

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

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

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

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

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. [REDACTED] Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

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

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

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

d Total number of exemptions claimed **2**

<b>Income</b>	7	Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 8	7	392,052.
	8a	Taxable interest. Attach Schedule B if required		8a	7,098.
	b	Tax-exempt interest. Do not include on line 8a	8b	1,552.	
	9a	Ordinary dividends. Attach Schedule B if required		9a	73,216.
	b	Qualified dividends	9b	45,964.	STMT 7
	10	Taxable refunds, credits, or offsets of state and local income taxes	STMT 3 STMT 5	10	2,652.
	11	Alimony received		11	
	12	Business income or (loss). Attach Schedule C or C-EZ		12	26,469.
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		13	138,869.
	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	-47,535.
	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 <b>SEE STATEMENT 1</b>		21	262.
	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income		22	833,583.

<b>Adjusted Gross Income</b>	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	833,583.	

Tax and Credits

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

Other Taxes

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

Payments

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

Refund

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

Amount You Owe

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

Third Party Designee

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

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.

Form section for Preparer Use Only, including fields for name, signature, date, and PTIN.

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

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

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

Name(s) shown on tax return

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

Identifying number



## Do You Have To File Form 2210?

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

**Don't file Form 2210.** You don't owe a penalty.

↓ No

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

You don't owe a penalty. **Don't file Form 2210** (but if box E in Part II applies, you must file page 1 of Form 2210).

↓ No

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

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

↓ No Yes →

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

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

### Part I Required Annual Payment

1 Enter your 2017 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040) .....	1	185,116.
2 Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions) .....	2	13,153.
3 Refundable credits, including the premium tax credit (see instructions) .....	3	( )
4 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, <b>stop</b> ; you don't owe a penalty. <b>Don't file Form 2210</b> .....	4	198,269.
5 Multiply line 4 by 90% (0.90) .....	5	178,442.
6 Withholding taxes. <b>Don't</b> include estimated tax payments (see instructions) .....	6	75,677.
7 Subtract line 6 from line 4. If less than \$1,000, <b>stop</b> ; you don't owe a penalty. <b>Don't file Form 2210</b> .....	7	122,592.
8 Maximum required annual payment based on prior year's tax (see instructions) .....	8	523,732.
9 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 5 or line 8 .....	9	178,442.

Next: Is line 9 more than line 6?

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

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

- A  You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B  You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C  Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D  Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E  You filed or are filing a joint return for either 2016 or 2017, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box B, C, or D applies).

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2210 (2017)

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

Section A - Figure Your Underpayment	Payment Due Dates				
	(a) 4/15/17	(b) 6/15/17	(c) 9/15/17	(d) 1/15/18	
<b>18</b> Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 25. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column .....	<b>18</b>	18,400.	29,963.	17,383.	112,696.
<b>19</b> Estimated tax paid and tax withheld. For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you don't owe a penalty. <b>Don't file Form 2210 unless you checked a box in Part II</b>	<b>19</b>	38,980.	18,919.	18,919.	103,920.
<b>20</b> Enter the amount, if any, from line 26 in the previous column .....	<b>20</b>		20,580.	9,536.	11,072.
<b>21</b> Add lines 19 and 20 .....	<b>21</b>		39,499.	28,455.	114,992.
<b>22</b> Add the amounts on lines 24 and 25 in the previous column .....	<b>22</b>				
<b>23</b> Subtract line 22 from line 21. If zero or less, enter -0-. For column (a) only, enter the amount from line 19 .....	<b>23</b>	38,980.	39,499.	28,455.	114,992.
<b>24</b> If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0- .....	<b>24</b>		0.	0.	
<b>25</b> Underpayment. If line 18 is equal to or more than line 23, subtract line 23 from line 18. Then go to line 20 of the next column. Otherwise, go to line 26 .....	<b>25</b>				
<b>26</b> Overpayment. If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column ...	<b>26</b>	20,580.	9,536.	11,072.	

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

<b>27</b> Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part IV, Section B - Figure the Penalty. Also include this amount on Form 1040, line 79; Form 1040A, line 51; Form 1040NR, line 76; Form 1040NR-EZ, line 26; or Form 1041, line 26. <b>Don't file Form 2210 unless you checked a box in Part II</b> .....	<b>27</b>				0.
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**Schedule AI - Annualized Income Installment Method** (See the instructions.)

Estates and trusts, <b>don't</b> use the period ending dates shown to the right. Instead, use the following: 2/28/17, 4/30/17, 7/31/17, and 11/30/17.	(a) 1/1/17 - 3/31/17	(b) 1/1/17 - 5/31/17	(c) 1/1/17 - 8/31/17	(d) 1/1/17 - 12/31/17
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**Part I Annualized Income Installments**

1 Enter your adjusted gross income for each period (see instructions). (Estates and trusts, enter your taxable income without your exemption for each period) .....	1	120,875.	241,918.	362,793.	833,583.
2 Annualization amounts. (Estates and trusts, see instructions) .....	2	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2 .....	3	483,500.	580,603.	544,190.	833,583.
4 If you itemize, enter itemized deductions for the period shown in each column. All others enter -0-, and skip to line 7. <b>Exception:</b> Estates and trusts, skip to line 9 and enter amount from line 3 .....	4	61,307.	100,965.	162,272.	234,727.
5 Annualization amounts .....	5	4	2.4	1.5	1
6 Multiply line 4 by line 5 (see instr. if line 3 is more than \$156,900) .....	6	245,228.	242,316.	243,408.	234,727.
7 In each column, enter the full amount of your standard deduction from Form 1040, line 40, or Form 1040A, line 24. (Form 1040NR or 1040NR-EZ filers, enter -0-. <b>Exception:</b> Indian students and business apprentices, see instructions.) .....	7	12,700.	12,700.	12,700.	12,700.
8 Enter the <b>larger</b> of line 6 or line 7 .....	8	245,228.	242,316.	243,408.	234,727.
9 Subtract line 8 from line 3 .....	9	238,272.	338,287.	300,782.	598,856.
10 In each column, multiply \$4,050 by the total number of exemptions claimed (see instructions if line 3 is more than \$156,900). (Estates, trusts, and Form 1040NR or 1040NR-EZ filers, see instructions.) .....	10	0.	0.	0.	0.
11 Subtract line 10 from line 9. If zero or less, enter -0- .....	11	238,272.	338,287.	300,782.	598,856.
12 Figure your tax on the amount on line 11 (see instructions) .....	12	34,848.	60,543.	50,472.	151,368.
13 Self-employment tax from line 34 (complete Part II below) .....	13	0.	0.	0.	0.
14 Enter other taxes for each payment period including, if applicable, Additional Medicare Tax and/or Net Investment Income Tax .....	14	47,314.	47,314.	47,314.	47,314.
15 Total tax. Add lines 12, 13, and 14 .....	15	82,162.	107,857.	97,786.	198,682.
16 For each period, enter the same type of credits as allowed on Form 2210, Part I, lines 1 and 3 (see instructions) .....	16	384.	384.	384.	384.
17 Subtract line 16 from line 15. If zero or less, enter -0- .....	17	81,778.	107,473.	97,402.	198,298.
18 Applicable percentage .....	18	22.5%	45%	67.5%	90%
19 Multiply line 17 by line 18 .....	19	18,400.	48,363.	65,746.	178,468.
<i>Complete lines 20-25 of one column before going to line 20 of the next column.</i>					
20 Enter the total of the amounts in all previous columns of line 25 .....	20		18,400.	48,363.	65,746.
21 Subtract line 20 from line 19. If zero or less, enter -0- .....	21	18,400.	29,963.	17,383.	112,722.
22 Enter 25% (0.25) of line 9 on page 1 of Form 2210 in each column .....	22	44,610.	44,610.	44,611.	44,611.
23 Subtract line 25 of the previous column from line 24 of that column .....	23		26,210.	40,857.	68,085.
24 Add lines 22 and 23 .....	24	44,610.	70,820.	85,468.	112,696.
25 Enter the <b>smaller</b> of line 21 or line 24 here and on Form 2210, Part IV, line 18 .....	25	18,400.	29,963.	17,383.	112,696.

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

26 Net earnings from self-employment for the period (see instructions) .....	26				
27 Prorated social security tax limit .....	27	\$31,800	\$53,000	\$84,800	\$127,200
28 Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax. <b>Exception:</b> If you filed Form 4137 or Form 8919, see instructions .....	28				
29 Subtract line 28 from line 27. If zero or less, enter -0- .....	29				
30 Annualization amounts .....	30	0.496	0.2976	0.186	0.124
31 Multiply line 30 by the <b>smaller</b> of line 26 or line 29 .....	31				
32 Annualization amounts .....	32	0.116	0.0696	0.0435	0.029
33 Multiply line 26 by line 32 .....	33				
34 Add lines 31 and 33. Enter here and on line 13 above .....	34				

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on Form 1040

**Itemized Deductions**

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

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

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **07**

Your social security number

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

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions) .....	1	
2	Enter amount from Form 1040, line 38 ..... <b>2</b>	2	
3	Multiply line 2 by 7.5% (0.075) .....	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .....	4	
<b>Taxes You Paid</b>	<b>5 State and local (check only one box):</b>	5	
	a <input checked="" type="checkbox"/> Income taxes, or } <b>SEE STATEMENT 15</b>		73,886.
	b <input type="checkbox"/> General sales taxes }		
6	Real estate taxes (see instructions) .....	6	46,593.
7	Personal property taxes .....	7	
8	Other taxes. List type and amount ▶ .....	8	
9	Add lines 5 through 8 .....	9	120,479.
<b>Interest You Paid</b>	<b>10 Home mortgage interest and points reported to you on Form 1098 .....</b>	10	9,414.
	<b>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 ▶</b>	11	
<b>Note:</b> Your mortgage interest deduction may be limited (see instructions).	<b>12 Points not reported to you on Form 1098. See instructions for special rules .....</b>	12	
	<b>13 Mortgage insurance premiums (see instructions) .....</b>	13	
	<b>14 Investment interest. Attach Form 4952 if required. See instructions <b>STMT 17</b></b>	14	2,092.
	<b>15 Add lines 10 through 14 .....</b>	15	11,506.
<b>Gifts to Charity</b>	<b>16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions .....</b>	16	16,823.
	<b>17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 .....</b>	17	30,451.
	<b>18 Carryover from prior year .....</b>	18	
	<b>19 Add lines 16 through 18 .....</b>	19	47,274.
	<b>20 Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions .....</b>	20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	<b>21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶</b>	21	
	<b>22 Tax preparation fees .....</b>	22	11,444.
	<b>23 Other expenses - investment, safe deposit box, etc. List type and amount ▶ <b>SEE STATEMENT 13</b></b>	23	25,229.
	<b>24 Add lines 21 through 23 .....</b>	24	36,673.
	<b>25 Enter amount from Form 1040, line 38 ..... <b>25</b> 833,583.</b>	25	
	<b>26 Multiply line 25 by 2% (0.02) .....</b>	26	16,672.
	<b>27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- .....</b>	27	20,001.
<b>Other Miscellaneous Deductions</b>	<b>28 Other - from list in instructions. List type and amount ▶ <b>SEE STATEMENT 14</b></b>	28	51,060.
<b>Total Itemized Deductions</b>	<b>29 Is Form 1040, line 38, over \$156,900?</b>	29	234,727.
	<input type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		
	<input checked="" type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
	<b>30 If you elect to itemize deductions even though they are less than your standard deduction, check here .....</b>		

**SCHEDULE B**  
**(Form 1040A or 1040)**

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

**Interest and Ordinary Dividends**

▶ Attach to Form 1040A or 1040.

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

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **08**

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

Your social security 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 the instructions and list this interest first. Also, show that buyer's social security number and address ▶
- AERODIRECT FUND III, LLC
  - CHARLES SCHWAB & CO., INC.
  - CIBC BANK USA
  - FROM K-1 - CD FAMILY INVESTMENT L.P.
  - FROM K-1 - CD FAMILY INVESTMENT L.P.
  - FROM K-1 - MDRJB PARTNERSHIP
  - FROM K-1 - QUESTEK INNOVATIONS LLC
  - FROM K-1 - AERODIRECT, INC.

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

- 2 Add the amounts on line 1
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

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

		Amount
1		5,000.
		2.
		28.
		1,671.
		22.
		92.
		4.
		279.
2		7,098.
3		
4		7,098.

**Part II**

**Ordinary Dividends**

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

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

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

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

		Amount
5		6,606.
		257.
		5,445.
		14,638.
		30,248.
		104.
		4,438.
		58.
		2,242.
		9,180.
6		73,216.

