Form **1040** U.S. Individual Income Tax Return (99) **2016** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning , 2016, ending , 20 See separate instructions.

Your first name and initial BRADLEY S.	Last name SCHNEIDER	Your social security number [redacted] [redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number * [redacted] [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. DEERFIELD, IL 60015		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

Check only one box.

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

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a — Boxes checked on 6a and 6b: 1
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

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

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

d Total number of exemptions claimed — Add numbers on lines above ▶ 1

Income

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

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	
8a	**Taxable** interest. Attach Schedule B if required		8a	83.
b	**Tax-exempt** interest. **Do not** include on line 8a	8b 6,177.		
9a	Ordinary dividends. Attach Schedule B if required		9a	17,353.
b	Qualified dividends	9b 10,897.		STMT 4
10	Taxable refunds, credits, or offsets of state and local income taxes	STMT 1 STMT 2	10	1,417.
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	35,135.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	37,065.
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	-13,394.
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	77,659.

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	77,659.

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

Form 1040 (2016) BRADLEY S. SCHNEIDER [redacted] Page **2**

Tax and Credits	38	Amount from line 37 (adjusted gross income)			38	77,659.
	39a	Check if: ☐ **You** were born before January 2, 1952, ☐ Blind. ☐ **Spouse** was born before January 2, 1952, ☐ Blind. **Total boxes checked** ▶ 39a ☐				
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☒				
	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)			40	30,487.
	41	Subtract line 40 from line 38			41	47,172.
	42	**Exemptions.** If line 38 is $155,650 or less, multiply $4,050 by the number on line 6d. Otherwise, see inst.			42	4,050.
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			43	43,122.
	44	**Tax.** Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐			44	821.
	45	**Alternative minimum tax.** Attach Form 6251			45	0.
	46	Excess advance premium tax credit repayment. Attach Form 8962			46	
	47	Add lines 44, 45, and 46 ▶			47	821.
	48	Foreign tax credit. Attach Form 1116 if required	48			
	49	Credit for child and dependent care expenses. Attach Form 2441	49			
	50	Education credits from Form 8863, line 19	50			
	51	Retirement savings contributions credit. Attach Form 8880	51			
	52	Child tax credit. Attach Schedule 8812, if required	52			
	53	Residential energy credits. Attach Form 5695	53			
	54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54			
	55	Add lines 48 through 54. These are your **total credits**			55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶			56	821.
Other Taxes	57	Self-employment tax. Attach Schedule SE			57	
	58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919			58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required			59	
	60a	Household employment taxes from Schedule H			60a	14,162.
	b	First-time homebuyer credit repayment. Attach Form 5405 if required			60b	
	61	Health care: Individual responsibility (see instructions) Full-year coverage ☒			61	
	62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Inst.; enter code(s)			62	
	63	Add lines 56 through 62. This is your **total tax** ▶			63	14,983.
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64			
	65	2016 estimated tax payments and amount applied from 2015 return	65	19,331.		STATEMENT 6
If you have a qualifying child, attach Schedule EIC.	66a	**Earned income credit (EIC)**	66a			
	b	Nontaxable combat pay election 66b				
	67	Additional child tax credit. Attach Schedule 8812	67			
	68	American opportunity credit from Form 8863, line 8	68			
	69	Net premium tax credit. Attach Form 8962	69			
	70	Amount paid with request for extension to file	70	5,000.		
	71	Excess social security and tier 1 RRTA tax withheld	71			
	72	Credit for federal tax on fuels. Attach Form 4136	72			
	73	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐	73			
	74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶			74	24,331.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**			75	9,348.
	76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐			76a	
Direct deposit? See instructions. ▶	b	Routing number ▶ c Type: ☐ Checking ☐ Savings ▶ d Account number				
	77	Amount of line 75 you want **applied to your 2017 estimated tax** ▶	77	9,348.		
Amount You Owe	78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶			78	
	79	Estimated tax penalty (see instructions)	79			

Standard Deduction for -
- People who check any box on line 39a or 39b **or** who can be claimed as a dependent, see instructions.
- All others:

Single or Married filing separately, $6,300

Married filing jointly or Qualifying widow(er), $12,600

Head of household, $9,300

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ **Yes.** Complete below. ☐ **No**

Designee's name ▶ [redacted] Phone no. ▶ ([redacted] Personal identification number (PIN) ▶ [redacted]

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		REPRESENTATIVE	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here
		SALES	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
[redacted]	[redacted]	10/16/17		[redacted]

Firm's name [redacted] Firm's EIN ▶ [redacted]

Firm's address ▶ [redacted] CHICAGO, IL 60606 Phone no. [redacted]

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SCHEDULE A
(Form 1040)
Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

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2016
Attachment Sequence No. **07**

Name(s) shown on Form 1040: BRADLEY S. SCHNEIDER

Your social security number: [redacted]

