



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2015, through December 31, 2015, or fiscal year beginning .. [] and ending .. []

For help completing your return, see the instructions, Form IT-201-I.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your social security number
Marcus	J	Molinaro	[REDACTED]	[REDACTED]
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number
Corinne		Adams	[REDACTED]	[REDACTED]
Mailing address (see instructions, page 13) (number and street or PO box)			Apartment number	New York State county of residence
[REDACTED]				Dutch
City, village, or post office	State	ZIP code	Country (if not United States)	
Red Hook	NY	12571		
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)			Apartment number	School district
[REDACTED]				code number 526
City, village, or post office	State	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
	NY			

A Filing status

(mark an X in one box):

- ① Single
- ② Married filing joint return (enter spouse's social security number above)
- ③ Married filing separate return (enter spouse's social security number above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2015 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 14) Yes No

D2 Yonkers residents and Yonkers part-year residents only:
 (1) Did you receive a property tax freeze credit? (see page 14) Yes No
 (2) If Yes, enter the amount [] 00

E (1) Did you or your spouse maintain living quarters in NYC during 2015? (see page 14) Yes No
 (2) Enter the number of days spent in NYC in 2015 (any part of a day spent in NYC is considered a day) []

F NYC residents and NYC part-year residents only (see page 14):
 (1) Number of months you lived in NYC in 2015 []
 (2) Number of months your spouse lived in NYC in 2015 []

G Enter your 2-character special condition code(s) if applicable (see page 14) [] []

H Dependent exemption information (see page 15)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)
[REDACTED]		Molinaro	Daughter	[REDACTED]	[REDACTED]

If more than 7 dependents, mark an X in the box.

For office use only

Your social security number
XXXXXXXXXX

Federal income and adjustments (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc.	177877	00
2	Taxable interest income		00
3	Ordinary dividends		00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	1547	00
5	Alimony received		00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)		00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)		00
8	Other gains or losses (submit a copy of federal Form 4797)		00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box		00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box		00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)		00
12	Rental real estate included in line 11	12	00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)		00
14	Unemployment compensation		00
15	Taxable amount of social security benefits (also enter on line 27)		00
16	Other income (see page 15) Identify:		00
17	Add lines 1 through 11 and 13 through 16	179424	00
18	Total federal adjustments to income (see page 15) Identify:		00
19	Federal adjusted gross income (subtract line 18 from line 17)	179424	00

New York additions (see page 16)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)		00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)		00
22	New York's 529 college savings program distributions (see page 16)		00
23	Other (Form IT-225, line 9)		00
24	Add lines 19 through 23	179424	00

New York subtractions (see page 17)

25	Taxable refunds, credits, or offsets of state & local income taxes (from line 4)	1547	00
26	Pensions of NYS & local governments & the federal government (see page 17)		00
27	Taxable amount of social security benefits (from line 15)		00
28	Interest income on U.S. government bonds		00
29	Pension and annuity income exclusion (see page 18)		00
30	New York's 529 college savings program deduction/earnings	2400	00
31	Other (Form IT-225, line 18)		00
32	Add lines 25 through 31	3947	00
33	New York adjusted gross income (subtract line 32 from line 24)	175477	00

Standard deduction or itemized deduction (see page 20)

34	Enter your standard deduction (table on page 20) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	15850	00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	159627	00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20)	1000	00
37	Taxable income (subtract line 36 from line 35)	158627	00

Name(s) as shown on page 1
Marcus J Molinaro Corinne Adams

Your social security number
[REDACTED]

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	158627	00
39	NYS tax on line 38 amount (see page 21)	39	10231	00
40	NYS household credit (page 21, table 1, 2, or 3)	40		00
41	Resident credit (see page 22)	41		00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42		00
43	Add lines 40, 41, and 42	43		00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	10231	00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45		00
46	Total New York State taxes (add lines 44 and 45)	46	10231	00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47	NYC resident tax on line 38 amount (see page 22)	47		00
48	NYC household credit (page 22, table 4, 5, or 6)	48		00
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49		00
50	Part-year NYC resident tax (Form IT-360.1)	50		00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51		00
52	Add lines 49, 50, and 51	52		00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53		00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54		00
54a	MCTMT net earnings base	54a		00
54b	MCTMT	54b		00
55	Yonkers resident income tax surcharge (see page 25)	55		00
56	Yonkers nonresident earnings tax (Form Y-203)	56		00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57		00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58		00

See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

59 Sales or use tax (see page 26; do not leave line 59 blank) 59 50 00

Voluntary contributions (see page 27)

60a	Return a Gift to Wildlife	60a		00
60b	Missing/Exploited Children Fund	60b		00
60c	Breast Cancer Research Fund	60c		00
60d	Alzheimer's Fund	60d		00
60e	Olympic Fund (\$2 or \$4; see page 27)	60e		00
60f	Prostate and Testicular Cancer Research and Education Fund	60f		00
60g	9/11 Memorial	60g		00
60h	Volunteer Firefighting & EMS Recruitment Fund	60h		00
60i	Teen Health Education	60i		00
60j	Veterans Remembrance	60j		00
60k	Homeless Veterans	60k		00
60l	Mental Illness Anti-Stigma Fund	60l		00
60m	Women's Cancers Education and Prevention Fund	60m		00
60	Total voluntary contributions (add lines 60a through 60m)	60		00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	10281	00

Your social security number
[REDACTED]

62 Enter amount from line 61

62 10281 00

Payments and refundable credits (see page 28)

63 Empire State child credit	63	00
63a Family tax relief credit	63a	350 00
64 NYS/NYC child and dependent care credit	64	116 00
65 NYS earned income credit (EIC)	65	00
66 NYS noncustodial parent EIC	66	00
67 Real property tax credit	67	00
68 College tuition credit	68	00
69 NYC school tax credit (also complete F on page 1; see page 29)	69	00
70 NYC earned income credit	70	00
70a NYC enhanced real property tax credit	70a	00
71 Other refundable credits (Form IT-201-ATT, line 18)	71	00
72 Total New York State tax withheld	72	10139 00
73 Total New York City tax withheld	73	00
74 Total Yonkers tax withheld	74	00
75 Total estimated tax payments and amount paid with Form IT-370	75	00

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12).

76 Total payments (add lines 63 through 75)

76 10605 00

Your refund, amount you owe, and account information (see pages 31 through 33)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)

77 324 00

78 Amount of line 77 to be refunded

Mark one refund choice: direct deposit (fill in line 83) - or - debit card - or - paper check

78 324 00

79 Amount of line 77 that you want applied to your 2016 estimated tax (see instructions)

79 00 00

See page 31 for information about your three refund choices.

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.

See page 32 for payment options.

80 00 00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 32)

81 00 00

See page 35 for the proper assembly of your return.

82 Other penalties and interest (see page 32)

82 00 00

83 Account information for direct deposit or electronic funds withdrawal (see page 33).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 33)

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number [REDACTED]

83c Account number [REDACTED]

84 Electronic funds withdrawal (see page 33)

Date 00 Amount 00

Third-party designee? (see instr.)	Print designee's name Dana Sperry, CPA	Designee's phone number [REDACTED]	Personal identification number (PIN) [REDACTED]
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E-mail:		

▼ Paid preparer must complete ▼ (see instructions)	Preparer's NYTPRIN NYTPRIN excl. code 03
Preparer's signature Dana Sperry, CPA	Preparer's printed name Dana Sperry, CPA
Firm's name (or yours, if self-employed) Sedore & Company, C.P.A.'s	Preparer's PTIN or SSN [REDACTED]
Address 2678 South Road, Suite 101 Poughkeepsie NY 12601-5254	Employer identification number [REDACTED]
E-mail:	Date 04082016

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation County Executive	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone #
E-mail:	

See instructions for where to mail your return.



Department of Taxation and Finance

Claim for Child and Dependent Care Credit

New York State • New York City

IT-216

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return Marcus J Molinaro Corinne Adams	Your social security number [REDACTED]
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- 1 Have you already filed your New York State income tax return? Yes No
 If Yes, you must file an amended New York State return and include Form IT-216 to claim this credit.

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

A - Care provider's first name, middle initial, and last name	B - Address	C - Identifying number (SSN or EIN)	D - Amount paid (see instructions)
Bobbie's Day Care	[REDACTED]	TAXEXEMPT	2900 00
			00

3 Qualifying persons you are claiming. List in order from youngest to oldest.

(If you are claiming more than four qualifying persons, mark an X in the box and see instructions.)

