on Form IL-1040, Line 7.

Note If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.

**Step 1: Provide the following information**

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

Your name as shown on Form IL-1040

Your Social Security number

**Step 2: Figure your additions for Form IL-1040, Line 3**

Enter the amount of

(Whole dollars only)

<b>1</b>	Your child's federally tax-exempt interest and dividend income as reported on federal Form 8814.	<b>1</b>	_____	.00
<b>2</b>	Distributive share of additions you received from a partnership, S corporation, trust, or estate. <b>Attach</b> Illinois Schedule K-1-P or Schedule K-1-T. <b>SEE STATEMENT 2</b>	<b>2</b>	_____	140 .00
<b>3</b>	Lloyd's plan of operation loss, if reported on your behalf on Form IL-1065 and included in your adjusted gross income.	<b>3</b>	_____	.00
<b>4</b>	Earnings distributed from IRC Section 529 college savings, tuition, and ABLÉ programs if not included in your adjusted gross income. (Do not include distributions from "Bright Start," "Bright Directions," or "College Illinois" programs, or other college savings and tuition programs that meet certain disclosure requirements, or Illinois ABLÉ account programs. See instructions.)	<b>4</b>	_____	.00
<b>5</b>	Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. <b>Attach</b> Form IL-4562.	<b>5</b>	_____	.00
<b>6</b>	Business expense recapture (nonresidents only).	<b>6</b>	_____	.00
<b>7</b>	Recapture of deductions for contributions to Illinois college savings plans and ABLÉ plans transferred to an out-of-state plan.	<b>7</b>	_____	.00
<b>8</b>	Student-Assistance Contribution Credit taken on Schedule 1299-C.	<b>8</b>	_____	.00
<b>9</b>	Recapture of deductions for contributions to college savings plans and ABLÉ plans withdrawn for nonqualified expenses or refunded.	<b>9</b>	_____	.00
<b>10</b>	RESERVED	<b>10</b>	_____	
<b>11</b>	Other income - Identify each item. _____	<b>11</b>	_____	.00
<b>12</b>	<b>Total Additions.</b> Add Lines 1 through 11. Enter the amount here and on Form IL-1040, Line 3.	<b>12</b>	_____	140 .00

**Step 3: Figure your subtractions for Form IL-1040, Line 7**

Enter the amount of

**13** Contributions made to the following college savings plans:

**a** "Bright Start" College Savings Program - Enter the account number and amount contributed for each Bright Start account.

Column A: Account Number	Column B: Contribution Amount
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4 Total</b> - Add Lines 1-3 and enter here and on Line 13a.	

**13a** \_\_\_\_\_ .00

**b** "Bright Directions" College Savings Program - Enter the account number and amount contributed for each Bright Directions account.

Column A: Account Number	Column B: Contribution Amount
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4 Total</b> - Add Lines 1-3 and enter here and on Line 13b.	

**13b** \_\_\_\_\_ .00



**Step 3: Continued**

**C** "College Illinois" Prepaid Tuition Program - Enter the account number and amount contributed for each College Illinois account.

Column A: Account Number	Column B: Contribution Amount
1	
2	
3	
4 Total - Add Lines 1-3 and enter here and on Line 13c.	

13c \_\_\_\_\_ .00

Add Lines 13a, 13b, and 13c. Enter the lesser amount of this total or \$10,000 (\$20,000 if married filing a joint return).

13 \_\_\_\_\_ .00

- 14 Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not claim these same subtractions on any other line of this schedule. See instructions.) **Attach** Illinois Schedule K-1-P or **SEE STATEMENT 3** K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. **14** \_\_\_\_\_ 502 .00
- 15 Restoration of amounts held under claim of right under IRC Section 1341. **15** \_\_\_\_\_ .00
- 16 Contributions to a job training project. **16** \_\_\_\_\_ .00
- 17 Expenses related to federal credits or federally tax-exempt income. **17** \_\_\_\_\_ .00
- 18 Interest earned on investments through the Home Ownership Made Easy Program. **18** \_\_\_\_\_ .00
- 19 Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. **Attach** Form IL-4562. **19** \_\_\_\_\_ .00
- 20 Contributions made to a qualified Illinois ABLE account - Enter the account number and amount contributed for each Illinois ABLE account.

Column A: Account Number	Column B: Contribution Amount
1	
2	
3	
4 Total - Add Lines 1-3 and enter here and on Line 20a.	

20a \_\_\_\_\_ .00

Enter the lesser amount of Line 20a or \$10,000 (\$20,000 if married filing a joint return).

20 \_\_\_\_\_ .00

Enter the following only if included in Form IL-1040, Lines 1, 2, or 3:

- 21 Military pay earned. **Attach** military W-2. **21** \_\_\_\_\_ .00
- 22 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from federal Form 1040. **Attach** a copy of federal Form 1040, Schedule B, if required federally. **22** \_\_\_\_\_ .00
- 23 August 1, 1969, valuation limitation amount from your Schedule F, Line 17. **Attach** Schedule F and required federal forms. **23** \_\_\_\_\_ .00
- 24 River edge redevelopment zone and high impact business dividend subtraction amount from your Schedule 1299-C, Step 1, Line 7. **Attach** Schedule 1299-C. **24** \_\_\_\_\_ .00
- 25 Recovery of items previously deducted on federal Form 1040, Schedule A (including refunds of any state and local income taxes, other than Illinois). **Attach** a copy of federal Form 1040, Page 2, Schedule 1, and any other required federal forms. **25** \_\_\_\_\_ 700 .00
- 26 Ridesharing money and other benefits. See instructions. **26** \_\_\_\_\_ .00
- 27 Payment of life insurance, endowment, or annuity benefits received. **27** \_\_\_\_\_ .00
- 28 Lloyd's plan of operation income if reported on your behalf on Form IL-1065. **28** \_\_\_\_\_ .00
- 29 Income from Illinois pre-need funeral, burial, and cemetery trusts. **29** \_\_\_\_\_ .00
- 30 Education loan repayments made for primary care physicians who agree to practice in designated shortage areas under the Family Practice Residency Act. **30** \_\_\_\_\_ .00
- 31 Reparations or other amounts received as a victim of persecution by Nazi Germany. **31** \_\_\_\_\_ .00
- 32 Add Lines 13 through 31 and enter the amount here and on Page 3, Line 33. **32** \_\_\_\_\_ 1,202 .00