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% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid	5	State and local **(check only one box):** a ☒ Income taxes, **or** b ☐ General sales taxes SEE STATEMENT 8	5	5,417.		
	6	Real estate taxes (see instructions)	6	11,784.		
	7	Personal property taxes	7			
	8	Other taxes. List type and amount ▶	8			
	9	Add lines 5 through 8			9	17,201.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	21.		
	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			
Note: Your mortgage interest deduction may be limited (see instructions).	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.) STMT 10	14	14.		
	15	Add lines 10 through 14			15	35.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of $250 or more, see instructions	16	6,613.		STMT 9
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	2,500.		
	18	Carryover from prior year	18			
	19	Add lines 16 through 18			19	9,113.
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	2,391.		
	23	Other expenses - investment, safe deposit box, etc. List type and amount ▶ SEE STATEMENT 7	23	3,294.		
	24	Add lines 21 through 23	24	5,685.		
	25	Enter amount from Form 1040, line 38 ⌊25⌋ 77,659.				
	26	Multiply line 25 by 2% (0.02)	26	1,553.		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	4,132.
Other Miscellaneous Deductions	28	Other - from list in instructions. List type and amount ▶ FROM K-1 - MDRJB PARTNERSHIP 6.			28	6.
Total Itemized Deductions	29	Is Form 1040, line 38, over $155,650? ☒ **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. ☐ **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			29	30,487.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐				

LHA 619501 11-07-16 **For Paperwork Reduction Act Notice, see Form 1040 instructions.** **Schedule A (Form 1040) 2016**

SCHEDULE B
(Form 1040A or 1040)
(Rev. January 2017)
Department of the Treasury
Internal Revenue Service (99)

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

2016

Attachment Sequence No. **08**

Name(s) shown on return: BRADLEY S. SCHNEIDER

Your social [redacted] number

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 ▶		mount
	THE PRIVATEBANK	1	30.
	FROM K-1 - MDRJB PARTNERSHIP		52.
	FROM K-1 - AERODIRECT FUND III, LLC		1.
2	Add the amounts on line 1	2	83.
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 ▶	4	83.

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.

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

Part II Ordinary Dividends

5	List name of payer ▶		Amount
	M FINANCIAL HOLDINGS INCORPORATED	5	6,606.
	CHARLES SCHWAB & CO., INC.		122.
	NATIONAL FINANCIAL SERVICES LLC		2,633.
	NATIONAL FINANCIAL SERVICES LLC		1.
	NATIONAL FINANCIAL SERVICES LLC		7,858.
	FROM K-1 - MDRJB PARTNERSHIP		133.
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	6	17,353.

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.

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

Part III Foreign Accounts and Trusts

		Yes	No
	You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		
7a	At any time during 2016, 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		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2016, 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

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LHA **For Paperwork Reduction Act Notice, see your tax return instructions.** **Schedule B (Form 1040A or 1040) 2016**

Interest and Dividend Summary

Name: BRADLEY S. SCHNEIDER

FEIN/SSN: ***-**-4334

Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends	Capital Gain Distributions	Federal Income Tax Withheld	State Tax Withheld	Foreign Tax Paid
THE PRIVATEBANK	30.										
M FINANCIAL HOLDINGS											
INCORPORATED						6,606.	6,606.				
NATIONAL FINANCIAL SERVICES											
LLC			7,736.								
NFS - BOND AMORTIZATION			-1,902.								
NFS - TAX EXEMPT FEES			-705.								
CHARLES SCHWAB & CO., INC.						122.	122.				
NATIONAL FINANCIAL SERVICES											
LLC			5.			2,633.	1,052.	872.			
NATIONAL FINANCIAL SERVICES											
LLC						1.					
NATIONAL FINANCIAL SERVICES											
LLC			1,185.			7,858.	2,984.	1,245.			
NFS - TAX EXEMPT FEES			-142.								
FROM K-1 - MDRJB PARTNERSHIP	52.					133.	133.				
FROM K-1 - AERODIRECT FUND											
III, LLC	1.										
TOTALS	83.		6,177.			17,353.	10,897.	2,117.			

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
2016
Attachment Sequence No. **09**

Name of proprietor: BRADLEY S. SCHNEIDER

Social security number (SSN): [redacted]

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

B Enter code from instructions ▶ [redacted]

C Business name. If no separate business name, leave blank. DAVIS DANN ADLER SCHNEIDER, LLC

D Employer ID number (EIN), (see instr.) [redacted]

E Business address (including suite or room no.) ▶ [redacted]
City, town or post office, state, and ZIP code: DEERFIELD, IL 60015

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses ☐ Yes ☒ No

H If you started or acquired this business during 2016, check here ▶ ☐

I Did you make any payments in 2016 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 ▶ ☐	1	35,171.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	35,171.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	35,171.
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	35,171.

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
				22	Supplies (not included in Part III)	22	
				23	Taxes and licenses	23	
14	Employee benefit programs (other than on line 19)	14		24	Travel, meals, and entertainment:		
				a	Travel	24a	
15	Insurance (other than health)	15		b	Deductible meals and entertainment (see instructions)	24b	
16	Interest:			25	Utilities	25	
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b		27 a	Other expenses (from line 48)	27a	36.
17	Legal and professional services	17		b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	36.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	35,135.
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	
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	35,135.
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 32b	☐ All investment is at risk. ☐ Some investment is not at risk.

LHA **For Paperwork Reduction Act Notice, see the separate instructions.** **Schedule C (Form 1040) 2016**

Schedule C (Form 1040) 2016 BRADLEY S. SCHNEIDER [redacted] Page **2**

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ **Yes** ☐ **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:

a Business **b** Commuting **c** Other

45 Was your vehicle available for personal use during off-duty hours? ☐ **Yes** ☐ **No**

46 Do you (or your spouse) have another vehicle available for personal use? ☐ **Yes** ☐ **No**

47 **a** Do you have evidence to support your deduction? ☐ **Yes** ☐ **No**

b If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

BANK CHARGES		36.
48 **Total other expenses.** Enter here and on line 27a	48	36.