A - First name	MI	B - Last name	C - Qualified expenses paid	D - Person with disability (see instr.)	E - Social security number	F - Date of birth (mmddyyyy)
[REDACTED]		Molinaro	1450 00	<input type="checkbox"/>	[REDACTED]	[REDACTED]
[REDACTED]		Molinaro	1450 00	<input type="checkbox"/>	[REDACTED]	[REDACTED]
			00	<input type="checkbox"/>		
			00	<input type="checkbox"/>		

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any **3a** 2900 00

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)? Yes No

5 Enter the smallest of:

- line 3a above; or
- federal Form 2441, line 3; or
- 3,000 if one qualifying person, or 6,000 if two or more qualifying persons

Whole dollars only	
5	2900 00
6	145966 00

6 Enter your earned income (see instructions)

7 If your filing status is Married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions)

7	31911 00
8	2900 00

8 Enter the smallest of line 5, 6, or 7

9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38 **9** 179424 00

10 Enter the decimal amount that applies to the amount on line 9 from the Table for line 10 in the instructions **10** .20

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on the back) **11** 580 00

12	Amount from line 11	12	580	00
13	Enter your New York adjusted gross income (Form IT-201 filers, line 33; Form IT-203 filers, line 32)		175477	00
	Use the <i>New York State child and dependent care credit limitation table</i> in the instructions to determine the decimal to be entered on this line	13	0.200	
14	Multiply line 12 by the decimal amount on line 13. This is your New York State child and dependent care credit (see instructions)	14	116	00

Part-year New York State residents

15	Enter the amount from Form IT-203, line 40	15		00
	If line 15 is equal to or more than line 14, stop. You do not have excess credit. If line 15 is less than line 14, continue on line 16 below.			
16	Subtract line 15 from line 14. This is your excess child and dependent care credit	16		00
17	Enter the amount from Form IT-203-ATT, line 29 (if you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.)	17		00
	If line 17 is equal to or more than line 16, stop. Do not continue with this worksheet. Enter the line 16 amount on Form IT-203-ATT, line 30. If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.			
18	Subtract line 17 from line 16. This is your remaining excess child and dependent care credit	18		00
19	Enter the amount from line 19, Column D, of the <i>Part-year resident income allocation worksheet</i> in the instructions for Form IT-203	19		00
20	Enter the amount from line 19, Column A, of the <i>Part-year resident income allocation worksheet</i> in the instructions for Form IT-203	20		00
21	Divide line 19 by line 20 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000)	21		
22	Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. This is the refundable portion of your New York State part-year resident child and dependent care credit.	22		00

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year and your federal adjusted gross income is \$30,000 or less (see Note under *New York City credit* on page 1 of the instructions) and you listed a child under 4 years old as of December 31, on line 3, complete line 23 and see page 4 of the instructions.

23	Enter the portion of the total expenses from line 3a that was paid for children under 4 years old	23		00
IT-201 filers:				
24	Refundable New York City child and dependent care credit (from Worksheet 1, line 7 or line 13)	24		00
25	Add lines 14 and 24; also enter this amount on Form IT-201, line 64	25		00
26	Part-year New York City resident nonrefundable New York City child and dependent care credit (from Worksheet 1, line 8); also enter this amount on Form IT-201-ATT, line 9a	26		00

IT-203 filers:

27	Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (from Worksheet 1, line 8); also enter this amount on Form IT-203, line 52	27		00
28	Refundable portion of your part-year New York City resident New York City child and dependent care credit (from Worksheet 1, line 13); also enter this amount on Form IT-203-ATT, line 9a	28		00
Part-year New York City resident filers only:				
29	Enter the amount from Worksheet 1, line 10	29		00
30	Enter the amount from Worksheet 1, line 11	30		00

Form IT-201	New York Estimated Tax Payments Worksheet	2016
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Name **Marcus J Molinaro Corinne Adams** Taxpayer Identification Number XXXXXXXXXX

	New York State	City of New York	City of Yonkers	MCTMT
1. 2015 New York adjusted gross income	1. 175,477.			
2. 2015 Deductions and exemptions	2. 16,850.			
3. Subtract line 2 from line 1	3. 158,627.			
4. Expected increase or decrease	4.			
5. Estimated New York State taxable income	5. 158,627.			
6. Figure (a) NYS tax on line 5 amount	6a. 10,231.			
tax: (b) NYC/Yonkers resident tax/MCTMT		6b.	6b.	6b.
7. NYS and NYC household credit	7.	7.		
8. Subtract line 7 from line 6a or 6b	8. 10,231.	8.		
9. Other NYC taxes and Yonkers part-year tax		9.	9.	
10. Add lines 8 and 9		10.		
11. NYS and NYC nonrefundable credits	11.	11.		
12. NYS (line 8 - 11)/ NYC (Line 10 - 11)	12. 10,231.	12.		
13. Yonkers nonresident earnings tax			13.	
14. Total tax before other New York State tax	14. 10,231.	14.		
15. Other New York State/City tax	15.	15.		
16. Total estimated state, city, and MCTMT tax	16. 10,231.	16.	16.	16.
17. Refundable credits	17. 466.	17.		
18. New York State/City estimated tax	18. 9,765.	18.		
19. Totals	19. 9,765.	19.	19.	19.
20. Adjustments to current year liability	20.	20.	20.	20.
21. Adjusted totals	21. 9,765.	21.	21.	21.
22. Enter 100% of tax shown on return (110% if NYAGI* > \$150000 or if MFS, > \$75000) (Declaration = 1 or 3 only)	22. 10,742.	22.	22.	22.
23. Enter the larger of line 21 or 22	23. 10,742.	23.	23.	23.
24. Estimate of income tax to be withheld	24. 10,139.	24.	24.	24.
25. Balance. No payment required for NY, NYC, or Yonkers if less than \$300.	25. 603.	25.	25.	25.
26. Less: Next year's estimates already paid	26.	26.	26.	26.
27. Less: Overpayment applied	27.	27.	27.	27.
28. Rounding amount	28. 37.	28.	28.	28.
29. Estimated tax payments due	29. 640.	29.	29.	29.

*or net earnings from self-employment allocated to the MCTD

Voucher Number	Due Date	New York State	City of New York	City of Yonkers	MCTMT	Total Amount
<u>1</u>	<u>04-18-16</u>	<u>160.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>160.</u>
<u>2</u>	<u>06-15-16</u>	<u>160.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>160.</u>
<u>3</u>	<u>09-15-16</u>	<u>160.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>160.</u>
<u>4</u>	<u>12-31-16</u>	<u>160.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>160.</u>

Record of Payments Made

Date Paid

Amount Paid

First estimate voucher	_____	_____
Second estimate voucher	_____	_____
Third estimate voucher	_____	_____
Fourth estimate voucher	_____	_____

Form IT-201	New York College Tuition Addition and Subtraction Worksheet	2015
Name Marcus J Molinaro Corinne Adams		Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 15px;"></div>

College Choice Tuition Savings Deduction and Earnings Distributions Worksheet

1. Contributions to New York State College Choice Tuition Savings Program (From federal Screen 1099Q)	1.	2,400.
2. Contributions entered from a partnership	2.	
3. Total contributions limited to maximum allowed (Added into lines 4 and 5 of next worksheet)	3.	2,400.
4. Distributions included on federal Form 1040, line 21	4.	
5. Add lines 3 and 4. This is your 2015 subtraction modification.	5.	2,400.

College Choice Tuition Savings Distribution Worksheet

1. 2015 and prior years' nonqualified withdrawals from your account(s)	1.	
2. Distributions entered from a partnership	2.	
3. Total 2015 and prior years' nonqualified withdrawals from your account(s)	3.	
4. Total 2015 and prior years' contributions to your account(s)	4.	18,200.
5. Total 2015 and prior years' subtraction modifications	5.	18,200.
6. Subtract line 5 from line 4	6.	
7. Total prior years' addition modifications	7.	
8. Add lines 6 and 7	8.	
9. Subtract line 8 from line 3. This is your 2015 addition modification.	9.	

Name

Taxpayer Identification Number

Marcus J Molinaro Corinne Adams



Form IT-114, line 4 amount

A. Enter amount from Form IT-201, line 44	A.	<u>10,231.</u>
B. Accumulation distribution credit (Form IT-201-ATT, line 1)	B.	_____
C. Add lines A and B	C.	<u>10,231.</u>
D. Child and dependent care credit (Form IT-216, line 14)	D.	<u>116.</u>
E. Other tax credits (Form IT-201-ATT, line 13)	E.	_____
F. Empire State child credit (Form IT-201, line 63)	F.	_____
G. NYS earned income credit (Form IT-201, line 65)	G.	_____
H. NYS noncustodial parent EIC (Form IT-201, line 66)	H.	_____
I. Real property tax credit (Form IT-201, line 67)	I.	_____
J. College tuition credit (Form IT-201, line 68)	J.	_____
K. NYC enhanced real property tax credit (Form IT-201, line 70a)	K.	_____
L. Add lines D through K	L.	<u>116.</u>
M. Subtract line L from line C. Enter here and on line 4	M.	<u>10,115.</u>

Form IT-201/203	New York State Tax Computation Worksheets <small>(For taxpayers with adjusted gross income or taxable income greater than tax table thresholds)</small>	2015
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Name Marcus J Molinaro Corinne Adams	Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 15px;"></div>
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New York State Tax Rate Schedule and Computation Worksheets

Form: **Form IT-201**

Tax Rate Schedule: (*Also calculates for worksheets)

If adjusted gross income <= \$106,200

- | | |
|---|----------|
| 1. New York adjusted gross income (Calculates on worksheets when AGI is greater than \$106,200) | 1. _____ |
| 2. Taxable income | 2. _____ |
| 3. Tax on line 2 based on filing status | 3. _____ |

Tax Computations Worksheets 1, 5, 8:

If AGI > \$106,200 but <= MFJ/QW (\$2,125,450), Single/MFS (\$1,062,650), HoH (\$1,594,050)

Taxable income <= MFJ/QW (\$159,350), Single/MFS (\$212,500), HoH (\$265,600)

- | | | |
|--|----|----------|
| 1. New York adjusted gross income | 1. | 175,477. |
| 2. Taxable income | 2. | 158,627. |
| 3. Multiply In 2 by MFJ/QW 6.45%, Single/MFS/HoH 6.65% | 3. | 10,231. |
| <small>(If AGI >= \$156,200 enter on line 9 and skip lines 4-8)</small> | | |
| 4. Tax calculated on line 2 based on rate schedule* | 4. | _____ |
| 5. Subtract line 4 from line 3 | 5. | _____ |
| 6. Excess of line 1 over \$106,200 | 6. | _____ |
| 7. Divide line 6 by \$50,000 | 7. | _____ |
| 8. Multiply line 5 by line 7 | 8. | _____ |
| 9. Add lines 4 and 8 | 9. | 10,231. |

Tax Computation Worksheets 2, 6, 9:

If AGI: MFJ/QW (>\$159,350 but <= \$2,125,450), Single/MFS (>\$212,500 but <= \$1,062,650),
HoH (>\$265,600 but <= \$1,594,050)

Taxable income > MFJ/QW (\$159,350 but not >\$318,750), Single/MFS (\$212,500), HoH (\$265,600)

- | | | |
|--|-----|-------|
| 1. New York adjusted gross income | 1. | _____ |
| 2. Taxable income | 2. | _____ |
| 3. Multiply In 2 by MFJ/QW 6.65%, Single/MFS/HoH 6.85% | 3. | _____ |
| <small>(If AGI >= MFJ/QW (\$209,350), Single/MFS (\$262,500), HoH (\$315,600) enter on line 11 and skip lines 4-10)</small> | | |
| 4. Tax calculated on line 2 based on rate schedule* | 4. | _____ |
| 5. Subtract line 4 from line 3 | 5. | _____ |
| 6. Enter: MFJ/QW \$672, Single/MFS \$494, HoH \$716 | 6. | _____ |
| 7. Subtract line 6 from line 5 | 7. | _____ |
| 8. Excess of line 1 > MFJ/QW (\$159,350), Single/MFS (\$212,500),
HoH (\$265,600) | 8. | _____ |
| 9. Divide line 8 by \$50,000 | 9. | _____ |
| 10. Multiply line 7 by line 9 | 10. | _____ |
| 11. Add lines 4, 6, and 10 | 11. | _____ |

Tax Computation Worksheets 3, 7, 10:

If AGI > MFJ/QW (\$318,750 but <= \$2,125,450), Single/MFS (\$1,062,650), HoH (\$1,594,050)

Taxable income > MFJ/QW (\$318,750)

- | | | |
|---|-----|-------|
| 1. New York adjusted gross income | 1. | _____ |
| 2. Taxable income | 2. | _____ |
| 3. Multiply In 2 by MFJ/QW 6.85%, Single/MFS/HoH 8.82% | 3. | _____ |
| <small>(If AGI >= MFJ/QW (\$368,750), Single/MFS (\$1,112,650), HoH (\$1,644,050) enter on line 11 and skip lines 4-10)</small> | | |
| 4. Tax calculated on line 2 based on rate schedule* | 4. | _____ |
| 5. Subtract line 4 from line 3 | 5. | _____ |
| 6. Enter: MFJ/QW \$991,
Single/MFS if Taxable <= \$212,500 enter \$494, > \$212,500 enter \$919
HoH if Taxable <= \$265,600 enter \$716, > \$265,600 enter \$1247 | 6. | _____ |
| 7. Subtract line 6 from line 5 | 7. | _____ |
| 8. Excess of line 1 > MFJ/QW (\$318,750),
Single/MFS (\$1,062,650), HoH (\$1,594,050) | 8. | _____ |
| 9. Divide line 8 by \$50,000 | 9. | _____ |
| 10. Multiply line 7 by line 9 | 10. | _____ |
| 11. Add lines 4, 6, and 10 | 11. | _____ |

Tax Computation Worksheet 4: If AGI > MFJ/QW \$2,125,450

- | | | |
|---|-----|-------|
| 1. New York adjusted gross income | 1. | _____ |
| 2. Taxable income | 2. | _____ |
| 3. Multiply line 2 by 8.82% | 3. | _____ |
| <small>(If AGI >= \$2,175,450 enter on line 11 and skip lines 4-10)</small> | | |
| 4. Tax calculated on line 2 based on rate schedule* | 4. | _____ |
| 5. Subtract line 4 from line 3 | 5. | _____ |
| 6. Enter: if Taxable income <= \$159,350 enter \$672,
if > \$159,350 but <= \$318,750 enter \$991, if > \$318,750 enter \$1628 | 6. | _____ |
| 7. Subtract line 6 from line 5 (if less than zero, enter 0) | 7. | _____ |
| 8. Excess of line 1 over \$2,125,450 | 8. | _____ |
| 9. Divide line 8 by \$50,000 | 9. | _____ |
| 10. Multiply line 7 by line 9 | 10. | _____ |
| 11. Add lines 4, 6, and 10 | 11. | _____ |

Filing Status: (Used for this calculation)

2-Married filing joint

Form IT-201/203	New York State Tax Computation Worksheets <small>(For taxpayers with adjusted gross income or taxable income greater than tax table thresholds)</small>	2015
---------------------------	---	-------------

Name Marcus J Molinaro Corinne Adams	Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 15px;"></div>
--	--

New York State Tax Rate Schedule and Computation Worksheets

Form: **IT-2105 Estimates**

Tax Rate Schedule: (*Also calculates for worksheets)

If adjusted gross income <= \$106,200

1. New York adjusted gross income (Calculates on worksheets when AGI is greater than \$106,200) 1. _____
2. Taxable income 2. _____
3. Tax on line 2 based on filing status 3. _____

Tax Computations Worksheets 1, 5, 8:

If AGI > \$106,200 but <= MFJ/QW (\$2,125,450), Single/MFS (\$1,062,650), HoH (\$1,594,050)

Taxable income <= MFJ/QW (\$159,350), Single/MFS (\$212,500), HoH (\$265,600)

1. New York adjusted gross income 1. 175,477.
2. Taxable income 2. 158,627.
3. Multiply In 2 by MFJ/QW 6.45%, Single/MFS/HoH 6.65% 3. 10,231.
(If AGI >= \$156,200 enter on line 9 and skip lines 4-8)
4. Tax calculated on line 2 based on rate schedule* 4. _____
5. Subtract line 4 from line 3 5. _____
6. Excess of line 1 over \$106,200 6. _____
7. Divide line 6 by \$50,000 7. _____
8. Multiply line 5 by line 7 8. _____
9. Add lines 4 and 8 9. 10,231.

Tax Computation Worksheets 2, 6, 9:

If AGI: MFJ/QW (>\$159,350 but <= \$2,125,450), Single/MFS (>\$212,500 but <= \$1,062,650),

HoH (>\$265,600 but <= \$1,594,050)

Taxable income > MFJ/QW (\$159,350 but not >\$318,750), Single/MFS (\$212,500), HoH (\$265,600)

1. New York adjusted gross income 1. _____
2. Taxable income 2. _____
3. Multiply In 2 by MFJ/QW 6.65%, Single/MFS/HoH 6.85% 3. _____
(If AGI >= MFJ/QW (\$209,350), Single/MFS (\$262,500), HoH (\$315,600) enter on line 11 and skip lines 4-10)
4. Tax calculated on line 2 based on rate schedule* 4. _____
5. Subtract line 4 from line 3 5. _____
6. Enter: MFJ/QW \$672, Single/MFS \$494, HoH \$716 6. _____
7. Subtract line 6 from line 5 7. _____
8. Excess of line 1 > MFJ/QW (\$159,350), Single/MFS (\$212,500), HoH (\$265,600) 8. _____
9. Divide line 8 by \$50,000 9. _____
10. Multiply line 7 by line 9 10. _____
11. Add lines 4, 6, and 10 11. _____

Tax Computation Worksheets 3, 7, 10:

If AGI > MFJ/QW (\$318,750 but <= \$2,125,450), Single/MFS (\$1,062,650), HoH (\$1,594,050)

Taxable income > MFJ/QW (\$318,750)

1. New York adjusted gross income 1. _____
2. Taxable income 2. _____
3. Multiply In 2 by MFJ/QW 6.85%, Single/MFS/HoH 8.82% 3. _____
(If AGI >= MFJ/QW (\$368,750), Single/MFS (\$1,112,650), HoH (\$1,644,050) enter on line 11 and skip lines 4-10)
4. Tax calculated on line 2 based on rate schedule* 4. _____
5. Subtract line 4 from line 3 5. _____
6. Enter: MFJ/QW \$991, 6. _____
Single/MFS if Taxable <= \$212,500 enter \$494, >\$212,500 enter \$919
HoH if Taxable <= \$265,600 enter \$716, >\$265,600 enter \$1247
7. Subtract line 6 from line 5 7. _____
8. Excess of line 1 > MFJ/QW (\$318,750), 8. _____
Single/MFS (\$1,062,650), HoH (\$1,594,050)
9. Divide line 8 by \$50,000 9. _____
10. Multiply line 7 by line 9 10. _____
11. Add lines 4, 6, and 10 11. _____

