

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning

, 2014, ending

, 20

See separate instructions.

Your first name and initial

BRADLEY S.

Last name

SCHNEIDER

Your social security number

[Redacted]

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

[Redacted]

Home address (number and street). If you have a P.O. box, see instructions.

[Redacted]

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

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

[Redacted]

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name

Foreign province/state/county

Foreign postal code

You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶ JULIE R DANN

4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) if child under age 17 qualifying for child tax credit

Boxes checked on 6a and 6b 1

No. of children on 6c who:

- lived with you
• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ 1

If more than four dependents, see instructions and check here ▶

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7 146,219.

8a Taxable interest. Attach Schedule B if required

8a 52.

b Tax-exempt interest. Do not include on line 8a

8b 7,686.

9a Ordinary dividends. Attach Schedule B if required

9a 10,162.

b Qualified dividends

9b 7,863.

STMT 5

10 Taxable refunds, credits, or offsets of state and local income taxes

STMT 1 STMT 3

10 1,201.

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12 33,493.

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶

13 17,569.

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount

15b

16a Pensions and annuities

16a

b Taxable amount

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17 -9,259.

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount

20b

21 Other income. List type and amount

21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

22 199,437.

Adjusted Gross Income

23 Educator expenses

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 Deductible part of self-employment tax. Attach Schedule SE

27

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN ▶

31a

32 IRA deduction

32

33 Student loan interest deduction

33

34 Tuition and fees. Attach Form 8917

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 35

36

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

37 199,437.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for tax and credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 for other taxes.

Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 for payments.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for amount you owe.

Third Party Designee

Form for Third Party Designee with fields for name, phone, and PIN.

Sign Here

Signature area with fields for preparer and spouse signatures, dates, and occupations.

Preparer information section including name (TERI NEWMAN), firm name (PLANTE & MORAN, PLLC), address, and phone number.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service
Name(s) shown on Form 1040

Itemized Deductions

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea. Attach to Form 1040.

OMB No. 1545-0074

2014
Attachment
Sequence No. **07**

Your social security number

BRADLEY S. SCHNEIDER

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	SEE STATEMENT 10		5	21,562.
b	<input type="checkbox"/> General sales taxes			6	12,489.
6	Real estate taxes (see instructions)	7		7	
7	Personal property taxes	8		8	
8	Other taxes. List type and amount			9	34,051.
9	Add lines 5 through 8				
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	114.
Note. Your mortgage interest deduction may be limited (see instructions).		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		11	
		12 Points not reported to you on Form 1098. See instructions for special rules		12	
		13 Mortgage insurance premiums (see instructions)		13	
		14 Investment interest. Attach Form 4952 if required. (See instructions.)		14	
		15 Add lines 10 through 14		15	114.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	8,247. STMT 11
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	18,701.
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	26,948.
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)		21	
		22 Tax preparation fees		22	
		23 Other expenses - investment, safe deposit box, etc. List type and amount		23	2,202.
		SEE STATEMENT 9		24	2,202.
		24 Add lines 21 through 23		25	199,437.
		25 Enter amount from Form 1040, line 38		26	3,989.
		26 Multiply line 25 by 2% (.02)		27	0.
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			
Other Miscellaneous Deductions		28 Other - from list in instructions. List type and amount		28	6.
		FROM K-1 - MDRJB PARTNERSHIP			
Total Itemized Deductions		29 Is Form 1040, line 38, over \$152,525?		29	59,712.
		<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		STMT 12	
		<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here					

SCHEDULE B
(Form 1040A or 1040)

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

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb

OMB No. 1545-0074

2014
Attachment
Sequence No. **08**

Your social security number

BRADLEY S. SCHNEIDER

**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 instructions and list this interest first. Also, show that buyer's social security number and address ▶

THE PRIVATEBANK
FROM K-1 - MDRJB PARTNERSHIP
FROM K-1 - AERODIRECT FUND III, LLC

Amount

44.
7.
1.

1

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

52.

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

3

4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

52.

4

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

Amount

**Part II
Ordinary
Dividends**

5 List name of payer ▶

CHARLES SCHWAB & CO., INC.
MESIROW FINANCIAL
MESIROW FINANCIAL
NATIONAL FINANCIAL SERVICES LLC
M FINANCIAL HOLDINGS INCORPORATED
NATIONAL FINANCIAL SERVICES LLC
NATIONAL FINANCIAL SERVICES LLC
M FINANCIAL HOLDINGS INCORPORATED

97.
2.
47.
2,920.
3,088.
1.
532.
3,518.

5

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.

SUBTOTAL FOR LINE 5

10,205.

TAX-EXEMPT DIVIDENDS

SEE STATEMENT 13

-43.

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶

10,162.

6

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.

Yes No

7a At any time during 2014, 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

X

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 2014, 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

X

427501
11-07-14

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

Schedule B (Form 1040A or 1040) 2014

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2014
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.)

36-4153252

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

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

G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2014, check here Yes No

I Did you make any payments in 2014 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	34,993.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	34,993.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	34,993.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	34,993.

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	1,500.	20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20b	
12	Depletion	12		b	Other business property	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	22	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	
15	Insurance (other than health)	15		23	Taxes and licenses	24	
16	Interest:			24	Travel, meals, and entertainment:	24a	
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24b	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	25	
17	Legal and professional services	17		25	Utilities	26	
18				26	Wages (less employment credits)	27a	
19				27 a	Other expenses (from line 48)	27b	
20				b	Reserved for future use		
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	1,500.	28		28	1,500.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	33,493.	29		29	33,493.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: 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		30		30	
31	Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . ● If a loss, you must go to line 32.	31	33,493.	31		31	33,493.
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 Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . ● If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a	<input type="checkbox"/> All investment is at risk.	32b	<input type="checkbox"/> Some investment is not at risk.		

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

Schedule C (Form 1040) 2014

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

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

OMB No. 1545-0074

2014

Attachment
Sequence No. **12**

Name(s) shown on return

BRADLEY S. SCHNEIDER

Your social security number



Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

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)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	182,967.	183,963.		<996.>
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	14,738.	14,521.		217.
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	()
7 Net short-term capital gain or (loss) . 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	<779.>

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

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)
8a 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	4,704.	4,271.		433.
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	881.	671.		210.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 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	SEE STATEMENT 16		11	15,422.
	SEE STATEMENT 17			
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	348.
13 Capital gain distributions	SEE STATEMENT 18		13	1,935.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on page 2			15	18,348.

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

Schedule D (Form 1040) 2014

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p>	<p>16</p>	<p>17,569.</p>
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
<p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions ▶</p>	<p>18</p>	
<p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions SEE STATEMENT 19 ▶</p>	<p>19</p>	<p>4,344.</p>
<p>20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. <input checked="" type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<p>21 ()</p>	
<p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

Department of the Treasury
Internal Revenue Service

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2014
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or
taxpayer identification no.

BRADLEY S. SCHNEIDER

Before you check Box A, B, or C 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 may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

Note. You may aggregate all short-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 total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (C) Short-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 (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note 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). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	25,000 RALEIGH NC BOND	11/21/13	03/20/14	14,727.	14,506.			221.
	NFS (6128) - SEE ATTACHED	VARIOUS		11.	15.			<4.>
2	Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶			14,738.	14,521.			217.

Note. If you checked Box A 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.

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

Social security number or taxpayer identification no.

BRADLEY S. SCHNEIDER

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 may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

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

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not 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 was **not** 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 (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note 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). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	NFS (6128) - SEE ATTACHED	VARIOUS		881.	671.			210.
2 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				881.	671.			210.

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 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.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

2014

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

BRADLEY S. SCHNEIDER

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 2014 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

1	
A	
B	
C	

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

Income:	Properties:	A	B	C
3 Rents received	3	20,787.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	1,488.		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	7,661.		
17 Utilities	17			
18 Depreciation expense or depletion	18	9,246.		
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	18,395.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	2,392.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a	20,787.		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d	9,246.		
e Total of all amounts reported on line 20 for all properties	23e	18,395.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			2,392.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()	()	()
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			2,392.