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
2016
Attachment Sequence No. **12**

Name(s) shown on return: BRADLEY S. SCHNEIDER

Your social security number: [redacted]

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	386,578.	398,581.		<12,003.>
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked	246,362.	251,399.	611.	<4,426.>
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
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 SEE STATEMENT 14	5	14.
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	<16,415.>

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	52,899.	49,640.		3,259.
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	180,921.	172,226.		8,695.
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 13	11	37,430.
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 15	12	1,979.
13 Capital gain distributions SEE STATEMENT 16	13	2,117.
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	53,480.

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.** **Schedule D (Form 1040) 2016**

620511 12-06-16

Part III **Summary**

16	Combine lines 7 and 15 and enter the result	**16**	37,065.

- If line 16 is a **gain,** enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- If line 16 is a **loss,** skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

☒ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18	Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** in the instructions ▶	**18**	
19	Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions SEE STATEMENT 17 ▶	**19**	3,740.

20 Are lines 18 and 19 **both** zero or blank?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). **Don't** complete lines 21 and 22 below.

☒ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or
- ($3,000), or if married filing separately, ($1,500)

21 ( )

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).

☐ **No.** Complete the rest of Form 1040 or Form 1040NR.

Schedule D (Form 1040) 2016

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ **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.**

OMB No. 1545-0074

2016

Attachment Sequence No. **12A**

Name(s) shown on return: BRADLEY S. SCHNEIDER

Social security number or taxpayer identification no. [redacted]

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 will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part 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 totals directly on Schedule D, line 1a; you aren't 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 **wasn't** 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 of (Mo., day, yr.)	**(d)** Proceeds (sales price)	**(e)** Cost or other basis. See the **Note** below and see *Column (e)* 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.** **(f)** Code(s)	**(g)** Amount of adjustment	**(h)** **Gain or (loss).** Subtract column (e) from column (d) & combine the result with column (g)
45289.880 SH - VANGUARD LIMITD TERM TAX EXEMPT ADMIRAL	VARIOUS		246,362.	251,399.	W	611.	<4,426.>
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) ▶			246,362.	251,399.		611.	<4,426.>

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.

623011 12-07-16 LHA **For Paperwork Reduction Act Notice, see your tax return instructions.** Form **8949** (2016)

Form 8949 (2016) Attachment Sequence No. **12A** Page **2**

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	[redacted]

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

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

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

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

☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☒ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1 **(a)** Description of property (Example: 100 sh. XYZ Co.)	**(b)** Date acquired (Mo., day, yr.)	**(c)** Date sold or disposed of (Mo., day, yr.)	**(d)** Proceeds (sales price)	**(e)** Cost or other basis. See the **Note** below and see *Column (e)* 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.** **(f)** Code(s)	**(g)** Amount of adjustment	**(h)** **Gain or (loss).** Subtract column (e) from column (d) & combine the result with column (g)
563.000 SH - AB INCOME FUND ADVISOR	VARIOUS	07/27/16	2,284.	2,247.			37.
20000.000 SH - ARIZONA ST TRANSN BRD HWY REV	07/15/13	05/31/16	11,987.	10,784.			1,203.
100000.000 SH - FRANKLIN IND CMNTY MULTI-SCH BLDG CORP	04/04/07	05/31/16	52,288.	50,485.			1,803.
100000.000 SH - GRANT CNTY WASH SCH DIST NO 161	04/11/07	05/31/16	52,080.	50,412.			1,668.
40000.000 SH - HOUSTON TEX 2007 BDS PUBLIC IMPT REF BDS	07/13/10	05/31/16	20,598.	20,292.			306.
10000.000 SH - HOUSTON TEX 2007 BDS PUBLIC IMPT REF BDS	07/13/10	05/31/16	5,135.	5,073.			62.
20000.000 SH - MIDLAND TEX INDPT SCH DIST ULTD TAX	07/09/13	05/31/16	11,873.	10,977.			896.
30000.000 SH - SAN MATEO CNTY CALIF CMNTYU COLLEGE DIST	07/12/13	05/31/16	18,195.	16,423.			1,772.
72.000 SH - ALLIANZGI EQUITY & CONV INCOME	06/07/11	03/30/16	652.	664.			<12.>
494.000 SH - EATON VANCE RISK MNGD DIV EQTY	VARIOUS		2,410.	2,161.			249.
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) ▶			180,921.	172,226.			8,695.

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.