Tax Computation Worksheet 4: If AGI > MFJ/QW \$2,125,450

1. New York adjusted gross income 1. _____
2. Taxable income 2. _____
3. Multiply line 2 by 8.82% 3. _____
(If AGI >= \$2,175,450 enter on line 11 and skip lines 4-10)
4. Tax calculated on line 2 based on rate schedule* 4. _____
5. Subtract line 4 from line 3 5. _____
6. Enter: If Taxable income <= \$159,350 enter \$672, 6. _____
if > \$159,350 but <= \$318,750 enter \$991, if > \$318,750 enter \$1628
7. Subtract line 6 from line 5 (if less than zero, enter 0) 7. _____
8. Excess of line 1 over \$2,125,450 8. _____
9. Divide line 8 by \$50,000 9. _____
10. Multiply line 7 by line 9 10. _____
11. Add lines 4, 6, and 10 11. _____

Filing Status: (Used for this calculation) 2-Married filing joint


NY Asset Report

47 Prince Street

FYE: 12/31/2015

Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
Residential Real Property:								
	I House	6/01/15	203,000	203,000	0	3,998	3,998	0
			<u>203,000</u>	<u>203,000</u>	<u>0</u>	<u>3,998</u>	<u>3,998</u>	<u>0</u>
	Grand Totals		203,000	203,000	0	3,998	3,998	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>203,000</u>	<u>203,000</u>	<u>0</u>	<u>3,998</u>	<u>3,998</u>	<u>0</u>

NY Future Depreciation Report**FYE: 12/31/16**

FYE: 12/31/2015

47 Prince Street

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NY</u>
<u>Prior MACRS:</u>				
1	House	6/01/15	<u>203,000</u>	<u>7,382</u>
			<u>203,000</u>	<u>7,382</u>
	Grand Totals		<u>203,000</u>	<u>7,382</u>

New York Two Year Comparison Report

2014 & 2015

Name **Marcus J Molinaro Corinne Adams**

Tp SSN

		2014	2015	Differences
Income	1. Wages	140,601.	177,877.	37,276.
	2. Interest and dividends			
	3. State tax refund	1,726.	1,547.	-179.
	4. Alimony received			
	5. Business income or loss			
	6. Capital gain or loss			
	7. Other gains or losses			
	8. Taxable amount of IRA distributions			
	9. Taxable amount of pensions and annuities			
	10. Rent, royalty, partnership, S corporation and trust income			
	11. Farm income or loss			
	12. Unemployment			
	13. Social security			
	14. Other income			
	15. Total income	142,327.	179,424.	37,097.
	16. Total adjustments to income			
	17. Federal adjusted gross income	142,327.	179,424.	37,097.
Adjustments	18. Non-New York municipal income			
	19. Public employee 414(h) retirement contributions			
	20. Tuition and other additions			
	21. Total New York additions to income			
	22. State tax refund	1,726.	1,547.	-179.
	23. Pensions of New York, local and federal governments			
	24. Social security and Railroad Tier I			
	25. US obligations			
	26. Pension exclusion			
	27. Tuition and other subtractions	2,400.	2,400.	
	28. Total New York subtractions from income	4,126.	3,947.	-179.
	29. New York adjusted gross income	138,201.	175,477.	37,276.
Deduction	30. Standard or itemized deduction	27,809.	15,850.	-11,959.
	31. Exemptions	1,000.	1,000.	
	32. New York taxable income	109,392.	158,627.	49,235.
Tax Computation	33. New York State tax	7,043.	10,231.	3,188.
	34. New York household and other nonrefundable credits			
	35. Other New York State taxes			
	36. New York City resident tax			
	37. New York City household credit			
	38. Other New York City taxes			
	39. New York City nonrefundable credits			
	40. MCTMT			
	41. Yonkers taxes			
	42. Use tax	80.	50.	-30.
	43. Voluntary gifts or contributions			
	44. Total taxes, gifts and contributions	7,123.	10,281.	3,158.
	45. New York State child and dependent care credit	232.	116.	-116.
	46. New York State earned income credit			
	47. Real property tax credit			
	48. All other refundable credits		350.	350.
	49. Total New York State income tax withheld	8,590.	10,139.	1,549.
	50. Total New York City income tax withheld			
	51. Total Yonkers income tax withheld			
	52. Estimated tax payments			
	53. Other payments			
	54. Total payments and refundable credits	8,822.	10,605.	1,783.
	55. Tax due or -refund	-1,699.	-324.	1,375.
	56. Penalties and interest			
	57. Net tax due or -refund	-1,699.	-324.	1,375.
	58. Effective tax rate	7 %	6 %	

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2015** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , 2015, ending , 20 See separate instructions.

Your first name and initial **Marcus J** Last name **Molinaro** Your social security number [REDACTED]

If a joint return, spouse's first name and initial **Corinne** Last name **Adams** 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 (see instructions). **Red Hook NY 12571**

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

Filing Status 1 Single 4 Head of household (with qualifying person). (See instructions.) 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) with dependent child 3 Married filing separately. Enter spouse's SSN above and full name here. **Check only one box.**

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 qual. for child tax credit (see instr.) } No. of children on 6c who: • lived with you **1** • did not live with you due to divorce or separation (see instructions) If more than four dependents, see instructions and check here Dependents on 6c not entered above Add numbers on lines above **3** d Total number of exemptions claimed

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 177,877** 8a Taxable interest. Attach Schedule B if required **8a** b Tax-exempt interest. Do not include on line 8a **8b** 9a Ordinary dividends. Attach Schedule B if required **9a** b Qualified dividends **9b** 10 Taxable refunds, credits, or offsets of state and local income taxes **10 1,547** 11 Alimony received **11** 12 Business income or (loss). Attach Schedule C or C-EZ **12** 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here **13** 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 0** 18 Farm income or (loss). Attach Schedule F **18** 19 Unemployment compensation **19** 20a Social security benefits **20a** b Taxable amount **20b** 21 Other income. List type and amount **21** 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22 179,424**

Adjusted Gross Income 23 Educator expenses **23** 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24** 25 Health savings account deduction. Attach Form 8889 **25** 26 Moving expenses. Attach Form 3903 **26** 27 Deductible part of self-employment tax. Attach Schedule SE **27** 28 Self-employed SEP, SIMPLE, and qualified plans **28** 29 Self-employed health insurance deduction **29** 30 Penalty on early withdrawal of savings **30** 31a Alimony paid b Recipient's SSN **31a** 32 IRA deduction **32** 33 Student loan interest deduction **33** 34 Tuition and fees. Attach Form 8917 **34** 35 Domestic production activities deduction. Attach Form 8903 **35** 36 Add lines 23 through 35 **36** 37 Subtract line 36 from line 22. This is your adjusted gross income **37 179,424**

	38	Amount from line 37 (adjusted gross income)	38	179,424
Tax and Credits	39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,250	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	25,664
	41	Subtract line 40 from line 38	41	153,760
	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	12,000
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	141,760
	44	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4372 c <input type="checkbox"/>	44	27,028
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	27,028
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	580
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53		
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54		
55	Add lines 48 through 54. These are your total credits	55	580	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	26,448	
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	26,448	
Payments If you have a qualifying child, attach Schedule EIC.	64	Federal income tax withheld from Forms W-2 and 1099	64	26,395
	65	2015 estimated tax payments and amount applied from 2014 return	65	
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election <input type="checkbox"/> 66b		
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	26,395	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
	b	Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
77	Amount of line 75 you want applied to your 2016 estimated tax <input type="checkbox"/> 77			
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	53	
79	Estimated tax penalty (see instructions)	79		

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

Designee's name **Dana Sperry, CPA** Personal identification number (PIN)

Phone 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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation **County Executive** Daytime phone number

Spouse's signature, if a joint return, both must sign. Date Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Print/Type preparer's name **Dana Sperry, CPA** Preparer's signature Date **04/08/16** Check if self-employed PTIN

Paid Firm's name **Sedore & Company, C.P.A.'s, P.C.** Firm's EIN

Preparer Firm's address **2678 South Road, Suite 101 Poughkeepsie NY 12601-5254** Phone no.