**Step 3: Continued**

<b>33</b>	Enter the amount from Page 2, Line 32.	<b>33</b>	<u>1,202</u>	<u>.00</u>
<b>34</b>	Interest on the following tax-exempt obligations of Illinois state and local government. Do not include interest you received indirectly through owning shares in a mutual fund.			
<b>a</b>	Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes)	<b>34a</b>	<u></u>	<u>.00</u>
<b>b</b>	Tri-County River Valley Development Authority bonds	<b>34b</b>	<u></u>	<u>.00</u>
<b>c</b>	Illinois Development Finance Authority bonds, notes, and other obligations (venture fund and infrastructure bonds only)	<b>34c</b>	<u></u>	<u>.00</u>
<b>d</b>	Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority)	<b>34d</b>	<u></u>	<u>.00</u>
<b>e</b>	College savings bonds issued under the General Obligation Bond Act in accordance with the Baccalaureate Savings Act	<b>34e</b>	<u></u>	<u>.00</u>
<b>f</b>	Illinois Sports Facilities Authority bonds	<b>34f</b>	<u></u>	<u>.00</u>
<b>g</b>	Higher Education Student Assistance Act bonds	<b>34g</b>	<u></u>	<u>.00</u>
<b>h</b>	Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87	<b>34h</b>	<u></u>	<u>.00</u>
<b>i</b>	Rural Bond Bank Act bonds and notes	<b>34i</b>	<u></u>	<u>.00</u>
<b>j</b>	Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act	<b>34j</b>	<u></u>	<u>.00</u>
<b>k</b>	Quad Cities Interstate Metropolitan Authority bonds	<b>34k</b>	<u></u>	<u>.00</u>
<b>l</b>	Southwestern Illinois Development Authority bonds	<b>34l</b>	<u></u>	<u>.00</u>
<b>m</b>	Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55, or the Asbestos Abatement Finance Act	<b>34m</b>	<u></u>	<u>.00</u>
<b>n</b>	Illinois Power Agency bonds issued by the Illinois Finance Authority	<b>34n</b>	<u></u>	<u>.00</u>
<b>o</b>	Central Illinois Economic Development Authority bonds	<b>34o</b>	<u></u>	<u>.00</u>
<b>p</b>	Eastern Illinois Economic Development Authority bonds	<b>34p</b>	<u></u>	<u>.00</u>
<b>q</b>	Southeastern Illinois Economic Development Authority bonds	<b>34q</b>	<u></u>	<u>.00</u>
<b>r</b>	Southern Illinois Economic Development Authority bonds	<b>34r</b>	<u></u>	<u>.00</u>
<b>s</b>	Illinois Urban Development Authority bonds	<b>34s</b>	<u></u>	<u>.00</u>
<b>t</b>	Downstate Illinois Sports Facilities Authority bonds	<b>34t</b>	<u></u>	<u>.00</u>
<b>u</b>	Western Illinois Economic Development Authority bonds	<b>34u</b>	<u></u>	<u>.00</u>
<b>v</b>	Upper Illinois River Valley Development Authority Act bonds	<b>34v</b>	<u></u>	<u>.00</u>
<b>w</b>	Will-Kankakee Regional Development Authority bonds	<b>34w</b>	<u></u>	<u>.00</u>
<b>x</b>	Export Development Act of 1983 bonds	<b>34x</b>	<u></u>	<u>.00</u>
<b>35</b>	Interest on the following non-U.S. government bonds.			
<b>a</b>	Bonds issued by the government of Guam	<b>35a</b>	<u></u>	<u>.00</u>
<b>b</b>	Bonds issued by the government of Puerto Rico	<b>35b</b>	<u></u>	<u>.00</u>
<b>c</b>	Bonds issued by the government of the Virgin Islands	<b>35c</b>	<u></u>	<u>.00</u>
<b>d</b>	Bonds issued by the government of American Samoa	<b>35d</b>	<u></u>	<u>.00</u>
<b>e</b>	Bonds issued by the government of the Northern Mariana Islands	<b>35e</b>	<u></u>	<u>.00</u>
<b>f</b>	Mutual mortgage insurance fund bonds	<b>35f</b>	<u></u>	<u>.00</u>
<b>36</b>	Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 22, 34, or 35 as reported on federal Form 8814.	<b>36</b>	<u></u>	<u>.00</u>
<b>37</b>	Railroad sick pay and unemployment income. <b>Attach</b> Form 1099-G or W-2 and a copy of your federal return.	<b>37</b>	<u></u>	<u>.00</u>
<b>38</b>	Unjust imprisonment compensation awarded by Illinois Court of Claims.	<b>38</b>	<u></u>	<u>.00</u>
<b>39</b>	Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit.	<b>39</b>	<u></u>	<u>.00</u>
<b>40</b>	<b>Total Subtractions.</b> Add Lines 33 through 39. Enter the amount here and on Form IL-1040, Line 7.	<b>40</b>	<u>1,202</u>	<u>.00</u>



# 2018 IL-2210 Computation of Penalties for Individuals

Attach to your Form IL-1040

IL Attachment No. 19

## Read this information first -

We encourage you to **let us figure your penalties** and send you a bill instead of completing this form yourself. We will waive the late-payment penalty for underpayment of estimated tax if you timely paid the lesser of 100 percent of the prior year's tax liability or 90 percent of the current year's tax liability. If you elect to complete Form IL-2210, this form reflects that waiver.