**Part III**

**Foreign Accounts and Trusts**

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

- 7a At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶
- 8 During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

	Yes	No
7a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>

727501 10-25-17

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

Schedule B (Form 1040A or 1040) 2017

## Interest and Dividend Summary

Name: BRADLEY S. SCHNEIDER & JULIE R. DANN

FEIN/SSN: [REDACTED]

Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends	Capital Gain Distributions	Federal Income Tax Withheld	State Tax Withheld	Foreign Tax Paid
AERODIRECT FUND III, LLC	5,000.										
M FINANCIAL HOLDINGS INCORPORATED						6,606.	6,606.				
CHARLES SCHWAB & CO., INC.						257.	257.				
NATIONAL FINANCIAL SERVICES - 6128			24.			5,445.	2,176.	2,372.			40.
NATIONAL FINANCIAL SERVICES - 1016			424.			14,638.	9,946.	20,020.			95.
NATIONAL FINANCIAL SERVICES - 1778			1,299.			30,248.	12,289.	7,190.			69.
NFS - TAX EXEMPT FEES			-174.								
CHARLES SCHWAB & CO., INC.	2.										
CIBC BANK USA	28.										
NFS - TAX EXEMPT FEES			-32.								
NFS - TAX EXEMPT FEES			-7.								
FROM K-1 - SPAULDING ASSOCIATES, LTD.						104.	104.				
FROM K-1 - CD FAMILY INVESTMENT L.P.	1,671.					4,438.	3,123.				
FROM K-1 - CD FAMILY INVESTMENT L.P.	22.					58.	41.				
FROM K-1 - MDRJB PARTNERSHIP	92.					2,242.	2,242.				
FROM K-1 - QUESTEK INNOVATIONS LLC	4.										
FROM K-1 - AERODIRECT, INC.	279.					9,180.	9,180.				
<b>TOTALS</b>	<b>7,098.</b>		<b>1,552.</b>			<b>73,216.</b>	<b>45,964.</b>	<b>29,582.</b>			<b>204.</b>



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

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

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **09**

Name of proprietor

Social security number (SSN)

**BRADLEY S. SCHNEIDER**

B Enter code from instructions

524210

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

**INSURANCE SALES**

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

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

**DAVIS DANN ADLER SCHNEIDER, LLC**

E Business address (including suite or room no.)

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

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

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses  Yes  No

H If you started or acquired this business during 2017, check here  Yes  No

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)  Yes  No

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

**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	26,505.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	26,505.
4	Cost of goods sold (from line 42)	4	
5	<b>Gross profit.</b> Subtract line 4 from line 3	5	26,505.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	<b>Gross income.</b> Add lines 5 and 6	7	26,505.

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	28	36.	26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	26,469.	27 a	Other expenses (from line 48)	27a	36.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	<b>Reserved for future use</b>	27b	
31	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	31	26,469.	32a	<input type="checkbox"/> All investment is at risk.		
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			32b	<input type="checkbox"/> Some investment is not at risk.		

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

Schedule C (Form 1040) 2017



**SCHEDULE D  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

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

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **12**

Name(s) shown on return

Your social security number

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

**Part I Short-Term Capital Gains and Losses - 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)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....	22.	17.		5.
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....	1,476,809.	1,454,186.	13.	22,636.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .....			4	
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....			5	178.
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....			6	( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 .....			7	22,819.

**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)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....	48,406.	47,745.		661.
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....	34,382.	29,962.	95.	4,515.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....	13,410.	13,674.	5.	<259.>
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 .....			11	63,524.
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....			12	18,027.
<b>13</b> Capital gain distributions .....			13	29,582.
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....			14	( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on page 2 .....			15	116,050.

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

Schedule D (Form 1040) 2017

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result .....</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>	<b>16</b>	138,869.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet .....</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet <u>SEE STATEMENT 25</u> .....</p>	<b>19</b>	17,601.
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Don't</b> complete lines 21 and 22 below.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul>	<b>21</b>	( )
<p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p><b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>		



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

Social security number or taxpayer identification no.

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

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

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are 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 <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	NATIONAL FINANCIAL SERVICES - 6128 - SEE ATTACHED			34,382.	29,962.	W	95.	4,515.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶				34,382.	29,962.		95.	4,515.

**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.

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

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **13**

Name(s) shown on return

Your social security number

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

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

**A** Did you make any payments in 2017 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** 1215 PARKSIDE LANE, 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	B	C
A 1		365		<input type="checkbox"/>
B				<input type="checkbox"/>
C				<input type="checkbox"/>

**Type of Property:**

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

Income:	Properties:	A	B	C
3 Rents received	3	23,390.		
4 Royalties received	4			
<b>Expenses:</b>				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	505.		
8 Commissions	8			
9 Insurance	9	2,330.		
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	17,678.		
17 Utilities	17			
18 Depreciation expense or depletion	18	9,246.		
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	29,759.		
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	-6,369.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	6,369.		
23a Total of all amounts reported on line 3 for all rental properties	23a	23,390.		
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	29,759.		
24 <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses	24			
25 <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		6,369.	
26 <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			-6,369.

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

Schedule E (Form 1040) 2017

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

Your social security number

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

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

**Part II Income or Loss From Partnerships and S Corporations** Note: If you report a loss 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	SEE STATEMENT 26				
B					
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				
B				
C				
D				
29a	Totals	6,082.		322.
b	Totals	47,570.		
30	Add columns (g) and (j) of line 29a		30	6,404.
31	Add columns (f), (h), and (i) of line 29b		31	(47,570.)
32	<b>Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31. Enter the result here and include in the total on line 41 below		32	-41,166.

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

33	(a) Name	(b) Employer identification number
A	SEE STATEMENT 27	
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	<b>Total estate and trust income or (loss).</b> 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	<b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	-47,535.
42	<b>Reconciliation of farming and fishing income.</b> 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	<b>Reconciliation for real estate professionals.</b> 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**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough SPAULDING ASSOCIATES, LTD.

ID 36-2903456

SPOUSE

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....	2,688.							
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) .....	2,688.							2,688.
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) .....	2,688.							2,688.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income								
Other .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough SPAULDING ASSOCIATES, LTD.

ID 36-2903456

SPOUSE

PARTNERSHIP

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

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough CD FAMILY INVESTMENT L.P.

ID 36-3934185

SPOUSE

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....	-10,184.							
Rental real estate income (loss) .....	-1,823.							
Other net rental income (loss) .....	-89.							
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....	44.							
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....	-12,140.							-12,140.
First passive other .....	63.							63.
Second passive other .....	-554.							-554.
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....	98.							98.
Total Schedule E (page 2) .....	-12,533.							-12,533.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....	21,459.							21,459.
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....	176.							176.
Net long-term cap. gain (loss) .....	17,748.							17,748.
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....	98.							98.
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....	3.							3.
Deductions related to portfolio income	4,070.							4,070.
Other .....	691.							691.

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2017

SCHEDULE E

Name JULIE R. DANN

SSN/EIN [REDACTED]

Passthrough CD FAMILY INVESTMENT L.P.

ID 36-3934185

SPOUSE

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....	1,671.							1,671.
Interest from U.S. bonds .....								
Ordinary dividends .....	4,438.							4,438.
Qualified dividends .....	3,123.							3,123.
Tax-exempt interest income .....	18.							18.
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86	246.							246.
Adjusted gain or loss .....	-611.							-611.
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....	171.							171.
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 .....	21.							21.
Casualty and theft loss .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough GREENWAY APARTMENTS LIMITED PARTNERSHIP  
PARTNERSHIP

ID 74-3074463

SPOUSE

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....								
Rental real estate income (loss) .....	252.							
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) .....	252.							252.
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) .....	252.							252.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income								
Other .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough GREENWAY APARTMENTS LIMITED PARTNERSHIP  
PARTNERSHIP

ID 74-3074463

SPOUSE

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

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough CD FAMILY INVESTMENT L.P.

ID 36-3934185

SPOUSE

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....	-134.							
Rental real estate income (loss) .....	-24.							
Other net rental income (loss) .....	-1.							
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....	1.							
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....	-160.							-160.
First passive other .....	1.							1.
Second passive other .....	-7.							-7.
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....	1.							1.
Total Schedule E (page 2) .....	-165.							-165.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....	282.							282.
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....	2.							2.
Net long-term cap. gain (loss) .....	233.							233.
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....	1.							1.
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income	53.							53.
Other .....	9.							9.

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2017

SCHEDULE E

Name JULIE R. DANN

SSN/EIN [REDACTED]

Passthrough CD FAMILY INVESTMENT L.P.

ID 36-3934185

SPOUSE

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....	22.							22.
Interest from U.S. bonds .....								
Ordinary dividends .....	58.							58.
Qualified dividends .....	41.							41.
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86 .....	3.							3.
Adjusted gain or loss .....	-8.							-8.
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages .....								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....	2.							2.
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**

2017

**SCHEDULE E**

Name BRADLEY S. SCHNEIDER & JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough MDRJB PARTNERSHIP  
PARTNERSHIP

ID 20-8575774

JOINT

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....	-6,730.							
Rental real estate income (loss) .....	-28,043.							
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) .....	-34,773.							-34,773.
First passive other .....								
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....	223.							223.
Total Schedule E (page 2) .....	-34,550.							-34,550.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....	41,783.							41,783.
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....	46.							46.
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A	364.							364.
Other net investment income .....	223.							223.
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....	3.							3.
Deductions related to portfolio income	1,172.							1,172.
Other .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2017

**SCHEDULE E**

Name BRADLEY S. SCHNEIDER & JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough MDRJB PARTNERSHIP  
PARTNERSHIP

ID 20-8575774

JOINT

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....	92.							92.
Interest from U.S. bonds .....								
Ordinary dividends .....	2,242.							2,242.
Qualified dividends .....	2,242.							2,242.
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86	5,971.							5,971.
Adjusted gain or loss .....	-1,540.							-1,540.
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

**Passthrough** ENCLAVE AT WINGHAVEN UI, LLC

ID 20-5845867

SPOUSE

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....								
Rental real estate income (loss) .....	2,301.							
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) .....	2,301.							2,301.
First passive other .....	-180.							-180.
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....								
Total Schedule E (page 2) .....	2,121.							2,121.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income								
Other .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough ENCLAVE AT WINGHAVEN UI, LLC

ID 20-5845867

SPOUSE

PARTNERSHIP

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

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough QUESTEK INNOVATIONS LLC

ID 36-4116425

SPOUSE

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....	578.							
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 .....	181.							
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....	397.							397.
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) .....	397.							397.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....	12.							12.
Deductions related to portfolio income								
Other .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough QUESTEK INNOVATIONS LLC

ID 36-4116425

SPOUSE

PARTNERSHIP

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

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

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

SPOUSE

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

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

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

SPOUSE

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

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2017

**SCHEDULE E**

Name BRADLEY S. SCHNEIDER & JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough AERODIRECT FUND III, LLC

ID 90-0934844

JOINT

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....	107.							
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) .....	107.							107.
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) .....	107.							107.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income								
Other .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2017

**SCHEDULE E**

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

**SSN/EIN** XXXXXXXXXX

**Passthrough** AERODIRECT FUND III, LLC

**ID** 90-0934844

**JOINT**

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....								
Interest from U.S. bonds .....								
Ordinary dividends .....								
Qualified dividends .....								
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86	14.							14.
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

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

SPOUSE

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

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

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

SPOUSE

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

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

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

SPOUSE

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

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

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

SPOUSE

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

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

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

SPOUSE

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

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

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

SPOUSE

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

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

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

SPOUSE

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

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

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

SPOUSE

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

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2017

**SCHEDULE E**

Name JULIE R. DANN

SSN/EIN XXXXXXXXXX

Passthrough AERODIRECT, INC.

ID 36-4052510

SPOUSE

S CORPORATION

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....	517.							
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) .....	517.							517.
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) .....	517.							517.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....	52.							52.
Deductions related to portfolio income								
Other .....								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2017

SCHEDULE E

Name JULIE R. DANN

SSN/EIN [REDACTED]

Passthrough AERODIRECT, INC.  
S CORPORATION

ID 36-4052510

SPOUSE

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....	279.							279.
Interest from U.S. bonds .....								
Ordinary dividends .....	9,180.							9,180.
Qualified dividends .....	9,180.							9,180.
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86	43.							43.
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								

2017 DEPRECIATION AND AMORTIZATION REPORT

RESIDENTIAL RESIDENCE - 1215 PARKSIDE

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.	142,157.		9,246.	151,403.
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.	144,088.		9,246.	153,334.

