



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, 2016, through December 31, 2016, 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	10081975	[REDACTED]
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spous
CORINNE		ADAMS	08121987	[REDACTED]
Mailing address (see instructions, page 13) (number and street or PO box)			Apartment number	New York State county of residence
[REDACTED]				DUTC
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 PO box)			Apartment number	School district code number
[REDACTED]				526
City, village, or post office		State	ZIP code	Decedent information
[REDACTED]		NY		
			Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)

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 2016 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 or property tax relief credit? (see page 14) Yes No
- (2) If Yes, enter the total amount

E (1) Did you or your spouse maintain living quarters in NYC during 2016? (see page 14) Yes No

(2) Enter the number of days spent in NYC in 2016 (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 2016
- (2) Number of months your spouse lived in NYC in 2016

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]
[REDACTED]	A	MOLINARO	SON	[REDACTED]	[REDACTED]

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

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number
XXXXXXXXXX

Federal income and adjustments (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc.	1	174232 .00
2	Taxable interest income	2	21 .00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.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)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of social security benefits (also enter on line 27)	15	.00
16	Other income (see page 15) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	174253 .00
18	Total federal adjustments to income (see page 15) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	174253 .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)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)	21	.00
22	New York's 529 college savings program distributions (see page 16)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	174253 .00

New York subtractions (see page 17)

25	Taxable refunds, credits, or offsets of state & local income taxes (from line 4)	25	.00
26	Pensions of NYS & local governments & the federal government (see page 17)	26	.00
27	Taxable amount of social security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 18)	29	.00
30	New York's 529 college savings program deduction/earnings	30	2400 .00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	2400 .00
33	New York adjusted gross income (subtract line 32 from line 24)	33	171853 .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 type="checkbox"/> Standard - or - <input checked="" type="checkbox"/> Itemized	34	20459 .00
35	Subtract line 34 from line 33 (If line 34 is more than line 33, leave blank)	35	151394 .00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20)	36	2 000.00
37	Taxable income (subtract line 36 from line 35)	37	149394 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

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	149394.00
39	NYS tax on line 38 amount (see page 21)	39	9636.00
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	9636.00
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	9636.00

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
59	Sales or use tax (see page 26; do not leave line 59 blank)	59	0.00

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

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
60n	Autism Fund	60n	.00
60	Total voluntary contributions (add lines 60a through 60n)	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	9636.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number
[REDACTED]

62 Enter amount from line 61 62 9636.00

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	34.00
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	9882.00
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
76	Total payments (add lines 63 through 75)	76	10266.00

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12).
Do not send federal Form W-2 with your return.

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) 77 630.00

78 Amount of line 77 to be refunded
Mark one refund choice: direct deposit (fill in line 83) - or - paper check 78 630.00

79 Amount of line 77 that you want applied to your 2017 estimated tax (see instructions) 79 .00
Refund? Direct deposit is the easiest, fastest way to get your refund.

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. 80 .00
See page 32 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31) 81 .00
82 Other penalties and interest (see page 32) 82 .00
See page 35 for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal (see page 32).
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. 32)

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 [REDACTED] Amount [REDACTED] .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: [REDACTED]		

▼ 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	Preparer's PTIN or SSN [REDACTED]	
Firm's name (or yours, if self-employed) RBT CPAS, LLP	Address 11 RACQUET RD NEWBURGH NY 12550	Date 04122017	
E-mail: [REDACTED]			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation COUNTY EXECUTIVE	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone #
E-mail: [REDACTED]	

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance
Resident Itemized Deduction Schedule

IT-201-D

Submit this form with Form IT-201. See instructions for completing Form IT-201-D in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201	Your social security number
MARCUS J MOLINARO CORINNE ADAMS	[REDACTED]

	Whole dollars only
1 Medical and dental expenses (federal Schedule A, line 4)00
2 Taxes you paid (federal Schedule A, line 9)	17486 .00
3 Interest you paid (federal Schedule A, line 15)	11886 .00
4 Gifts to charity (federal Schedule A, line 19)	1000 .00
5 Casualty and theft losses (federal Schedule A, line 20)00
6 Job expenses / miscellaneous deductions (federal Schedule A, line 27)00
7 Other miscellaneous deductions (federal Schedule A, line 28)00
8 Enter amount from federal Schedule A, line 29	30372 .00
9 State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions) SEE STMT 1	9913 .00
10 Subtract line 9 from line 8	20459 .00
11 Addition adjustments (see instructions)00
12 Add lines 10 and 11	20459 .00
13 Itemized deduction adjustment (see instructions)00
14 Subtract line 13 from line 12	20459 .00
15 College tuition itemized deduction (see Form IT-272)00
16 New York State itemized deduction (add lines 14 and 15; enter on Form IT-201, line 34)	20459 .00

NO HANDWRITTEN ENTRIES ON THIS FORM



Claim for Family Tax Relief Credit

IT-114

Submit this form with Form IT-201.

Name(s) as shown on return	Your social security number
MARCUS J MOLINARO CORINNE ADAMS	[REDACTED]

Step 1 – Determine eligibility

- 1 Were you a New York State resident for all of 2016? 1 Yes X No

If No, stop; you do not qualify for this credit.
- 2 Did you claim a dependent exemption for a child under age 17 on your return for 2016? 2 Yes X No

If No, stop; you do not qualify for this credit.
- 3 Enter your New York adjusted gross income from Form IT-201, line 33 3

If line 3 is less than \$40,000 or more than \$300,000, stop; you do not qualify for this credit.
- 4 Enter your line O amount from the Tax liability worksheet (see instructions) 4

If line 4 is less than \$0, stop; you do not qualify for this credit.
- 5 If line 4 is \$0 or more, enter 350 here and on line 63a of Form IT-201 5

Step 2 – Enter dependent information

List below the name including suffix (for example, Jr., Sr., III), social security number, and date of birth for each dependent claimed on your return. List the youngest first. If you are claiming more than 10 dependents, see instructions.

First name	MI	Last name	Suffix	Social security number	Date of birth (mmddyyyy)
[REDACTED]	A	MOLINARO		[REDACTED]	[REDACTED]
[REDACTED]		MOLINARO		[REDACTED]	[REDACTED]

NO HANDWRITTEN ENTRIES ON THIS FORM



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.)