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2015

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

▶ Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

Marcus J Molinaro & Corinne Adams

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38 <input type="text" value="2"/>	2			
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5	10,158		
b	<input type="checkbox"/> General sales taxes	6	3,948		
6	Real estate taxes (see instructions)	6			
7	Personal property taxes	7			
8	Other taxes. List type and amount ▶ State Disability Ins W/H	8	12		
9	Add lines 5 through 8	9			14,118
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	8,446
Note: Your mortgage interest deduction may be limited (see instructions).		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶		11	
		12 Points not reported to you on Form 1098. See instructions for special rules		12	
		13 Mortgage insurance premiums (see instructions)		13	
		14 Investment interest. Attach Form 4952 if required. (See instructions.)		14	
		15 Add lines 10 through 14		15	8,446
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	1,100
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	2,000
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	3,100
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶		21	
		22 Tax preparation fees		22	
		23 Other expenses—investment, safe deposit box, etc. List type and amount ▶		23	
		24 Add lines 21 through 23		24	
		25 Enter amount from Form 1040, line 38 <input type="text" value="25"/>		25	
		26 Multiply line 25 by 2% (.02)		26	
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount ▶		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$154,950?		29	25,664
		<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
		<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>					

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2015

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

Marcus J Molinaro & Corinne Adams

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 2015 that would require you to file Form(s) 1099? (see instructions) Yes No
 B If "Yes," did you or will you file all required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)
 A **Red Hook, NY 12571**

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	1	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.	A 365		
B			B		
C			C		

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	16,800		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	963		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	8,446		
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	3,948		
17 Utilities	17			
18 Depreciation expense or depletion	18	3,998		
19 Other (list) ▶ See Statement 1	19	851		
20 Total expenses. Add lines 5 through 19	20	18,206		
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	-1,406		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	0		

23a Total of all amounts reported on line 3 for all rental properties	23a	16,800	
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	8,446	
d Total of all amounts reported on line 18 for all properties	23d	3,998	
e Total of all amounts reported on line 20 for all properties	23e	18,206	

24 Income. Add positive amounts shown on line 21. Do not include any losses **0**

25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

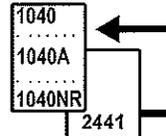
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here.

If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2

For Paperwork Reduction Act Notice, see the separate instructions.

Form **2441**

Child and Dependent Care Expenses



OMB No. 1545-0074

2015

Attachment Sequence No. **21**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
▶ Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

Name(s) shown on return

Your social security number

Marcus J Molinaro & Corinne Adams

Part I Persons or Organizations Who Provided the Care –You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see Instructions)
	Bobbie Coston	[REDACTED]	Tax-Exempt	2,900

Did you receive dependent care benefits? No Yes

Complete only Part II below. Complete Part III on the back next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2015 for the person listed in column (a)
First	Last		
[REDACTED]	Molinaro	[REDACTED]	1,450
[REDACTED]	Molinaro	[REDACTED]	1,450

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	2,900
4 Enter your earned income. See instructions	4	145,966
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4	5	31,911
6 Enter the smallest of line 3, 4, or 5	6	2,900
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	179,424

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0 – 15,000		.35	\$29,000 – 31,000		.27
15,000 – 17,000		.34	31,000 – 33,000		.26
17,000 – 19,000		.33	33,000 – 35,000		.25
19,000 – 21,000		.32	35,000 – 37,000		.24
21,000 – 23,000		.31	37,000 – 39,000		.23
23,000 – 25,000		.30	39,000 – 41,000		.22
25,000 – 27,000		.29	41,000 – 43,000		.21
27,000 – 29,000		.28	43,000 – No limit		.20

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X .20
9 Multiply line 6 by the decimal amount on line 8. If you paid 2014 expenses in 2015, see the instructions	9	580
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	27,028
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47	11	580

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

Form **2441** (2015)

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

Name(s) shown on return

Marcus J Molinaro & Corinne Adams

Identifying number

Business or activity to which this form relates

47 Prince Street

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	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

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

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	0
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		

Section B—Assets Placed in Service During 2015 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	06/01/15	203,000	27.5 yrs.	MM	S/L	3,998
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2015 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 instructions	22	3,998
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

Form **8582**

Passive Activity Loss Limitations

OMB No. 1545-1008

2015

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

Attachment
Sequence No. **88**

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

Name(s) shown on return

Identifying number

Marcus J Molinaro & Corinne Adams

Part I 2015 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))		
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1,406	
1c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))		
1d	Combine lines 1a, 1b, and 1c		-1,406
Commercial Revitalization Deductions From Rental Real Estate Activities			
2a	Commercial revitalization deductions from Worksheet 2, column (a)		
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)		
2c	Add lines 2a and 2b		
All Other Passive Activities			
3a	Activities with net income (enter the amount from Worksheet 3, column (a))		
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))		
3c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))		
3d	Combine lines 3a, 3b, and 3c		
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		-1,406

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

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

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

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

5	Enter the smaller of the loss on line 1d or the loss on line 4		1,406
6	Enter \$150,000. If married filing separately, see instructions	150,000	
7	Enter modified adjusted gross income, but not less than zero (see instructions)	179,424	
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions		
10	Enter the smaller of line 5 or line 9		0

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

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total		
16	Total losses allowed from all passive activities for 2015. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return		0

For Paperwork Reduction Act Notice, see instructions.

Marcus J Molinaro & Corinne Adams

Form 8582 (2015)

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
47 Prince Street		1,406			1,406
Total. Enter on Form 8582, lines 1a, 1b, and 1c					
		1,406			

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

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total					
			1.00		

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
47 Prince Street	Sch E1	1,406	1.0000	1,406
Total				
		1,406	1.00	1,406

Marcus J Molinaro & Corinne Adams



Form 8582 (2015)

Worksheet 6—Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
	Sch E1	1,406	1,406	
Total		1,406	1,406	

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total			1.00		

Form **8283**

(Rev. December 2014)

Department of the Treasury
Internal Revenue Service

Noncash Charitable Contributions

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

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

OMB No. 1545-0008

Attachment Sequence No. **155**

Name(s) shown on your income tax return

Marcus J Molinaro & Corinne Adams

Identifying number

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 (see instructions), 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	Youth Mission Outreach	<input type="checkbox"/>	Clothes and Household wares
B		<input type="checkbox"/>	
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	Various	Various	Purchase	5,000	2,000	Thrift Shop Value
B						
C						
D						
E						

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

- 2a 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 ▶ _____

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

	Yes	No
3a		
3b		
3c		

Federal Statements**Statement 1 - Schedule E, Line 19 - Other Expenses**

<u>Description</u>	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
D& B Enterprises	\$ 348		\$ 348
GARBAGE	503		503
Total	<u>\$ 851</u>		<u>\$ 851</u>

Form 1040	General Sales Tax Deduction Worksheet	2015
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Name as shown on return Marcus J Molinaro & Corinne Adams	Taxpayer Identification Number [REDACTED]
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State of New York	Locality of Dutchess County
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General Sales Tax from IRS Tables

1. Enter the amount of adjusted gross income (AGI) from Form 1040, Line 38	1.	<u>179,424</u>
2. Add the nontaxable amounts from Form 1040, lines 8b, 15a, 16a, 20a (Exclude rollovers and tax-free Sec. 1035 exchanges)	2.	<u> </u>
3. Add the following nontaxable items: nontaxable combat pay, public assistance, veteran's benefits, and workers' compensation. Also include any amounts which increase spendable income, such as the refundable portion of refundable tax credits received in 2015	3.	<u> </u>
4. Add lines 1 through 3, this is income for general sales tax table purposes	4.	<u>179,424</u>
5. Enter the amount from the sales tax table in the Schedule A instructions.	5.	<u>799</u>
Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8 and enter the amount from line 5 on line 9		
6. Enter the number of days of residence in state	6.	<u> </u>
7. Total days in year	7.	<u>365</u>
8. Divide line 6 by line 7 (rounded to at least 3 decimal places)	8.	<u> </u>
9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table.	9.	<u>799</u>

Local Sales Tax Using IRS Tables

10. Enter the amount from the sales tax table in the Schedule A instructions.	10.	<u>799</u>
11. If you are a resident of Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi (city of Jackson or Tupelo only), Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah, or Virginia, enter the amount from the applicable Optional Local Sales Tax Table in the Schedule A instructions.	11.	<u> </u>
12. Enter the local general sales tax rate (exclude statewide local sales tax rate)	12.	<u>4.12500</u>
13. Enter the state general sales tax rate (include statewide local sales tax rate)	13.	<u>4.0000</u>
14. Divide line 12 by line 13 (rounded to at least 3 decimal places)	14.	<u>1.031</u>
15. If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax using the optional local sales tax tables. Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19 If you did not enter an amount on line 11, multiply line 10 by line 14. This is the local sales tax using the optional state and certain local sales tax tables. Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19	15.	<u>824</u>
16. Enter the number of days of residence in locality	16.	<u> </u>
17. Total days in year	17.	<u>365</u>
18. Divide line 16 by line 17 (rounded to at least 3 decimal places)	18.	<u> </u>
19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables.	19.	<u>824</u>

General Sales Tax Summary

20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets	20.	<u>799</u>
21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets	21.	<u>824</u>
22. Add lines 20 and 21, this is the total General Sales taxes using the tables	22.	<u>1,623</u>
23. Enter the actual state and local general sales taxes paid	23.	<u> </u>
24. Enter the greater of line 22 or line 23	24.	<u>1,623</u>
25. Enter the state and local taxes paid on specified items (major purchases)	25.	<u> </u>
26. Add lines 24 and 25, this is the deductible General Sales tax	26.	<u>1,623</u>
27. Enter total state and local income taxes paid	27.	<u>10,158</u>

Enter the greater of line 26 or 27 on Schedule A, line 5. If line 26 is greater, mark Schedule A, line 5b. If line 27 is greater, mark Schedule A, line 5a.