Form **1116**

Department of the Treasury  
Internal Revenue Service (99)

**Foreign Tax Credit**

(Individual, Estate, or Trust)

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

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

OMB No. 1545-0121

**2017**

Attachment  
Sequence No. **19**

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

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

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

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

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

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
<b>g Enter the name of the foreign country or U.S. possession</b> ▶ OTHER COUNTRIES				
<b>1a</b> Gross income from sources within country shown above and of the type checked above:				
	2,440.			1a 2,440.
<b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement) <b>SEE STATEMENT 29</b>	11.			
<b>3</b> Pro rata share of other deductions <b>not definitely related:</b>				
<b>a</b> Certain itemized deductions or standard deduction	179,508.			
<b>b</b> Other deductions (attach statement)				
<b>c</b> Add lines 3a and 3b	179,508.			
<b>d</b> Gross foreign source income	3,540.			
<b>e</b> Gross income from all sources	884,947.			
<b>f</b> Divide line 3d by line 3e	.00400			
<b>g</b> Multiply line 3c by line 3f	718.			
<b>4</b> Pro rata share of interest expense:				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
<b>b</b> Other interest expense				
<b>5</b> Losses from foreign sources				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5	729.			6 729.
<b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 1,711.

**Part II Foreign Taxes Paid or Accrued** **SEE STATEMENT 28**

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued						(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency			In U.S. dollars				
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends		
<b>A</b>						204.		73.	277.
<b>B</b>									
<b>C</b>									
<b>8</b> Add lines A through C, column (s). Enter the total here and on line 9, page 2									8 277.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2017)

**Part III Figuring the Credit**

<b>9</b> Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....	<b>9</b>	277.	
<b>10</b> Carryback or carryover (attach detailed computation) .....	<b>10</b>		
<b>11</b> Add lines 9 and 10 .....	<b>11</b>	277.	
<b>12</b> Reduction in foreign taxes .....	<b>12</b>		
<b>13</b> Taxes reclassified under high tax kickout .....	<b>13</b>		
<b>14</b> Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit .....	<b>14</b>		277.
<b>15</b> Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I .....	<b>15</b>	1,711.	
<b>16</b> Adjustments to line 15 .....	<b>16</b>		
<b>17</b> Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) .....	<b>17</b>	1,711.	
<b>18</b> <b>Individuals:</b> Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption ..... <b>SEE STATEMENT 30</b>	<b>18</b>	516,620.	
<b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
<b>19</b> Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....	<b>19</b>		.00331
<b>20</b> <b>Individuals:</b> Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 .....	<b>20</b>		151,368.
<b>Caution:</b> If you are completing line 20 for separate category <b>e</b> (lump-sum distributions), see instructions.			
<b>21</b> Multiply line 20 by line 19 (maximum amount of credit) .....	<b>21</b>		501.
<b>22</b> Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV .....	<b>22</b>		277.

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

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

# General Business Credit

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

BRADLEY S. SCHNEIDER & JULIE R. DANN

Identifying number  
XXXXXXXXXX

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

1	General business credit from line 2 of all Parts III with box A checked		1	
2	Passive activity credits from line 2 of all Parts III with box B checked	2		
3	Enter the applicable passive activity credits allowed for 2017. See instructions		3	
4	Carryforward of general business credit to 2017. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach		4	
5	Carryback of general business credit from 2018. Enter the amount from line 2 of Part III with box D checked		5	
6	Add lines 1, 3, 4, and 5		6	

**Part II Allowable Credit**

7	Regular tax before credits: <ul style="list-style-type: none"> <li>Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44</li> <li>Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return</li> <li>Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return</li> </ul>		7	151,368.
8	Alternative minimum tax: <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 35</li> <li>Corporations. Enter the amount from Form 4626, line 14</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56</li> </ul>		8	34,161.
9	Add lines 7 and 8		9	185,529.
10a	Foreign tax credit	10a	277.	
b	Certain allowable credits (see instructions)	10b		
c	Add lines 10a and 10b	10c	277.	
11	<b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16		11	185,252.
12	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0-	12	151,091.	
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see instructions)	13	31,523.	
14	Tentative minimum tax: <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 33</li> <li>Corporations. Enter the amount from Form 4626, line 12</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54</li> </ul>	14	185,252.	
15	Enter the greater of line 13 or line 14		15	185,252.
16	Subtract line 15 from line 11. If zero or less, enter -0-		16	0.
17	Enter the <b>smaller</b> of line 6 or line 16 <b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.		17	0.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2017)

**Part II Allowable Credit** (Continued)

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

18	Multiply line 14 by 75% (0.75). See instructions .....	18	
19	Enter the greater of line 13 or line 18 .....	19	
20	Subtract line 19 from line 11. If zero or less, enter -0- .....	20	
21	Subtract line 17 from line 20. If zero or less, enter -0- .....	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked .....	22	
23	Passive activity credit from line 3 of all Parts III with box B checked .....	23	
24	Enter the applicable passive activity credit allowed for 2017. See instructions .....	24	
25	Add lines 22 and 24 .....	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 .....	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0- .....	27	153,729.
28	Add lines 17 and 26 .....	28	
29	Subtract line 28 from line 27. If zero or less, enter -0- .....	29	153,729.
30	Enter the general business credit from line 5 of all Parts III with box A checked .....	30	
31	Reserved .....	31	
32	Passive activity credits from line 5 of all Parts III with box B checked .....	32	107.
33	Enter the applicable passive activity credits allowed for 2017. See instructions .....	33	107.
34	Carryforward of business credit to 2017. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach .....	34	
35	Carryback of business credit from 2018. Enter the amount from line 5 of Part III with box D checked. See instructions .....	35	
36	Add lines 30, 33, 34, and 35 .....	36	107.
37	Enter the <b>smaller</b> of line 29 or line 36 .....	37	107.
38	<b>Credit allowed for the current year.</b> Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> <li>• Individuals. Form 1040, line 54, or Form 1040NR, line 51 .....</li> <li>• Corporations. Form 1120, Schedule J, Part I, line 5c .....</li> <li>• Estates and trusts. Form 1041, Schedule G, line 2b .....</li> </ul>	38	107.

Name(s) shown on return

Identifying number

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

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

Complete a separate Part III for each box checked below (see instructions).

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

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

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

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765) <span style="float: right;">STMT 31</span>	4i	107.
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	107.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	107.

Name(s) shown on return

Identifying number

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

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

Complete a separate Part III for each box checked below (see instructions).

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

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

(a) Description of credit	(b)	(c)
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	36-3934185
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	21.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	21.

Name(s) shown on return

Identifying number

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

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

Complete a separate Part III for each box checked below (see instructions).

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

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

(a) Description of credit	(b)	(c)
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	36-4116425
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	86.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	86.

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

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

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

Identifying number  
XXXXXXXXXX

1 Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 **1**

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 32						<b>63,524.</b>

3	Gain, if any, from Form 4684, line 39	<b>3</b>
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	<b>4</b>
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	<b>5</b>
6	Gain, if any, from line 32, from other than casualty or theft	<b>6</b>
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	<b>7</b> <b>63,524.</b>

**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	<b>8</b>
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	<b>9</b>

**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	<b>11</b> ( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	<b>12</b>
13	Gain, if any, from line 31	<b>13</b>
14	Net gain or (loss) from Form 4684, lines 31 and 38a	<b>14</b>
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	<b>15</b>
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	<b>16</b>
17	Combine lines 10 through 16	<b>17</b>
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	<b>18a</b>
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	<b>18b</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2017)

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

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

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

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

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

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

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

Your social security number

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

**Part I Alternative Minimum Taxable Income**

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	598,856.
2	Reserved for future use	2	
3	Taxes from Schedule A (Form 1040), line 9	3	120,479.
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	20,001.
6	If Form 1040, line 38, is \$156,900 or less, enter -0-. Otherwise, see instructions	6	-15,593.
7	Tax refund from Form 1040, line 10 or line 21	7	-2,652.
8	Investment interest expense (difference between regular tax and AMT)	8	
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) <b>SEE STATEMENT 33</b>	19	4,118.
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	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450, see instructions.)	28	725,209.

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

29	Exemption. (If you were under age 24 at the end of 2017, see instructions.)																
	<table border="0"> <tr> <td><b>IF your filing status is...</b></td> <td><b>AND line 28 is not over...</b></td> <td><b>THEN enter on line 29...</b></td> <td></td> </tr> <tr> <td>Single or head of household</td> <td>\$120,700</td> <td>\$54,300</td> <td rowspan="3">}</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er)</td> <td>160,900</td> <td>84,500</td> </tr> <tr> <td>Married filing separately</td> <td>80,450</td> <td>42,250</td> </tr> </table>	<b>IF your filing status is...</b>	<b>AND line 28 is not over...</b>	<b>THEN enter on line 29...</b>		Single or head of household	\$120,700	\$54,300	}	Married filing jointly or qualifying widow(er)	160,900	84,500	Married filing separately	80,450	42,250	29	0.
<b>IF your filing status is...</b>	<b>AND line 28 is not over...</b>	<b>THEN enter on line 29...</b>															
Single or head of household	\$120,700	\$54,300	}														
Married filing jointly or qualifying widow(er)	160,900	84,500															
Married filing separately	80,450	42,250															
	If line 28 is <b>over</b> 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	725,209.														
31	<ul style="list-style-type: none"> <li>If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>If you reported capital gain distributions directly on 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.</li> <li><b>All others:</b> If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result.</li> </ul>	31	185,529.														
32	Alternative minimum tax foreign tax credit (see instructions)	32	277.														
33	Tentative minimum tax. Subtract line 32 from line 31	33	185,252.														
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	151,091.														
35	<b>AMT.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	34,161.														

**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	725,209.
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	144,413.
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	17,601.
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 <b>smaller</b> 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	162,014.
40	Enter the <b>smaller</b> of line 36 or line 39	40	162,014.
41	Subtract line 40 from line 36	41	563,195.
42	If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	42	153,939.
43	Enter: <ul style="list-style-type: none"> <li>• \$75,900 if married filing jointly or qualifying widow(er),</li> <li>• \$37,950 if single or married filing separately, or</li> <li>• \$50,800 if head of household.</li> </ul>	43	75,900.
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	454,443.
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	0.
46	Enter the <b>smaller</b> of line 36 or line 37	46	144,413.
47	Enter the <b>smaller</b> of line 45 or line 46. This amount is taxed at 0%	47	0.
48	Subtract line 47 from line 46	48	144,413.
49	Enter: <ul style="list-style-type: none"> <li>• \$418,400 if single</li> <li>• \$235,350 if married filing separately</li> <li>• \$470,700 if married filing jointly or qualifying widow(er)</li> <li>• \$444,550 if head of household</li> </ul>	49	470,700.
50	Enter the amount from line 45	50	0.
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	436,842.
52	Add line 50 and line 51	52	436,842.
53	Subtract line 52 from line 49. If zero or less, enter -0-	53	33,858.
54	Enter the smaller of line 48 or line 53	54	33,858.
55	Multiply line 54 by 15% (0.15)	55	5,079.
56	Add lines 47 and 54	56	33,858.
<b>If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.</b>			
57	Subtract line 56 from line 46	57	110,555.
58	Multiply line 57 by 20% (0.20)	58	22,111.
<b>If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.</b>			
59	Add lines 41, 56, and 57	59	707,608.
60	Subtract line 59 from line 36	60	17,601.
61	Multiply line 60 by 25% (0.25)	61	4,400.
62	Add lines 42, 55, 58, and 61	62	185,529.
63	If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	63	199,303.
64	Enter the <b>smaller</b> 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	185,529.

**ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT**

Name(s) <b>BRADLEY S. SCHNEIDER &amp; JULIE R. DANN</b>	Social Security Number <div style="background-color: black; width: 100px; height: 15px;"></div>
--	--

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
4797	CD FAMILY INVESTMENT L						
	.P.						
	* REGULAR INCOME	21,459.					
	* AMT NET INCOME	21,459.					
4797	CD FAMILY INVESTMENT L						
	.P.						
	* REGULAR INCOME	282.					
	* AMT NET INCOME	282.					
4797	MDRJB PARTNERSHIP						
	* REGULAR INCOME	41,783.					
	* AMT NET INCOME	41,783.					
D-	MDRJB PARTNERSHIP						
	* REGULAR INCOME	46.					
	* AMT NET INCOME	46.					
K1-	SPAULDING ASSOCIATES, LTD.						
	* REGULAR INCOME	2,688.					
	* AMT NET INCOME	2,688.					

**ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT**

Name(s) <b>BRADLEY S. SCHNEIDER &amp; JULIE R. DANN</b>	Social Security Number <div style="background-color: black; width: 100px; height: 15px;"></div>
--	--

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	CD FAMILY INVESTMENT L .P.						
	* REGULAR INCOME	-12,631.					
	AMT ADJUSTMENTS	-365.			-365.		
	* AMT NET INCOME	-12,996.			-365.		
K1-	GREENWAY APARTMENTS LI MITED PARTNERSHIP						
	* REGULAR INCOME	252.					
	* AMT NET INCOME	252.					
K1-	CD FAMILY INVESTMENT L .P.						
	* REGULAR INCOME	-166.					
	AMT ADJUSTMENTS	-5.			-5.		
	* AMT NET INCOME	-171.			-5.		
K1-	MDRJB PARTNERSHIP						
	* REGULAR INCOME	-34,773.					
	AMT ADJUSTMENTS	4,431.			4,431.		
	* AMT NET INCOME	-30,342.			4,431.		
K1-	ENCLAVE AT WINGHAVEN U I, LLC						
	* REGULAR INCOME	2,121.					
	* AMT NET INCOME	2,121.					

**ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT**

Name(s) <b>BRADLEY S. SCHNEIDER &amp; JULIE R. DANN</b>	Social Security Number <div style="background-color: black; width: 100px; height: 15px;"></div>
--	--

Form Name	Description	Income	Adjustment					
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	
K1-	QUESTEK INNOVATIONS LLC							
	* REGULAR INCOME	397.						
	* AMT NET INCOME	397.						
K1-	AERODIRECT FUND III, LLC							
	* REGULAR INCOME	107.						
	AMT ADJUSTMENTS	14.			14.			
	* AMT NET INCOME	121.			14.			
K1-	AERODIRECT, INC.							
	* REGULAR INCOME	517.						
	AMT ADJUSTMENTS	43.			43.			
	* AMT NET INCOME	560.			43.			
C-	DAVIS DANN ADLER SCHNEIDER, LLC							
	* REGULAR INCOME	26,469.						
	* AMT NET INCOME	26,469.						
E-	RESIDENTIAL RESIDENCE - 1215 PARKSIDE LANE,							
	* REGULAR INCOME	-6,369.						
	* AMT NET INCOME	-6,369.						
	<b>** TOTAL ADJ &amp; PREF **</b>				<b>4,118.</b>			



**ALTERNATIVE MINIMUM TAX  
Foreign Tax Credit**

(Individual, Estate, or Trust)

OMB No. 1545-0121

Form **1116**

Department of the Treasury  
Internal Revenue Service (99)

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

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

**2017**  
Attachment  
Sequence No. **19**

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

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

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

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

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
<b>g</b> Enter the name of the foreign country or U.S. possession	<b>OTHER COUNTRIES</b>			
<b>1a</b> Gross income from sources within country shown above and of the type checked above:				
	2,905.			2,905.
<b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement)	11.			
<b>3</b> Pro rata share of other deductions <b>not definitely related:</b>				
<b>a</b> Certain itemized deductions or standard deduction	51,060.			
<b>b</b> Other deductions (attach statement)				
<b>c</b> Add lines 3a and 3b	51,060.			
<b>d</b> Gross foreign source income	3,540.			
<b>e</b> Gross income from all sources	882,295.			
<b>f</b> Divide line 3d by line 3e	.00401			
<b>g</b> Multiply line 3c by line 3f	205.			
<b>4</b> Pro rata share of interest expense:				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
<b>b</b> Other interest expense				
<b>5</b> Losses from foreign sources				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5	216.			216.
<b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				2,689.

**Part II Foreign Taxes Paid or Accrued**

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:				(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest	
<b>A</b>						204.			73.	277.
<b>B</b>										
<b>C</b>										
<b>8</b> Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶										277.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2017)

ALTERNATIVE MINIMUM TAX

**Part III Figuring the Credit**

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....	9	277.	
10	Carryback or carryover (attach detailed computation) .....	10		
11	Add lines 9 and 10 .....	11	277.	
12	Reduction in foreign taxes .....	12		
13	Taxes reclassified under high tax kickout .....	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit .....	14		277.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I .....	15	2,689.	
16	Adjustments to line 15 .....	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) .....	17	2,689.	
18	<b>Individuals:</b> Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption ..... <b>SEE STATEMENT 34</b>	18	676,018.	
19	<b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....	19		.00398
20	<b>Individuals:</b> Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 .....	20		185,529.
21	<b>Caution:</b> If you are completing line 20 for separate category e (lump-sum distributions), see instructions. Multiply line 20 by line 19 (maximum amount of credit) .....	21		738.
22	Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV .....	22		277.

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

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

**SCHEDULE H  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Household Employment Taxes**

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

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

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

OMB No. 1545-1971

**2017**  
Attachment  
Sequence No. **44**

Name of employer

**BRADLEY S. SCHNEIDER**

Social security number

Employer identification number

**45-1994229**

Calendar year taxpayers having no household employees in 2017 don't have to complete this form for 2017.

**A** Did you pay **any one** household employee cash wages of \$2,000 or more in 2017? (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 2017 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 2016 or 2017 to **all** household employees? (**Don't** count cash wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.)

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

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

<b>1</b>	Total cash wages subject to social security tax .....	<b>1</b>	<b>38,500.</b>	
<b>2</b>	Social security tax. Multiply line 1 by 12.4% (0.124) .....	<b>2</b>		<b>4,774.</b>
<b>3</b>	Total cash wages subject to Medicare tax .....	<b>3</b>	<b>38,500.</b>	
<b>4</b>	Medicare tax. Multiply line 3 by 2.9% (0.029) .....	<b>4</b>		<b>1,117.</b>
<b>5</b>	Total cash wages subject to Additional Medicare Tax withholding .....	<b>5</b>		
<b>6</b>	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009) .....	<b>6</b>		
<b>7</b>	Federal income tax withheld, if any .....	<b>7</b>		<b>1,455.</b>
<b>8</b>	<b>Total social security, Medicare, and federal income taxes.</b> Add lines 2, 4, 6, and 7 .....	<b>8</b>		<b>7,346.</b>

**9** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2016 or 2017 to **all** household employees? (**Don't** count cash wages paid in 2016 or 2017 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.

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

	Yes	No
<b>10</b> Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No." .....	<b>X</b>	
<b>11</b> Did you pay all state unemployment contributions for 2017 by April 17, 2018? Fiscal year filers, see instructions .....	<b>X</b>	
<b>12</b> Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? .....	<b>X</b>	

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

**Section A**

<b>13</b> Name of the state where you paid unemployment contributions .....	<b>IL</b>	
<b>14</b> Contributions paid to your state unemployment fund .....	<b>14</b> 71.	
<b>15</b> Total cash wages subject to FUTA tax .....	<b>15</b>	7,000.
<b>16</b> FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25 .....	<b>16</b>	42.

**Section B**

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

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

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

**Part III Total Household Employment Taxes**

<b>25</b> Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0- .....	<b>25</b>	7,346.
<b>26</b> Add line 16 (or line 24) and line 25 .....	<b>26</b>	7,388.

**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 \_\_\_\_\_

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

# Nondeductible IRAs

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

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

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

**JULIE R. DANN**

Your social security number

[REDACTED]

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

Home address (number and street, or P.O. box if mail is not delivered to your home)		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below.		If this is an amended return, check here <input type="checkbox"/>
Foreign country name	Foreign province/state/county	Foreign postal code

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

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

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

<b>1</b> Enter your nondeductible contributions to traditional IRAs for 2017, including those made for 2017 from January 1, 2018, through April 17, 2018. See instructions .....	<b>1</b>									
<b>2</b> Enter your total basis in traditional IRAs. See instructions .....	<b>2</b>	<b>210,174.</b>								
<b>3</b> Add lines 1 and 2 .....	<b>3</b>	<b>210,174.</b>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>In 2017, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?</b></td> <td style="width: 10%; text-align: center;"><b>No</b></td> <td style="width: 10%; text-align: center;">▶</td> <td style="width: 50%;">Enter the amount from line 3 on line 14. Do not complete the rest of Part I.</td> </tr> <tr> <td></td> <td style="text-align: center;"><b>Yes</b></td> <td style="text-align: center;">▶</td> <td>Go to line 4.</td> </tr> </table>			<b>In 2017, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?</b>	<b>No</b>	▶	Enter the amount from line 3 on line 14. Do not complete the rest of Part I.		<b>Yes</b>	▶	Go to line 4.
<b>In 2017, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?</b>	<b>No</b>	▶	Enter the amount from line 3 on line 14. Do not complete the rest of Part I.							
	<b>Yes</b>	▶	Go to line 4.							
<b>4</b> Enter those contributions included on line 1 that were made from January 1, 2018, through April 17, 2018 .....	<b>4</b>									
<b>5</b> Subtract line 4 from line 3 .....	<b>5</b>									
<b>6</b> Enter the value of <b>all</b> your traditional, SEP, and SIMPLE IRAs as of December 31, 2017, plus any outstanding rollovers. Subtract any repayments of qualified disaster distributions (see 2017 Forms 8915A and 8915B). If the result is zero or less, enter -0-. See instructions .....	<b>6</b>									
<b>7</b> Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2017. <b>Do not</b> include rollovers (other than repayments of qualified disaster distributions (see 2017 Forms 8915A and 8915B)), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions) .....	<b>7</b>									
<b>8</b> Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2017. <b>Do not</b> include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16 .....	<b>8</b>									
<b>9</b> Add lines 6, 7, and 8 .....	<b>9</b>									
<b>10</b> Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000" .....	<b>10</b>	x								
<b>11</b> Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17 .....	<b>11</b>									
<b>12</b> Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA .....	<b>12</b>									
<b>13</b> Add lines 11 and 12. This is the nontaxable portion of all your distributions .....	<b>13</b>									
<b>14</b> Subtract line 13 from line 3. This is <b>your total basis in traditional IRAs for 2017 and earlier years</b> .....	<b>14</b>	<b>210,174.</b>								
<b>15 a</b> Subtract line 12 from line 7 .....	<b>15a</b>									
<b>b</b> Enter the amount on line 15a attributable to qualified disaster distributions from 2017 Forms 8915A and 8915B. Also, enter this amount on 2017 Form 8915A, line 22, or 2017 Form 8915B, line 13, as applicable .....	<b>15b</b>									
<b>c Taxable amount.</b> Subtract line 15b from line 15a. If more than zero, also include this amount on 2017 Form 1040, line 15b; 2017 Form 1040A, line 11b; or 2017 Form 1040NR, line 16b .....	<b>15c</b>									
<b>Note:</b> You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59 1/2 at the time of the distribution. See instructions.										