The late-payment penalty for underpayment of estimated tax is based on the tax shown due on your original return. Do not use the tax shown on an amended return filed after the extended due date of the return to compute your required installments in Step 2.

## Step 1: Provide the following information

**BRADLEY S. SCHNEIDER & JULIE R. DANN**

Your name as shown on Form IL-1040

Your Social Security number

**Note:** If your prior year tax return was filed using a different Social Security number than the number above, enter that number here.

## Step 2: Figure your required installments

	A This year		B Last year	
<b>1</b> Enter your total income tax and compassionate use of medical cannabis surcharge from each tax return. See instructions.	<b>1</b>	33,185.		25,799.
<b>2</b> Enter the amount of credits from each tax return. See instructions.	<b>2</b>	33.		
<b>3</b> Subtract Line 2 from Line 1.	<b>3</b>	33,152.		25,799.
<b>4a</b> Enter the total amount of this year's Illinois withholding from your W-2 and 1099 forms.	<b>4a</b>	16,962.		
<b>4b</b> Enter the total amount of pass-through withholding made on your behalf.	<b>4b</b>			
<b>4c</b> Add Lines 4a and 4b and enter the result here.	<b>4c</b>	16,962.		
<b>5</b> Subtract Line 4c from Line 3.	<b>5</b>	16,190.		
<b>6</b> Multiply Column A, Line 3, by 90% (.9).	<b>6</b>	29,837.		
<b>7</b> If <b>Line 5</b> is \$500 or less or if you are not required to make estimated tax payments, enter "0," and go to Step 3. Otherwise, enter the <b>lesser</b> of Column A, Line 6, or Column B, Line 3.	<b>7</b>	25,799.		
<b>8</b> Divide the amount entered on Line 7 by four. This is the amount of each required installment. (If you use the annualized income installment method, see instructions.)	<b>8</b>	6,450.		
			<b>Quarter 3</b>	<b>Quarter 4</b>
	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>15th day of 9th</b>	<b>15th day of 1st mo.</b>
	<b>15th day of 4th</b>	<b>15th day of 6th</b>	<b>month of tax year</b>	<b>after end of tax year</b>
	<b>month of tax year</b>	<b>month of tax year</b>		
<b>9a</b> Enter the installment due date for each quarter. See instructions.	04/17/18	06/15/18	09/17/18	01/15/19
<b>9b</b> Enter the required installment. See instructions.	6,450.	6,450.	6,450.	6,449.
<b>10a</b> Enter the amount of tax withheld.	4,241.	4,241.	4,241.	4,239.
<b>10b</b> Enter the amount of pass-through.				
<b>10c</b> Add Lines 10a and 10b in each column.	4,241.	4,241.	4,241.	4,239.
<b>11</b> Subtract Line 10c from Line 9b. If the amount is negative, use brackets.	2,209.	2,209.	2,209.	2,210.
<b>12</b> If the amount on Line 13 of the previous quarter is negative, enter that amount as a positive here. Otherwise, enter "0."	Skip this line for Quarter 1.	0.	0.	0.
<b>13</b> Subtract Line 12 from Line 11. If the amount is negative, use brackets.	2,209.	2,209.	2,209.	2,210.

Continue with Step 3 on Page 2 →

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



### Step 3: Figure your unpaid tax



14	Enter the amount from Column A, Line 3.	14	<u>33,152.</u>
15	Enter the amount of household employment tax from Form IL-1040, Line 20.	15	<u>1,350.</u>
16	Enter the amount of use tax from Form IL-1040, Line 21.	16	<u>          </u>
17	Add Lines 14 through 16. Enter the total amount here.	17	<u>34,502.</u>
18	Calculate the total amount of all payments made on or before the original due date of your tax return. Include your credit(s) carried forward from a prior year (see instructions), your total estimated payments made this year, Form IL-505-I payments, the pass-through withholding made on your behalf, and your withholding as shown on your W-2 and 1099 forms. Compare that total to the total of Line 9b, Quarters 1 through 4, and enter the <b>greater</b> amount here.	18	<u>38,024.</u>
19	Subtract Line 18 from Line 17. If the amount is <ul style="list-style-type: none"> <li>• <b>positive</b>, enter that amount here. Enter this amount in Penalty Worksheet 2, Line 23, Column C and continue to Step 4.</li> <li>• <b>zero or negative</b>, enter that amount here and, if negative, use brackets.</li> </ul>	19	<u>&lt;3,522.&gt;</u>

### Step 4: Figure your late-payment penalty

Use Penalty Worksheet 1 to figure your late-payment penalty for underpayment of estimated tax.

Use Penalty Worksheet 2 to figure your late-payment penalty for unpaid tax.

**Note** You **must** follow the instructions in order to properly complete the penalty worksheets.

20 Enter the amount and the date of each payment you made. Include any credit(s) carried forward from a prior year. See instructions.