1st Care provider	A - Care provider name (first name, middle initial, and last name, or business name) BOBBIE'S DAY CARE	C - Identifying number (SSN or EIN) TAXEXEMPT	D - Amount Paid (see Instr.) 860.00
	B - Number and street [REDACTED]	City RED HOOK	State ZIP code NY 12571
2nd Care provider	A - Care provider name (first name, middle initial, and last name, or business name)	C - Identifying number (SSN or EIN)	D - Amount paid (see Instr.) .00
	B - Number and street	City	State ZIP code

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	B	C	D	E	F		
First name	MI	Last name	Suffix	Qualified expenses paid	Person with disability (see instr.)	Social security number	Date of birth (mmddyyyy)
[REDACTED]		MOLINARO		860.00	<input type="checkbox"/>	[REDACTED]	[REDACTED]
				.00	<input type="checkbox"/>		
				.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** 860.00

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	860.00
6	139755.00

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	34477.00
8	860.00

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** 174253.00

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

10	.20
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11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on page 2)

11	172.00
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NO HANDWRITTEN ENTRIES ON THIS FORM

- 12 Amount from line 11 12 172.00
- 13 Enter your New York adjusted gross income (Form IT-201 filers, line 33; Form IT-203 filers, line 32) 171853.00
- Use the New York State child and dependent care credit limitation table 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 34.00

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 Part-year resident income allocation worksheet in the instructions for Form IT-203 19 .00
- 20 Enter the amount from line 19, Column A, of the Part-year resident income allocation worksheet 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

NO HANDWRITTEN ENTRIES ON THIS FORM

New York Statements

Statement 1 - Form IT-201-D - Subtraction Adjustments

<u>Class Code</u>	<u>Description</u>	<u>Amount</u>
	STATE/LOCAL/FOREIGN TAXES	\$ 9,913
TOTAL		<u>\$ 9,913</u>

Form IT-201	New York College Tuition Addition and Subtraction Worksheet	2016
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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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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 2016 subtraction modification.	5.	2,400.

College Choice Tuition Savings Distribution Worksheet

1. 2016 and prior years' nonqualified withdrawals from your account(s)	1.	
2. Distributions entered from a partnership	2.	
3. Total 2016 and prior years' nonqualified withdrawals from your account(s)	3.	
4. Total 2016 and prior years' contributions to your account(s)	4.	20,600.
5. Total 2016 and prior years' subtraction modifications	5.	20,600.
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 2016 addition modification.	9.	

Form IT-201/203	New York Subtraction Adjustment Limitation Worksheet	2016
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Name MARCUS J MOLINARO CORINNE ADAMS	Taxpayer Identification Number <div style="background-color: black; width: 100%; height: 1.2em;"></div>
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Part I - Long-term Care Adjustment

- | | | |
|---|----|--|
| 1. Amount of long-term care premiums included on federal Schedule A, line 1 | 1. | |
| 2. Amount from federal Schedule A, line 1 | 2. | |
| 3. Divide line 1 by line 2 and carry the result to four decimal places | 3. | |
| 4. Amount from federal Schedule A, line 4 | 4. | |
| 5. Multiply line 4 by line 3 and enter on line 4 below | 5. | |

Part II - State, Local, and Foreign Income Taxes and Other Subtraction Adjustments

- | | | |
|---|----|---------|
| 1. Federal itemized deductions | 1. | 30,372. |
| 2. Amount of state, local, foreign income taxes or general sales tax from federal Schedule A, lines 5 and 8 | 2. | 9,913. |
| 3. Other subtraction adjustments | 3. | |
| 4. Enter the amount of the long-term care adjustment from Part I, line 5 | 4. | |
| 5. Add lines 2, 3, and 4. Enter the total on Form IT-201-D or IT-203-D line 9 | 5. | 9,913. |

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>9,636.</u>
B. Accumulation distribution credit (Form IT-201-ATT, line 1)	B. _____
C. Add lines A and B	C. <u>9,636.</u>
D. Child and dependent care credit (Form IT-216, line 14)	D. <u>34.</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 school tax credit (Form IT-201, line 69)	K. _____
L. NYC enhanced real property tax credit (Form IT-201, line 70a)	L. _____
M. Property tax freeze or property tax relief credits	M. _____
N. Add lines D through M	N. <u>34.</u>
O. Subtract line N from line C. Enter here and on line 4	O. <u>9,602.</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>	2016
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Name MARCUS J MOLINARO CORINNE ADAMS Taxpayer Identification Number XXXXXXXXXX

New York State Tax Rate Schedule and Computation Worksheets

Form: **FORM IT-201**

Tax Rate Schedule: (*Also calculates for worksheets)

If adjusted gross income \leq \$106,950

1. New York adjusted gross income (Calculates on worksheets when AGI is greater than \$106,950) 1. _____
2. Taxable income 2. _____
3. Tax on line 2 based on filing status 3. _____

Tax Computations Worksheets 1, 5, 8:

If AGI > \$106,950 but \leq MFJ/QW (\$2,140,900), Single/MFS (\$1,070,350), HoH (\$1,605,650)

Taxable income \leq MFJ/QW (\$160,500), Single/MFS (\$214,000), HoH (\$267,500)

1. New York adjusted gross income 1. 171,853.
 2. Taxable income 2. 149,394.
 3. Multiply In 2 by MFJ/QW 6.45%, Single/MFS/HoH 6.65% 3. 9,636.
- (If AGI \geq \$156,950 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 \$106,950 6. _____
 7. Divide line 6 by \$50,000 7. _____
 8. Multiply line 5 by line 7 8. _____
 9. Add lines 4 and 8 9. 9,636.

Tax Computation Worksheets 2, 6, 9:

If AGI: MFJ/QW (\geq \$160,500 but \leq \$2,140,900), Single/MFS (\geq \$214,000 but \leq \$1,070,350),

HoH (\geq \$267,500 but \leq \$1,605,650)

Taxable income > MFJ/QW (\$160,500 but not \geq \$321,050), Single/MFS (\$214,000), HoH (\$267,500)

1. New York adjusted gross income 1. _____
 2. Taxable income 2. _____
 3. Multiply In 2 by MFJ/QW 6.65%, Single/MFS/HoH 8.85% 3. _____
- (If AGI \geq MFJ/QW (\$210,500), Single/MFS (\$264,000), HoH (\$317,500) 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 \$677, Single/MFS \$497, HoH \$720 6. _____
 7. Subtract line 6 from line 5 7. _____
 8. Excess of line 1 > MFJ/QW (\$160,500), Single/MFS (\$214,000), HoH (\$267,500) 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 (\$321,050 but \leq \$2,140,900), Single/MFS (\$1,070,350), HoH (\$1,605,650)

Taxable income > MFJ/QW (\$321,050)

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 \geq MFJ/QW (\$371,050), Single/MFS (\$1,120,350), HoH (\$1,655,650) 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 \$998, 6. _____
Single/MFS if Taxable \leq \$214,000 enter \$497, \geq \$214,000 enter \$925
HoH if Taxable \leq \$267,500 enter \$720, \geq \$267,500 enter \$1255
 7. Subtract line 6 from line 5 7. _____
 8. Excess of line 1 > MFJ/QW (\$321,050), 8. _____
Single/MFS (\$1,070,350), HoH (\$1,605,650)
 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 \$2,140,900