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

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

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

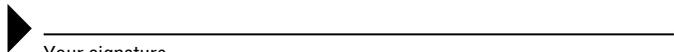
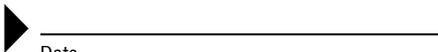
**Part III Distributions From Roth IRAs**

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

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

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

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

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

## Investment Interest Expense Deduction

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

Name(s) shown on return

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

Identifying number

[REDACTED]

**Part I Total Investment Interest Expense**

1 Investment interest expense paid or accrued in 2017 (see instructions) ..... <b>SEE STATEMENT 35</b>	1	2,092.
2 Disallowed investment interest expense from 2016 Form 4952, line 7 .....	2	
<b>3 Total investment interest expense.</b> Add lines 1 and 2 .....	<b>3</b>	<b>2,092.</b>

**Part II Net Investment Income**

4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) ..... <b>STMT 36</b>	4a	80,640.		
b Qualified dividends included on line 4a .....	4b	45,964.		
c Subtract line 4b from line 4a .....	4c			34,676.
d Net gain from the disposition of property held for investment ..... <b>STMT 37</b>	4d	75,299.		
e Enter the <b>smaller</b> of line 4d or your net capital gain from the disposition of property held for investment (see instructions) ..... <b>STMT 38</b>	4e	52,480.		
f Subtract line 4e from line 4d .....	4f			22,819.
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			57,495.
5 Investment expenses (see instructions) ..... <b>SEE STATEMENT 39</b>	5			20,019.
<b>6 Net investment income.</b> Subtract line 5 from line 4h. If zero or less, enter -0- .....	<b>6</b>			<b>37,476.</b>

**Part III Investment Interest Expense Deduction**

7 Disallowed investment interest expense to be carried forward to 2018. Subtract line 6 from line 3. If zero or less, enter -0- .....	7	0.
<b>8 Investment interest expense deduction.</b> Enter the <b>smaller</b> of line 3 or 6. See instructions ..... <b>STMT 40</b>	<b>8</b>	<b>2,092.</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

ALTERNATIVE MINIMUM TAX

Form **4952**

**Investment Interest Expense Deduction**

OMB No. 1545-0191

Department of the Treasury  
Internal Revenue Service (99)

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

**2017**  
Attachment  
Sequence No. **51**

Name(s) shown on return

Identifying number

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

**Part I Total Investment Interest Expense**

<b>1</b>	Investment interest expense paid or accrued in 2017 (see instructions) ..... <b>SEE STATEMENT 41</b>	<b>1</b>	<b>2,092.</b>
<b>2</b>	Disallowed investment interest expense from 2016 Form 4952, line 7 .....	<b>2</b>	
<b>3</b>	<b>Total investment interest expense.</b> Add lines 1 and 2 .....	<b>3</b>	<b>2,092.</b>

**Part II Net Investment Income**

<b>4a</b>	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) .....	<b>4a</b>	<b>80,640.</b>	
<b>4b</b>	Qualified dividends included on line 4a .....	<b>4b</b>	<b>45,964.</b>	
<b>4c</b>	Subtract line 4b from line 4a .....	<b>4c</b>	<b>34,676.</b>	
<b>4d</b>	Net gain from the disposition of property held for investment .....	<b>4d</b>	<b>75,299.</b>	
<b>4e</b>	Enter the <b>smaller</b> of line 4d or your net capital gain from the disposition of property held for investment (see instructions) .....	<b>4e</b>	<b>52,480.</b>	
<b>4f</b>	Subtract line 4e from line 4d .....	<b>4f</b>	<b>22,819.</b>	
<b>4g</b>	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions) .....	<b>4g</b>		
<b>4h</b>	Investment income. Add lines 4c, 4f, and 4g .....	<b>4h</b>	<b>57,495.</b>	
<b>5</b>	Investment expenses (see instructions) .....	<b>5</b>	<b>16.</b>	
<b>6</b>	<b>Net investment income.</b> Subtract line 5 from line 4h. If zero or less, enter -0- .....	<b>6</b>	<b>57,479.</b>	

**Part III Investment Interest Expense Deduction**

<b>7</b>	Disallowed investment interest expense to be carried forward to 2018. Subtract line 6 from line 3. If zero or less, enter -0- .....	<b>7</b>	<b>0.</b>
<b>8</b>	<b>Investment interest expense deduction.</b> Enter the <b>smaller</b> of line 3 or 6. See instructions .....	<b>8</b>	<b>2,092.</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4952** (2017)

REGULAR FORM 4952, LINE 8	2,092.
LESS RECOMPUTED FORM 4952, LINE 8	2,092.
INTEREST ADJUSTMENT - FORM 6251, LINE 8	

# Health Savings Accounts (HSAs)

▶ Attach to Form 1040 or Form 1040NR.

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

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

**JULIE R. DANN**

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

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) .....	▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) .....		2	
3	If you were under age 55 at the end of 2017, and on the first day of <b>every</b> month during 2017, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,400 (\$6,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter .....		3	6,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs .....		4	
5	Subtract line 4 from line 3. If zero or less, enter -0- .....		5	6,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter .....		6	6,750.
7	If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions) .....		7	1,000.
8	Add lines 6 and 7 .....		8	7,750.
9	Employer contributions made to your HSAs for 2017 .....	9	7,419.	
10	Qualified HSA funding distributions .....	10		
11	Add lines 9 and 10 .....	11	7,419.	
12	Subtract line 11 from line 8. If zero or less, enter -0- .....	12	331.	
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25 .....	13		
<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax (see instructions).				

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

14a	Total distributions you received in 2017 from all HSAs (see instructions) .....	14a	5,322.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) .....	14b	
c	Subtract line 14b from line 14a .....	14c	5,322.
15	Qualified medical expenses paid using HSA distributions (see instructions) .....	15	5,322.
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount .....	16	0.
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here .....		<input type="checkbox"/>
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box .....	17b	

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

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

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

Form **8889** (2017)

### Additional Medicare Tax

Department of the Treasury  
Internal Revenue Service

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

2017

Attachment  
Sequence No. 71

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

**Part I Additional Medicare Tax on Medicare Wages**

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 .....	1	440,052.		
2 Unreported tips from Form 4137, line 6 .....	2			
3 Wages from Form 8919, line 6 .....	3			
4 Add lines 1 through 3 .....	4	440,052.		
5 Enter the following amount for your filing status: Married filing jointly ..... \$250,000 Married filing separately ..... \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 .....	5	250,000.		
6 Subtract line 5 from line 4. If zero or less, enter -0- .....	6			190,052.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II .....	7			1,710.

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

8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.) .....	8			
9 Enter the following amount for your filing status: Married filing jointly ..... \$250,000 Married filing separately ..... \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 .....	9			
10 Enter the amount from line 4 .....	10			
11 Subtract line 10 from line 9. If zero or less, enter -0- .....	11			
12 Subtract line 11 from line 8. If zero or less, enter -0- .....	12			
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III .....	13			

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

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) .....	14			
15 Enter the following amount for your filing status: Married filing jointly ..... \$250,000 Married filing separately ..... \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 .....	15			
16 Subtract line 15 from line 14. If zero or less, enter -0- .....	16			
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV .....	17			

**Part IV Total Additional Medicare Tax**

18 Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V .....	18			1,710.
---	----	--	--	--------

**Part V Withholding Reconciliation**

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 .....	19	7,114.		
20 Enter the amount from line 1 .....	20	440,052.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages .....	21	6,381.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages .....	22			733.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) .....	23			
24 <b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) .....	24			733.

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

# 2017

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to your tax return.**

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

Attachment  
Sequence No. **72**

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

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

<b>1</b> Taxable interest (see instructions) .....		<b>1</b>	7,098.
<b>2</b> Ordinary dividends (see instructions) .....		<b>2</b>	73,216.
<b>3</b> Annuities (see instructions) .....		<b>3</b>	
<b>4a</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) .....	<b>4a</b>		-47,535.
<b>b</b> Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) .....	<b>4b</b>		
<b>c</b> Combine lines 4a and 4b .....		<b>4c</b>	-47,535.
<b>5a</b> Net gain or loss from disposition of property (see instructions) .....	<b>5a</b>		138,869.
<b>b</b> Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) .....	<b>5b</b>		
<b>c</b> Adjustment from disposition of partnership interest or S corporation stock (see instructions) .....	<b>5c</b>		
<b>d</b> Combine lines 5a through 5c .....		<b>5d</b>	138,869.
<b>6</b> Adjustments to investment income for certain CFCs and PFICs (see instructions) .....		<b>6</b>	
<b>7</b> Other modifications to investment income (see instructions) .....		<b>7</b>	2,109.
<b>SEE STATEMENT 42</b>			
<b>8</b> Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 .....		<b>8</b>	173,757.

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

<b>9a</b> Investment interest expenses (see instructions) .....	<b>9a</b>	2,092.	
<b>b</b> State, local, and foreign income tax (see instructions) .....	<b>9b</b>	44,945.	
<b>c</b> Miscellaneous investment expenses (see instructions) .....	<b>9c</b>	20,017.	
<b>d</b> Add lines 9a, 9b, and 9c .....			<b>9d</b> 67,054.
<b>10</b> Additional modifications (see instructions) .....			<b>10</b>
<b>11</b> Total deductions and modifications. Add lines 9d and 10 .....			<b>11</b> 67,054.

**Part III Tax Computation**

<b>12</b> Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0- .....		<b>12</b>	106,703.
<b>Individuals:</b>			
<b>13</b> Modified adjusted gross income (see instructions) .....	<b>13</b>	833,583.	
<b>14</b> Threshold based on filing status (see instructions) .....	<b>14</b>	250,000.	
<b>15</b> Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	583,583.	
<b>16</b> Enter the smaller of line 12 or line 15 .....			<b>16</b> 106,703.
<b>17</b> Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). <b>Enter here and include on your tax return</b> (see instructions) .....			<b>17</b> 4,055.
<b>Estates and Trusts:</b>			
<b>18a</b> Net investment income (line 12 above) .....	<b>18a</b>		
<b>b</b> Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) .....	<b>18b</b>		
<b>c</b> Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0- .....	<b>18c</b>		
<b>19a</b> Adjusted gross income (see instructions) .....	<b>19a</b>		
<b>b</b> Highest tax bracket for estates and trusts for the year (see instructions) .....	<b>19b</b>		
<b>c</b> Subtract line 19b from line 19a. If zero or less, enter -0- .....	<b>19c</b>		
<b>20</b> Enter the smaller of line 18c or line 19c .....			<b>20</b>
<b>21</b> Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). <b>Enter here and include on your tax return</b> (see instructions) .....			<b>21</b>

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

Form **8960** (2017)

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

ILLINOIS

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

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

<b>1</b> Taxable interest (Form 1040, line 8a; or Form 1041, line 1) .....	<b>1</b>	8,650.
<b>2</b> Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a) .....	<b>2</b>	73,216.
<b>3</b> Annuities from nonqualified plans .....	<b>3</b>	
<b>4a</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Form 1040, line 17; or Form 1041, line 5) .....	<b>4a</b>	-47,535.
<b>b</b> Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business .....	<b>4b</b>	
<b>c</b> Combine lines 4a and 4b .....	<b>4c</b>	-47,535.
<b>5a</b> Net gain or loss from disposition of property from Form 1040, combine lines 13 and 14; or from Form 1041, combine lines 4 and 7 .....	<b>5a</b>	138,869.
<b>b</b> Net gain or loss from disposition of property that is not subject to net investment income tax .....	<b>5b</b>	
<b>c</b> Adjustment from disposition of partnership interest or S corporation stock .....	<b>5c</b>	
<b>d</b> Combine lines 5a through 5c .....	<b>5d</b>	138,869.
<b>6</b> Changes in investment income for certain CFCs and PFICs .....	<b>6</b>	
<b>7</b> Other modifications to investment income .....	<b>7</b>	89.
<b>8</b> Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 .....	<b>8</b>	173,289.

**Part II State Income Tax Pro-ration for 2017 Income Tax Payments**

<b>9</b> State total income .....	<b>9</b>	592,413.
<b>10</b> State income tax payments for 2017 .....	<b>10</b>	26,761.
<b>11</b> 2017 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10 .....	<b>11</b>	7,828.

**Part III State Income Tax Pro-ration for 2016 Estimate Payments Made in 2017**

<b>12</b> State estimate payments for 2016 .....	<b>12</b>	2,500.
<b>13</b> Percent of state income taxes attributable to investment income for 2016 .....	<b>13</b>	.799517
<b>14</b> 2016 state estimate payments attributable to investment income. Line 12 times line 13 .....	<b>14</b>	1,999.

**Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2017**

<b>15</b> Balance of prior years tax plus extension payments paid in 2017 .....	<b>15</b>	51,000.
<b>16</b> Percent of state income taxes attributable to investment income for 2016 .....	<b>16</b>	.799517
<b>17</b> Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16 .....	<b>17</b>	40,775.

**Part V Reduction of State Tax Deduction**

<b>18</b> Reduction of state tax deduction .....	<b>18</b>	( 7,075.)
<b>19</b> Percent of state income taxes attributable to investment income for 2016 .....	<b>19</b>	.799517
<b>20</b> Reduction of state tax deduction attributable to investment income. Line 18 times line 19 .....	<b>20</b>	( 5,657.)

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

<b>21</b> Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2 .....	<b>21</b>	44,945.
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# Passive Activity Loss Limitations

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

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

Name(s) shown on return <b>BRADLEY S. SCHNEIDER &amp; JULIE R. DANN</b>	Identifying number <b>[REDACTED]</b>
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**Part I 2017 Passive Activity Loss** Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

<b>Rental Real Estate Activities With Active Participation</b> (For the definition of active participation, see <b>Special Allowance for Rental Real Estate Activities</b> in the instructions.)			
1a Activities with net income (enter the amount from Worksheet 1, column (a))	<b>1a</b>		
1b Activities with net loss (enter the amount from Worksheet 1, column (b))	<b>1b</b>	( 6,369. )	
1c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	<b>1c</b>	( )	
<b>d</b> Combine lines 1a, 1b, and 1c	<b>1d</b>	-6,369.	
<b>Commercial Revitalization Deductions From Rental Real Estate Activities</b>			
2a Commercial revitalization deductions from Worksheet 2, column (a)	<b>2a</b>	( )	
2b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	<b>2b</b>	( )	
<b>c</b> Add lines 2a and 2b	<b>2c</b>	( )	
<b>All Other Passive Activities</b>			
3a Activities with net income (enter the amount from Worksheet 3, column (a))	<b>3a</b>	96,121.	
3b Activities with net loss (enter the amount from Worksheet 3, column (b))	<b>3b</b>	( 47,570. )	
3c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	<b>3c</b>	( )	
<b>d</b> Combine lines 3a, 3b, and 3c	<b>3d</b>	48,551.	
<b>4</b> Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	<b>4</b>	42,182.	