	Amount	Date paid	Amount	Date paid	Amount	Date paid	
a	<u>2,962.</u>	<u>04/15/18</u>	e	<u>8,000.</u>	<u>04/15/19</u>	i	<u>          </u>
b	<u>2,600.</u>	<u>06/15/18</u>	f	<u>          </u>	<u>          </u>	j	<u>          </u>
c	<u>2,500.</u>	<u>09/17/18</u>	g	<u>          </u>	<u>          </u>	k	<u>          </u>
d	<u>5,000.</u>	<u>01/15/19</u>	h	<u>          </u>	<u>          </u>	l	<u>          </u>

#### Penalty rates

Number of days late	Penalty rate
1 - 30 .....	.02
31 or more .....	.10

### Penalty Worksheet 1 - Late-payment penalty for underpayment of estimated tax

**Note** If you paid the required amount from Line 13 by the payment due date for each quarter, **do not** complete this worksheet.

21 Enter the unpaid amounts from Line 13, Quarters 1 through 4, on the first line of the appropriate quarters in Column C below. If you have more than four payments to apply to any quarter, use a separate piece of paper following the same format as below and attach to this form.

A	B	C	D	E	F	G	H	I
Period	Due date	Unpaid amount	Payment applied	Balance due (Col. C - Col. D)	Payment date	Number of days late	Penalty rate (See above)	Penalty
Qtr 1	<u>04/17/18</u>	<u>2,209.</u>	<u>          </u>	<u>2,209.</u>	<u>04/17/18</u>	<u>          </u>	<u>          </u>	<u>          </u>
		<u>2,209.</u>	<u>2,962.</u>	<u>-753.</u>	<u>04/17/18</u>	<u>          </u>	<u>          </u>	<u>          </u>
		<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Qtr 2	<u>06/15/18</u>	<u>2,209.</u>	<u>          </u>	<u>2,209.</u>	<u>06/15/18</u>	<u>          </u>	<u>          </u>	<u>          </u>
		<u>2,209.</u>	<u>753.</u>	<u>1,456.</u>	<u>06/15/18</u>	<u>          </u>	<u>          </u>	<u>          </u>
		<u>1,456.</u>	<u>2,600.</u>	<u>-1,144.</u>	<u>06/15/18</u>	<u>          </u>	<u>          </u>	<u>          </u>
Qtr 3	<u>09/17/18</u>	<u>2,209.</u>	<u>          </u>	<u>2,209.</u>	<u>09/17/18</u>	<u>          </u>	<u>          </u>	<u>          </u>
		<u>2,209.</u>	<u>1,144.</u>	<u>1,065.</u>	<u>09/17/18</u>	<u>          </u>	<u>          </u>	<u>          </u>
		<u>1,065.</u>	<u>2,500.</u>	<u>-1,435.</u>	<u>09/17/18</u>	<u>          </u>	<u>          </u>	<u>          </u>
Qtr 4	<u>01/15/19</u>	<u>2,210.</u>	<u>          </u>	<u>2,210.</u>	<u>01/15/19</u>	<u>          </u>	<u>          </u>	<u>          </u>
		<u>2,210.</u>	<u>1,435.</u>	<u>775.</u>	<u>01/15/19</u>	<u>          </u>	<u>          </u>	<u>          </u>
		<u>775.</u>	<u>5,000.</u>	<u>-4,225.</u>	<u>01/15/19</u>	<u>          </u>	<u>          </u>	<u>          </u>

22 Add Column I, Quarters 1 through 4. This is your **late-payment penalty for underpayment of estimated tax**. Enter the total amount here and on your Form IL-1040, Line 32 (round to whole dollars). 22           0

**Note** You may apply any remaining overpayment from Quarter 4, Column E above to any underpayment when figuring Penalty Worksheet 2, only if the payment date in Column F is after the original due date of the return.

## Penalty Worksheet 2 - Late-payment penalty for unpaid tax

**23** Enter any positive amount from Line 19 on the first line of Column C below.

A	B	C	D	E	F	G	H	I
Return	Due date	Unpaid amount	Payment applied	Balance due (Col. C - Col. D)	Payment date	Number of days late	Penalty rate (See Page 2)	Penalty

**24** Add Column I. This is your **late-payment penalty for unpaid tax**.  
Enter the total amount here and on Step 5, Line 34.

**24** \_\_\_\_\_

### Step 5: Figure your late-filing penalty and the amount you owe

**Note** Figure your late-filing penalty only if

- you are filing your tax return after your extended due date, and
- your tax was not paid on or before your original due date.

#### Figure your late-filing penalty.

<b>25</b> Enter the amount from Form IL-1040, Line 14.	<b>25</b> _____
<b>26</b> Enter the amount of household employment tax from Form IL-1040, Line 20.	<b>26</b> _____
<b>27</b> Enter the amount of use tax from Form IL-1040, Line 21.	<b>27</b> _____
<b>28</b> Enter the amount of compassionate use of medical cannabis surcharge from Form IL-1040, Line 22.	<b>28</b> _____
<b>29</b> Add Lines 25 through 28. Enter the total amount here.	<b>29</b> _____
<b>30</b> Enter the total amount of credits and payments made on or before your original due date.	<b>30</b> _____
<b>31</b> Subtract Line 30 from Line 29.	<b>31</b> _____
<b>32</b> Multiply the amount on Line 31 by 2% (.02).	<b>32</b> _____
<b>33</b> Enter the lesser of Line 32 or \$250. This is your <b>late-filing penalty</b> .	<b>33</b> _____