1. New York adjusted gross income 1. _____
 2. Taxable income 2. _____
 3. Multiply line 2 by 8.82% 3. _____
- (If AGI \geq \$2,190,900 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 \leq \$160,500 enter \$677, 6. _____
if \geq \$160,500 but \leq \$321,050 enter \$998, if \geq \$321,050 enter \$1640
 7. Subtract line 6 from line 5 (if less than zero, enter 0) 7. _____
 8. Excess of line 1 over \$2,140,900 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

FYE: 12/31/2016

47 Prince Street

Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
Prior MACRS:								
	I House	6/01/15	203,000	203,000	3,998	7,382	7,382	0
			<u>203,000</u>	<u>203,000</u>	<u>3,998</u>	<u>7,382</u>	<u>7,382</u>	<u>0</u>
	Grand Totals		203,000	203,000	3,998	7,382	7,382	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>3,998</u>	<u>7,382</u>	<u>7,382</u>	<u>0</u>

NY Future Depreciation Report **FYE: 12/31/17**

FYE: 12/31/2016

47 Prince Street

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NY</u>
<u>Prior MACRS:</u>				
I	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

2015 & 2016

Name **MARCUS J MOLINARO CORINNE ADAMS** Tp SSN [REDACTED]

		2015	2016	Differences
Income	1. Wages	177,877.	174,232.	-3,645.
	2. Interest and dividends		21.	21.
	3. State tax refund	1,547.		-1,547.
	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	179,424.	174,253.	-5,171.
	16. Total adjustments to income			
	17. Federal adjusted gross income	179,424.	174,253.	-5,171.
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	1,547.		-1,547.
	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	3,947.	2,400.	-1,547.
	29. New York adjusted gross income	175,477.	171,853.	-3,624.
Deduction	30. Standard or itemized deduction	15,850.	20,459.	4,609.
	31. Exemptions	1,000.	2,000.	1,000.
	32. New York taxable income	158,627.	149,394.	-9,233.
Tax Computation	33. New York State tax	10,231.	9,636.	-595.
	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	50.		-50.
	43. Contributions			
	44. Total taxes, gifts and contributions	10,281.	9,636.	-645.
	45. New York State child and dependent care credit	116.	34.	-82.
	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	10,139.	9,882.	-257.
	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	10,605.	10,266.	-339.
	55. Tax due/-refund	-324.	-630.	-306.
	56. Penalties and interest			
	57. Net tax due/-refund	-324.	-630.	-306.
	58. Effective tax rate	6 %	6 %	

Form 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return 2016 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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

Your first name and initial Last name MARCUS J MOLINARO

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

Home address (number and street), if you have a P.O. box, see instructions. Apt. no. [Redacted]

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 2 [X] Married filing jointly (even if only one had income) 3 [] Married filing separately. Enter spouse's SSN above and full name here. 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. 5 [] Qualifying widow(er) with dependent child

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a 6b [X] Spouse

Table with columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) [X] if child under age 17 qual. for child tax credit (see instr.). Rows include MOLINARO DAUGHTER and MOLINARO SON.

d Total number of exemptions claimed 4

Income section table with rows 7-22. Total income: 174,253

Adjusted Gross Income section table with rows 23-37. Total adjusted gross income: 174,253

Form 1040 (2016) **MARCUS J MOLINARO & CORINNE ADAMS**

	38	Amount from line 37 (adjusted gross income)	38	174,253
Tax and Credits	39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 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, \$9,300	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	30,372
	41	Subtract line 40 from line 38	41	143,881
	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	16,200
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	127,681
	44	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	23,463
	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	23,463
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	172
	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	172	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	23,291	
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	23,291	
Payments If you have a qualifying child, attach Schedule EIC.	64	Federal income tax withheld from Forms W-2 and 1099	64	25,681
	65	2016 estimated tax payments and amount applied from 2015 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 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	25,681	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	2,390
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	2,390
	b	Routing number <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="checkbox"/>			
77	Amount of line 75 you want applied to your 2017 estimated tax	77		
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79		

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

Third Party Designee
 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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation **COUNTY EXECUTIVE**
 Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____

Daytime phone number _____
 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 **DANA SPERRY, CPA** Date **04/12/17** Check if self-employed PTIN **P00666302**

Preparer Use Only
 Firm's name **RBT CPAS, LLP**
 Firm's address **11 RACQUET RD NEWBURGH NY 12550**

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2016

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, 1952, multiply line 2 by 7.5% (0.075) instead	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5	9,913		
b	<input type="checkbox"/> General sales taxes	6	7,573		
6	Real estate taxes (see instructions)	6			
7	Personal property taxes	7			
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9			17,486
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	11,886
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	11,886
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	1,000
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	1,000
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% (0.02)		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 \$155,650?		29	30,372
		<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

2016

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

▶ 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 2016 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 [REDACTED] RED HOOK, NY 12571

B

C

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 366		
B			B		
C			C		

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	27,600		
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			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	15,858		
13 Other interest	13	1,442		
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	8,659		
17 Utilities	17			
18 Depreciation expense or depletion	18	7,382		
19 Other (list) ▶ SEE STATEMENT 1	19	400		
20 Total expenses. Add lines 5 through 19	20	33,741		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-6,141		
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	27,600	
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	15,858	
d Total of all amounts reported on line 18 for all properties	23d	7,382	
e Total of all amounts reported on line 20 for all properties	23e	33,741	

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

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

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 **26**

For Paperwork Reduction Act Notice, see the separate instructions.

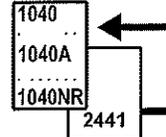
Form **2441**

Child and Dependent Care Expenses

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

▶ Information about Form 2441 and its separate instructions is at

www.irs.gov/form2441.



OMB No. 1545-0074

2016

Attachment Sequence No. **21**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

MARCUS J MOLINARO & CORINNE ADAMS

Your social security number

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	860

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 2016 for the person listed in column (a)
First	Last		
[REDACTED]	MOLINARO	[REDACTED]	860