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

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

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

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

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

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

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

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

**Part IV Total Losses Allowed**

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

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 1				
<b>Total. Enter on Form 8582, lines 1a, 1b, and 1c</b> ▶		-6,369.			

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

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 3				
<b>Total. Enter on Form 8582, lines 3a, 3b, and 3c</b> ▶	96,121.	-47,570.			

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

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

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total</b> ▶				

Identifying number

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

**Part I Passive Activity Credits**

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

<b>Credits From Rental Real Estate Activities With Active Participation (Other Than Rehabilitation Credits and Low-Income Housing Credits)</b> (See Lines 1a through 1c in the instructions.)			
<b>1a</b> Credits from Worksheet 1, column (a) .....	<b>1a</b>		
<b>b</b> Prior year unallowed credits from Worksheet 1, column (b) .....	<b>1b</b>		
<b>c</b> Add lines 1a and 1b .....		<b>1c</b>	
<b>Rehabilitation Credits From Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990)</b> (See Lines 2a through 2c in the instructions.)			
<b>2a</b> Credits from Worksheet 2, column (a) .....	<b>2a</b>		
<b>b</b> Prior year unallowed credits from Worksheet 2, column (b) .....	<b>2b</b>		
<b>c</b> Add lines 2a and 2b .....		<b>2c</b>	
<b>Low-Income Housing Credits for Property Placed in Service After 1989</b> (See Lines 3a through 3c in the instructions.)			
<b>3a</b> Credits from Worksheet 3, column (a) .....	<b>3a</b>		
<b>b</b> Prior year unallowed credits from Worksheet 3, column (b) .....	<b>3b</b>		
<b>c</b> Add lines 3a and 3b .....		<b>3c</b>	
<b>All Other Passive Activity Credits</b> (See Lines 4a through 4c in the instructions.)			
<b>4a</b> Credits from Worksheet 4, column (a) .....	<b>4a</b>		107.
<b>b</b> Prior year unallowed credits from Worksheet 4, column (b) .....	<b>4b</b>		
<b>c</b> Add lines 4a and 4b .....		<b>4c</b>	107.
<b>5</b> Add lines 1c, 2c, 3c, and 4c .....		<b>5</b>	107.
<b>6</b> Enter the tax attributable to net passive income (see instructions) .....		<b>6</b>	5,038.
<b>7</b> Subtract line 6 from line 5. If line 6 is more than or equal to line 5, enter -0- and see instructions .....		<b>7</b>	0.
<b>Note:</b> If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II, III, or IV. Instead, go to line 37.			

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

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

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

LHA For Paperwork Reduction Act Notice, see instructions.

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

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

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

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

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

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

**Part V Passive Activity Credit Allowed**

37	<b>Passive Activity Credit Allowed.</b> Add lines 6, 16, 30, and 36. See instructions to find out how to report the allowed credit on your tax return and how to allocate allowed and unallowed credits if you have more than one credit or credits from more than one activity. If you have any credits from a publicly traded partnership, see <b>Publicly Traded Partnerships (PTPs)</b> in the instructions.	<b>37</b>	107.
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**Part VI Election To Increase Basis of Credit Property**

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

**ALTERNATIVE MINIMUM TAX  
Passive Activity Loss Limitations**

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

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

Name(s) shown on return <b>BRADLEY S. SCHNEIDER &amp; JULIE R. DANN</b>	Identifying number [REDACTED]
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**Part I 2017 Passive Activity Loss** Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

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

1a Activities with net income (enter the amount from Worksheet 1, column (a)) .....	<b>1a</b>			
1b Activities with net loss (enter the amount from Worksheet 1, column (b)) .....	<b>1b</b>	(	6,369.	)
1c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) .....	<b>1c</b>	(		)
<b>d</b> Combine lines 1a, 1b, and 1c .....	<b>1d</b>		-6,369.	

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

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

**All Other Passive Activities**

3a Activities with net income (enter the amount from Worksheet 3, column (a)) .....	<b>3a</b>			
3b Activities with net loss (enter the amount from Worksheet 3, column (b)) .....	<b>3b</b>	(	43,509.	)
3c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) .....	<b>3c</b>	(		)
<b>d</b> Combine lines 3a, 3b, and 3c .....	<b>3d</b>		52,669.	

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

	<b>4</b>			
			46,300.	

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

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

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

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

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

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

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

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

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

**Part IV Total Losses Allowed**

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

**ALTERNATIVE MINIMUM TAX**

Form 8582 (2017) **BRADLEY S. SCHNEIDER & JULIE R. DANN**

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 1				
<b>Total. Enter on Form 8582, lines 1a, 1b, and 1c</b> ▶		-6,369.			

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

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 3				
<b>Total. Enter on Form 8582, lines 3a, 3b, and 3c</b> ▶	96,178.	-43,509.			

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

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

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total</b> ▶				

# Noncash Charitable Contributions

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

▶ Information about Form 8283 and its separate instructions is at [www.irs.gov/form8283](http://www.irs.gov/form8283).

Name(s) shown on your income tax return

Identifying number

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

**Note.** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

**Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities** - List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities even if the deduction is more than \$5,000 (see instructions).

**Part I**

**Information on Donated Property** - If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle, check the box. Also enter the vehicle identification number (unless Form 1098-C is attached)	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	JEWISH FEDERATION OF METROPOLI 30 S. WELLS, CHICAGO, IL 60606	<input type="checkbox"/>	100 SHS NETFLIX.COM INC.
B	JEWISH FEDERATION OF METROPOLI 30 S. WELLS, CHICAGO, IL 60606	<input type="checkbox"/>	50 SHS 3M COMPANY
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

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

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	12/27/17	VAR.	PURCHASE		18,666.	NYSE AVERAGE
B	12/27/17	VAR.	PURCHASE		11,785.	NYSE AVERAGE
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 |
|--|-----|----|
| <b>3 a</b> Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? .....  |     |    |
| <b>b</b> Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? ..... |     |    |
| <b>c</b> Is there a restriction limiting the donated property for a particular use? .....  |     |    |

LHA For Paperwork Reduction Act Notice, see separate instructions.

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

**SUMMARY**

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

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

**ALL BUSINESS ACTIVITIES**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000.
2	Total cost of section 179 property placed in service (see instructions)	2	0.
3	Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	510,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>TOTAL ALLOWABLE PASS-THROUGH SECTION 179 EXPENSE</b> 226.			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	226.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	226.
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	418,521.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	226.
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

## Form 1116

## U.S. and Foreign Source Income Summary

NAME

BRADLEY S. SCHNEIDER &amp; JULIE R. DANN

INCOME TYPE	TOTAL	U.S.	FOREIGN PASSIVE
Compensation	392,052.	392,052.	
Dividends/Distributions	SEE STATEMENT 60	73,216.	3,028.
Interest	7,098.	7,098.	
Capital Gains	142,126.	142,126.	
Business/Profession	26,505.	26,505.	
Rent/Royalty	23,390.	23,390.	
State/Local Refunds	2,652.	2,652.	
Partnership/S Corporation	SEE STATEMENT 58	-23,472.	512.
Trust/Estate			
Other Income	240,868.	240,868.	
Gross Income	<u>884,947.</u>	<u>881,407.</u>	<u>3,540.</u>
Less:			
Section 911 Exclusion			
Capital Losses	3,257.	3,257.	
Capital Gains Tax Adjustment			1,100.
Total Income - Form 1116	<u>881,690.</u>	<u>878,150.</u>	<u>2,440.</u>
Deductions:			
Business/Profession Expenses	16,740.	16,729.	11.
Rent/Royalty Expenses	29,759.	29,759.	
Partnership/S Corporation Losses	34,550.	34,550.	
Trust/Estate Losses			
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction			
Self-employment Health Insurance			
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments	106.	106.	
Capital Gains Tax Adjustment			
Total Deductions	<u>81,155.</u>	<u>81,144.</u>	<u>11.</u>
Adjusted Gross Income	<u>800,535.</u>	<u>797,006.</u>	<u>2,429.</u>
Less Itemized Deductions:			
Specifically Allocated	44,304.	44,304.	
Home Mortgage Interest	8,823.	8,823.	
Other Interest	2,092.	2,092.	
Ratably Allocated	179,508.	178,790.	718.
Total Adjustments to Adjusted Gross Income	<u>234,727.</u>	<u>234,009.</u>	<u>718.</u>
Taxable Income Before Exemptions	<u>565,808.</u>	<u>562,997.</u>	<u>1,711.</u>

**Form 1116**

**Allocation of Itemized Deductions**

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

	Total Itemized Deductions	Itemized Deductions After Sec. 68 Reduction	Form 1116		
			Specifically U.S.	Specifically Foreign	Ratable
Taxes .....	120,479.	112,911.			112,911.
Interest - Not Including Investment Interest .....	9,414.	8,823.	8,823.		
Contributions .....	47,274.	44,304.	44,304.		
Miscellaneous Deductions Subject to 2% .....	20,001.	18,745.			18,745.
Other Miscellaneous Deductions - Not Including Gambling Losses .....	51,060.	47,852.			47,852.
Foreign Adjustment .....					
Total Itemized Deductions Subject to Sec. 68 .....	248,228.	232,635.			
Add Itemized Deductions Not Subject to Sec. 68:					
Medical/Dental .....					
Investment Interest .....	2,092.	2,092.	2,092.		
Casualty Losses .....					
Gambling Losses .....					
Qualified contributions .....					
Foreign Adjustment .....					
Total Itemized Deductions .....	250,320.				
Total Allowed on Schedule A .....		234,727.	55,219.		179,508.

NAME

BRADLEY S. SCHNEIDER & JULIE R. DANN

Foreign Income Category

PASSIVE INCOME

Regular	2012	2013	2014	2015	2016	2017
1. Foreign tax paid/accrued						277.
2. FTC carryback to 2017 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						277.
5. Maximum credit allowable						501.
6. Unused foreign tax ( + ) or excess of limit ( - )					-392.	-224.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining					-392.	-224.
Total foreign taxes from all available years to be carried to next year						

	2007	2008	2009	2010	2011
1. Foreign tax paid/accrued					
2. FTC carryback to 2017 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax ( + ) or excess of limit ( - )					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

NAME

BRADLEY S. SCHNEIDER & JULIE R. DANN

Foreign Income Category

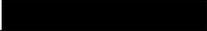
PASSIVE INCOME

AMT	2012	2013	2014	2015	2016	2017
1. Foreign tax paid/accrued						277.
2. FTC carryback to 2017 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						277.
5. Maximum credit allowable						738.
6. Unused foreign tax ( + ) or excess of limit ( - )					-350.	-461.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining					-350.	-461.
Total foreign taxes from all available years to be carried to next year						

	2007	2008	2009	2010	2011
1. Foreign tax paid/accrued					
2. FTC carryback to 2017 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax ( + ) or excess of limit ( - )					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

NAME

BRADLEY S. SCHNEIDER & JULIE R. DANN



Alternative minimum tax deductions allocation:

Itemized deductions .....	51,060.
Other deductions not directly allocated .....	<u>0.</u>
Total alternative minimum tax adjustments .....	51,060.
Total foreign source income .....	<u>3,540.</u>
Total gross income .....	<u>882,295.</u>
Ratio of foreign source income to gross income .....	<u>.004012</u>
Total foreign source deductions .....	<u>205.</u>

Total deductions allocated to foreign income class:

General limitation income .....	<u>205.</u>
Passive income .....	<u>          </u>
Section 901(j) income .....	<u>          </u>
Income re-sourced by treaty .....	<u>          </u>

Taxpayer Name: BRADLEY S. SCHNEIDER & JULIE R. DANN

SSN/FEIN: XXXXXXXXXX

Item	Amount
Total amount required to be included in income by reason of section 965(a).	Line 1 \$ <u>191.</u>
Aggregate foreign cash position, if applicable.	Line 2 \$ _____
Total deduction under section 965(c).	Line 3 \$ <u>106.</u>
Total deemed paid foreign taxes associated with the total amount required to be included in income by reason of section 965(a).	Line 4a \$ _____
Total deemed paid foreign taxes disallowed pursuant to IRC 965(g)(1).	Line 4b \$ _____
Total net tax liability under section 965 (as determined under section 965(h)(6), without regard to whether such paragraph is applicable), if applicable, which will be assessed.	Line 5 \$ <u>29.</u>
Amount of the net tax liability under section 965 to be paid in installments under section 965(h), if applicable.	Line 6 \$ _____
Amount of the net tax liability under section 965, the payment of which has been deferred, under section 965(i), if applicable.	Line 7 \$ _____

Listing of applicable elections under section 965 or the election provided for in Notice 2018-13 that the taxpayer has made, if applicable.