#### Figure the amount you owe.

<b>34</b> Enter any <b>late-payment penalty for unpaid tax</b> from Line 24.	<b>34</b> _____
<b>35</b> Enter any <b>late-filing penalty</b> from Line 33.	<b>35</b> _____
<b>36</b> If you have an overpayment on Form IL-1040, Line 35, enter that amount as a <negative number>. If you have an amount due on Form IL-1040, Line 39, enter that amount as a positive number.	<b>36</b> _____
<b>37</b> Add Lines 34 through 36. If the result is a negative number, this is the amount you are overpaid. If the result is a positive number, this is the amount you owe. See Form IL-1040, Line 39, instructions for your payment options.	<b>37</b> _____

Continue to Step 6 on Page 4, if annualizing your income. 



## Step 6: Complete the annualization worksheet for Step 2, Line 9b

Complete this worksheet **only** if your income was not received evenly throughout the year and you choose to annualize your income. **Complete Lines 38 through 56 of one column before going to the next, beginning with Column A.**

	A First 3 months	B First 5 months	C First 8 months	D All 12 months
<b>38</b> Enter your Illinois <b>base</b> income for each period. See instructions.	<b>38</b> _____	_____	_____	_____
<b>39</b> Annualization factors.	<b>39</b> _____ 4	_____ 2.4	_____ 1.5	_____ 1
<b>40</b> Multiply Line 38 by Line 39. This is your annualized income.	<b>40</b> _____	_____	_____	_____
<b>41</b> Exemptions. See instructions.	<b>41</b> _____	_____	_____	_____
<b>42</b> Subtract Line 41 from Line 40. This is your Illinois net income.	<b>42</b> _____	_____	_____	_____
<b>43</b> Multiply Line 42 by 4.95% (.0495). See instructions.	<b>43</b> _____	_____	_____	_____
<b>44</b> Compassionate use of medical cannabis surcharge. See instructions.	<b>44</b> _____	_____	_____	_____
<b>45</b> Add Lines 43 and 44.	<b>45</b> _____	_____	_____	_____
<b>46</b> For each period, enter the amount you entered on Step 2, Line 2, Column A.	<b>46</b> _____	_____	_____	_____
<b>47</b> Subtract Line 46 from Line 45. If less than zero, enter "0."	<b>47</b> _____	_____	_____	_____
<b>48</b> Applicable percentage.	<b>48</b> _____ 22.5% (.225)	_____ 45% (.450)	_____ 67.5% (.675)	_____ 90% (.900)
<b>49</b> Multiply Line 47 by Line 48. This is your annualized installment.	<b>49</b> _____	_____	_____	_____
<b>50</b> Add the amounts on Line 56 of each of the preceding columns and enter the total here.	<b>50</b> <u>Skip this line for Column A.</u>	_____	_____	_____
<b>51</b> Subtract Line 50 from Line 49. If less than zero, enter "0."	<b>51</b> _____	_____	_____	_____
<b>52</b> Enter the amount you would have entered in Step 2, Line 9b, if you were not annualizing.	<b>52</b> _____	_____	_____	_____
<b>53</b> Enter the amount from Line 55 of the preceding column.	<b>53</b> <u>Skip this line for Column A.</u>	_____	_____	_____
<b>54</b> Add Lines 52 and 53.	<b>54</b> _____	_____	_____	_____
<b>55</b> If Line 54 is greater than Line 51, subtract Line 51 from Line 54. Otherwise, enter "0."	<b>55</b> _____	_____	_____	_____ <u>Skip this line for Column D.</u>
<b>56</b> Enter the lesser of Line 51 or Line 54 here and on Step 2, Line 9b. This is your required installment.	<b>56</b> _____	_____	_____	_____





IL SCHEDULE CR		TAX PAID TO OTHER STATES	STATEMENT 1
STATE	NAME OF TAXING DISTRICT		TAX PAID
NC			52.
TOTAL TO SCHEDULE CR, LINE 51			52.

IL SCHEDULE M		OTHER ADDITIONS	STATEMENT 2
DESCRIPTION			AMOUNT
REPLACEMENT TAX DEDUCTED PER K-1'S			1.
DISTRIBUTIVE SHARE OF ADDITIONS PER K-1'S			81.
MUNICIPAL INTEREST FROM K-1 - CD FAMILY INVESTMENT L.P.			57.
MUNICIPAL INTEREST FROM K-1 - CD FAMILY INVESTMENT L.P.			1.
TOTAL INCLUDED IN SCHEDULE M, LINE 2			140.

IL SCHEDULE M		OTHER SUBTRACTIONS	STATEMENT 3
DESCRIPTION			AMOUNT
SPECIAL DEPRECIATION PER K-1'S			76.
DISTRIBUTIVE SHARE OF SUBTRACTIONS PER K-1'S			426.
TOTAL INCLUDED IN SCHEDULE M, LINE 14			502.

**Illinois Department of Revenue  
Schedule K-1-P**

**Partner's or Shareholder's Share of Income,  
Deductions, Credits, and Recapture**

**Year ending**  
12 / 18  
 Month / Year

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST  
 Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

**IL Attachment No. 12**

**Step 1: Identify your partnership or S corporation**

1 Check your business type  partnership  S corporation

2 QUESTEK INTERNATIONAL LLC

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

3 [REDACTED]

Enter your federal employer identification number (FEIN).