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	860																																																										
4 Enter your earned income. See instructions	4	139,755																																																										
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	34,477																																																										
6 Enter the smallest of line 3, 4, or 5	6	860																																																										
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	174,253																																																										
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X .20																																																										
<table border="0"> <tr> <td>If line 7 is:</td> <td>If line 7 is:</td> </tr> <tr> <td> <table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$0 – 15,000</td> <td></td> <td>.35</td> </tr> <tr> <td>15,000 – 17,000</td> <td></td> <td>.34</td> </tr> <tr> <td>17,000 – 19,000</td> <td></td> <td>.33</td> </tr> <tr> <td>19,000 – 21,000</td> <td></td> <td>.32</td> </tr> <tr> <td>21,000 – 23,000</td> <td></td> <td>.31</td> </tr> <tr> <td>23,000 – 25,000</td> <td></td> <td>.30</td> </tr> <tr> <td>25,000 – 27,000</td> <td></td> <td>.29</td> </tr> <tr> <td>27,000 – 29,000</td> <td></td> <td>.28</td> </tr> </table> </td> <td> <table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$29,000 – 31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>31,000 – 33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>33,000 – 35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>35,000 – 37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>37,000 – 39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>39,000 – 41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>41,000 – 43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>43,000 – No limit</td> <td></td> <td>.20</td> </tr> </table> </td> </tr> </table>	If line 7 is:	If line 7 is:	<table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$0 – 15,000</td> <td></td> <td>.35</td> </tr> <tr> <td>15,000 – 17,000</td> <td></td> <td>.34</td> </tr> <tr> <td>17,000 – 19,000</td> <td></td> <td>.33</td> </tr> <tr> <td>19,000 – 21,000</td> <td></td> <td>.32</td> </tr> <tr> <td>21,000 – 23,000</td> <td></td> <td>.31</td> </tr> <tr> <td>23,000 – 25,000</td> <td></td> <td>.30</td> </tr> <tr> <td>25,000 – 27,000</td> <td></td> <td>.29</td> </tr> <tr> <td>27,000 – 29,000</td> <td></td> <td>.28</td> </tr> </table>	Over	But not over	Decimal amount is	\$0 – 15,000		.35	15,000 – 17,000		.34	17,000 – 19,000		.33	19,000 – 21,000		.32	21,000 – 23,000		.31	23,000 – 25,000		.30	25,000 – 27,000		.29	27,000 – 29,000		.28	<table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$29,000 – 31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>31,000 – 33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>33,000 – 35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>35,000 – 37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>37,000 – 39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>39,000 – 41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>41,000 – 43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>43,000 – No limit</td> <td></td> <td>.20</td> </tr> </table>	Over	But not over	Decimal amount is	\$29,000 – 31,000		.27	31,000 – 33,000		.26	33,000 – 35,000		.25	35,000 – 37,000		.24	37,000 – 39,000		.23	39,000 – 41,000		.22	41,000 – 43,000		.21	43,000 – No limit		.20	9	172
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41,000 – 43,000		.21																																																										
43,000 – No limit		.20																																																										
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	23,463																																																										
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	172																																																										

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

Form **2441** (2016)

Passive Activity Loss Limitations

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

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

Name(s) shown on return

Identifying number

MARCUS J MOLINARO & CORINNE ADAMS

Part I 2016 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)			
1a	Activities with net income (enter the amount from Worksheet 1, column (a))		
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	6,141	
1c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1,406	
1d	Combine lines 1a, 1b, and 1c		-7,547
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 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.		-7,547

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		7,547
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) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	174,253	
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (0.5). Do not enter more than \$25,000. If married filing separately, see instructions		
10	Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.		0

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 2016. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return		0

MARCUS J MOLINARO & CORINNE ADAMS



Form 8582 (2016)

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		6,141	1,406		7,547
Total. Enter on Form 8582, lines 1a, 1b, and 1c		6,141	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	7,547	1.0000	7,547
Total		7,547	1.00	7,547

MARCUS J MOLINARO & CORINNE ADAMS



Form 8582 (2016)

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
47 PRINCE STREET	SCH E1	7,547	7,547	
Total		7,547	7,547	

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		

Federal Statements

47 Prince Street

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	\$		\$
GARBAGE			
SMALL APPLIANCES	400		400
TOTAL	\$ 400		\$ 400

Form **1040****General Sales Tax Deduction Worksheet****2016**

Name as shown on return

MARCUS J MOLINARO & CORINNE ADAMS

Taxpayer Identification Number

State of
NEW YORKLocality of
DUTCHESS COUNTY**General Sales Tax from IRS Tables**

- | | | |
|--|----|----------------|
| 1. Enter the amount of adjusted gross income (AGI) from Form 1040, Line 38 | 1. | <u>174,253</u> |
| 2. Add the nontaxable amounts from Form 1040, lines 8b, 15a, 16a, 20a (Exclude rollovers and tax-free Sec. 1035 exchanges) | 2. | _____ |
| 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 2016 | 3. | _____ |
| 4. Add lines 1 through 3, this is income for general sales tax table purposes | 4. | <u>174,253</u> |
| 5. Enter the amount from the sales tax table in the Schedule A instructions.
Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8
and enter the amount from line 5 on line 9 | 5. | <u>861</u> |
| 6. Enter the number of days of residence in state | 6. | _____ |
| 7. Total days in year | 7. | <u>366</u> |
| 8. Divide line 6 by line 7 (rounded to at least 3 decimal places) | 8. | _____ |
| 9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table. | 9. | <u>861</u> |

Local Sales Tax Using IRS Tables

- | | | |
|--|-----|----------------|
| 10. Enter the amount from the sales tax table in the Schedule A instructions. | 10. | <u>861</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. | _____ |
| 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>888</u> |
| 16. Enter the number of days of residence in locality | 16. | _____ |
| 17. Total days in year | 17. | <u>366</u> |
| 18. Divide line 16 by line 17 (rounded to at least 3 decimal places) | 18. | _____ |
| 19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables. | 19. | <u>888</u> |

General Sales Tax Summary

- | | | |
|---|-----|--------------|
| 20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets | 20. | <u>861</u> |
| 21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets | 21. | <u>888</u> |
| 22. Add lines 20 and 21, this is the total General Sales taxes using the tables | 22. | <u>1,749</u> |
| 23. Enter the actual state and local general sales taxes paid | 23. | _____ |
| 24. Enter the greater of line 22 or line 23 | 24. | <u>1,749</u> |
| 25. Enter the state and local taxes paid on specified items (major purchases) | 25. | _____ |
| 26. Add lines 24 and 25, this is the deductible General Sales tax | 26. | <u>1,749</u> |
| 27. Enter total state and local income taxes paid | 27. | <u>9,913</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	2016
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Name MARCUS J MOLINARO & CORINNE ADAMS	Taxpayer Identification Number <div style="background-color: black; width: 100%; height: 20px;"></div>
--	---

Payer's/Trustee's name	<u>NEW YORK COLLEGE PLUS</u>	Account number
Account type	<u>STATE QTP</u>	Beneficiary last name
Beneficiary first name	<div style="background-color: black; width: 100%; height: 20px;"></div>	<u>MOLINARO</u>

Worksheet for Determining QTP/ESA Basis Amounts

1. Basis in QTP/ESA as of December 31, 2015	1.	13,700
2. Enter QTP/ESA contributions for 2016	2.	2,400
3. Add lines 1 and 2	3.	16,100
4. Enter distributions from this QTP/ESA during 2016	4.	
5. Subtract Line 4 from Line 3	5.	16,100
6. Other increases or decreases to basis	6.	
7. Basis in your QTP or ESA as of December 31, 2016	7.	16,100

Form 1040	QTP/ESA Basis Worksheet	2016
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Name MARCUS J MOLINARO & CORINNE ADAMS	Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 20px;"></div>
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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: 100px; height: 20px;"></div>	Beneficiary last name <u>MOLINARO</u>