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	[redacted]

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

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

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

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

☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☒ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1 **(a)** Description of property (Example: 100 sh. XYZ Co.)	**(b)** Date acquired (Mo., day, yr.)	**(c)** Date sold or disposed of (Mo., day, yr.)	**(d)** Proceeds (sales price)	**(e)** Cost or other basis. See the **Note** below and see *Column (e)* 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.** **(f)** Code(s)	**(g)** Amount of adjustment	**(h)** **Gain or (loss).** Subtract column (e) from column (d) & combine the result with column (g)
106.000 SH - NUVEEN S&P 500 DYN OVERWRITE	11/16/11		747.	476.			271.
138.647 SH - SPECIAL OPPORTUNITIES FD INC.	VARIOUS	10/26/16	1,082.	952.			130.
159.000 SH - ZWEIG FD INC.	VARIOUS	12/07/16	908.	769.			139.
99.000 SH - ZWEIG FD INC.	VARIOUS	06/03/16	682.	511.			171.
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) ▶							

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
2016
Attachment Sequence No. **13**

Name(s) shown on return: BRADLEY S. SCHNEIDER
Your social security number [redacted]

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 2016 that would require you to file Form(s) 1099? (see instructions) ☐ **Yes** ☒ **No**
B If "Yes," did you or will you file required Forms 1099? ☐ **Yes** ☐ **No**

1a	Physical address of each property (street, city, state, ZIP code)
A	[redacted], DEERFIELD, IL 60015
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		A	366		☐
B			B			☐
C			C			☐

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	22,050.		
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	1,573.		
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	8,684.		
17 Utilities	17			
18 Depreciation expense or depletion	18	9,246.		
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	19,503.		
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	2,547.		
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	22,050.
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	19,503.
24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses	24	2,547.
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	2,547.

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

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	[redacted]

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	AERODIRECT FUND III, LLC	P		90-0934844	
C					
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	16,775.				159.
B		675.			
C					
D					
29a Totals		675.			159.
b Totals	16,775.				

30	Add columns (g) and (j) of line 29a	30	834.
31	Add columns (f), (h), and (i) of line 29b	31	(16,775.)
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	-15,941.

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	-13,394.
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

2016

SCHEDULE E

Name BRADLEY S. SCHNEIDER

SSN/EIN [redacted]

Passthrough MDRJB PARTNERSHIP

ID 20-8575774

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)	-1,350.							
Rental real estate income (loss)	-14,389.							
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)	-15,739.							-15,739.
First passive other	-1,036.							-1,036.
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other	159.							159.
Total Schedule E (page 2)	-16,616.							-16,616.
FORM 4797								
Section 1231 gain (loss)	37,430.							37,430.
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)	14.							14.
Net long-term cap. gain (loss)	1,979.							1,979.
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income	159.							159.
ITEMIZED DEDUCTIONS								
Charitable contributions	1.							1.
Deductions related to portfolio income	1,069.							1,069.
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2016

SCHEDULE E

Name BRADLEY S. SCHNEIDER

SSN/EIN [redacted]

Passthrough MDRJB PARTNERSHIP

ID 20-8575774

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	52.							52.
Interest from U.S. bonds								
Ordinary dividends	133.							133.
Qualified dividends	133.							133.
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86	2,572.							2,572.
Adjusted gain or loss	-1,628.							-1,628.
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

2016

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)	675.							
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)	675.							675.
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)	675.							675.
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

2016

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	30.							30.
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								

2016 DEPRECIATION AND AMORTIZATION REPORT

RESIDENTIAL RESIDENCE - [redacted] SCHEDULE E- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	RESIDENTIAL RESIDENCE	08/01/01	SL	27.50	MM	17	254,261.				254,261.	132,911.		9,246.	142,157.
2	LAND	08/01/01	L		HY		13,382.				13,382.			0.	0.
3	WINDOWS	06/01/02	200DB	7.00	HY	17	2,759.			828.	1,931.	1,931.		0.	1,931.
	TOTAL SCH E DEPRECIATION						270,402.			828.	269,574.	134,842.		9,246.	144,088.

628111 04-01-16

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **4797**

Department of the Treasury
Internal Revenue Service

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.*

OMB No. 1545-0184

2016

Attachment Sequence No. **27**

Name(s) shown on return: BRADLEY S. SCHNEIDER

Identifying number: [redacted]

1 Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1	

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

2 **(a)** Description of property	**(b)** Date acquired (mo., day, yr.)	**(c)** Date sold (mo., day, yr.)	**(d)** Gross sales price	**(e)** Depreciation allowed or allowable since acquisition	**(f)** Cost or other basis, plus improvements and expense of sale	**(g) Gain or (loss)** Subtract (f) from the sum of (d) and (e)
MDRJB PARTNERSHIP						37,430.

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:	7	37,430.

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 didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

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** (2016)

618011 12-20-16

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** See line 1 before completing.)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24				
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 isn't more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 **If section 1252 property:** Skip this section if you didn't 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		

DOES NOT APPLY

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

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

OMB No. 1545-0074
2016
Attachment Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR: BRADLEY S. SCHNEIDER

Your social security number [redacted]

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.)	1	47,172.
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% (0.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	17,201.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	4,132.
6	If Form 1040, line 38, is $155,650 or less, enter -0-. Otherwise, see instructions	6	0.
7	Tax refund from Form 1040, line 10 or line 21	7	-1,417.
8	Investment interest expense (difference between regular tax and AMT)	8	14.
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 18	19	974.
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	**Alternative minimum taxable income.** Combine lines 1 through 27. (If married filing separately and line 28 is more than $247,450, see instructions.)	28	68,076.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2016, see instructions.)	29	41,900.

IF your filing status is...	**AND line 28 is not over...**	**THEN enter on line 29...**
Single or head of household	$119,700	$53,900
Married filing jointly or qualifying widow(er)	159,700	83,800
Married filing separately	79,850	41,900

If line 28 is **over** the amount shown above for your filing status, see instructions.