4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1." 1.000000

**Step 2: Identify your partner or shareholder**

5 JULIE R DANN

Name

7 [REDACTED]

Social Security number or FEIN

6 [REDACTED]

Mailing address

8 \_\_\_\_\_

Share (%)

DEERFIELD IL 60015

City State ZIP

9a Check the appropriate box. See instructions.

individual  corporation  trust  
 partnership  S corporation  estate

9b To be completed by the recipient on Line 5 only.

I am a:  grantor trust  disregarded entity  
 and the amounts on this Schedule will be reported by:

Name: \_\_\_\_\_

SSN or FEIN: \_\_\_\_\_

**Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss**

	A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10 _____	_____
11 Dividends	11 _____	_____
12 Rental income	12 _____	_____
13 Patent royalties	13 _____	_____
14 Copyright royalties	14 _____	_____
15 Other royalty income	15 _____	_____
16 Capital gain or loss from real property	16 _____	_____
17 Capital gain or loss from tangible personal property	17 _____	_____
18 Capital gain or loss from intangible personal property	18 _____	_____
19 Other income and expense	19 _____	_____
Specify		

**Step 4: Figure your partner's or shareholder's share of your business income or loss**

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20 <u>468.</u>	_____
21 Net income or loss from rental real estate activities	21 _____	_____
22 Net income or loss from other rental activities	22 _____	_____
23 Interest	23 <u>12.</u>	_____
24 Dividends	24 _____	_____
25 Royalties	25 _____	_____
26 Net short-term capital gain or loss	26 _____	_____
27 Net long-term capital gain or loss. Total for year.	27 _____	_____
28 Unrecaptured Section 1250 gain	28 _____	_____
29 Guaranteed payments to partner (U.S. Form 1065 only)	29 _____	_____
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30 _____	_____
31 Other income and expense <u>OTHER INCOME AND EXPENSES</u>	31 <u>-30.</u>	_____
Specify		



Enter the partner's or shareholder's identification number from Line 7.

\*\*\*\*\*9161

Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

Table for Step 5 with columns A (Member's share from Form IL-1065 or IL-1120-ST) and B (Member's share apportioned or allocated to Illinois). Rows include Additions (32-37) and Subtractions (38a-47).

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

Table for Step 6 with columns A (Member's share from Illinois Schedule F) and B (Member's share apportioned or allocated to Illinois). Rows include 48-51.

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding and federal income subject to surcharge

Table for Step 7 with columns A (Member's share from Illinois tax return) and B (Member's share from Illinois tax return). Rows include 52 Illinois Income Tax Credits, 53 Recapture, 54 Pass-through withholding, and 55 Federal income attributable to transactions subject to the Compassionate Use of Medical Cannabis Pilot Program Act surcharge.



**Illinois Department of Revenue  
Schedule K-1-P**

**Partner's or Shareholder's Share of Income,  
Deductions, Credits, and Recapture**

**Year ending**

12 / 18  
Month / Year

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

**IL Attachment No. 12**

**Step 1: Identify your partnership or S corporation**

1 Check your business type  partnership  S corporation

2 CD FAMILY INVESTMENT LP

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

3 [REDACTED]

Enter your federal employer identification number (FEIN).

4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1." 1.000000

**Step 2: Identify your partner or shareholder**

5 JULIE R DANN

Name

7 [REDACTED]

Social Security number or FEIN

6 [REDACTED]

Mailing address

8 \_\_\_\_\_

Share (%)

DEERFIELD IL 60015

City

State

ZIP

9a Check the appropriate box. See instructions.

individual  corporation  trust  
 partnership  S corporation  estate

9b To be completed by the recipient on Line 5 only.

I am a:  grantor trust  disregarded entity  
and the amounts on this Schedule will be reported by:

Name: \_\_\_\_\_

SSN or FEIN: \_\_\_\_\_

**Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss**

	A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10 _____	_____
11 Dividends	11 _____	_____
12 Rental income	12 _____	_____
13 Patent royalties	13 _____	_____
14 Copyright royalties	14 _____	_____
15 Other royalty income	15 _____	_____
16 Capital gain or loss from real property	16 _____	_____
17 Capital gain or loss from tangible personal property	17 _____	_____
18 Capital gain or loss from intangible personal property	18 _____	_____
19 Other income and expense	19 _____	_____
Specify		

**Step 4: Figure your partner's or shareholder's share of your business income or loss**

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20 <u>651.</u>	_____
21 Net income or loss from rental real estate activities	21 <u>-3,081.</u>	_____
22 Net income or loss from other rental activities	22 _____	_____
23 Interest	23 <u>1,275.</u>	_____
24 Dividends	24 <u>4,920.</u>	_____
25 Royalties	25 _____	_____
26 Net short-term capital gain or loss	26 <u>2,372.</u>	_____
27 Net long-term capital gain or loss. Total for year.	27 <u>24,236.</u>	_____
28 Unrecaptured Section 1250 gain	28 <u>1,241.</u>	_____
29 Guaranteed payments to partner (U.S. Form 1065 only)	29 _____	_____
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30 <u>4,663.</u>	_____
31 Other income and expense <u>OTHER INCOME AND EXPENSES</u>	31 <u>-44.</u>	_____
Specify		



Enter the partner's or shareholder's identification number from Line 7.