Worksheet for Determining QTP/ESA Basis Amounts

1. Basis in QTP/ESA as of December 31, 2015	1.	<u>7,400</u>
2. Enter QTP/ESA contributions for 2016	2.	
3. Add lines 1 and 2	3.	<u>7,400</u>
4. Enter distributions from this QTP/ESA during 2016	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, 2016	7.	<u>7,400</u>

Form **1040**

Nonrefundable Personal Credit Limitation Worksheet

2016

Name **MARCUS J MOLINARO & CORINNE ADAMS**

Taxpayer Identification Number

Amounts from tax return

- | | | | | | |
|--|------------------|--|----------|-----------------------------|----------|
| a. Regular tax (Form 1040, line 44) | a. <u>23,463</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>172</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>23,463</u> | _____ | _____ | _____ | _____ |
| 2. Other nonrefundable personal credits allowed | 2. _____ | _____ | _____ | _____ | _____ |
| 3. Limitation based on tax liability, line 1 minus line 2 | 3. <u>23,463</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	2016
------------------	---	-------------

Name MARCUS J MOLINARO	Taxpayer Identification Number [REDACTED]
Activity 47 PRINCE STREET	Form 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	<u>1,406</u>	<u>6,141</u>	<u> </u>	<u>7,547</u>
Short-term capital loss	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Long-term capital loss	<u> </u>	<u> </u>	<u> </u>	<u> </u>
28% rate capital loss	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Section 1231 loss	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Ordinary business loss	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Other Losses - 1040 pg 1	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Commercial revitalization	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating	<u>1,406</u>	<u>6,141</u>	<u> </u>	<u>7,547</u>
Short-term capital loss	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Long-term capital loss	<u> </u>	<u> </u>	<u> </u>	<u> </u>
28% rate capital loss	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Section 1231 loss	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Ordinary business loss	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Other Losses - 1040 pg 1	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Commercial revitalization	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Form 1040	Passive Activity MAGI Calculation	2016
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Name MARCUS J MOLINARO & CORINNE ADAMS	Taxpayer Identification Number <div style="background-color: black; width: 100%; height: 20px;"></div>
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1 Adjusted gross income 1 174,253

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) Overall loss from a PTP 3(c) _____	
3(d) Your IRA deduction 3(d) _____	
3(e) Spouse's IRA deduction 3(e) _____	
3(f) Domestic production activities deduction 3(f) _____	
3(g) One-half self-employment tax 3(g) _____	
3(h) Series EE & I Bond Interest 3(h) _____	
3(i) Employer's adoption assistance program exclusion amount 3(i) _____	
3(j) Student loan interest deduction 3(j) _____	
3(k) Tuition and fees deduction 3(k) _____	
3(l) Other 3(l) _____	
Total additions 3(m) _____	

4 Modified adjusted gross income 4 174,253

Form **1040** **Rent and Royalty Reconciliation** **2016**

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**
 City, state, zip **RED HOOK NY 12571**
 Property type: **SINGLE FAMILY RESIDENCE**

2. Property Use Information:
 Fair Rental Days **366**
 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	27,600			27,600
4. Royalties received				
Expenses:				
5. Advertising				
Auto				
Travel				
6. Auto and travel (total)				
7. Cleaning and maintenance				
8. Commissions				
9. Insurance				
10. Legal and other professional fees				
11. Management fees				
Mortgage interest from 1098	15,858			
Refinancing points on 1098				
12. Mortgage interest paid to banks, etc.	15,858			15,858
Other mortgage interest				
Other interest				
Refinancing points				
Qualified mortgage insurance	1,442			
13. Other interest (total)	1,442			1,442
14. Repairs				
15. Supplies				
Real estate taxes	8,659			
All other taxes				
16. Taxes (total)	8,659			8,659
17. Utilities				
18. Depreciation expense or depletion	7,382			7,382
19. Other (list)				
D & B ENTERPRISES				
GARBAGE				
SMALL APPLIANCES	400			400
20. Total expenses. Add lines 5 through 19	33,741			33,741
21. Income or (loss) from rental or royalty properties.				-6,141

Form **1040**

Tax Refund Worksheet - 2016 State and Local Refunds

2017

Name

Taxpayer Identification Number

MARCUS J MOLINARO & CORINNE ADAMS



NY

1. 2016 payments paid in 2017	1. _____	
2. 2016 extension paid in 2017	2. _____	
3. 2016 additional payment paid in 2017	3. _____	
4. Total 2016 payments paid in 2017 (sum of lines 1 through 3)	4. _____	
5. Total payments on the 2016 return	5. <u>9,882</u>	
6. Total 2016 overpayment/refund	6. <u>246</u>	
7. 2016 refund attributable to tax paid in 2017 (line 4 divided by line 5 multiplied by line 6)	7. _____	
8. 2016 state/local tax refund attributable to tax paid in 2016 (line 6 minus line 7)	8. <u>246</u>	

1. 2016 payments paid in 2017	1. _____	
2. 2016 extension paid in 2017	2. _____	
3. 2016 additional payment paid in 2017	3. _____	
4. Total 2016 payments paid in 2017 (sum of lines 1 through 3)	4. _____	
5. Total payments on the 2016 return	5. _____	
6. Total 2016 overpayment/refund	6. _____	
7. 2016 refund attributable to tax paid in 2017 (line 4 divided by line 5 multiplied by line 6)	7. _____	
8. 2016 state/local tax refund attributable to tax paid in 2016 (line 6 minus line 7)	8. _____	

1. 2016 payments paid in 2017	1. _____	
2. 2016 extension paid in 2017	2. _____	
3. 2016 additional payment paid in 2017	3. _____	
4. Total 2016 payments paid in 2017 (sum of lines 1 through 3)	4. _____	
5. Total payments on the 2016 return	5. _____	
6. Total 2016 overpayment/refund	6. _____	
7. 2016 refund attributable to tax paid in 2017 (line 4 divided by line 5 multiplied by line 6)	7. _____	
8. 2016 state/local tax refund attributable to tax paid in 2016 (line 6 minus line 7)	8. _____	

1. 2016 payments paid in 2017	1. _____	
2. 2016 extension paid in 2017	2. _____	
3. 2016 additional payment paid in 2017	3. _____	
4. Total 2016 payments paid in 2017 (sum of lines 1 through 3)	4. _____	
5. Total payments on the 2016 return	5. _____	
6. Total 2016 overpayment/refund	6. _____	
7. 2016 refund attributable to tax paid in 2017 (line 4 divided by line 5 multiplied by line 6)	7. _____	
8. 2016 state/local tax refund attributable to tax paid in 2016 (line 6 minus line 7)	8. _____	

1. 2016 payments paid in 2017	1. _____	
2. 2016 extension paid in 2017	2. _____	
3. 2016 additional payment paid in 2017	3. _____	
4. Total 2016 payments paid in 2017 (sum of lines 1 through 3)	4. _____	
5. Total payments on the 2016 return	5. _____	
6. Total 2016 overpayment/refund	6. _____	
7. 2016 refund attributable to tax paid in 2017 (line 4 divided by line 5 multiplied by line 6)	7. _____	
8. 2016 state/local tax refund attributable to tax paid in 2016 (line 6 minus line 7)	8. _____	

Total of ALL 2016 state/local tax refunds attributable to tax paid in 2017 (sum of lines 7)

Total of ALL 2016 state/local tax refunds attributable to tax paid in 2016 (sum of lines 8; for 2017 Tax Refund Wrk)

246

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

Description	Amount
COST OF GROUP TERM LIFE INSURANCE COVERAGE OVER 50,000	\$ 108
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	23,787
TOTAL	\$ <u>23,895</u>

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

Description	Amount
CAR	\$ 914
TOTAL	\$ <u>914</u>

Federal Statements

Tinkleman Bros. Development Corp.