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

Schedule E (Form 1040) 2014

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

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 from an at-risk activity for which any amount is not at risk, you must check column (e) 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? Yes No
If you answered "Yes," see instructions before completing this section.

28	(a) Name	(b) Enter P for partnership, S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	MDRJB PARTNERSHIP	P		20-8575774	
B	LEAD-OUT THIRD SOLUTIONS INVESTMENT, LLC	P		27-2461596	
C	AERODIRECT FUND III, LLC	P		90-0934844	
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A	12,532.			
B	0.			
C		881.		
D				
29a Totals		881.		
b Totals	12,532.			
30	Add columns (g) and (j) of line 29a			30 881.
31	Add columns (f), (h), and (i) of line 29b			31 (12,532.)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32 -11,651.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
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. Enter the result here and include in the total on line 41 below		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

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 Form 1040, line 17, or Form 1040NR, line 18	41	-9,259.
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 V; 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

2014

SCHEDULE E

Name BRADLEY S. SCHNEIDER
Passthrough MDRJB PARTNERSHIP
PARTNERSHIP

ID 20-8575774

SSN/EIN [REDACTED]
TAXPAYER

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
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-1,624.							
Rental real estate income (loss)	-5,991.							
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)	-7,615.							-7,615.
First passive other	-4,917.							-4,917.
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	-12,532.							-12,532.
FORM 4797								
Section 1231 gain (loss)	15,422.							15,422.
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)	348.							348.
Section 1256 contracts & straddles ...								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	1.							1.
Deductions related to portfolio income	869.							869.
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2014

SCHEDULE E

Name BRADLEY S. SCHNEIDER
 Passthrough MDRJB PARTNERSHIP
 PARTNERSHIP

ID 20-8575774

SSN/EIN [REDACTED]
 TAXPAYER

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
INTEREST AND DIVIDENDS								
Interest income	7.							7.
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86	531.							531.
Adjusted gain or loss	-31.							-31.
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
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	3.							3.
Casualty and theft loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2014

SCHEDULE E

Name BRADLEY S. SCHNEIDER

SSN/EIN [REDACTED]

Passthrough LEAD-OUT THIRD SOLUTIONS INVESTMENT, LLC
PARTNERSHIP

ID 27-2461596

TAXPAYER

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
SCHEDULE E, PAGE 2								
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)								
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles ...								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income	115.							115.
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2014

SCHEDULE E

Name BRADLEY S. SCHNEIDER

SSN/EIN [REDACTED]

Passthrough LEAD-OUT THIRD SOLUTIONS INVESTMENT, LLC

ID 27-2461596

TAXPAYER

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
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
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

2014

SCHEDULE E

Name BRADLEY S. SCHNEIDER

SSN/EIN [REDACTED]

Passthrough AERODIRECT FUND III, LLC

ID 90-0934844

TAXPAYER

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
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	881.							
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)	881.							881.
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)	881.							881.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles ...								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2014

SCHEDULE E

Name BRADLEY S. SCHNEIDER

SSN/EIN [REDACTED]

Passthrough AERODIRECT FUND III, LLC

ID 90-0934844

TAXPAYER

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
INTEREST AND DIVIDENDS								
Interest income	1.							1.
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
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								

General Business Credit

▶ Information about Form 3800 and its separate instructions is at www.irs.gov/form3800.
▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

BRADLEY S. SCHNEIDER

Identifying number

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.
3	Enter the applicable passive activity credits allowed for 2014 (see instructions)	3	3.
4	Carryforward of general business credit to 2014. 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 2015. Enter the amount from line 2 of Part III with box D checked	5	
6	Add lines 1, 3, 4, and 5	6	3.

Part II Allowable Credit

7	Regular tax before credits: <ul style="list-style-type: none"> Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040 NR, lines 42 and 44 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return 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 	7	29,609.
8	Alternative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 35 Corporations. Enter the amount from Form 4626, line 14 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 	8	8,807.
9	Add lines 7 and 8	9	38,416.
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	38,416.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	29,609.
13	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions)	13	4,277.
14	Tentative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 33 Corporations. Enter the amount from Form 4626, line 12 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 	14	38,416.
15	Enter the greater of line 13 or line 14	15	38,416.
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	0.
17	Enter the smaller of line 6 or line 16	17	0.
C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.			

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2014)

Part II Allowable Credit (Continued)

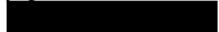
Note. If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (.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 2014 (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	34,139.
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	34,139.
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	
33	Enter the applicable passive activity credits allowed for 2014 (see instructions)	33	
34	Carryforward of business credit to 2014. 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 2015. 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	
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. 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"> • Individuals. Form 1040, line 54, or Form 1040NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38	

Name(s) shown on return

BRADLEY S. SCHNEIDER

Identifying number



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

Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) 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	20-8575774 3.
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 (Form 8907)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (Form 8909)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (Form 8931) (see instructions for limitation)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide 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 New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	3.
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 Reserved	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	3.

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

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Name(s) shown on return

Identifying number

BRADLEY S. SCHNEIDER

1 Enter the gross proceeds from sales or exchanges reported to you for 2014 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)

(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)
2 MDRJB PARTNERSHIP						15,422.

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: Partnerships (except electing large partnerships) and S corporations. 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. Individuals, partners, S corporation shareholders, and all others. 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 did not 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 15,422.
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 part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. 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 Form 1040, line 14	18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2014)

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
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	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: 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 is not 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	
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large 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	
28 If section 1254 property:			
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	
29 If section 1255 property:			
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	

Alternative Minimum Tax - Individuals

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.
▶ Attach to Form 1040 or Form 1040NR.

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

Your social security number

BRADLEY S. SCHNEIDER

523 64 4334

Part I Alternative Minimum Taxable Income

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	139,725.
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	
3	Taxes from Schedule A (Form 1040), line 9	34,051.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	
6	If Form 1040, line 38, is \$152,525 or less, enter -0-. Otherwise, see instructions	-1,407.
7	Tax refund from Form 1040, line 10 or line 21	-1,201.
8	Investment interest expense (difference between regular tax and AMT)	
9	Depletion (difference between regular tax and AMT)	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	
11	Alternative tax net operating loss deduction	
12	Interest from specified private activity bonds exempt from the regular tax SEE STATEMENT 22	2.
13	Qualified small business stock (7% of gain excluded under section 1202)	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	
17	Disposition of property (difference between AMT and regular tax gain or loss)	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	
19	Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 20	500.
20	Loss limitations (difference between AMT and regular tax income or loss)	
21	Circulation costs (difference between regular tax and AMT)	
22	Long-term contracts (difference between AMT and regular tax income)	
23	Mining costs (difference between regular tax and AMT)	
24	Research and experimental costs (difference between regular tax and AMT)	
25	Income from certain installment sales before January 1, 1987	
26	Intangible drilling costs preference	
27	Other adjustments, including income-based related adjustments	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$242,450, see instructions.)	171,670.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2014, see instructions.) IF your filing status is... AND line 28 is not over... THEN enter on line 29... Single or head of household \$117,300 \$52,800 Married filing jointly or qualifying widow(er) ... 156,500 82,100 Married filing separately 78,250 41,050 STMT 21	17,695.
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	153,975.
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. • All others: If line 30 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result.	38,416.
32	Alternative minimum tax foreign tax credit (see instructions)	
33	Tentative minimum tax. Subtract line 32 from line 31	38,416.
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	29,609.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	8,807.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

Table with 3 columns: Line number, Description, and Amount. Rows 36-64 detailing tax calculations for capital gains rates, including amounts like 153,975, 21,088, 4,344, 25,432, 128,543, 34,167, 36,900, 117,689, 21,088, 21,088, 228,800, 113,345, 115,455, 21,088, 3,163, 21,088, 0, 149,631, 4,344, 1,086, 38,416, 41,288, and 38,416.