\*\*\*\*\*9161

**Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions**

**K-1-P Recipient:** Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

	<b>A</b> Member's share from Form IL-1065 or IL-1120-ST	<b>B</b> Member's share apportioned or allocated to Illinois
<b>Additions</b>		
32 Federally tax-exempt interest income	58.	
33 Illinois replacement tax and surcharge deducted		
34 Illinois Special Depreciation addition		
35 Related-Party Expenses addition		
36 Distributive share of additions	48.	
37 Other additions (from Illinois Schedule M for businesses)		
<b>Subtractions</b>		
38 a Interest from U.S. Treasury obligations (business income)		
b Interest from U.S. Treasury obligations (nonbusiness income)		
39 River Edge Redevelopment Zone Dividend Subtraction		
40 High Impact Business Dividend subtraction		
41 Contribution subtraction (Form IL-1120-ST filers only)		
42 Interest subtraction - River Edge Redevelopment Zone (Form IL-1120-ST financial organizations only)		
43 Interest subtraction - High Impact Business within a Foreign Trade Zone (Form IL-1120-ST financial organizations only)		
44 Illinois Special Depreciation subtraction		
45 Related-Party Expenses subtraction		
46 Distributive share of subtractions	113.	
47 Other subtractions (from Illinois Schedule M for businesses)		

**Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts**

	<b>A</b> Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)	<b>B</b> Member's share apportioned or allocated to Illinois
48 Section 1245 and 1250 gain		
49 Section 1231 gain		
50 Section 1231 gain less casualty and theft gain. See instructions.		
51 Capital gain		

**Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding and federal income subject to surcharge**

	Credit Code	Member's share from Illinois tax return		Member's share from Illinois tax return
<b>52 Illinois Income Tax Credits</b>				
a Film Production Services	5000	52a		
b Enterprise Zone Investment	5080	52b		
c Affordable Housing Donations	5260	52c		
d EDGE	5300	52d		
e Research and Development	5340	52e		
f Wages paid to Ex-Felons	5380	52f		
g Student-Assistance Contribution	5420	52g		
h Angel Investment	5460	52h		
i New Markets Development	5500	52i		
j River Edge Historic Preservation	5540	52j		
k Live Theater Production	5580	52k		
l Hospital	5620	52l		
m Invest in Kids	5660	52m		
n Natural Disaster	5700	52n		
o Historic Preservation	1030	52o		
p Other credits _____		52p		
q Replacement Tax Investment Credits. See instructions.		52q		
			<b>53 Recapture</b>	
			a Enterprise Zone or River Edge Redevelopment Zone Investment Credit recapture	53a
			b Replacement Tax Investment Credit recapture	53b
			c Angel Investment Credit recapture	53c
			<b>54 Pass-through withholding</b> (See instructions)	54
			<b>55 Federal income attributable to</b> transactions subject to the Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	55



**Illinois Department of Revenue  
Schedule K-1-P**

**Partner's or Shareholder's Share of Income,  
Deductions, Credits, and Recapture**

**Year ending**

12 / 18  
Month / Year

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

**IL Attachment No. 12**

**Step 1: Identify your partnership or S corporation**

1 Check your business type  partnership  S corporation

2 AERODIRECT INC

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

3 [REDACTED]

Enter your federal employer identification number (FEIN).

4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1." 1.000000

**Step 2: Identify your partner or shareholder**

5 JULIE R DANN

Name

7 [REDACTED]

Social Security number or FEIN

6 [REDACTED]

Mailing address

8 \_\_\_\_\_

Share (%)

DEERFIELD IL 60015

City

State

ZIP

9a Check the appropriate box. See instructions.

individual  corporation  trust  
 partnership  S corporation  estate

9b To be completed by the recipient on Line 5 only.

I am a:  grantor trust  disregarded entity  
and the amounts on this Schedule will be reported by:

Name: \_\_\_\_\_

SSN or FEIN: \_\_\_\_\_

**Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss**

	A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10 _____	_____
11 Dividends	11 _____	_____
12 Rental income	12 _____	_____
13 Patent royalties	13 _____	_____
14 Copyright royalties	14 _____	_____
15 Other royalty income	15 _____	_____
16 Capital gain or loss from real property	16 _____	_____
17 Capital gain or loss from tangible personal property	17 _____	_____
18 Capital gain or loss from intangible personal property	18 _____	_____
19 Other income and expense	19 _____	_____
Specify		

**Step 4: Figure your partner's or shareholder's share of your business income or loss**

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20 <u>10,356.</u>	_____
21 Net income or loss from rental real estate activities	21 _____	_____
22 Net income or loss from other rental activities	22 _____	_____
23 Interest	23 <u>192.</u>	_____
24 Dividends	24 <u>8,013.</u>	_____
25 Royalties	25 _____	_____
26 Net short-term capital gain or loss	26 _____	_____
27 Net long-term capital gain or loss. Total for year.	27 _____	_____
28 Unrecaptured Section 1250 gain	28 _____	_____
29 Guaranteed payments to partner (U.S. Form 1065 only)	29 _____	_____
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30 _____	_____
31 Other income and expense	31 _____	_____
Specify		



Enter the partner's or shareholder's identification number from Line 7.

\*\*\*\*\*9161

Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

Table for Step 5 with columns A (Member's share from Form IL-1065 or IL-1120-ST) and B (Member's share apportioned or allocated to Illinois). Rows include Additions (32-37) and Subtractions (38a-47).

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

Table for Step 6 with columns A (Member's share from Illinois Schedule F) and B (Member's share apportioned or allocated to Illinois). Rows include 48-51.

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding and federal income subject to surcharge

Table for Step 7 with columns for Credit Code, Member's share from Illinois tax return, and Member's share from Illinois tax return. Rows include 52 Illinois Income Tax Credits, 53 Recapture, 54 Pass-through withholding, and 55 Federal income attributable to transactions subject to the Compassionate Use of Medical Cannabis Pilot Program Act surcharge.