Form 1040	QTP/ESA Basis Worksheet	2015
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Name Marcus J Molinaro & Corinne Adams	Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 15px;"></div>
--	--

Payer's/Trustee's name New York College Plus

Account type State QTP Account number

Beneficiary first name Beneficiary last name MOLINARO

Worksheet for Determining QTP/ESA Basis Amounts

1. Basis in QTP/ESA as of December 31, 2014	1.	<u>12,500</u>
2. Enter QTP/ESA contributions for 2015	2.	<u>1,200</u>
3. Add lines 1 and 2	3.	<u>13,700</u>
4. Enter distributions from this QTP/ESA during 2015	4.	<u> </u>
5. Subtract Line 4 from Line 3	5.	<u>13,700</u>
6. Other increases or decreases to basis	6.	<u> </u>
7. Basis in your QTP or ESA as of December 31, 2015	7.	<u>13,700</u>

Form 1040	QTP/ESA Basis Worksheet	2015
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Name Marcus J Molinaro & Corinne Adams	Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 15px;"></div>
--	--

Payer's/Trustee's name	<u>New York College savings Plus</u>	Account number
Account type	<u>State QTP</u>	
Beneficiary first name	<div style="background-color: black; width: 150px; height: 15px;"></div>	Beneficiary last name <u>Molinaro</u>

Worksheet for Determining QTP/ESA Basis Amounts

1. Basis in QTP/ESA as of December 31, 2014	1.	<u>6,200</u>
2. Enter QTP/ESA contributions for 2015	2.	<u>1,200</u>
3. Add lines 1 and 2	3.	<u>7,400</u>
4. Enter distributions from this QTP/ESA during 2015	4.	
5. Subtract Line 4 from Line 3	5.	<u>7,400</u>
6. Other increases or decreases to basis	6.	
7. Basis in your QTP or ESA as of December 31, 2015	7.	<u>7,400</u>

Form **1040**

Nonrefundable Personal Credit Limitation Worksheet

2015

Name **Marcus J Molinaro & Corinne Adams**

Taxpayer Identification Number XXXXXXXXXX

Amounts from tax return

- | | | | | | |
|--|------------------|--|----------|-----------------------------|----------|
| a. Regular tax (Form 1040, line 44) | a. <u>27,028</u> | h. CTC, line 11 wrk, line 12 | h. _____ | n. Form 8859, line 3 | n. _____ |
| b. AMT (Form 1040, line 45) | b. _____ | i. Child tax cr (Form 1040, line 52) | i. _____ | o. Form 8910, line 15 | o. _____ |
| c. Exc adv PTC (Form 1040, line 46) | c. _____ | j. Form 5695, line 30 | j. _____ | p. Form 8936, line 23 | p. _____ |
| d. Foreign tax cr (Form 1040, line 48) | d. _____ | k. Form 5695, line 15 | k. _____ | q. Form 8834, line 7 | q. _____ |
| e. Child care cr (Form 1040, line 49) | e. <u>580</u> | l. Form 8396, line 9 | l. _____ | r. Form 3800, line 38 | r. _____ |
| f. Education cr (Form 1040, line 50) | f. _____ | m. Elderly cr (Sch R, line 22) | m. _____ | s. Form 8839, line 16 | s. _____ |
| g. Retirement cr (Form 1040, line 51) | g. _____ | | | | |

	Form 2441	Schedule R	Form 8880	Form 5695, Part II	Form 5695, Part I
1. Total tax available	1. <u>27,028</u>	_____	_____	_____	_____
2. Other nonrefundable personal credits allowed	2. _____	_____	_____	_____	_____
3. Limitation based on tax liability, line 1 minus line 2	3. <u>27,028</u>	_____	_____	_____	_____
4. Amount from line 3 reported on	4. <u>F2441, ln 10</u>	_____	_____	_____	_____
5. Code(s) for tax amount(s) from above	5. <u>a b c</u>	_____	_____	_____	_____
6. Code(s) for credit amount(s) from above	6. <u>d</u>	_____	_____	_____	_____

	Form 8910, Part III	Form 8911, Part III	Form 8936, Part III	Form 8396	Form 8839
1. Total tax available	1. _____	_____	_____	_____	_____
2. Other nonrefundable personal credits allowed	2. _____	_____	_____	_____	_____
3. Limitation based on tax liability, line 1 minus line 2	3. _____	_____	_____	_____	_____
4. Amount from line 3 reported on	4. _____	_____	_____	_____	_____
5. Code(s) for tax amount(s) from above	5. _____	_____	_____	_____	_____
6. Code(s) for credit amount(s) from above	6. _____	_____	_____	_____	_____

	Form 8859	Form 8801
1. Total tax available	1. _____	_____
2. Other nonrefundable personal credits allowed	2. _____	_____
3. Limitation based on tax liability, line 1 minus line 2	3. _____	_____
4. Amount from line 3 reported on	4. _____	_____
5. Code(s) for tax amount(s) from above	5. _____	_____
6. Code(s) for credit amount(s) from above	6. _____	_____

Form 8863, Line 19

- | | | | |
|---|-------|---|-------|
| 1. Enter the amount from Form 8863, line 18 | _____ | 5. Enter the total of code(s) d, e, and m from above | _____ |
| 2. Enter the amount from Form 8863, line 9 | _____ | 6. Subtract line 5 from line 4 | _____ |
| 3. Add lines 1 and 2 | _____ | 7. Enter the smaller of line 3 or line 6 here and on Form 8863, line 19 | _____ |
| 4. Enter the amount from Form 1040, line 47 | _____ | | |

Form 1040	Passive Activity Deduction Worksheet	2015
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Name Marcus J Molinaro	Taxpayer Identification Number XXXXXXXXXX
Activity 47 Prince Street	Form Sch E Unit 1
Type Rental real estate w/active participation	Entire Disposition of Activity

Regular Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating		1,406		1,406
Short-term capital loss				
Long-term capital loss				
28% rate capital loss				
Section 1231 loss				
Ordinary business loss				
Other Losses - 1040 pg 1				
Commercial revitalization				

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating		1,406		1,406
Short-term capital loss				
Long-term capital loss				
28% rate capital loss				
Section 1231 loss				
Ordinary business loss				
Other Losses - 1040 pg 1				
Commercial revitalization				

Form 1040	Passive Activity MAGI Calculation	2015
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Name Marcus J Molinaro & Corinne Adams	Taxpayer Identification Number <div style="background-color: black; width: 100%; height: 15px;"></div>
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1 Adjusted gross income		1	<u>179,424</u>
2 Subtractions:			
2(a) Passive activity income	2(a)		
2(b) Taxable social security income	2(b)		
2(c) Other	2(c)		
2(d) Total subtractions		2(d)	
3 Additions:			
3(a) Allowed passive activity losses	3(a)		
3(b) Rental real estate loss allowed to real estate professionals	3(b)		
3(c) Your IRA deduction	3(c)		
3(d) Spouse's IRA deduction	3(d)		
3(e) Domestic production activities deduction	3(e)		
3(f) One-half self-employment tax	3(f)		
3(g) Series EE & I Bond Interest	3(g)		
3(h) Other	3(h)		
Total additions		3(i)	
4 Modified adjusted gross income		4	<u><u>179,424</u></u>

Form **1040** **Rent and Royalty Reconciliation** **2015**

Name **Marcus J Molinaro & Corinne Adams** Taxpayer identification number [REDACTED]

Property description **47 Prince Street** Unit **1** Ownership Percentage _____
 T, S, J **T** Business Use Percentage _____
 Passive type: **Active participation** State **NY** Personal Use Percentage _____

1. Physical address: Street **47 Prince Street** 2. Property Use Information:
 City, state, zip **Red Hook NY 12571** Fair Rental Days **365**
 Property type: **Single Family Residence** Personal Use Days _____
 QJV _____

	Column A	Column B	Column C	(Column A - B - C)
	Total Income/Expense	Nonbusiness Expenses	Vacation Home / Personal Use Expenses	Income / Expenses Reported on Schedule E
Income:				
3. Rents received	16,800			16,800
4. Royalties received				
Expenses:				
5. Advertising				
Auto				
Travel				
6. Auto and travel (total)				
7. Cleaning and maintenance				
8. Commissions				
9. Insurance	963			963
10. Legal and other professional fees				
11. Management fees				
Mortgage interest from 1098	8,446			
Refinancing points on 1098				
12. Mortgage interest paid to banks, etc.	8,446			8,446
Other mortgage interest				
Other interest				
Refinancing points				
Qualified mortgage insurance				
13. Other interest (total)				
14. Repairs				
15. Supplies				
Real estate taxes	3,948			
All other taxes				
16. Taxes (total)	3,948			3,948
17. Utilities				
18. Depreciation expense or depletion	3,998			3,998
19. Other (list)				
D & B Enterprises	348			348
GARBAGE	503			503
20. Total expenses. Add lines 5 through 19	18,206			18,206
21. Income or (loss) from rental or royalty properties.				-1,406

Form 1040	Tax Refund Worksheets	2015
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Name Marcus J Molinaro & Corinne Adams Taxpayer Identification Number XXXXXXXXXX

	2014	2013	2012
1. State and local tax refunds	1,547		
2a. State and local tax refunds with no tax benefit derived due to AMT			
2b. Sales tax benefit reduction			
3. Net state and local tax refunds. Subtract lines 2a and 2b from line 1	1,547		
4. Total itemized deductions from Schedule A	36,399		
5. Standard deduction	9,100		
6. Subtract line 5 from line 4. If result is zero or less, STOP here The amount on line 3 is not taxable	27,299		
7. Enter the smaller of line 3 or line 6	1,547		
8. Taxable income (If taxable income is a negative amount, enter that amount as a negative. Adjust taxable income for any NOL carryover.)	98,028		
9. Enter the following amount to include on Form 1040, line 10: If line 8 is:	1,547		
● 0 or more, enter the amount from line 7.			
● A negative amount, add lines 7 and 8 and enter net amount, but not less than zero.			