<u>Provision Under Which Election is Made</u>	<u>Title</u>	<u>Attached (Y or N)</u>
Section 965(h)(1)	Election to Pay Net Tax Liability Under Section 965 in Installments under Section 965(h)(1).	N
Section 965(i)(1)	S Corporation Shareholder Election to Defer payment of Net Tax Liability Under Section 965 Under Section 965(i)(1)	N
Section 965(m)(1)(B)	Statement for Real Estate Investment Trusts Electing Deferred Inclusions Under Section 951(a)(1) By Reason of Section 965 Under Section 965(m)(1)(B)	N
Section 965(n)	Election Not to Apply Net Operating Loss Deduction under section 965(n)	N
Notice 2018-13, Section 3.02	Election Under Section 3.02 of Notice 2018-13 to Use Alternative Method to Compute Post-1986 Earnings and Profits	N

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

\_\_\_\_\_  
Signature of Taxpayer and/or Officer

# 2017 TAX RETURN FILING INSTRUCTIONS

ILLINOIS INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2017

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**PREPARED FOR:**

MR. BRADLEY SCHNEIDER AND MS. JULIE DANN  
9 TAMARISK LANE  
DEERFIELD, IL 60015

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**PREPARED BY:**

PLANTE & MORAN, PLLC  
10 S. RIVERSIDE PLAZA, 9TH FLOOR  
CHICAGO, IL 60606

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**AMOUNT OF TAX:**

TOTAL TAX	\$	27,299
LESS: PAYMENTS AND CREDITS	\$	30,261
PLUS: INTEREST AND PENALTIES	\$	0
OVERPAYMENT	\$	2,962

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**OVERPAYMENT:**

MISCELLANEOUS DONATIONS	\$	0
CREDITED TO YOUR ESTIMATED TAX	\$	2,962
REFUNDED TO YOU	\$	0

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM IL-8453 TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE IDOR.

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**RETURN MUST BE MAILED ON OR BEFORE:**

RETURN FORM IL-8453 TO US BY OCTOBER 15, 2018.

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**SPECIAL INSTRUCTIONS:**

DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IDOR.

Illinois Department of Revenue

2017 Form IL-1040

Individual Income Tax Return or for fiscal year ending \_\_\_\_\_

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

Step 1: Personal Information

BRADLEY S. SCHNEIDER  
JULIE R. DANN

C Filing status (see instructions)

Single or head of household  Married filing jointly  Married filing separately  Widowed

<b>Step 2:</b> Income	<b>1</b> Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4. (Whole dollars only)	<b>1</b>	833,583 .00
	<b>2</b> Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A, Line 8b; or federal Form 1040EZ.	<b>2</b>	1,534 .00
	<b>3</b> Other additions. <b>Attach</b> Schedule M.	<b>3</b>	1,246 .00
	<b>4 Total income.</b> Add Lines 1 through 3.	<b>4</b>	836,363 .00

<b>Step 3:</b> Base Income	<b>5</b> Social Security benefits and certain retirement plan income received if included in Line 1. <b>Attach</b> Page 1 of federal return.	<b>5</b>	240,500 .00
	<b>6</b> Illinois Income Tax overpayment included in federal Form 1040, Line 10.	<b>6</b>	2,652 .00
	<b>7</b> Other subtractions. <b>Attach</b> Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	<b>7</b>	798 .00
	<b>8</b> Add Lines 5, 6, and 7. This is the total of your subtractions.	<b>8</b>	243,950 .00
	<b>9 Illinois base income.</b> Subtract Line 8 from Line 4.	<b>9</b>	592,413 .00

<b>Step 4:</b> Exemptions	<b>See instructions before completing Step 4.</b>			
	<b>10 a</b> Number of exemptions from your federal return.	___	x \$2,175	<b>a</b> _____ .00
	<b>b</b> If someone can claim you as a dependent, see instructions.	___	x \$2,175	<b>b</b> _____ .00
	<b>c</b> Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	___	x \$1,000	<b>c</b> _____ .00
	<b>d</b> Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	___	x \$1,000	<b>d</b> _____ .00
<b>Exemption allowance.</b> Add Lines a through d.			<b>LIMITED 10</b>	0 .00

<b>Step 5:</b> Net Income	<b>11</b> Residents: <b>Net income.</b> Subtract Line 10 from Line 9. <i>Skip</i> Line 12.	<b>11</b>	592,413 .00
	<b>12</b> Nonresidents and part-year residents: Check the box that applies to you during 2017 <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and enter the <b>Illinois base income</b> from Sch. NR. <b>Attach</b> Sch. NR.	<b>12</b>	.00

<b>Step 6:</b> Tax	<b>13</b> Residents: Multiply Line 11 by 4.3549% (.043549). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Check if you completed Schedule SA to calculate your income tax. <b>Attach</b> Schedule SA. <input type="checkbox"/>	<b>13</b>	25,799 .00
	<b>14</b> Recapture of investment tax credits. <b>Attach</b> Schedule 4255.	<b>14</b>	.00
	<b>15</b> <b>Income tax.</b> Add Lines 13 and 14. Cannot be less than zero.	<b>15</b>	25,799 .00

<b>Step 7:</b> Tax After Non- refundable Credits	<b>16</b> Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR.	<b>16</b>	.00
	<b>17</b> Property tax and K-12 education expense credit amount from Schedule ICR. <b>Attach</b> Schedule ICR.	<b>17</b>	.00
	<b>18</b> Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.	<b>18</b>	.00
	<b>19</b> Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.	<b>19</b>	.00
	<b>20</b> <b>Tax after nonrefundable credits.</b> Subtract Line 19 from Line 15.	<b>20</b>	25,799 .00



21 Tax after nonrefundable credits from Page 1, Line 20. 21 25,799 .00

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**Step 8:** 22 Household employment tax. See instructions. 22 1,500 .00

**Other Taxes** 23 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. **Do not** leave blank. 23 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 27,299 .00

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**Step 9:** 26 Illinois Income Tax withheld. **Attach** all W-2 and 1099 forms. 26 17,090 .00

**Payments and Refundable Credit** 27 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 27 13,171 .00

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

29 Earned Income Credit from Schedule IL-EIC. **Attach** Schedule IL-EIC. 29 .00

30 **Total payments and refundable credit.** Add Lines 26 through 29. 30 30,261 .00

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**Step 10:** 31 If Line 30 is greater than Line 25, subtract Line 25 from Line 30. 31 2,962 .00

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

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**Step 11:** **Only complete this step for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.**

**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:** 36 If you have an amount on Line 31 and this amount is greater than Refund Line 35, subtract Line 35 from Line 31. This is your **overpayment.** 36 2,962 .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

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

Routing number \_\_\_\_\_  Checking or  Savings

Account number \_\_\_\_\_

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

c  **paper check**

39 Amount to be **credited forward.** Subtract Line 37 from Line 36. See instructions. 39 2,962 .00

---

**Step 13:** 40 If you have an amount on Line 32, add Lines 32 and 35. **- or -** Amount You Owe If you have an amount 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 14:** If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

<b>Sign Here</b>	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
<b>Paid Preparer Use Only</b>	JOHN F. BARSELLA		JOHN F. BARSE	10/08/18	<input type="checkbox"/> Check if self-employed P00083925
<b>Third Party Designee</b>	Print/Type paid preparer's name		Paid preparer's signature	Date (mm/dd/yyyy)	<input type="checkbox"/> Paid Preparer's PTIN
	Firm's name ▶ PLANTE & MORAN, PLLC		Firm's FEIN ▶	38 1357951	
	Firm's address ▶ 10 S. RIVERSIDE PLAZA, 9TH FLO		Firm's phone ▶	312 207 1040	
	JOHN F. BARSELLA		312 980 2905		<input checked="" type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.
	Designee's name (please print)		Designee's phone number		

ID: 2BX 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

**Read this information first**

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

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

**Step 1: Provide the following information**

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

Your name as shown on Form IL-1040

Your Social Security number

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

Enter the amount of

(Whole dollars only)

<b>1</b>	Your child's federally tax-exempt interest and dividend income as reported on federal Form 8814.	<b>1</b>	_____	.00
<b>2</b>	Distributive share of additions you received from a partnership, S corporation, trust, or estate. <b>Attach</b> Illinois Schedule K-1-P or Schedule K-1-T. <b>SEE STATEMENT 1</b>	<b>2</b>	_____	1,246 .00
<b>3</b>	Lloyd's plan of operation loss, if reported on your behalf on Form IL-1065 and included in your adjusted gross income.	<b>3</b>	_____	.00
<b>4</b>	Earnings distributed from IRC Section 529 college savings 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 other college savings and tuition programs that meet certain disclosure requirements. See instructions.)	<b>4</b>	_____	.00
<b>5</b>	Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. <b>Attach</b> Form IL-4562.	<b>5</b>	_____	.00
<b>6</b>	Business expense recapture (nonresidents only).	<b>6</b>	_____	.00
<b>7</b>	Recapture of deductions for contributions to Illinois college savings plans transferred to an out-of-state plan.	<b>7</b>	_____	.00
<b>8</b>	Student-Assistance Contribution Credit taken on Schedule 1299-C.	<b>8</b>	_____	.00
<b>9</b>	Recapture of deductions for contributions to college savings plans withdrawn for nonqualified expenses or refunded.	<b>9</b>	_____	.00
<b>10</b>	Income attributable to domestic production activities under IRC Section 199. <b>Attach</b> Page 1 of federal Form 1040.	<b>10</b>	_____	.00
<b>11</b>	Other income - Identify each item. _____	<b>11</b>	_____	.00
<b>12</b>	<b>Total Additions.</b> Add Lines 1 through 11. Enter the amount here and on Form IL-1040, Line 3.	<b>12</b>	_____	1,246 .00

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

Enter the amount of

<b>13</b>	Contributions made to the following college savings plans:			
<b>a</b>	"Bright Start" College Savings Pool	<b>13a</b>	_____	.00
<b>b</b>	"College Illinois" Prepaid Tuition Program	<b>13b</b>	_____	.00
<b>c</b>	"Bright Directions" College Savings Pool	<b>13c</b>	_____	.00
<b>14</b>	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.) <b>Attach</b> Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. <b>SEE STATEMENT 2</b>	<b>14</b>	_____	798 .00
<b>15</b>	Restoration of amounts held under claim of right under IRC Section 1341.	<b>15</b>	_____	.00
<b>16</b>	Contributions to a job training project.	<b>16</b>	_____	.00
<b>17</b>	Expenses related to federal credits or federally tax-exempt income.	<b>17</b>	_____	.00
<b>18</b>	Interest earned on investments through the Home Ownership Made Easy Program.	<b>18</b>	_____	.00
<b>19</b>	Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. <b>Attach</b> Form IL-4562.	<b>19</b>	_____	.00
Enter the following only if included in Form IL-1040, Lines 1, 2, or 3:				
<b>20</b>	Military pay earned. <b>Attach</b> military W-2.	<b>20</b>	_____	.00
<b>21</b>	U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from federal Form 1040A or 1040. <b>Attach</b> a copy of federal Form 1040A or 1040, Schedule B, if required federally.	<b>21</b>	_____	.00
<b>22</b>	August 1, 1969, valuation limitation amount from your Schedule F, Line 17. <b>Attach</b> Schedule F and required federal forms.	<b>22</b>	_____	.00
<b>23</b>	River edge redevelopment zone and high impact business dividend subtraction amount from your Schedule 1299-C, Step 2, Line 7. <b>Attach</b> Schedule 1299-C.	<b>23</b>	_____	.00
<b>24</b>	Add Lines 13a through 23 and enter the amount here and on Page 2, Line 25.	<b>24</b>	_____	798 .00