Form W-2, Box 14 - Other

Description	Amount
STATE DISABILITY INSURANCE WITHHOLDING (SDI)	\$ 31
TOTAL	\$ 31

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

Description	Amount
STATE WITHHOLDING ON W-2S	\$ 9,882
STATE DISABILITY FUND W/H	31
TOTAL INCOME TAXES*	<u>9,913</u>
GENERAL SALES TAX	1,749
TOTAL SALES TAXES	<u>1,749</u>

*INCOME TAXES ARE BEING DEDUCTED

Schedule A, Line 6 - Real Estate Taxes

Description	Amount
REAL ESTATE TAXES	\$ 7,573
TOTAL	<u>\$ 7,573</u>

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

Description	Amount
RHINEBECK BANK	\$ 11,886
TOTAL	<u>\$ 11,886</u>

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

Description	Amount
MISCELLANEOUS	\$ 1,000
TOTAL	<u>\$ 1,000</u>

Federal Statements**47 Prince Street****Schedule E, Line 3 - Rents Received**

<u>Description</u>	<u>Amount</u>
	\$ 27,600
TOTAL	\$ 27,600

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

<u>Description</u>	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
BANK OF AMERICA, N.A.	\$ 11,551		\$ 11,551
ULSTER SAVINGS	4,307		4,307
TOTAL	\$ 15,858		\$ 15,858

47 Prince Street**Schedule E, Line 13 - Other Interest**

<u>Description</u>	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
BANK OF AMERICA, N.A.	\$ 1,442		\$ 1,442
ULSTER SAVINGS			
TOTAL	\$ 1,442		\$ 1,442

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

<u>Description</u>	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
REAL ESTATE TAXES	\$ 8,659		\$ 8,659
TOTAL	\$ 8,659		\$ 8,659

Federal Statements

Form 2441, Line 4 - Taxpayer's Earned Income

Description	Amount
WAGES	\$ 139,755
TOTAL	\$ 139,755

Form 2441, Line 5 - Spouse's Earned Income

Description	Amount
WAGES	\$ 34,477
TOTAL	\$ 34,477

Federal Asset Report

47 Prince Street

PTL 12/31/2016

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	House	6/01/15	203,000			203,000	27 MMS/L	3,998	7,382
			<u>203,000</u>			<u>203,000</u>		<u>3,998</u>	<u>7,382</u>
	Grand Totals		203,000			203,000		3,998	7,382
	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>3,998</u>	<u>7,382</u>

Depreciation Adjustment Report

All Business Activities

FYE: 12/31/2016

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

Future Depreciation Report **FYE: 12/31/17**

FYE: 12/31/2016

47 Prince Street

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
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** **2016**

Name **MARCUS J MOLINARO & CORINNE ADAMS** Taxpayer Identification Number [REDACTED]

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T DUTCHESS COUNTY	139,755	21,306	118,500
B	S TINKLEMAN BROS. DEVELOPMENT CORP.	34,477	4,375	34,477
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
		<u>139,755</u>	<u>21,306</u>	<u>118,500</u>
Taxpayer				
Spouse		<u>34,477</u>	<u>4,375</u>	<u>34,477</u>
Totals		<u>174,232</u>	<u>25,681</u>	<u>152,977</u>

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	7,347	139,755	2,026				914
B	2,138	34,477	500				31
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	<u>7,347</u>	<u>139,755</u>	<u>2,026</u>				<u>914</u>
Spouse	<u>2,138</u>	<u>34,477</u>	<u>500</u>				<u>31</u>
Totals	<u>9,485</u>	<u>174,232</u>	<u>2,526</u>				<u>945</u>

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	NY	139,755	8,524			
B	NY	34,477	1,358			
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer		<u>139,755</u>	<u>8,524</u>			
Spouse		<u>34,477</u>	<u>1,358</u>			
Totals		<u>174,232</u>	<u>9,882</u>			

Form **1040****Two Year Comparison Report - Page 1****2015 & 2016**

Name

MARCUS J MOLINARO & CORINNE ADAMS

Taxpayer Identification Number

Filing Status	2015		2016		Differences
		MFJ		MFJ	
Dependents claimed		1		2	1
1. Salaries and wages	1.	177,877		174,232	-3,645
2. Interest income	2.			21	21
3. Tax exempt interest income	3.				
4. Dividend income	4.				
5. Qualified dividend income	5.				
6. Taxable state/local refunds	6.	1,547			-1,547
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.	179,424		174,253	-5,171
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.	179,424		174,253	-5,171
31. Medical	31.				
32. Taxes	32.	14,118		17,486	3,368
33. Interest	33.	8,446		11,886	3,440
34. Contributions	34.	3,100		1,000	-2,100
35. Casualty losses	35.				
36. Miscellaneous expenses	36.				
37. Allowable itemized deductions	37.	25,664		30,372	4,708
38. Standard deduction	38.	12,600		12,600	
		ITEMIZED		ITEMIZED	
39. Deduction taken	39.	25,664		30,372	4,708
40. Subtract line 39 from line 30	40.	153,760		143,881	-9,879
41. Exemptions	41.	12,000		16,200	4,200
42. Taxable income	42.	141,760		127,681	-14,079

Form **1040****Two Year Comparison Report - Page 2****2015 & 2016**Name
MARCUS J MOLINARO & CORINNE ADAMSTaxpayer Identification Number
[REDACTED]

	2015	2016	Differences
43. Taxable income from 2YR page 1, line 42	43. 141,760	127,681	-14,079
44. Tax on taxable income	44. 27,028	23,463	-3,565
45. Alternative minimum tax	45.		
46. Excess advance premium tax credit	46.		
47. Child care credit	47. 580	172	-408
48. Education credits	48.		
T 49. Retirement savings credit	49.		
a 50. Child tax credit	50.		
x 51. General business credit	51.		
52. Other credits	52.		
C 53. Total credits	53. 580	172	-408
o 54. Net tax liability	54. 26,448	23,291	-3,157
m 55. Self-employment taxes	55.		
p 56. Other taxes	56.		
u 57. Total tax	57. 26,448	23,291	-3,157
t 58. Income tax withheld	58. 26,395	25,681	-714
a 59. Estimated tax payments	59.		
t 60. Earned income credit	60.		
i 61. Additional Child tax credit	61.		
o 62. Other refundable tax credits	62.		
n 63. Other payments	63.		
64. Total payments	64. 26,395	25,681	-714
65. Tax due/-refund	65. 53	-2,390	-2,443
66. Penalties and interest	66.		
67. Net tax due/-refund	67. 53	-2,390	-2,443
68. Refund applied to estimated tax payments	68.		
69. Refund received	69.	-2,390	-2,390
70. Marginal tax rate	70. 25.0%	25.0%	
71. Effective tax rate	71. 19.0%	18.0%	