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s) BRADLEY S. SCHNEIDER	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 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	
4797	MDRJB PARTNERSHIP							
	* REGULAR INCOME	15,422.						
	* AMT NET INCOME	15,422.						
D-	MDRJB PARTNERSHIP							
	* REGULAR INCOME	348.						
	* AMT NET INCOME	348.						
K1-	MDRJB PARTNERSHIP							
	* REGULAR INCOME	-12,532.						
	AMT ADJUSTMENTS	500.			500.			
	* AMT NET INCOME	-12,032.			500.			
K1-	AERODIRECT FUND III, L LC							
	* REGULAR INCOME	881.						
	* AMT NET INCOME	881.						
C-	DAVIS DANN ADLER SCHNE IDER, LLC							
	* REGULAR INCOME	33,493.						
	* AMT NET INCOME	33,493.						

**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.

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

OMB No. 1545-1971

2014

Attachment
Sequence No. **44**

Name of employer

BRADLEY S. SCHNEIDER

Social security number

Employer identification number
45-1994229

Calendar year taxpayers having no household employees in 2014 do not have to complete this form for 2014.

A Did you pay **any one** household employee cash wages of \$1,900 or more in 2014? (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 2014 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 2013 or 2014 to **all** household employees? (Do not count cash wages paid in 2013 or 2014 to your spouse, your child under age 21, or your parent.)

- No.** **Stop.** Do not file this schedule.
 Yes. Skip lines 1-9 and go to line 10.

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security tax	1	46,536.	
2	Social security tax. Multiply line 1 by 12.4% (.124)	2		5,770.
3	Total cash wages subject to Medicare tax	3	46,536.	
4	Medicare tax. Multiply line 3 by 2.9% (.029)	4		1,350.
5	Total cash wages subject to Additional Medicare Tax withholding	5		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (.009)	6		
7	Federal income tax withheld, if any	7		7,000.
8	Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8		14,120.

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2013 or 2014 to **all** household employees? (Do not count cash wages paid in 2013 or 2014 to your spouse, your child under age 21, or your parent.)

- No.** **Stop.** Include the amount from line 8 above on Form 1040, line 60a. If you are 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) 2014

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see instructions and check "No.")	<input checked="" type="checkbox"/>	
11 Did you pay all state unemployment contributions for 2014 by April 15, 2015? Fiscal year filers see instructions	<input checked="" type="checkbox"/>	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	<input checked="" type="checkbox"/>	

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

13 Name of the state where you paid unemployment contributions	IL		
14 Contributions paid to your state unemployment fund	14	71.	
15 Total cash wages subject to FUTA tax	15		7,000.
16 FUTA tax. Multiply line 15 by .6% (.006). Enter the result here, skip Section B, and go to line 25	16		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 .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					
18 Totals							18	
19 Add columns (g) and (h) of line 18					19			
20 Total cash wages subject to FUTA tax (see the line 15 instructions)							20	
21 Multiply line 20 by 6.0% (.060)							21	
22 Multiply line 20 by 5.4% (.054)					22			
23 Enter the smaller of line 19 or line 22 (Employers in a credit reduction state must use the worksheet and check here)							23	
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25							24	

Part III Total Household Employment Taxes

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	25	14,120.
26 Add line 16 (or line 24) and line 25	26	14,162.

27 Are you required to file Form 1040?
 Yes. Stop. Include the amount from line 26 above on Form 1040, line 60a. **Do not** 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 is not 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 _____

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

Additional Medicare Tax

2014

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. 71

Name(s) shown on return
BRADLEY S. SCHNEIDER

Your social security number
[REDACTED]

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	169,215.		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	169,215.		
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	125,000.		
6 Subtract line 5 from line 4. If zero or less, enter -0-	6			44,215.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go to Part II	7			398.

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% (.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% (.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 Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V	18			398.
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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	2,454.		
20 Enter the amount from line 1	20	169,215.		
21 Multiply line 20 by 1.45% (.0145). This is your regular Medicare tax withholding on Medicare wages	21	2,454.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22			0.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24			

Net Investment Income Tax - Individuals, Estates, and Trusts

2014

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

Attachment
Sequence No. 72

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

Name(s) shown on your tax return
BRADLEY S. SCHNEIDER

Your social security number or EIN
[REDACTED]

- 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)			1	52.
2 Ordinary dividends (see instructions)			2	10,162.
3 Annuities (see instructions)			3	
4a Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	-9,259.		
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b			
c Combine lines 4a and 4b			4c	-9,259.
5a Net gain or loss from disposition of property (see instructions)	5a	17,569.		
b Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d Combine lines 5a through 5c			5d	17,569.
6 Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7 Other modifications to investment income (see instructions) SEE STATEMENT 23			7	184.
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	18,708.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a Investment interest expenses (see instructions)	9a			
b State, local, and foreign income tax (see instructions)	9b	3,005.		
c Miscellaneous investment expenses (see instructions)	9c	6.		
d Add lines 9a, 9b, and 9c			9d	3,011.
10 Additional modifications (see instructions)			10	
11 Total deductions and modifications. Add lines 9d and 10			11	3,011.

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-			12	15,697.
Individuals:				
13 Modified adjusted gross income (see instructions)	13	199,437.		
14 Threshold based on filing status (see instructions)	14	125,000.		
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	74,437.		
16 Enter the smaller of line 12 or line 15			16	15,697.
17 Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)			17	596.
Estates and Trusts:				
18a Net investment income (line 12 above)	18a			
b Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b			
c Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c			
19a Adjusted gross income (see instructions)	19a			
b Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20 Enter the smaller of line 18c or line 19c			20	
21 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)			21	

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

Form 8960 (2014)

Passive Activity Loss Limitations

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582

Name(s) shown on return BRADLEY S. SCHNEIDER	Identifying number [REDACTED]
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Part I 2014 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))	1a	2,392.	
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	()	
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()	
d Combine lines 1a, 1b, and 1c	1d	2,392.	
Commercial Revitalization Deductions From Rental Real Estate Activities			
2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	()	
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()	
c Add lines 2a and 2b	2c	()	
All Other Passive Activities			
3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	50,144.	
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	12,532.)	
c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()	
d Combine lines 3a, 3b, and 3c	3d	37,612.	
4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4	40,004.	

If line 4 is a loss and:

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

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

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

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

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

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

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15		
16 Total losses allowed from all passive activities for 2014. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16		

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					
Total. Enter on Form 8582, lines 1a, 1b, and 1c	2,392.				

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

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 3					
Total. Enter on Form 8582, lines 3a, 3b, and 3c	50,144.	-12,532.			

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

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

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
Total				

Name(s) shown on return

Identifying number

BRADLEY S. SCHNEIDER

Part I Passive Activity Credits

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

Credits From Rental Real Estate Activities With Active Participation (Other Than Rehabilitation Credits and Low-Income Housing Credits) (See Lines 1a through 1c in the instructions.)			
1a	Credits from Worksheet 1, column (a)	1a	
b	Prior year unallowed credits from Worksheet 1, column (b)	1b	
c	Add lines 1a and 1b	1c	
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) (See Lines 2a through 2c in the instructions.)			
2a	Credits from Worksheet 2, column (a)	2a	
b	Prior year unallowed credits from Worksheet 2, column (b)	2b	
c	Add lines 2a and 2b	2c	
Low-Income Housing Credits for Property Placed in Service After 1989 (See Lines 3a through 3c in the instructions.)			
3a	Credits from Worksheet 3, column (a)	3a	
b	Prior year unallowed credits from Worksheet 3, column (b)	3b	
c	Add lines 3a and 3b	3c	
All Other Passive Activity Credits (See Lines 4a through 4c in the instructions.)			
4a	Credits from Worksheet 4, column (a)	4a	3.
b	Prior year unallowed credits from Worksheet 4, column (b)	4b	
c	Add lines 4a and 4b	4c	3.
5	Add lines 1c, 2c, 3c, and 4c	5	3.
6	Enter the tax attributable to net passive income (see instructions)	6	9,581.
7	Subtract line 6 from line 5. If line 6 is more than or equal to line 5, enter -0- and see instructions	7	0.
Note: 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.			