**Step 3: Continued**

<b>25</b> Enter the amount from Page 1, Line 24.	<b>25</b>	<u>798</u>	<u>.00</u>
<b>26</b> Recovery of items previously deducted on federal Form 1040, Schedule A ( including refunds of any state and local income taxes, other than Illinois). <b>Attach</b> a copy of federal Form 1040, Page 1, and required federal forms.	<b>26</b>		<u>.00</u>
<b>27</b> Ridesharing money and other benefits.	<b>27</b>		<u>.00</u>
<b>28</b> Payment of life insurance, endowment, or annuity benefits received.	<b>28</b>		<u>.00</u>
<b>29</b> Lloyd's plan of operation income if reported on your behalf on Form IL-1065.	<b>29</b>		<u>.00</u>
<b>30</b> Income from Illinois pre-need funeral, burial, and cemetery trusts.	<b>30</b>		<u>.00</u>
<b>31</b> Education loan repayments made for primary care physicians who agree to practice in designated shortage areas under the Family Practice Residency Act.	<b>31</b>		<u>.00</u>
<b>32</b> Reparations or other amounts received as a victim of persecution by Nazi Germany.	<b>32</b>		<u>.00</u>
<b>33</b> Interest on the following tax-exempt obligations of Illinois state and local government. Do not include interest you received indirectly through owning shares in a mutual fund.			
<b>a</b> Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes)	<b>33a</b>		<u>.00</u>
<b>b</b> Tri-County River Valley Development Authority bonds	<b>33b</b>		<u>.00</u>
<b>c</b> Illinois Development Finance Authority bonds, notes, and other obligations (venture fund and infrastructure bonds only)	<b>33c</b>		<u>.00</u>
<b>d</b> Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority)	<b>33d</b>		<u>.00</u>
<b>e</b> College savings bonds issued under the General Obligation Bond Act in accordance with the Baccalaureate Savings Act	<b>33e</b>		<u>.00</u>
<b>f</b> Illinois Sports Facilities Authority bonds	<b>33f</b>		<u>.00</u>
<b>g</b> Higher Education Student Assistance Act bonds	<b>33g</b>		<u>.00</u>
<b>h</b> Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87	<b>33h</b>		<u>.00</u>
<b>i</b> Rural Bond Bank Act bonds and notes	<b>33i</b>		<u>.00</u>
<b>j</b> Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act	<b>33j</b>		<u>.00</u>
<b>k</b> Quad Cities Interstate Metropolitan Authority bonds	<b>33k</b>		<u>.00</u>
<b>l</b> Southwestern Illinois Development Authority bonds	<b>33l</b>		<u>.00</u>
<b>m</b> Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55, or the Asbestos Abatement Finance Act	<b>33m</b>		<u>.00</u>
<b>n</b> Illinois Power Agency bonds issued by the Illinois Finance Authority	<b>33n</b>		<u>.00</u>
<b>o</b> Central Illinois Economic Development Authority bonds	<b>33o</b>		<u>.00</u>
<b>p</b> Eastern Illinois Economic Development Authority bonds	<b>33p</b>		<u>.00</u>
<b>q</b> Southeastern Illinois Economic Development Authority bonds	<b>33q</b>		<u>.00</u>
<b>r</b> Southern Illinois Economic Development Authority bonds	<b>33r</b>		<u>.00</u>
<b>s</b> Illinois Urban Development Authority bonds	<b>33s</b>		<u>.00</u>
<b>t</b> Downstate Illinois Sports Facilities Authority bonds	<b>33t</b>		<u>.00</u>
<b>u</b> Western Illinois Economic Development Authority bonds	<b>33u</b>		<u>.00</u>
<b>v</b> Upper Illinois River Valley Development Authority Act bonds	<b>33v</b>		<u>.00</u>
<b>w</b> Will-Kankakee Regional Development Authority bonds	<b>33w</b>		<u>.00</u>
<b>x</b> Export Development Act of 1983 bonds	<b>33x</b>		<u>.00</u>
<b>34</b> Interest on the following non-U.S. government bonds.			
<b>a</b> Bonds issued by the government of Guam	<b>34a</b>		<u>.00</u>
<b>b</b> Bonds issued by the government of Puerto Rico	<b>34b</b>		<u>.00</u>
<b>c</b> Bonds issued by the government of the Virgin Islands	<b>34c</b>		<u>.00</u>
<b>d</b> Bonds issued by the government of American Samoa	<b>34d</b>		<u>.00</u>
<b>e</b> Bonds issued by the government of the Northern Mariana Islands	<b>34e</b>		<u>.00</u>
<b>f</b> Mutual mortgage insurance fund bonds	<b>34f</b>		<u>.00</u>
<b>35</b> Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 21, 33, or 34 as reported on federal Form 8814.	<b>35</b>		<u>.00</u>
<b>36</b> Railroad sick pay and unemployment income. <b>Attach</b> Form 1099-G or W-2 and a copy of your federal return.	<b>36</b>		<u>.00</u>
<b>37</b> Unjust imprisonment compensation awarded by Illinois Court of Claims.	<b>37</b>		<u>.00</u>
<b>38</b> Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit.	<b>38</b>		<u>.00</u>
<b>39 Total Subtractions.</b> Add Lines 25 through 38. Enter the amount here and on Form IL-1040, Line 7.	<b>39</b>	<u>798</u>	<u>.00</u>



# 2017 IL-2210 Computation of Penalties for Individuals

Attach to your Form IL-1040

IL Attachment No. 19

## Read this information first -

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

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

## Step 1: Provide the following information

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

Your name as shown on Form IL-1040

Your Social Security number

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

## Step 2: Figure your required installments

	A This year	B Last year
<b>1</b> Enter your total income tax and compassionate use of medical cannabis surcharge from each tax return. See instructions.	1 <u>25,799.</u>	<u>65,262.</u>
<b>2</b> Enter the amount of credits from each tax return. See instructions.	2 _____	<u>1,439.</u>
<b>3</b> Subtract Line 2 from Line 1.	3 <u>25,799.</u>	<u>63,823.</u>
<b>4a</b> Enter the total amount of this year's Illinois withholding from your W-2 and 1099 forms.	4a <u>17,090.</u>	
<b>4b</b> Enter the total amount of pass-through withholding payments made on your behalf.	4b _____	
<b>4c</b> Add Lines 4a and 4b and enter the result here.	4c <u>17,090.</u>	
<b>5</b> Subtract Line 4c from Line 3.	5 <u>8,709.</u>	
<b>6</b> Multiply Column A, Line 3, by 90% (.9).	6 <u>23,219.</u>	
<b>7</b> If <b>Line 5</b> is \$500 or less or if you are not required to make estimated tax payments, enter "0," and go to Step 3. Otherwise, enter the <b>lesser</b> of Column A, Line 6, or Column B, Line 3.	7 <u>23,219.</u>	
<b>8</b> Divide the amount entered on Line 7 by four. This is the amount of each required installment. (If you use the annualized income installment method, see instructions.)	8 <u>5,805.</u>	

	Quarter 1 15th day of 4th month of tax year	Quarter 2 15th day of 6th month of tax year	Quarter 3 15th day of 9th month of tax year	Quarter 4 15th day of 1st mo. after end of tax year
<b>9a</b> Enter the installment due date for each quarter. See instructions.	<u>04/18/17</u>	<u>06/15/17</u>	<u>09/15/17</u>	<u>01/16/18</u>
<b>9b</b> Enter the required installment. See instructions.	<u>5,805.</u>	<u>5,805.</u>	<u>5,805.</u>	<u>5,804.</u>
<b>10a</b> Enter the amount of tax withheld.	<u>4,273.</u>	<u>4,273.</u>	<u>4,273.</u>	<u>4,271.</u>
<b>10b</b> Enter the amount of pass-through payments.	<u>4,273.</u>	<u>4,273.</u>	<u>4,273.</u>	<u>4,271.</u>
<b>10c</b> Add Lines 10a and 10b in each column.	<u>4,273.</u>	<u>4,273.</u>	<u>4,273.</u>	<u>4,271.</u>
<b>11</b> Subtract Line 10c from Line 9b. If the amount is negative, use brackets.	<u>1,532.</u>	<u>1,532.</u>	<u>1,532.</u>	<u>1,533.</u>
<b>12</b> If the amount on Line 13 of the previous quarter is negative, enter that amount as a positive here. Otherwise, enter "0."	Skip this line for Quarter 1.	<u>0.</u>	<u>0.</u>	<u>0.</u>
<b>13</b> Subtract Line 12 from Line 11. If the amount is negative, use brackets.	<u>1,532.</u>	<u>1,532.</u>	<u>1,532.</u>	<u>1,533.</u>

Continue with Step 3 on Page 2 →



### Step 3: Figure your unpaid tax



14	Enter the amount from Column A, Line 3.	14	<u>25,799.</u>
15	Enter the amount of household employment tax from Form IL-1040, Line 22.	15	<u>1,500.</u>
16	Enter the amount of use tax from Form IL-1040, Line 23.	16	<u>          </u>
17	Add Lines 14 through 16. Enter the total amount here.	17	<u>27,299.</u>
18	Calculate the total amount of all payments made on or before the original due date of your tax return. Include your credit(s) carried forward from a prior year (see instructions), your total estimated payments made this year, Form IL-505-I payments, the pass-through withholding payments made on your behalf, and your withholding as shown on your W-2 and 1099 forms. Compare that total to the total of Line 9b, Quarters 1 through 4, and enter the <b>greater</b> amount here.	18	<u>30,261.</u>
19	Subtract Line 18 from Line 17. If the amount is <ul style="list-style-type: none"> <li>• <b>positive</b>, enter that amount here. Enter this amount in Penalty Worksheet 2, Line 23, Column C and continue to Step 4.</li> <li>• <b>zero or negative</b>, enter that amount here and, if negative, use brackets.</li> </ul>	19	<u>&lt;2,962.&gt;</u>

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

Use Penalty Worksheet 1 to figure your late-payment penalty for underpayment of estimated tax.  
 Use Penalty Worksheet 2 to figure your late-payment penalty for unpaid tax.

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

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

	Amount	Date paid	Amount	Date paid	Amount	Date paid
a	<u>9,671.</u>	<u>04/15/17</u>	e	<u>          </u>	i	<u>          </u>
b	<u>3,500.</u>	<u>04/17/18</u>	f	<u>          </u>	j	<u>          </u>
c	<u>          </u>	<u>          </u>	g	<u>          </u>	k	<u>          </u>
d	<u>          </u>	<u>          </u>	h	<u>          </u>	l	<u>          </u>

#### Penalty rates

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

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

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

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

A	B	C	D	E	F	G	H	I
Period	Due date	Unpaid amount	Payment applied	Balance due (Col. C - Col. D)	Payment date	Number of days late	Penalty rate (See above)	Penalty
Qtr 1	<u>04/18/17</u>	<u>1,532.</u>	<u>          </u>	<u>1,532.</u>	<u>04/18/17</u>	<u>          </u>	<u>          </u>	<u>          </u>
		<u>1,532.</u>	<u>9,671.</u>	<u>-8,139.</u>	<u>04/18/17</u>	<u>          </u>	<u>          </u>	<u>          </u>
Qtr 2	<u>06/15/17</u>	<u>1,532.</u>	<u>          </u>	<u>1,532.</u>	<u>06/15/17</u>	<u>          </u>	<u>          </u>	<u>          </u>
		<u>1,532.</u>	<u>8,139.</u>	<u>-6,607.</u>	<u>06/15/17</u>	<u>          </u>	<u>          </u>	<u>          </u>
Qtr 3	<u>09/15/17</u>	<u>1,532.</u>	<u>          </u>	<u>1,532.</u>	<u>09/15/17</u>	<u>          </u>	<u>          </u>	<u>          </u>
		<u>1,532.</u>	<u>6,607.</u>	<u>-5,075.</u>	<u>09/15/17</u>	<u>          </u>	<u>          </u>	<u>          </u>
Qtr 4	<u>01/16/18</u>	<u>1,533.</u>	<u>          </u>	<u>1,533.</u>	<u>01/16/18</u>	<u>          </u>	<u>          </u>	<u>          </u>
		<u>1,533.</u>	<u>5,075.</u>	<u>-3,542.</u>	<u>01/16/18</u>	<u>          </u>	<u>          </u>	<u>          </u>

22 Add Column I, Quarters 1 through 4. This is your **late-payment penalty for underpayment of estimated tax**.  
 Enter the total amount here and on your Form IL-1040, Line 33 (round to whole dollars). 22           0

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