Form 1040	Two Year Comparison Report - Schedule E Page 1	2015 & 2016
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Name **MARCUS J MOLINARO** Taxpayer identification number XXXXXXXXXX

Property description **47 PRINCE STREET** Unit **1**

		2015	2016	Differences
Income				
1. Total rents and royalties received	1.	16,800	27,600	10,800
Expenses				
2. Advertising	2.			
3. Auto and travel	3.			
4. Cleaning and maintenance	4.			
5. Commissions	5.			
6. Insurance	6.	963		-963
7. Legal and other professional fees	7.			
8. Management fees	8.			
9. Mortgage interest paid to banks, etc.	9.	8,446	15,858	7,412
10. Other interest	10.		1,442	1,442
11. Repairs	11.			
12. Supplies	12.			
13. Taxes	13.	3,948	8,659	4,711
14. Utilities	14.			
15. Depreciation expense or depletion	15.	3,998	7,382	3,384
16. Other expenses	16.	851	400	-451
17. Total expenses	17.	18,206	33,741	15,535
Profit/(loss)				
18. Income or (loss) from rental real estate or royalty properties ..	18.	-1,406	-6,141	-4,735
19. Deductible rental real estate loss	19.			
Carryover				
20. Vacation home operating expenses carryover to next year	20.			
21. Vacation home excess casualty and depreciation carryover to next year	21.			

Form **1040**

Tax Return History Report - Page 1

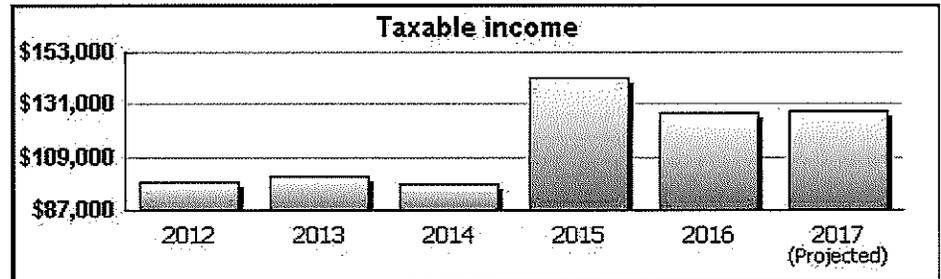
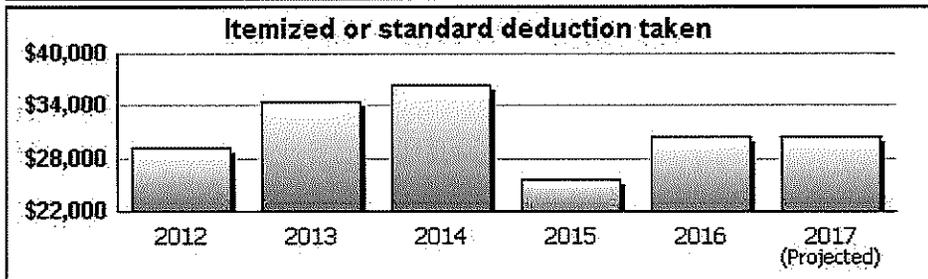
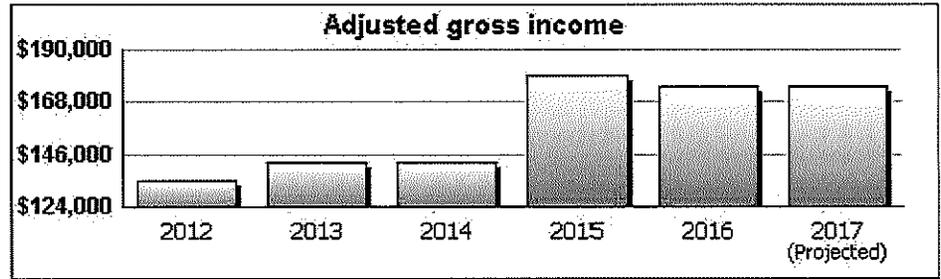
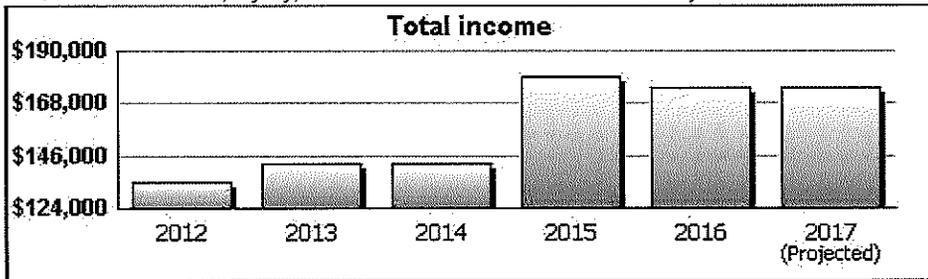
2016

Name **MARCUS J MOLINARO & CORINNE ADAMS**

Taxpayer Identification Number

	2012	2013	2014	2015	2016	2017 PROJECTED
Filing Status	HH	HH	HH	MFJ	MFJ	MFJ
Salaries and wages	135,234	140,601	140,601	177,877	174,232	174,232
Interest income					21	21
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		246
Total income	135,234	142,918	142,327	179,424	174,253	174,499
Total adjustments						
Adjusted gross income	135,234	142,918	142,327	179,424	174,253	174,499
Allowable itemized deductions	29,156	34,492	36,399	25,664	30,372	30,372
Standard deduction	8,700	8,950	9,100	12,600	12,600	12,700
Itemized or standard deduction taken	29,156	34,492	36,399	25,664	30,372	30,372
Exemptions	7,600	7,800	7,900	12,000	16,200	16,200
Taxable income	98,478	100,626	98,028	141,760	127,681	127,927