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.

8	Enter the smaller of line 1c or line 7	8	
9	Enter \$150,000. If married filing separately, see instructions	9	
10	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	10	
11	Subtract line 10 from line 9	11	
12	Multiply line 11 by 50% (.50). Do not enter more than \$25,000. If married filing separately, see instructions	12	
13a	Enter the amount, if any, from line 10 of Form 8582	13a	
b	Enter the amount, if any, from line 14 of Form 8582	13b	
c	Add lines 13a and 13b	13c	
14	Subtract line 13c from line 12	14	
15	Enter the tax attributable to the amount on line 14 (see instructions)	15	
16	Enter the smaller of line 8 or line 15	16	

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

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	31
32	Enter the amount from line 30	32
33	Subtract line 32 from line 31. If zero, enter -0- here and on line 36	33
34	Enter the smaller of line 3c or line 33	34
35	Tax attributable to the remaining special allowance (see instructions)	35
36	Enter the smaller of line 34 or line 35	36

Part V Passive Activity Credit Allowed

37	Passive Activity Credit Allowed. 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 Publicly Traded Partnerships (PTPs) in the instructions.	37	3.
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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	\$

Noncash Charitable Contributions

(Rev. December 2014)

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

Department of the Treasury
Internal Revenue Service

▶ **Information about Form 8283 and its separate instructions is at www.irs.gov/form8283.**

Attachment
Sequence No. **155**

Name(s) shown on your income tax return

Identifying number

BRADLEY S. SCHNEIDER

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 30 S. WELLS, CHICAGO, IL 60606	<input type="checkbox"/>	84 SHS. AMERICAN ELECTRIC POWER COMPANY INC.
B	JEWISH FEDERATION 30 S. WELLS, CHICAGO, IL 60606	<input type="checkbox"/>	14 SHS. CITIGROUP
C	JEWISH FEDERATION 30 S. WELLS, CHICAGO, IL 60606	<input type="checkbox"/>	150 SHS. FIRST ENERGY CORP.
D	JEWISH FEDERATION 30 S. WELLS, CHICAGO, IL 60606	<input type="checkbox"/>	67 SHS. EXXONMOBIL
E	JEWISH FEDERATION 30 S. WELLS, CHICAGO, IL 60606	<input type="checkbox"/>	176 SHS. SEMPRA ENERGY

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

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	12/23/14		PURCHASE		2,532.	NYSE AVERAGE
B	12/23/14		PURCHASE		381.	NYSE AVERAGE
C	12/23/14		PURCHASE		2,902.	NYSE AVERAGE
D	12/23/14		PURCHASE		3,153.	NYSE AVERAGE
E	12/23/14		PURCHASE		9,733.	NYSE AVERAGE

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
3 a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?		
b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?		
c Is there a restriction limiting the donated property for a particular use?		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **8283** (Rev. 12-2014)



FORM 1040 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 1

	2013	2012	2011
	ILLINOIS		
GROSS STATE/LOCAL INC TAX REFUNDS	2,511.		
LESS: TAX PAID IN FOLLOWING YEAR	1,310.		
NET TAX REFUNDS ILLINOIS	1,201.		
TOTAL NET TAX REFUNDS	1,201.		



1. IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS?
 NO. STOP. MULTIPLY \$3,950 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42.
 YES. CONTINUE
2. MULTIPLY \$3,950 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D 3,950.
3. ENTER THE AMOUNT FROM FORM 1040, LINE 38 199,437.
4. ENTER THE AMOUNT FOR YOUR FILING STATUS 152,525.
 - SINGLE \$254,200
 - MARRIED FILING JOINTLY OR WIDOW(ER) \$305,050
 - MARRIED FILING SEPARATELY \$152,525
 - HEAD OF HOUSEHOLD \$279,650
5. SUBTRACT LINE 4 FROM LINE 3. IF THE RESULT IS MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATELY), STOP. ENTER -0- ON LINE 42 46,912.
6. DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MARRIED FILING SEPARATELY). IF THE RESULT IS NOT A WHOLE NUMBER, INCREASE IT TO THE NEXT HIGHER WHOLE NUMBER (FOR EXAMPLE, INCREASE 0.0004 TO 1) 38.
7. MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL 0.76
8. MULTIPLY LINE 2 BY LINE 7 3,002.
9. SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 42. 948.

FORM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	3
	2013	2012	2011
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	1,201.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION	1,201.		
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	57,327.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1	1,201.		
5 LINE 2 MINUS LINES 3 AND 4	56,126.		
6 MULT LN 5 BY APPL SEC. 68 PCT	44,901.		
7 PRIOR YEAR AGI	220,216.		
8 ITEM. DED. PHASEOUT THRESHOLD	150,000.		
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)	70,216.		
10 MULT LN 9 BY APPL SEC. 68 PCT	2,106.		
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	54,020.		
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	54,020.		
13B PRIOR YR. STD. DED. AVAILABLE			
14 PRIOR YR. ALLOWABLE ITEM. DED.	55,221.		
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	1,201.		
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	1,201.		
17 ALLOWABLE PRIOR YR. ITEM. DED.	55,221.		
18 PRIOR YEAR STD. DED. AVAILABLE			
19 SUBTRACT LINE 18 FROM LINE 17	55,221.		
20 LESSER OF LINE 16 OR LINE 19	1,201.		
21 PRIOR YEAR TAXABLE INCOME	164,995.		
22 AMOUNT TO INCLUDE ON FORM 1040, 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			1,201.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2011			
TOTAL TO FORM 1040, LINE 10			1,201.



FORM 1040 TAX-EXEMPT INTEREST STATEMENT 4

NAME OF PAYER	AMOUNT
MESIROW FINANCIAL	7,729.
MESIROW - TAX EXEMPT FEES	-1,361.
MESIROW FINANCIAL	91.
NATIONAL FINANCIAL SERVICES LLC	43.
MESIROW - BOND AMORTIZATION	-35.
NATIONAL FINANCIAL SERVICES LLC	1,875.
NFS - BOND AMORTIZATION	-640.
NFS - TAX EXEMPT FEES	-447.
NATIONAL FINANCIAL SERVICES LLC	431.
TOTAL TO FORM 1040, LINE 8B	7,686.

FORM 1040 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 5

	2013	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
STATE TAX PAID IN FOLLOW YEAR	ILLINOIS 8,050.		
TOTAL STATE TAX PAID 2013	15,433.	2,511. =	1,310.

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 6

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T HOUSE OF REP -MEMBERS SERVICES	146,219.	23,192.	7,311.		7,254.	2,454.
TOTALS	146,219.	23,192.	7,311.		7,254.	2,454.

FORM 1040	QUALIFIED DIVIDENDS	STATEMENT	7
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NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
CHARLES SCHWAB & CO., INC.	97.	97.
MESIROW FINANCIAL	47.	1.
NATIONAL FINANCIAL SERVICES LLC	2,877.	989.
M FINANCIAL HOLDINGS INCORPORATED	3,088.	3,088.
NATIONAL FINANCIAL SERVICES LLC	532.	170.
M FINANCIAL HOLDINGS INCORPORATED	3,518.	3,518.
TOTAL INCLUDED IN FORM 1040, LINE 9B		7,863.

FORM 1040	OTHER TAXES	STATEMENT	8
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DESCRIPTION	AMOUNT
FROM FORM 8959	398.
FROM FORM 8960	596.
TOTAL TO FORM 1040, LINE 62	994.