30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	26,176.
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 $186,300 or less ($93,150 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract $3,726 ($1,863 if married filing separately) from the result.	31	0.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	0.
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)	34	821.
35	**AMT.** Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0.

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.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36	26,176.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	44,222.
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	3,740.
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	47,962.
40	Enter the **smaller** of line 36 or line 39	40	26,176.
41	Subtract line 40 from line 36	41	0.
42	If line 41 is $186,300 or less ($93,150 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract $3,726 ($1,863 if married filing separately) from the result ▶	42	
43	Enter: ● $75,300 if married filing jointly or qualifying widow(er), ● $37,650 if single or married filing separately, or ● $50,400 if head of household.	43	37,650.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	0.
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	37,650.
46	Enter the **smaller** of line 36 or line 37	46	26,176.
47	Enter the **smaller** of line 45 or line 46. This amount is taxed at 0%	47	26,176.
48	Subtract line 47 from line 46	48	0.
49	Enter: ● $415,050 if single ● $233,475 if married filing separately ● $466,950 if married filing jointly or qualifying widow(er) ● $441,000 if head of household	49	233,475.
50	Enter the amount from line 45	50	37,650.
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51	
52	Add line 50 and line 51	52	37,650.
53	Subtract line 52 from line 49. If zero or less, enter -0-	53	195,825.
54	Enter the smaller of line 48 or line 53	54	0.
55	Multiply line 54 by 15% (0.15) ▶	55	
56	Add lines 47 and 54	56	26,176.
	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.		
57	Subtract line 56 from line 46	57	
58	Multiply line 57 by 20% (0.20) ▶	58	
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		
59	Add lines 41, 56, and 57	59	
60	Subtract line 59 from line 36	60	
61	Multiply line 60 by 25% (0.25) ▶	61	
62	Add lines 42, 55, 58, and 61	62	
63	If line 36 is $186,300 or less ($93,150 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract $3,726 ($1,863 if married filing separately) from the result	63	6,806.
64	Enter the **smaller** of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	0.

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

2016

Attachment Sequence No. 44

Name of employer: BRADLEY S. SCHNEIDER

Social security number [redacted]

Employer identification number [redacted]

Calendar year taxpayers having no household employees in 2016 don't have to complete this form for 2016.

A Did you pay **any one** household employee cash wages of $2,000 or more in 2016? (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 2016 for any household employee?

☐ **Yes.** Skip line C and go to line 7.
☐ **No.** Go to line C.

C Did you pay **total** cash wages of $1,000 or more in **any** calendar **quarter** of 2015 or 2016 to **all** household employees? (**Don't** count cash wages paid in 2015 or 2016 to your spouse, your child under age 21, or your parent.)

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

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security tax	1	46,536.		
2	Social security tax. Multiply line 1 by 12.4% (0.124)			2	5,770.
3	Total cash wages subject to Medicare tax	3	46,536.		
4	Medicare tax. Multiply line 3 by 2.9% (0.029)			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% (0.009)			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 2015 or 2016 to **all** household employees? (**Don't** count cash wages paid in 2015 or 2016 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're not required to file Form 1040, see the line 9 instructions.

☒ **Yes.** Go to line 10.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the instructions.** **Schedule H (Form 1040) 2016**

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."**	10	X	
11	Did you pay all state unemployment contributions for 2016 by April 18, 2017? Fiscal year filers see instructions	11	X	
12	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12	X	

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 0.6% (0.006). 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 0.054	**(f)** Multiply col. (b) by col. (d)	**(g)** Subtract col. (f) from col. (e). If zero or less, enter -0-.	**(h)** Contributions paid to state unemployment fund
		From	To					

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% (0.060)			21	
22	Multiply line 20 by 5.4% (0.054)	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. **Don't** complete Part IV below.

☐ **No.** You may have to complete Part IV. See instructions for details.

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

Address (number and street) or P.O. box if mail isn't delivered to street address

Apt., room, or suite no.

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

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

▶ Employer's signature

▶ Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no.	

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Information about Form 4952 and its instructions is at *www.irs.gov/form4952.*
▶ Attach to your tax return.

OMB No. 1545-0191
2016
Attachment Sequence No. **51**

Name(s) shown on return: BRADLEY S. SCHNEIDER

Identifying number [redacted]

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2016 (see instructions)	1	
2	Disallowed investment interest expense from 2015 Form 4952, line 7 SEE STATEMENT 19	2	14.
3	**Total investment interest expense.** Add lines 1 and 2	3	14.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) STMT 20	4a	17,595.		
b	Qualified dividends included on line 4a	4b	10,897.		
c	Subtract line 4b from line 4a			4c	6,698.
d	Net gain from the disposition of property held for investment	4d			
e	Enter the **smaller** of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e			
f	Subtract line 4e from line 4d			4f	
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	6,698.
5	Investment expenses (see instructions) SEE STATEMENT 21			5	3,300.
6	**Net investment income.** Subtract line 5 from line 4h. If zero or less, enter -0-			6	3,398.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2017. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	**Investment interest expense deduction.** Enter the **smaller** of line 3 or 6. See instructions STMT 22	8	14.

LHA **For Paperwork Reduction Act Notice, see separate instructions.** Form **4952** (2016)

618901 09-20-16

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

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.