**Illinois Department of Revenue  
Schedule K-1-P**

**Partner's or Shareholder's Share of Income,  
Deductions, Credits, and Recapture**

**Year ending**

12 / 18  
Month / Year

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

**IL Attachment No. 12**

**Step 1: Identify your partnership or S corporation**

1 Check your business type  partnership  S corporation

2 MDRJB PARTNERSHIP

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

3 [REDACTED]

Enter your federal employer identification number (FEIN).

4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1." 1.000000

**Step 2: Identify your partner or shareholder**

5 BRADLEY S SCHNEIDER

Name

7 [REDACTED]

Social Security number or FEIN

6 [REDACTED]

Mailing address

8 \_\_\_\_\_

Share (%)

DEERFIELD IL 60015

City

State

ZIP

9a Check the appropriate box. See instructions.

individual  corporation  trust  
 partnership  S corporation  estate

9b To be completed by the recipient on Line 5 only.

I am a:  grantor trust  disregarded entity  
and the amounts on this Schedule will be reported by:

Name: \_\_\_\_\_

SSN or FEIN: \_\_\_\_\_

**Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss**

	A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	146.	
11 Dividends	1,869.	
12 Rental income	-32,142.	
13 Patent royalties		
14 Copyright royalties		
15 Other royalty income		
16 Capital gain or loss from real property	18,895.	
17 Capital gain or loss from tangible personal property		
18 Capital gain or loss from intangible personal property	3,090.	
19 Other income and expense <u>OTHER INCOME AND EXPENSES</u>	-1,481.	
Specify		

**Step 4: Figure your partner's or shareholder's share of your business income or loss**

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	-4,974.	
21 Net income or loss from rental real estate activities		
22 Net income or loss from other rental activities		
23 Interest		
24 Dividends		
25 Royalties		
26 Net short-term capital gain or loss		
27 Net long-term capital gain or loss. Total for year.		
28 Unrecaptured Section 1250 gain	6,606.	
29 Guaranteed payments to partner (U.S. Form 1065 only)		
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.		
31 Other income and expense <u>OTHER INCOME AND EXPENSES</u>	-1,778.	
Specify		



Enter the partner's or shareholder's identification number from Line 7.

**Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions**

**K-1-P Recipient:** Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

	A Member's share from Form IL-1065 or IL-1120-ST	B Member's share apportioned or allocated to Illinois
<b>Additions</b>		
32 Federally tax-exempt interest income	32 _____	_____
33 Illinois replacement tax and surcharge deducted	33 _____	_____
34 Illinois Special Depreciation addition	34 _____	_____
35 Related-Party Expenses addition	35 _____	_____
36 Distributive share of additions	36 <u>33.</u>	_____
37 Other additions (from Illinois Schedule M for businesses)	37 _____	_____
<b>Subtractions</b>		
38 a Interest from U.S. Treasury obligations (business income)	38a _____	_____
b Interest from U.S. Treasury obligations (nonbusiness income)	38b _____	_____
39 River Edge Redevelopment Zone Dividend Subtraction	39 _____	_____
40 High Impact Business Dividend subtraction	40 _____	_____
41 Contribution subtraction (Form IL-1120-ST filers only)	41 _____	_____
42 Interest subtraction - River Edge Redevelopment Zone (Form IL-1120-ST financial organizations only)	42 _____	_____
43 Interest subtraction - High Impact Business within a Foreign Trade Zone (Form IL-1120-ST financial organizations only)	43 _____	_____
44 Illinois Special Depreciation subtraction	44 _____	_____
45 Related-Party Expenses subtraction	45 _____	_____
46 Distributive share of subtractions	46 <u>313.</u>	_____
47 Other subtractions (from Illinois Schedule M for businesses)	47 _____	_____

**Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts**

	A Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)	B Member's share apportioned or allocated to Illinois
48 Section 1245 and 1250 gain	48 _____	_____
49 Section 1231 gain	49 _____	_____
50 Section 1231 gain less casualty and theft gain. See instructions.	50 _____	_____
51 Capital gain	51 _____	_____

**Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding and federal income subject to surcharge**

	Credit Code	Member's share from Illinois tax return		Member's share from Illinois tax return
<b>52 Illinois Income Tax Credits</b>				
a Film Production Services	5000	52a _____		
b Enterprise Zone Investment	5080	52b _____		
c Affordable Housing Donations	5260	52c _____		
d EDGE	5300	52d _____		
e Research and Development	5340	52e _____		
f Wages paid to Ex-Felons	5380	52f _____		
g Student-Assistance Contribution	5420	52g _____		
h Angel Investment	5460	52h _____		
i New Markets Development	5500	52i _____		
j River Edge Historic Preservation	5540	52j _____		
k Live Theater Production	5580	52k _____		
l Hospital	5620	52l _____		
m Invest in Kids	5660	52m _____		
n Natural Disaster	5700	52n _____		
o Historic Preservation	1030	52o _____		
p Other credits _____		52p _____		
q Replacement Tax Investment Credits. See instructions.		52q _____		
<b>53 Recapture</b>				
a Enterprise Zone or River Edge Redevelopment Zone Investment Credit recapture			53a	_____
b Replacement Tax Investment Credit recapture			53b	_____
c Angel Investment Credit recapture			53c	_____
<b>54 Pass-through withholding</b> (See instructions)			<b>54</b>	_____
<b>55 Federal income attributable to</b> transactions subject to the Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.			<b>55</b>	_____