SCHEDULE A	MISCELLANEOUS DEDUCTIONS SUBJECT TO FLOOR	STATEMENT	9
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DESCRIPTION	AMOUNT
NATIONAL FINANCIAL SERVICES LLC	238.
MESIROW FINANCIAL	36.
NATIONAL FINANCIAL SERVICES LLC	950.
FROM K-1 - MDRJB PARTNERSHIP	863.
FROM K-1 - LEAD-OUT THIRD SOLUTIONS INVESTMENT, LLC	115.
TOTAL TO SCHEDULE A, LINE 23	2,202.

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 10
DESCRIPTION		AMOUNT
HOUSE OF REP -MEMBERS SERVICES		7,311.
ILLINOIS 2ND QTR ESTIMATE PAYMENTS		5,000.
ILLINOIS PRIOR YEAR OVERPAYMENT APPLIED		2,511.
ILLINOIS PRIOR YEAR ESTIMATE PAYMENTS		4,050.
ILLINOIS PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS		4,000.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS		-1,310.
TOTAL TO SCHEDULE A, LINE 5		21,562.

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT 11
DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
MISCELLANEOUS	6,996.	
MISCELLANEOUS FROM K-1 - MDRJB PARTNERSHIP	1.	1,250.
SUBTOTALS	6,997.	1,250.
TOTAL TO SCHEDULE A, LINE 16		8,247.

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 12
1.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28.	61,119.
2.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28.	0.
3.	IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1.	61,119.
4.	MULTIPLY LINE 3 BY 80% (.80).	48,895.
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 38.	199,437.
6.	ENTER \$305,050 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$279,650 IF HEAD OF HOUSEHOLD; \$254,200 IF SINGLE; OR \$152,525 IF MARRIED FILING SEPARATELY.	152,525.
7.	IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5.	46,912.
8.	MULTIPLY LINE 7 BY 3% (.03).	1,407.
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8.	1,407.
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29.	59,712.

SCHEDULE B	TAX-EXEMPT INTEREST FROM 1099-DIV	STATEMENT 13
NAME OF PAYER		AMOUNT
NATIONAL FINANCIAL SERVICES LLC		43.
TOTAL TAX-EXEMPT INTEREST FROM 1099-DIV TO SCHEDULE B, LINE 5		43.

SCHEDULE D		SHORT-TERM CAPITAL GAINS AND LOSSES			STATEMENT	14
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST OR OTHER BASIS	GAIN OR LOSS	
NFS (6128) - DETAIL AVAILABLE UPON REQUEST	VARIOUS		8,901.	8,866.	35.	
NFS (1778) - DETAIL AVAILABLE UPON REQUEST	VARIOUS		174,066.	175,097.	-1,031.	
TOTAL TO SCH D, LINE 1A			182,967.	183,963.	-996.	

SCHEDULE D		LONG-TERM CAPITAL GAINS AND LOSSES			STATEMENT	15
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST OR OTHER BASIS	GAIN OR LOSS	
NFS (6128) - DETAIL AVAILABLE UPON REQUEST	VARIOUS		4,704.	4,271.	433.	
TOTAL TO SCH D, LINE 8A			4,704.	4,271.	433.	

SCHEDULE D		NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824			STATEMENT	16
DESCRIPTION OF PROPERTY				GAIN OR LOSS	28% GAIN	
FORM 4797				15,422.		
TOTAL TO SCHEDULE D, PART II, LINE 11				15,422.		

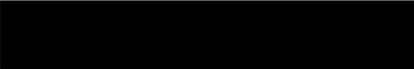
SCHEDULE D	UNRECAPTURED SECTION 1250 GAIN	STATEMENT 19
1. IF YOU HAVE A SECTION 1250 PROPERTY IN PART III OF FORM 4797 FOR WHICH YOU MADE AN ENTRY IN PART I OF FORM 4797, ENTER THE SMALLER OF LINE 22 OR LINE 24 OF FORM 4797 FOR THAT PROPERTY. IF YOU DID NOT HAVE ANY SUCH PROPERTY, GO TO LINE 4		
2. ENTER 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"		5,123.
6. ADD LINES 3 THROUGH 5		5,123.
7. ENTER THE SMALLER OF LINE 6 OR THE GAIN FROM FORM 4797, LINE 7	5,123.	
8. ENTER THE AMOUNT, IF ANY, FROM FORM 4797, LINE 8		
9. SUBTRACT LINE 8 FROM LINE 7. IF ZERO OR LESS, ENTER -0-		5,123.
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		5,123.
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-	-779.	
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-		779.
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		4,344.



FORM 6251

PASSIVE ACTIVITIES

STATEMENT 20

NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
MDRJB PARTNERSHIP	FORM 4797	15,422.	15,422.	
MDRJB PARTNERSHIP	SCH D	348.	348.	
MDRJB PARTNERSHIP	SCH E	-12,032.	-12,532.	500.
AERODIRECT FUND III, LLC	SCH E	881.	881.	
DAVIS DANN ADLER SCHNEIDER, LLC	SCH C	33,493.	33,493.	
RESIDENTIAL RESIDENCE 	SCH E	2,392.	2,392.	
TOTAL TO FORM 6251, LINE 19				500.

FORM 6251

EXEMPTION WORKSHEET

STATEMENT 21

1	ENTER: \$52,800 IF SINGLE OR HEAD OF HOUSEHOLD; \$82,100 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$41,050 IF MARRIED FILING SEPARATELY		41,050.
2	ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FORM 6251, LINE 28	171,670.	
3	ENTER: \$117,300 IF SINGLE OR HEAD OF HOUSEHOLD; \$156,500 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$78,250 IF MARRIED FILING SEPARATELY	78,250.	
4	SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS ENTER -0-	<u>93,420.</u>	
5	MULTIPLY LINE 4 BY 25% (.25)		23,355.
6	SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF ANY OF THE THREE CONDITIONS UNDER CERTAIN CHILDREN UNDER AGE 24 APPLY TO YOU, COMPLETE LINES 7 THROUGH 10. OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30		<u>17,695.</u>
7	MINIMUM EXEMPTION AMOUNT FOR CERTAIN CHILDREN UNDER AGE 24		
8	ENTER YOUR EARNED INCOME, IF ANY		
9	ADD LINES 7 AND 8		
10	ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30		

FORM 6251

INTEREST FROM SPECIFIED PRIVATE ACTIVITY BONDS

STATEMENT 22

DESCRIPTION

AMOUNT

NATIONAL FINANCIAL SERVICES LLC	2.
TOTAL TO FORM 6251, LINE 12	<u>2.</u>

FORM 8960

OTHER MODIFICATIONS TO INVESTMENT INCOME

STATEMENT 23

AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR IL	184.
AMOUNT TO FORM 8960, LINE 7	<u>184.</u>

FORM 8960 MISCELLANEOUS ITEMIZED DEDUCTIONS PROPERLY STATEMENT 24
 ALLOCABLE TO INVESTMENT INCOME BEFORE LIMITATIONS

DESCRIPTION	LINE	AMOUNT
NATIONAL FINANCIAL SERVICES LLC	9C	238.
MESIROW FINANCIAL	9C	36.
NATIONAL FINANCIAL SERVICES LLC	9C	950.
FROM K-1 - MDRJB PARTNERSHIP	9C	863.
FROM K-1 - LEAD-OUT THIRD SOLUTIONS INVESTMENT, LL	9C	115.
TOTAL TO LINES 9 AND 10 WORKSHEET, PART I, LINE 1		2,202.

FORM 8960 STATE INCOME TAX PAYMENTS STATEMENT 25

ILLINOIS

DESCRIPTION	AMOUNT
HOUSE OF REP -MEMBERS SERVICES	7,311.
ILLINOIS 2ND QUARTER ESTIMATE PAYMENT	5,000.
ILLINOIS PRIOR YEAR OVERPAYMENT APPLIED	2,511.
TOTAL TO STATE FORM 8960, LINE 10	14,822.

FORM 8582 ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1 STATEMENT 26

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
RESIDENTIAL RESIDENCE [REDACTED]	2,392.	0.		2,392.	
TOTALS	2,392.	0.		2,392.	