OMB No. 1545-1008
2016
Attachment Sequence No. 88

Name(s) shown on return: BRADLEY S. SCHNEIDER

Identifying number [redacted]

Part I 2016 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	2,547.		
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	2,547.

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	75,233.		
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(16,775.)		
c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	( )		
d	Combine lines 3a, 3b, and 3c			3d	58,458.
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	61,005.

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% (0.5). **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 2016.** 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 ▶	2,547.				

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

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 3				
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶	75,233.	-16,775.			

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 ▶				

ALTERNATIVE MINIMUM TAX

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

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.

OMB No. 1545-1008
2016
Attachment Sequence No. 88

Name(s) shown on return: BRADLEY S. SCHNEIDER

Identifying number [redacted]

Part I 2016 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	2,547.		
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	2,547.

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	75,263.		
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(15,831.)		
c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	( )		
d	Combine lines 3a, 3b, and 3c			3d	59,432.
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	61,979.

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% (0.5). **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 2016.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	

LHA 619761 11-07-16 **For Paperwork Reduction Act Notice, see instructions.** Form **8582** (2016)

Form **8283**

(Rev. December 2014)

Department of the Treasury
Internal Revenue Service

Noncash Charitable Contributions

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

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

OMB. No. 1545-0908

Attachment Sequence No. 155

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

Identifying number [redacted]

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 (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	GOODWILL INDUSTRIES 4131 DUN, NORTHBROOK, IL 60062	☐	BOOKS, CLOTHING, HOUSHOLD ITEMS, TOYS
B		☐	
C		☐	
D		☐	
E		☐	

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	08/09/16		PURCHASE	10,000.	2,500.	THRIFT SHOP VALUE
B						
C						
D						
E						

Part II

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

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)

619931 04-01-16

Illinois Department of Revenue

2016 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

[redacted] [redacted]

BRADLEY S. SCHNEIDER
JULIE R. DANN
[redacted]
DEERFIELD, IL 60015

C Filing status (see instructions)
☐ Single or head of household ☐ Married filing jointly ☒ Married filing separately ☐ Widowed

Step 2: Income (Whole dollars only)

1 Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4. **1** 77,659 .00

2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A, Line 8b; or federal Form 1040EZ. **2** 6,177 .00

3 Other additions. **Attach** Schedule M. **3** 236 .00

4 **Total income.** Add Lines 1 through 3. **4** 84,072 .00

Step 3: Base Income

5 Social Security benefits and certain retirement plan income received if included in Line 1. **Attach** Page 1 of federal return. **5** .00

6 Illinois Income Tax overpayment included in federal Form 1040, Line 10. **6** 1,417 .00

7 Other subtractions. **Attach** Schedule M. **7** 53 .00

Check if Line 7 includes any amount from Schedule 1299-C. ☐

8 Add Lines 5, 6, and 7. This is the total of your subtractions. **8** 1,470 .00

9 **Illinois base income.** Subtract Line 8 from Line 4. **9** 82,602 .00

Step 4: Exemptions

10 a Number of exemptions from your federal return. 1 **x** $2,175 **a** 2,175 .00

b If someone can claim you as a dependent, see instructions. ___ **x** $2,175 **b** .00

c Check if 65 or older: ☐ You **+** ☐ Spouse **=** ___ **x** $1,000 **c** .00

d Check if legally blind: ☐ You **+** ☐ Spouse **=** ___ **x** $1,000 **d** .00

Exemption allowance. Add Lines a through d. **10** 2,175 .00

Step 5: Net Income

11 *Residents:* **Net income.** Subtract Line 10 from Line 9. *Skip* Line 12. **11** 80,427 .00

12 *Nonresidents and part-year residents:* Check the box that applies to you during 2016 ☐ Nonresident ☐ Part-year resident, and enter the **Illinois base income** from Sch. NR. **Attach** Sch. NR. **12** .00

Step 6: Tax

Fiscal filers see instructions before completing Step 6. Calendar-year filers continue to Line 13.

13 *Residents:* Multiply Line 11 by 3.75% (.0375). Cannot be less than zero. *Nonresidents and part-year residents:* Enter the tax from Schedule NR. **13** 3,016 .00

14 Recapture of investment tax credits. **Attach** Schedule 4255. **14** .00

15 **Income tax.** Add Lines 13 and 14. Cannot be less than zero. **15** 3,016 .00

Step 7: Tax After Non-refundable Credits

16 Income tax paid to another state while an Illinois resident. **Attach** Schedule CR. **16** .00

17 Property tax and K-12 education expense credit amount from Schedule ICR. **Attach** Schedule ICR. **17** 589 .00

18 Credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. **18** .00

19 Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15. **19** 589 .00

20 **Tax after nonrefundable credits.** Subtract Line 19 from Line 15. **20** 2,427 .00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V

IL-1040 page 1 (R-07/17)

ID: 2BX 649001 08-22-17

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

21 Tax after nonrefundable credits from Page 1, Line 20. 21 2,427 .00

Step 8: Other Taxes

22 Household employment tax. See instructions. 22 .00

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 0 .00

24 Compassionate Use of Medical Cannabis Pilot Program Act Surcharge 24 .00

25 **Total Tax.** Add Lines 21, 22, 23, and 24. 25 2,427 .00

Step 9: Payments and Refundable Credit

26 Illinois Income Tax withheld. **Attach** all W-2 and 1099 forms. 26 .00

27 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 27 7,474 .00

28 Pass-through withholding payments. **Attach** Schedule K-1-P or K-1-T. 28 .00

29 Earned Income Credit from Schedule ICR. **Attach** Schedule ICR. 29 .00

30 **Total payments and refundable credit.** Add Lines 26 through 29. 30 7,474 .00