Tax Refund Worksheet for Itemized Deduction Limitation

	2014	2013	2012 *
1. State and local tax refunds subject to phase-out			
2a. State and local tax refunds with no tax benefit derived due to AMT			
2b. Sales tax benefit reduction			
3. Net state and local tax refunds. Subtract lines 2a and 2b from line 1			
Itemized deductions before state and local tax refunds:			
4. Adjusted gross income			
5. AGI threshold			
6. Line 4 minus line 5			
7. Itemized deductions before phase-out			
8. Itemized deductions subject to phase-out			
9. Multiply line 6 by 3% (.03)			
10. Multiply line 8 by 80% (.80)			
11. Phase-out (smaller of line 9 or line 10)			
12. Allowable itemized deductions (line 7 minus line 11)			
Itemized deductions adjusted for state and local tax refund:			
13. Adjusted itemized deductions before phase-out (line 7 minus line 3)			
14. Adjusted itemized deductions subject to phase-out (line 8 minus line 3)			
15. Multiply line 14 by 80% (.80)			
16. Adjusted phase-out (smaller of line 9 or 15)			
17. Adjusted itemized deductions allowed (line 13 minus line 16)			
18. Standard deduction			
19. Enter the larger of line 17 or line 18			
20. Line 12 minus line 19			
21. Taxable income (If taxable income is a negative amount, enter that amount as a negative. Adjust taxable income for any NOL carryover.)			
22. Enter the following amount to include on Form 1040, line 10: If line 21 is:			
● 0 or more, enter the amount from line 20.			
● A negative amount, add lines 20 and 21 and enter net amount, but not less than zero.			

* Schedule A limitation did not apply for 2012, due to the Economic Growth and Tax Relief Reconciliation Act of 2001.

Federal Statements**Dutchess County****Form W-2, Box 12**

<u>Description</u>	<u>Amount</u>
Cost of group term life insurance coverage over 50,000	\$ 103
Cost of employer-sponsored health coverage	23,390
Total	<u>\$ 23,493</u>

Dutchess County**Form W-2, Box 14 - Other**

<u>Description</u>	<u>Amount</u>
CAR	\$ 1,170
Total	<u>\$ 1,170</u>

Federal Statements

Keystone Professional Baseball Club

Form W-2, Box 14 - Other

Description	Amount
State Disability Insurance withholding (SDI)	\$ 12
Total	\$ 12

Federal Statements

Tinkleman Bros. Development Corp.

Form W-2, Box 14 - Other

<u>Description</u>	<u>Amount</u>
State Disability Insurance withholding (SDI)	\$ <u>19</u>
Total	\$ <u>19</u>

Federal Statements**Schedule A, Line 5 - State and Local Taxes**

<u>Description</u>	<u>Amount</u>
State Withholding on W-2s	\$ 10,139
State Disability Fund W/H	19
Total Income Taxes*	<u>10,158</u>
General Sales Tax	<u>1,623</u>
Total Sales Taxes	<u>1,623</u>

*Income taxes are being deducted

Schedule A, Line 6 - Real Estate Taxes

<u>Description</u>	<u>Amount</u>
Real Estate Taxes	\$ 3,948
Total	<u>\$ 3,948</u>

Schedule A, Line 10 - Home Mortgage Interest & Points From Form 1098

<u>Description</u>	<u>Amount</u>
Bank of America	\$ 5,752
Ulster Savings Bank	2,694
Total	<u>\$ 8,446</u>

Schedule A, Line 13 - Qualified Mortgage Insurance Premiums

<u>Description</u>	<u>Amount</u>
1. Qualified mortgage insurance premiums paid in 2015: Schedule A (Form 1098)	<u>1,474</u>
Total qualified mortgage insurance premiums paid in 2015	\$ 1,474
2. Adjusted gross income	179,424
3. Phase-out threshold (\$100,000; \$50,000 if MFS)	100,000
4. AGI in excess of phase-out threshold (Line 2 minus Line 3) (Increased to the next multiple of \$1,000; \$500 if MFS)	80,000
5. Phase-out percentage (enter result as decimal) (Line 4 divided by \$10,000; \$5,000 if MFS)	1.0000
6. Phase-out amount (Line 1 multiplied by Line 5)	<u>1,474</u>
7. Qualified mortgage insurance premiums deduction (Line 1 minus Line 6)	<u>\$ 0</u>

Federal Statements**Schedule A, Line 16 - Charitable Contributions by Cash or Check**

<u>Description</u>	<u>Amount</u>
Miscellaneous	\$ 1,100
Total	\$ <u>1,100</u>

Schedule A, Line 17 - Charitable Contributions Other Than Cash or Check

<u>Description</u>	<u>Amount</u>
50% Contrib from 8283	\$ 2,000
Total	\$ <u>2,000</u>

Federal Statements**47 Prince Street****Schedule E, Line 9 - Insurance**

Description	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
	\$ 963		\$ 963
Total	<u>\$ 963</u>		<u>\$ 963</u>

47 Prince Street**Schedule E, Line 12 - Mortgage Interest Paid to Banks**

Description	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
Bank of America, N.A.	\$ 5,752		\$ 5,752
Ulster Savings	2,694		2,694
Total	<u>\$ 8,446</u>		<u>\$ 8,446</u>

47 Prince Street**Schedule E, Line 16 - Taxes**

Description	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
Real estate taxes	\$ 3,948		\$ 3,948
Total	<u>\$ 3,948</u>		<u>\$ 3,948</u>

Federal Statements

Form 2441, Line 4 - Taxpayer's Earned Income

<u>Description</u>	<u>Amount</u>
Wages	\$ 145,966
Total	<u>\$ 145,966</u>

Form 2441, Line 5 - Spouse's Earned Income

<u>Description</u>	<u>Amount</u>
Wages	\$ 31,911
Total	<u>\$ 31,911</u>

Federal Statements**Amount Allocated to Tax Paid in the Following Year**

	<u>Description</u>	<u>Amount</u>
NY		
1.	2014 payment paid in 2015	\$ 0
2.	2014 extension paid in 2015	0
3.	2014 additional payment paid in 2015	0
4.	Total 2014 payments paid in 2015 (sum of lines 1 through 3)	0
5.	Total payments on the 2014 return	8,590
6.	Total 2014 overpayment/refund	<u>1,547</u>
7.	2014 refund attributable to tax paid in 2015 (Line 4 divided by line 5 multiplied by line 6)	\$ 0
8.	State/local tax refund (line 6 minus line 7)	<u>\$ 1,547</u>


Federal Asset Report

FYE: 12/31/2015

47 Prince Street

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Residential Real Property:									
1	House	6/01/15	203,000			203,000	27 MMS/L	0	3,998
			<u>203,000</u>			<u>203,000</u>		<u>0</u>	<u>3,998</u>
	Grand Totals		203,000			203,000		0	3,998
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>203,000</u>			<u>203,000</u>		<u>0</u>	<u>3,998</u>

Depreciation Adjustment Report

FYE: 12/31/2015

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Future Depreciation Report FYE: 12/31/16

FYE: 12/31/2015

47 Prince Street

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
1	House	6/01/15	<u>203,000</u>	<u>7,382</u>	<u>0</u>
			<u>203,000</u>	<u>7,382</u>	<u>0</u>
	Grand Totals		<u>203,000</u>	<u>7,382</u>	<u>0</u>

Form **1040** **Salaries & Wages Report** **2015**

Name **Marcus J Molinaro & Corinne Adams** Taxpayer Identification Number XXXXXXXXXX

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T Dutchess County	145,966	22,407	118,500
B	S Keystone Professional Baseball Club	10,221	1,231	10,221
C	S Tinkleman Bros. Development Corp.	21,690	2,757	21,690
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		145,966	22,407	118,500
Spouse		31,911	3,988	31,911
Totals		177,877	26,395	150,411

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	7,347	145,966	2,117				1,170
B	634	10,221	148				12
C	1,345	21,690	315				19
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	7,347	145,966	2,117				1,170
Spouse	1,979	31,911	463				31
Totals	9,326	177,877	2,580				1,201

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	NY	145,966	8,917			
B	NY	10,221	360			
C	NY	21,690	862			
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer		145,966	8,917			
Spouse		31,911	1,222			
Totals		177,877	10,139			

Name **Marcus J Molinaro & Corinne Adams** Taxpayer Identification Number XXXXXXXXXX