FORM 8582 OTHER PASSIVE ACTIVITIES - WORKSHEET 3 STATEMENT 27

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
MDRJB PARTNERSHIP AERODIRECT FUND III, LLC	15,770.	-12,532.		3,238.	
DAVIS DANN ADLER SCHNEIDER, LLC	881.	0.		881.	
	33,493.	0.		33,493.	
TOTALS	50,144.	-12,532.		37,612.	

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 28

A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
MDRJB PARTNERSHIP	FORM 4797	15,422.		15,422.		
MDRJB PARTNERSHIPS	SCH D	348.		348.		
MDRJB PARTNERSHIPS	SCH E	-12,532.		-12,532.		12,532.
AERODIRECT FUND III, LLC	SCH E	881.		881.		
DAVIS DANN ADLER SCHNEIDER, LLC	SCH C	33,493.		33,493.		
X RESIDENTIAL	SCH E					
		2,392.		2,392.		
TOTALS		40,004.		40,004.		12,532.

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL 12,532.



FORM 8582-CR

OTHER PASSIVE ACTIVITY CREDITS
WORKSHEET 4

STATEMENT 29

NAME OF ACTIVITY	FROM FORM	CURRENT YEAR CREDITS	PRIOR YEAR UNALLOWED CREDITS	TOTAL CREDITS
MDRJB PARTNERSHIP	6765/3800, LINE 2	3.		3.
TOTALS		3.		3.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

2014 TAX RETURN FILING INSTRUCTIONS

ILLINOIS INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2014

Prepared for	MR. BRADLEY SCHNEIDER AND MS. JULIE DANN [REDACTED]
Prepared by	PLANTE & MORAN, PLLC 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606
Amount of tax	Total tax \$ 12,517 Less: payments and credits \$ 15,446 Plus: interest and penalties \$ 0 OVERPAYMENT \$ 2,929
Overpayment	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 2,929 Refunded to you \$ 0
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM IL-8453 TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE IDOR.
Return must be mailed on or before	WE MUST RECEIVE YOUR FORM IL-8453 BY OCTOBER 15, 2015.
Special Instructions	DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IDOR.

Submission ID

2014 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

BRADLEY S. SCHNEIDER
Print or type
First name and middle initial
Spouse's first name (and last name if different)
Last name
Social Security number
Mailing address
Spouse's Social Security number
City
State
ZIP
Daytime phone number

Step 2: Complete information from tax return

Table with 2 columns: Line number and Amount. Line 1: 203,797.00; Line 2: 10,190.00; Line 3: 7,311.00; Line 4: 2,929.00; Line 5: .00. Filing status: Married filing separately (X).

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions.

7 Routing no. (RN):
8 Account no. (AN):
9 Type of account: Checking Savings
10 Date the payment is to be electronically withdrawn:
11 Electronic funds withdrawal amount: .00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- I consent that my refund may be directly deposited as designated in Step 3...
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal...
[X] I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical.

Sign here
Your signature
Date
Spouse's signature (if joint return, both must sign)
Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

TERI NEWMAN 10/13/15 Check if paid preparer: [X]
ERO's signature Date
PLANTE & MORAN, PLLC
Firm's name or your name if self-employed
10 S. RIVERSIDE PLAZA, 9TH FLOOR
Mailing address
CHICAGO, IL 60606
City State ZIP
Your Social Security number (SSN) or PTIN
38-1357951
Federal employer identification no. (FEIN)
(312) 207-1040
Phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

Estimated Tax Worksheet

- 1 Enter the Illinois base income you expect to receive in 2015.
(See Form IL-1040.) 1 _____
- 2 Figure your expected exemption allowance. (See Form IL-1040.)
- a Enter the total number of exemptions you expect to claim on your
2015 Illinois Income Tax return. _____ Multiply this number by \$2,150. a _____
- b Check the boxes that apply to you.
- | | |
|---|---|
| <input type="checkbox"/> you were 65 or older | <input type="checkbox"/> spouse was 65 or older |
| <input type="checkbox"/> you were legally blind | <input type="checkbox"/> spouse was legally blind |
- Add the number of boxes you checked. _____ Multiply this number by \$1,000. b _____
- Add lines a and b. This is your total expected exemption allowance. 2 _____
- 3 Subtract Line 2 from Line 1. This is your net income expected in 2015. 3 _____
- 4 Multiply Line 3 by 3.75% (.0375). 4 2,929.
- 5 Enter the amount of Compassionate Use of Medical Cannabis Pilot Program
Act Surcharge expected in 2015. 5 _____
- 6 Add Lines 4 and 5. 6 2,929.
- 7 Enter the amount of Illinois Income Tax you expect to be withheld from your wages
or other income during 2015 and any pass-through withholding payments you
expect to be paid on your behalf for 2015. 7 _____
- 8 Enter the amount of credits for Illinois Property Tax paid, income tax paid to
other states, education expenses, earned income, and tax credits from
Schedule 1299-C you expect to claim on your 2015 return. 8 _____
- 9 Add Lines 7 and 8. This is the total of your withholding, pass-through payments, and credits. 9 _____
- 10 Subtract Line 9 from Line 6. This is your estimated tax for 2015. If \$500 or less, **stop**.
You do not have to make estimated tax payments at this time. If more than \$500, continue to Line 11. 10 2,929.
- Note** If your income changes during the year, complete the Amended Estimated Tax Worksheet.
- 11 Divide Line 10 by 4, and round the result to whole dollars. This is the amount of each of your estimated tax payments. 11 733.
- Note** If you chose to credit your prior year overpayment to 2015
and your prior year return was filed on or before the extended due
date, you may reduce your first estimated tax payment and any
subsequent payments until the entire credit is used.

OVERPAYMENT APPLIED 2,929.

Record of Estimated Tax Payments		
Voucher Amount	Voucher Date	Check or money order number
Total		

Illinois Department of Revenue
2014 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.

Do not write above this line.

Step 1: Personal Information

BRADLEY S. SCHNEIDER
 JULIE R. DANN

- C** Filing status (see instructions)
 Single or head of household Married filing jointly Married filing separately Widowed
- D** Check if you or your spouse are a military veteran and want your name and address shared with the Illinois Department of Veterans' Affairs. You Spouse

Step 2:	1	Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4.	(Whole dollars only)	1	<u>199,437</u> .00
Income	2	Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ.		2	<u>7,686</u> .00
	3	Other additions. Attach Schedule M.		3	<u> </u> .00
	4	Total income. Add Lines 1 through 3.		4	<u>207,123</u> .00

Staple W-2 and 1099 forms here

Step 3:	5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.		5	<u> </u> .00
Base Income	6	Illinois Income Tax overpayment included in U.S. 1040, Line 10.		6	<u>1,201</u> .00
	7	Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>		7	<u> </u> .00
	8	Add Lines 5, 6, and 7. This is the total of your subtractions.		8	<u>1,201</u> .00
	9	Illinois base income. Subtract Line 8 from Line 4.		9	<u>205,922</u> .00

Step 4:	10 a	Number of exemptions from your federal return.	<u>1</u> x \$2,125	a	<u>2,125</u> .00
Exemptions	b	If someone can claim you as a dependent, see instructions.	___ x \$2,125	b	<u> </u> .00
	c	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = ___ x \$1,000		c	<u> </u> .00
	d	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = ___ x \$1,000		d	<u> </u> .00
	10	Exemption allowance. Add Lines a through d.		10	<u>2,125</u> .00

Step 5:	11	Residents: Net income. Subtract Line 10 from Line 9. <i>Skip</i> Line 12.		11	<u>203,797</u> .00
Net Income	12	Nonresidents and part-year residents: Check the box that applies to you during 2014 <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and enter the Illinois base income from Sch. NR. Attach Sch. NR.		12	<u> </u> .00