Step 10: Result

31 **Overpayment**. If Line 30 is greater than Line 25, subtract Line 25 from Line 30. 31 5,047 .00

32 **Underpayment**. If Line 25 is greater than Line 30, subtract Line 30 from Line 25. 32 .00

Step 11: Underpayment of Estimated Tax Penalty and Donations

33 Late-payment penalty for underpayment of estimated tax 33 .00

- **a** Check if at least two-thirds of your federal gross income is from farming. ☐
- **b** Check if you or your spouse are 65 or older and permanently living in a nursing home. ☐
- **c** Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. **Attach** Form IL-2210. ☐
- **d** Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year. ☐

34 Voluntary charitable donations. **Attach** Schedule G. 34 .00

35 **Total penalty and donations.** Add Lines 33 and 34. 35 .00

Step 12: Refund or Amount You Owe

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 5,047 .00

37 Amount from Line 36 you want **refunded to you.** Check one box on Line 38. See instructions. 37 0 .00

38 I choose to receive my refund by

☐ **direct deposit** - Complete the information below if you check this box.

Routing number ________ ☐ Checking or ☐ Savings

Account number ________

☐ **Illinois Individual Income Tax refund debit card**

☐ **paper check**

39 Amount to be **applied to estimated tax**. Subtract Line 37 from Line 36. See instructions. 39 5,047 .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 .00

Step 13: Sign and Date

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.

Your signature Date Daytime phone number Your spouse's signature Date

[redacted] [redacted] [redacted] [redacted]

Paid preparer's signature Date Preparer's phone number Paid preparer's PTIN

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.

[redacted] [redacted]

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

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

DR ______ AP ______ RR DC IR

Illinois Department of Revenue

2016 Schedule ICR Illinois Credits

Attach to your Form IL-1040

IL Attachment No. 23

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

[redacted]
Your Social Security number

Step 2: Figure your nonrefundable credit

1 Enter the amount of tax from your Form IL-1040, Line 15. **1** 3,016 .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** 3,016 .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** 11,784 .00
b Enter the county and property number for the property listed above.
4b LAKE (County) [redacted] (Property number)
c Enter the county and property number for an adjoining lot, if included in Line 4a.
4c County [redacted] 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** 11,784 .00
g Multiply Line 4f by 5% (.05). **4g** 589 .00
5 Compare Lines 3 and 4g, and enter the lesser amount here. **5** 589 .00
6 Subtract Line 5 from Line 3. **6** 2,427 .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** 589 .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 federal Form 1040, Line 66a; federal Form 1040A, Line 42a; or federal Form 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

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

Illinois Department of Revenue

2016 Schedule M Other Additions and Subtractions for Individuals

Attach to your Form IL-1040 **IL Attachment No. 15**

Read this information first

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

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

Step 1: Provide the following information

BRADLEY S. SCHNEIDER	[redacted]
Your name as shown on Form IL-1040	Your Social Security number

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

Enter the amount of (Whole dollars only)

1	Your child's federally tax-exempt interest and dividend income as reported on federal Form 8814.	1	.00
2	Distributive share of additions you received from a partnership, S corporation, trust, or estate. **Attach** Illinois Schedule K-1-P or Schedule K-1-T. SEE STATEMENT 1	2	236 .00
3	Lloyd's plan of operations loss, if reported on your behalf on Form IL-1065 and included in your adjusted gross income.	3	.00
4	Earnings distributed from IRC Section 529 college savings and tuition programs if not included in your adjusted gross income (Do not include distributions from "Bright Start," "Bright Directions," or "College Illinois" programs or programs that meet certain disclosure requirements - see instructions.)	4	.00
5	Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. **Attach** Form IL-4562.	5	.00
6	Business expense recapture (nonresidents only).	6	.00
7	Recapture of deductions for contributions to Illinois college savings plans transferred to an out-of-state plan.	7	.00
8	Credit taken on Schedule 1299-C for student-assistance contributions you made as an employer.	8	.00
9	Recapture of deductions for contributions to college savings plans withdrawn for nonqualified expenses or refunded.	9	.00
10	Other income - Identify each item	10	.00
11	**Total Additions.** Add Lines 1 through 10. Enter the amount here and on Form IL-1040, Line 3.	11	236 .00

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

Enter the amount of

12	Contributions made to the following college savings plans:		
a	"Bright Start" College Savings Pool	12a	.00
b	"College Illinois" Prepaid Tuition Program	12b	.00
c	"Bright Directions" College Savings Pool	12c	.00
13	Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not claim these same subtractions on any other line of this schedule. See instructions.) **Attach** Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. SEE STATEMENT 2	13	53 .00
14	Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341.	14	.00
15	Contributions to a job training project.	15	.00
16	Expenses related to federal credits or federally tax-exempt income.	16	.00
17	Interest earned on investments through the Home Ownership Made Easy Program.	17	.00
18	Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. **Attach** Form IL-4562.	18	.00
	Enter the following only if included in Form IL-1040, Lines 1, 2, or 3:		
19	Military pay earned. **Attach** military W-2.	19	.00
20	U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from federal Form 1040A or 1040. **Attach** a copy of federal Form 1040A or 1040, Schedule B, if required federally.	20	.00
21	August 1, 1969, valuation limitation amount from your Schedule F, Line 17. **Attach** Schedule F and required federal forms.	21	.00
22	River edge redevelopment zone and high impact business dividend subtraction amount from your Schedule 1299-C, Step 2, Line 7. **Attach** Schedule 1299-C.	22	.00
23	Add Lines 12a through 22 and enter the amount here and on Page 2, Line 24.	23	53 .00