		2014	2015	Differences
Filing Status		HH	MFJ	
Dependents claimed		1	1	
1. Salaries and wages	1.	140,601	177,877	37,276
2. Interest income	2.			
3. Tax exempt interest income	3.			
4. Dividend income	4.			
5. Qualified dividend income	5.			
6. Taxable state/local refunds	6.	1,726	1,547	-179
7. Alimony received	7.			
8. Business income/loss	8.			
9. Capital gain/loss	9.			
10. Other gains/losses	10.			
11. Taxable IRA distributions	11.			
12. Taxable pensions	12.			
13. Rent and royalty income including farm rental	13.			
14. Partnership/S corp income	14.			
15. Estate or trust income	15.			
16. Farm income/loss	16.			
17. Unemployment compensation	17.			
18. Taxable social security	18.			
19. Other income	19.			
20. Total income	20.	142,327	179,424	37,097
21. Moving expenses	21.			
22. Deductible part of self-employment tax	22.			
23. SEP/SIMPLE/Qualified plans deductions	23.			
24. SE health insurance	24.			
25. Forfeited interest	25.			
26. Alimony paid	26.			
27. IRA deductions	27.			
28. Student loan interest	28.			
29. Other adjustments	29.			
30. Adjusted gross income	30.	142,327	179,424	37,097
31. Medical	31.			
32. Taxes	32.	16,329	14,118	-2,211
33. Interest	33.	17,070	8,446	-8,624
34. Contributions	34.	3,000	3,100	100
35. Casualty losses	35.			
36. Miscellaneous expenses	36.			
37. Allowable itemized deductions	37.	36,399	25,664	-10,735
38. Standard deduction	38.	9,100	12,600	3,500
		Itemized	Itemized	
39. Deduction taken	39.	36,399	25,664	-10,735
40. Subtract line 39 from line 30	40.	105,928	153,760	47,832
41. Exemptions	41.	7,900	12,000	4,100
42. Taxable income	42.	98,028	141,760	43,732

Form **1040****Two Year Comparison Report - Page 2****2014 & 2015**Name
Marcus J Molinaro & Corinne AdamsTaxpayer Identification Number
[REDACTED]

		2014	2015	Differences
43.	Taxable income from 2YR page 1, line 42	98,028	141,760	43,732
44.	Tax on taxable income	18,919	27,028	8,109
45.	Alternative minimum tax			
46.	Excess advance premium tax credit			
47.	Child care credit	1,161	580	-581
48.	Education credits			
49.	Retirement savings credit			
50.	Child tax credit			
51.	General business credit			
52.	Other credits			
53.	Total credits	1,161	580	-581
54.	Net tax liability	17,758	26,448	8,690
55.	Self-employment taxes			
56.	Other taxes			
57.	Total tax	17,758	26,448	8,690
58.	Income tax withheld	21,796	26,395	4,599
59.	Estimated tax payments			
60.	Earned income credit			
61.	Additional Child tax credit			
62.	Other refundable tax credits			
63.	Other payments			
64.	Total payments	21,796	26,395	4,599
65.	Tax due/-refund	-4,038	53	4,091
66.	Penalties and interest			
67.	Net tax due/-refund	-4,038	53	4,091
68.	Refund applied to estimated tax payments			
69.	Refund received	-4,038		4,038
70.	Marginal tax rate	25.0%	25.0%	
71.	Effective tax rate	18%	19%	

Form **1040**

Tax Return History Report - Page 1

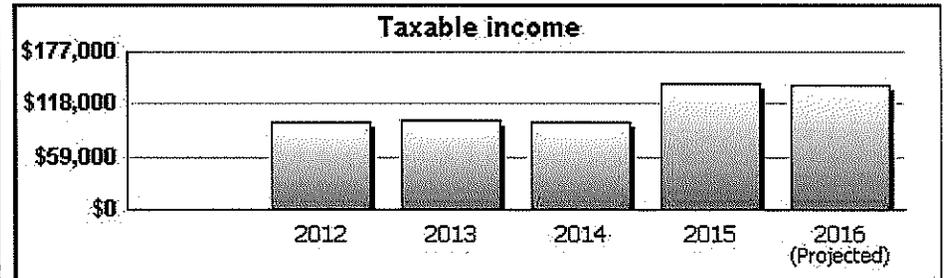
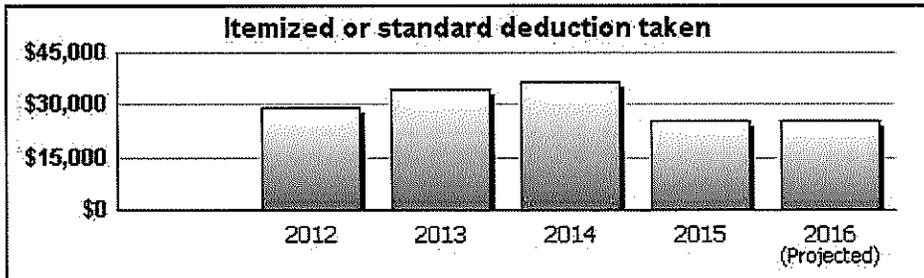
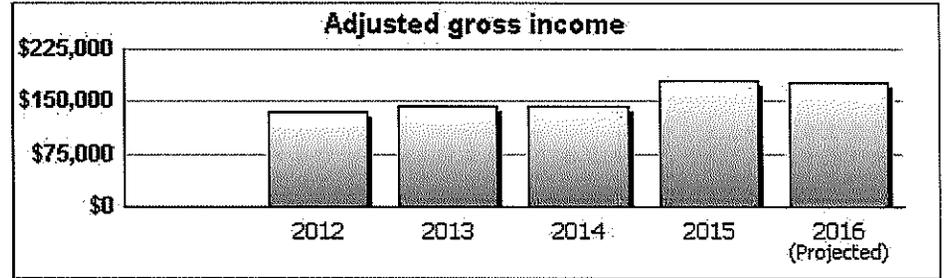
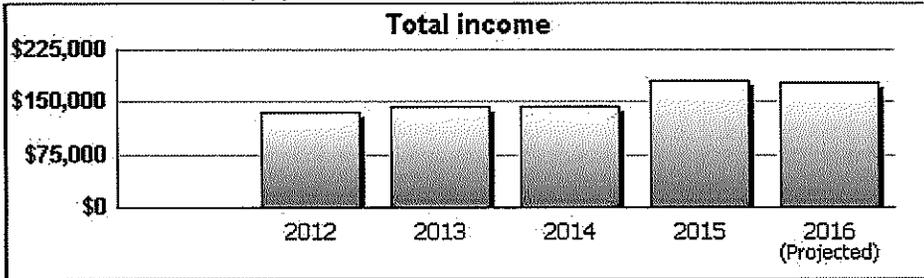
2015

Name **Marcus J Molinaro & Corinne Adams**

Taxpayer Identification Number

	2012	2013	2014	2015	2016 Projected
Filing Status	HH	HH	HH	MFJ	MFJ
Salaries and wages	135,234	140,601	140,601	177,877	177,877
Interest income					
Dividend income					
Business income/loss					
Capital gains/losses					
Other gains/losses					
IRA distributions, pensions, annuities					
Rent, royalty, farm rental income		1,200			
Partnership/S corp income					
Estate or trust income					
Farm income/loss					
Other income/loss		1,117	1,726	1,547	
Total income	135,234	142,918	142,327	179,424	177,877
Total adjustments					
Adjusted gross income	135,234	142,918	142,327	179,424	177,877
Allowable itemized deductions	29,156	34,492	36,399	25,664	25,664
Standard deduction	8,700	8,950	9,100	12,600	12,600
Itemized or standard deduction taken	29,156	34,492	36,399	25,664	25,664
Exemptions	7,600	7,800	7,900	12,000	12,150
Taxable income	98,478	100,626	98,028	141,760	140,063

* Combined with Rent, royalty, farm rental income on the Federal Tax Projection Worksheet as Schedule E income/loss



Form **1040**

Tax Return History Report - Page 2

2015

Name **Marcus J Molinaro & Corinne Adams**

Taxpayer Identification Number

	2012	2013	2014	2015	2016 Projected
Taxable income	98,478	100,626	98,028	141,760	140,063
Tax on taxable income and Form 8962	19,264	19,659	18,919	27,028	26,558
Alternative minimum tax					
Total credits	600	600	1,161	580	580
Net tax liability	18,664	19,059	17,758	26,448	25,978
Self-employment taxes					
Other taxes					
Total tax	18,664	19,059	17,758	26,448	25,978
Income tax withheld	21,499	22,058	21,796	26,395	26,395
Estimated tax payments					
Other payments					
Total payments	21,499	22,058	21,796	26,395	26,395
Total due/-refund	-2,835	-2,999	-4,038	53	-417
Penalties and interest					
Net tax due/-refund	-2,835	-2,999	-4,038	53	-417
Refund applied to estimated tax payments					
Refund received	-2,835	-2,999	-4,038		
Marginal tax rate	% 25.0%	% 25.0%	% 25.0%	% 25.0%	% 25.0%
Effective tax rate	% 19%	% 19%	% 18%	% 19%	% 19%