Step 6:	13	Residents: Multiply Line 11 by 5% (.05). Cannot be less than zero.		13	<u>10,190</u> .00
Tax		Nonresidents and part-year residents: Enter the tax from Schedule NR.		14	<u> </u> .00
	14	Recapture of investment tax credits. Attach Schedule 4255.		14	<u> </u> .00
	15	Income tax. Add Lines 13 and 14. Cannot be less than zero.		15	<u>10,190</u> .00

Step 7:	16	Income tax paid to another state while an Illinois resident. Attach Schedule CR.		16	<u> </u> .00
Tax After Non-refundable Credits	17	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.		17	<u>624</u> .00
	18	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.		18	<u> </u> .00
	19	Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.		19	<u>624</u> .00
	20	Tax after nonrefundable credits. Subtract Line 19 from Line 15.		20	<u>9,566</u> .00



	21	Tax after nonrefundable credits from Page 1, Line 20.	21	<u>9,566</u>	.00
Step 8:	22	Household employment tax. See instructions.	22	<u>2,327</u>	.00
Other Taxes	23	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	23	<u>0</u>	.00
	24	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	24	<u></u>	.00
	25	Total Tax. Add Lines 21, 22, 23, and 24.	25	<u>11,893</u>	.00

Step 9:	26	Illinois Income Tax withheld. Attach all W-2 and 1099 forms.	26	<u>7,311</u>	.00
Payments and Refundable Credit	27	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return.	27	<u>7,511</u>	.00
	28	Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T.	28	<u></u>	.00
	29	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	29	<u></u>	.00
	30	Total payments and refundable credit. Add Lines 26 through 29.	30	<u>14,822</u>	.00

Step 10:	31	Overpayment. If Line 30 is greater than Line 25, subtract Line 25 from Line 30.	31	<u>2,929</u>	.00
Result	32	Underpayment. If Line 25 is greater than Line 30, subtract Line 30 from Line 25.	32	<u></u>	.00

Step 11:	33	Late-payment penalty for underpayment of estimated tax	33	<u></u>	.00
Underpayment of Estimated Tax Penalty and Donations	a	Check if at least two-thirds of your federal gross income is from farming.	<input type="checkbox"/>		
	b	Check if you or your spouse are 65 or older and permanently living in a nursing home.	<input type="checkbox"/>		
	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.	<input type="checkbox"/>		
	d	Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.	<input type="checkbox"/>		
	34	Voluntary charitable donations. Attach Schedule G.	34	<u></u>	.00
	35	Total penalty and donations. Add Lines 33 and 34.	35	<u></u>	.00

Step 12:	36	If you have an overpayment on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your remaining overpayment .	36	<u>2,929</u>	.00
Refund or Amount You Owe	37	Amount from Line 36 you want refunded to you . Check one box on Line 38. See instructions.	37	<u>0</u>	.00
	38	I choose to receive my refund by			
	<input type="checkbox"/>	direct deposit - Complete the information below if you check this box.			
		Routing number _____ <input type="checkbox"/> Checking or <input type="checkbox"/> Savings			
		Account number _____			
	<input type="checkbox"/>	Illinois Individual Income Tax refund debit card			
	<input type="checkbox"/>	paper check			
	39	Amount to be applied to estimated tax . Subtract Line 37 from Line 36. See instructions.	39	<u>2,929</u>	.00
	40	If you have an underpayment on Line 32, add Lines 32 and 35. or If you have an overpayment on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe . See instructions.	40	<u></u>	.00

Step 13: 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.

Sign and Date

Your signature	Date	Daytime phone number	Your spouse's signature	Date
<u>TERI NEWMAN</u>	<u>10/13/15</u>	<u>(312) 207-1040</u>	<u>[REDACTED]</u>	
<small>Paid preparer's signature</small>	<small>Date</small>	<small>Preparer's phone number</small>	<small>Preparer's FEIN, SSN, or PTIN</small>	

Third Party Designee

Check, and complete the designee's name and phone number below, to allow another person to discuss this return and any previous return that affects the liability reported on this return with the Illinois Department of Revenue.

TERI NEWMAN (312) 207-1040

Designee's name (please print) Designee's phone number

Form 1099-G Information

If you are unable to obtain your Form 1099-G from our website, you may check the box to receive a paper 1099-G form next year. We will mail you a 1099-G form if you meet the criteria requiring us to issue one to you.

 **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

449002
01-14-15

ID: 2BX



Read this information first

Complete this schedule only if you are eligible for the

- Illinois Property Tax Credit
- K-12 Education Expense Credit
- Earned Income Credit (EIC)

- You must complete Form IL-1040 through Line 15 and Schedule CR, if applicable, before completing this schedule.
- The total amount of Illinois Property Tax Credit and K-12 Education Expense Credit cannot exceed tax. Only the Earned Income Credit may exceed tax.

Step 1: Provide the following information

BRADLEY S. SCHNEIDER

Your name as shown on your Form IL-1040

██████████
Your Social Security number

Step 2: Figure your nonrefundable credit

1	Enter the amount of tax from your Form IL-1040, Line 15.	1	10,190 .00
2	Enter the amount of credit for tax paid to other states from your Form IL-1040, Line 16.	2	.00
3	Subtract Line 2 from Line 1.	3	10,190 .00

Section A - Illinois Property Tax Credit (See instructions for directions on how to obtain your property number)

4 a	Enter the total amount of Illinois Property Tax paid during the tax year for the real estate that includes your principal residence.	4a	12,489 .00
b	Enter the county and property number for the property listed above.		
4b	██████████ County ██████████ Property number		
c	Enter the county and property number for an adjoining lot, if included in Line 4a.		
4c	██████████ County ██████████ Property number		
d	Enter the county and property number for another adjoining lot, if included in Line 4a.		
4d	██████████ County ██████████ Property number		
e	Enter the portion of your tax bill that is deductible as a business expense on U.S. income tax forms or schedules, even if you did not take the federal deduction.	4e	.00
f	Subtract Line 4e from Line 4a.	4f	12,489 .00
g	Multiply Line 4f by 5% (.05).	4g	624 .00
5	Compare Lines 3 and 4g, and enter the lesser amount here.	5	624 .00
6	Subtract Line 5 from Line 3.	6	9,566 .00

Section B - K-12 Education Expense Credit

Note You must complete the *K-12 Education Expense Credit Worksheet* on page 2 of this schedule and **attach** any receipt you received from your student's school.

7 a	Enter the total amount of K-12 education expenses from Line 13 of the worksheet on page 2 of this schedule.	7a	.00
b	You may not take a credit for the first \$250 paid.	7b	250.00
c	Subtract Line 7b from Line 7a. If the result is negative, enter "zero."	7c	.00
d	Multiply Line 7c by 25% (.25). Compare the result and \$500, and enter the lesser amount here.	7d	.00
8	Compare Lines 6 and 7d, and enter the lesser amount here.	8	0 .00

Section C - Total Nonrefundable Credit

9	Add Lines 5 and 8. This is your nonrefundable credit amount. Enter this amount on Form IL-1040, Line 17.	9	624 .00
---	--	---	---------

Continued on Page 2 →



Schedule ICR - Page 2

Step 3: Figure your refundable credit

Earned Income Credit

10 a Enter the amount of federal EIC as shown on your U.S. 1040, Line 66a; U.S. 1040A, Line 42a; or U.S. 1040EZ, Line 8a. 10a _____ .00

b Multiply the amount on Line 10a by 10% (.10). 10b _____ .00

c **Illinois residents:** Enter 1.0.
Nonresidents and part-year residents: Enter the decimal from Schedule NR, Line 48. 10c _____

d Multiply Line 10b by the decimal on Line 10c. 10d _____ .00

11 Enter the amount from Line 10d here. This is your Illinois Earned Income Credit. Enter this amount on Form IL-1040, Line 29. → **11** _____ .00

Section B Continued - K-12 Education Expense Credit Worksheet (continued from Step 2, Section B)

Note You must complete this section and attach any receipt you received from your student's school.

12 Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately. If you need more space, attach a separate piece of paper following this format.