Illinois Department of Revenue

Schedule K-1-P

Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture

Year ending 12 (Month) 16 (Year)

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

IL Attachment No. 12

Step 1: Identify your partnership or S corporation

1 Check your business type ☒ partnership ☐ S corporation

2 MDRJB PARTNERSHIP
Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

3 [redacted]
Enter your federal employer identification number (FEIN).

4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1." 1.000000

Step 2: Identify your partner or shareholder

5 BRADLEY S. SCHNEIDER
Name

6 [redacted]
Mailing address

DEERFIELD, IL 60015
City State ZIP

7 [redacted]
Social Security number or FEIN

8
Share (%)

9a Check the appropriate box. See instructions.
☒ individual ☐ corporation ☐ trust
☐ partnership ☐ S corporation ☐ estate

9b **To be completed by the recipient on Line 5 only.**
I am a: ☐ grantor trust ☐ disregarded entity
and the amounts on this Schedule will be reported by:
Name:
SSN or FEIN:

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

		A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10	52.	
11 Dividends	11	133.	
12 Rental income	12	-14,389.	
13 Patent royalties	13		
14 Copyright royalties	14		
15 Other royalty income	15		
16 Capital gain or loss from real property	16	37,430.	
17 Capital gain or loss from tangible personal property	17		
18 Capital gain or loss from intangible personal property	18	1,993.	
19 Other income and expense OTHER INCOME AND EXPENSES (Specify)	19	-910.	

Step 4: Figure your partner's or shareholder's share of your business income or loss

		A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20	-1,350.	
21 Net income or loss from rental real estate activities	21		
22 Net income or loss from other rental activities	22		
23 Interest	23		
24 Dividends	24		
25 Royalties	25		
26 Net short-term capital gain or loss	26		
27 Net long-term capital gain or loss. Total for year.	27		
28 Unrecaptured Section 1250 gain	28	20,155.	
29 Guaranteed payments to partner (U.S. Form 1065 only)	29		
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30		
31 Other income and expense OTHER INCOME AND EXPENSES (Specify)	31	-1,036.	

Enter the partner's or shareholder's identification number from Line 7. [redacted]

Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

		A Member's share from Form IL-1065 or IL-1120-ST	B Member's share apportioned or allocated to Illinois
Additions			
32 Federally tax-exempt interest income	32		
33 Illinois replacement tax and surcharge deducted	33		
34 Illinois Special Depreciation addition	34		
35 Related-Party Expenses addition	35		
36 Distributive share of additions	36	236.	
37 Other additions (from Illinois Schedule M for businesses)	37		
Subtractions			
38 a Interest from U.S. Treasury obligations (business income)	38a		
b Interest from U.S. Treasury obligations (nonbusiness income)	38b		
39 River Edge Redevelopment Zone Dividend Subtraction	39		
40 High Impact Business Dividend subtraction	40		
41 Contribution subtraction (Form IL-1120-ST filers only)	41		
42 Interest subtraction - River Edge Redevelopment Zone (Form IL-1120-ST financial organizations only)	42		
43 Interest subtraction - High Impact Business within a Foreign Trade Zone (Form IL-1120-ST financial organizations only)	43		
44 Illinois Special Depreciation subtraction	44		
45 Related-Party Expenses subtraction	45		
46 Distributive share of subtractions	46	53.	
47 Other subtractions (from Illinois Schedule M for businesses)	47		

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

		A Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)	B Member's share apportioned or allocated to Illinois
48 Section 1245 and 1250 gain	48		
49 Section 1231 gain	49		
50 Section 1231 gain less casualty and theft gain. See instructions.	50		
51 Capital gain	51		

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding payments and federal income subject to surcharge

52 **Illinois credits**		Member's or nonresident member's share from Illinois tax return
a Film Production Services Tax Credit	52a	
b Enterprise Zone Investment Credit	52b	
c River Edge Redevelopment Zone Investment Credit	52c	
d Tax Credit for Affordable Housing Donations	52d	
e EDGE Tax Credit	52e	
f Ex-Felons Jobs Credit	52f	
g Veterans Jobs Credit	52g	
h Student-Assistance Contribution Credit	52h	
i Angel Investment Credit	52i	
j New Markets Credit	52j	
k River Edge Historic Preservation Credit	52k	
l Live Theater Production Credit	52l	
m Hospital Credit	52m	
n Replacement Tax Investment Credits. See instructions.	52n	

53 **Recapture**		Member's or nonresident member's share from Illinois tax return
a Enterprise Zone or River Edge Redevelopment Zone Investment Credit recapture	53a	
b Replacement Tax Investment Credit recapture	53b	
c Angel Investment Credit recapture	53c	
54 Pass-through withholding payment (See instructions before completing.)	54	
55 Federal income attributable to transactions subject to the Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	55	

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