	A Student's name	B Social Security number	C Grade (K-12 only)	D School name (IL K-12 schools only or enter "home school," if applicable)	E School city (IL cities only)	F Total tuition, book/lab fees
a	_____	_____	_____	_____	_____	_____
b	_____	_____	_____	_____	_____	_____
c	_____	_____	_____	_____	_____	_____
d	_____	_____	_____	_____	_____	_____
e	_____	_____	_____	_____	_____	_____
f	_____	_____	_____	_____	_____	_____
g	_____	_____	_____	_____	_____	_____
h	_____	_____	_____	_____	_____	_____
i	_____	_____	_____	_____	_____	_____
j	_____	_____	_____	_____	_____	_____

13 Add the amounts in Column F for Lines 12a through 12j (and the amounts from Column F of any additional pages you attached). This is the total amount of your qualified **education expenses** for this year. Enter this amount here and on Step 2, Line 7a of this schedule. → **13** _____ .00



2014 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

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
1 Enter your total income tax and compassionate use of medical cannabis surcharge from each tax return. See instructions.	1 10,190.	11,203.
2 Enter the amount of credits from each tax return. See instructions.	2 624.	608.
3 Subtract Line 2 from Line 1.	3 9,566.	10,595.
4a Enter the total amount of this year's Illinois withholding from your W-2 and 1099 forms.	4a 7,311.	
4b Enter the total amount of pass-through withholding payments made on your behalf.	4b	
4c Add Lines 4a and 4b and enter the result here.	4c 7,311.	
5 Subtract Line 4c from Line 3.	5 2,255.	
6 Multiply Column A, Line 3, by 90% (.9).	6 8,609.	
7 If Line 5 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 lesser of Column A, Line 6, or Column B, Line 3.	7 8,609.	
8 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.)	8 2,152.	

	Quarter 1 15th day of 4th month of tax year 04/15/14	Quarter 2 15th day of 6th month of tax year 06/16/14	Quarter 3 15th day of 9th month of tax year 09/15/14	Quarter 4 15th day of 1st mo. after end of tax year 01/15/15
9a Enter the installment due date for each quarter. See instructions.				
9b Enter the required installment. See instructions.	2,152.	2,152.	2,152.	2,153.
10a Enter the amount of tax withheld.	1,828.	1,828.	1,828.	1,827.
10b Enter the amount of pass-through payments.				
10c Add Lines 10a and 10b in each column.	1,828.	1,828.	1,828.	1,827.
11 Subtract Line 10c from Line 9b. If the amount is negative, use brackets.	324.	324.	324.	326.
12 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.
13 Subtract Line 12 from Line 11. If the amount is negative, use brackets.	324.	324.	324.	326.

Continue with Step 3 on Page 2 →



Step 3: Figure your unpaid tax



14	Enter the amount from Column A, Line 3.	14	9,566.
15	Enter the amount of household employment tax from Form IL-1040, Line 22.	15	2,327.
16	Enter the amount of use tax from Form IL-1040, Line 23.	16	
17	Add Lines 14 through 16. Enter the total amount here.	17	11,893.
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 payments 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 greater amount here.	18	14,822.
19	Subtract Line 18 from Line 17. If the amount is <ul style="list-style-type: none"> • positive, enter that amount here. Enter this amount in Penalty Worksheet 2, Line 23, Column C and continue to Step 4. • zero or negative, enter that amount here and, if negative, use brackets. 	19	<2,929.>

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	2,511.	04/15/14	e		i	
b	5,000.	06/16/14	f		j	
c			g		k	
d			h		l	

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	04/15/14	324.		324.	04/15/14			
		324.	2,511.	-2,187.	04/15/14			
Qtr 2	06/16/14	324.		324.	06/16/14			
		324.	2,187.	-1,863.	06/16/14			
Qtr 3	09/15/14	324.		324.	09/15/14			
		324.	1,863.	-1,539.	09/15/14			
Qtr 4	01/15/15	326.		326.	01/15/15			
		326.	1,539.	-1,213.	01/15/15			

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

25 Enter the amount from Form IL-1040, Line 15.	25	_____
26 Enter the amount of household employment tax from Form IL-1040, Line 22.	26	_____
27 Enter the amount of use tax from Form IL-1040, Line 23.	27	_____
28 Enter the amount of compassionate use of medical cannabis surcharge from Form IL-1040, Line 24.	28	_____
29 Add Lines 25 through 28. Enter the total amount here.	29	_____
30 Enter the total amount of credits and payments made on or before your original due date.	30	_____
31 Subtract Line 30 from Line 29.	31	_____
32 Multiply the amount on Line 31 by 2% (.02).	32	_____
33 Enter the lesser of Line 32 or \$250. This is your late-filing penalty .	33	_____

Figure the amount you owe.

34 Enter any late-payment penalty for unpaid tax from Line 24.	34	_____
35 Enter any late-filing penalty from Line 33.	35	_____
36 If you have an overpayment on Form IL-1040, Line 36, enter that amount as a <negative number>. If you have an amount due on Form IL-1040, Line 40, enter that amount as a positive number.	36	_____
37 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 40, instructions for your payment options.	37	_____

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
38 Enter your Illinois base income for each period. See instructions.	38 _____	_____	_____	_____
39 Annualization factors.	39 _____ 4	_____ 2.4	_____ 1.5	_____ 1
40 Multiply Line 38 by Line 39. This is your annualized income.	40 _____	_____	_____	_____
41 Exemptions. See instructions.	41 _____	_____	_____	_____
42 Subtract Line 41 from Line 40. This is your Illinois net income.	42 _____	_____	_____	_____
43 Multiply Line 42 by 5% (.05).	43 _____	_____	_____	_____
44 Compassionate use of medical cannabis surcharge. See instructions.	44 _____	_____	_____	_____
45 Add Lines 43 and 44.	45 _____	_____	_____	_____
46 For each period, enter the amount you entered on Step 2, Line 2, Column A.	46 _____	_____	_____	_____
47 Subtract Line 46 from Line 45.	47 _____	_____	_____	_____
48 Applicable percentage.	48 _____ 22.5% (.225)	_____ 45% (.450)	_____ 67.5% (.675)	_____ 90% (.900)
49 Multiply Line 47 by Line 48. This is your annualized installment.	49 _____	_____	_____	_____
50 Add the amounts on Line 56 of each of the preceding columns and enter the total here.	50 Skip this line for Column A.	_____	_____	_____
51 Subtract Line 50 from Line 49. If less than zero, enter "0."	51 _____	_____	_____	_____
52 Enter the amount you would have entered in Step 2, Line 9b, if you were not annualizing.	52 _____	_____	_____	_____
53 Enter the amount from Line 55 of the preceding column.	53 Skip this line for Column A.	_____	_____	_____
54 Add Lines 52 and 53.	54 _____	_____	_____	_____
55 If Line 54 is greater than Line 51, subtract Line 51 from Line 54. Otherwise, enter "0."	55 _____	_____	_____	Skip this line for Column D.
56 Enter the lesser of Line 51 or Line 54 here and on Step 2, Line 9b. This is your required installment.	56 _____	_____	_____	_____



Department of the Treasury
Internal Revenue Service

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2014
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or
taxpayer identification no.

BRADLEY S. SCHNEIDER

Before you check Box A, B, or C 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 may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

Note. You may aggregate all short-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 total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (C) Short-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 (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note 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). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	25,000 RALEIGH NC BOND	11/21/13	03/20/14	14,727.	14,506.			221.
	NFS (6128) - SEE ATTACHED	VARIOUS		11.	15.			<4.>
2	Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶			14,738.	14,521.			217.

Note. If you checked Box A 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.

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

Social security number or taxpayer identification no.

BRADLEY S. SCHNEIDER

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 may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

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

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not 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 was **not** 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 (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note 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). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	NFS (6128) - SEE ATTACHED	VARIOUS		881.	671.			210.
2 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				881.	671.			210.

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.