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



Form **1040**

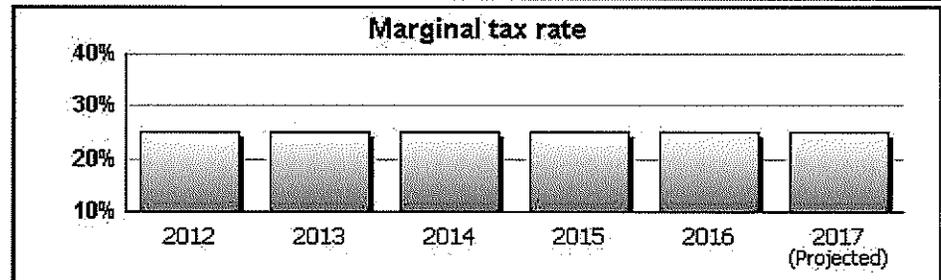
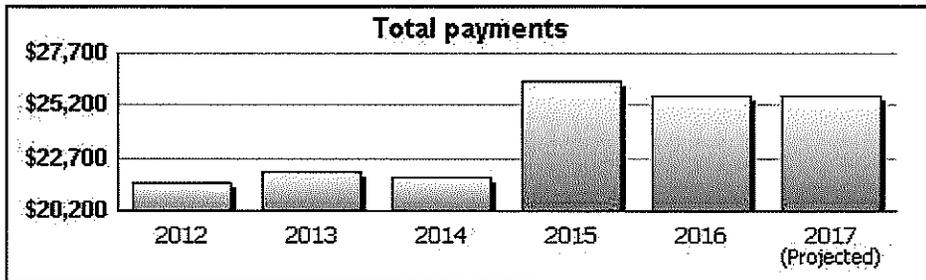
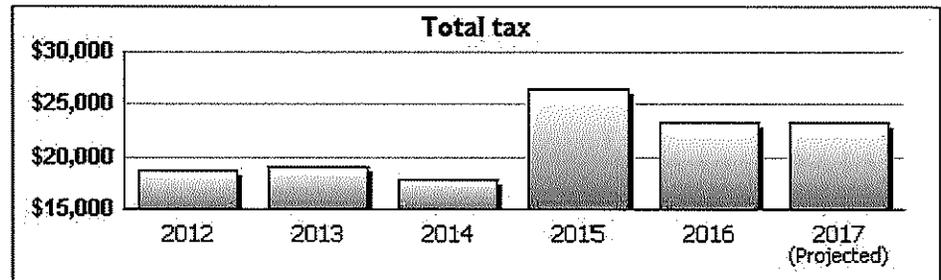
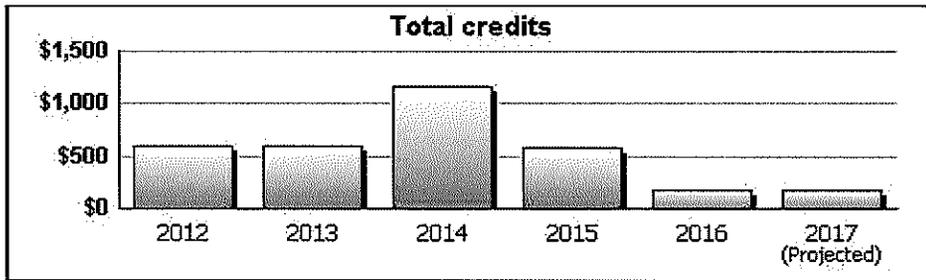
Tax Return History Report - Page 2

2016

Name **MARCUS J MOLINARO & CORINNE ADAMS**

Taxpayer Identification Number

	2012	2013	2014	2015	2016	2017 PROJECTED
Taxable income	98,478	100,626	98,028	141,760	127,681	127,927
Tax on taxable income and Form 8962	19,264	19,659	18,919	27,028	23,463	23,459
Alternative minimum tax						
Total credits	600	600	1,161	580	172	172
Net tax liability	18,664	19,059	17,758	26,448	23,291	23,287
Self-employment taxes						
Other taxes						
Total tax	18,664	19,059	17,758	26,448	23,291	23,287
Income tax withheld	21,499	22,058	21,796	26,395	25,681	25,681
Estimated tax payments						
Other payments						
Total payments	21,499	22,058	21,796	26,395	25,681	25,681
Total due/-refund	-2,835	-2,999	-4,038	53	-2,390	-2,394
Penalties and interest						
Net tax due/-refund	-2,835	-2,999	-4,038	53	-2,390	-2,394
Refund applied to estimated tax payments						
Refund received	-2,835	-2,999	-4,038		-2,390	
Marginal tax rate	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
Effective tax rate	19.0%	19.0%	18.0%	19.0%	18.0%	18.0%



Form 1040	Reconciliation Worksheet - Taxable Income & Tax	2016
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Name MARCUS J MOLINARO & CORINNE ADAMS	Taxpayer Identification Number [REDACTED]
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Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

*Tax on taxable ordinary income under \$100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within \$50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

	(a) Taxable Income	(b) Tax*
Income taxed at ordinary rates		
1. 10% rate	1a. <u>18,550</u>	1b. <u>1,859</u>
2. 15% rate	2a. <u>56,750</u>	2b. <u>8,515</u>
3. 25% rate	3a. <u>52,381</u>	3b. <u>13,089</u>
4. 28% rate	4a. _____	4b. _____
5. 33% rate	5a. _____	5b. _____
6. 35% rate	6a. _____	6b. _____
7. 39.6% rate	7a. _____	7b. _____
8. Total ordinary taxable income and ordinary tax. Add lines 1 through 7.	8a. <u>127,681</u>	8b. <u>23,463</u>
Income taxed at capital gains rates		
9. 0% capital gains rate	9a. _____	9b. _____
10. 15% capital gains rate	10a. _____	10b. _____
11. 20% capital gains rate	11a. _____	11b. _____
12. 25% capital gains rate	12a. _____	12b. _____
13. 28% capital gains rate	13a. _____	13b. _____
14. Total taxable capital gains and capital gains tax. Add lines 9 through 13.	14a. _____	14b. _____
Total taxable income		
15. Total ordinary taxable income. Enter the amount from line 8a.		15. <u>127,681</u>
16. Total capital gains taxable income. Enter the amount from line 14a.		16. _____
17. Add lines 15 and 16.		17. <u>127,681</u>
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.		18. _____
19. Taxable income reported on 1040, line 43 (1040A, line 27, 1040EZ, line 6, 1040NR, line 41, or 1040NR-EZ, line 17). Subtract line 18 from line 17.		19. <u>127,681</u>
Total tax		
20. Total ordinary tax. Enter the amount from line 8b.		20. <u>23,463</u>
21. Total capital gains tax. Enter the amount from line 14b.		21. _____
22. Tax on child's interest and dividend.		22. _____
23. Tax on lump-sum distribution.		23. _____
24. Other taxes.		24. _____
25. Add lines 20 through 24.		25. <u>23,463</u>
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.		26. _____
27. Total tax reported on 1040, line 44, (1040A, line 28, 1040EZ, line 10, 1040NR, line 42, or 1040NR-EZ, line 15). Subtract line 26 from line 25.		27. <u>23,463</u>
Tax Rates and Methods: Filing Status MARRIED FILING JOINTLY		
Tax Method TAX RATE SCHEDULE		
28. Marginal Tax Rate - Ordinary income (TAXABLE INCOME \$75,300 - \$151,900)		28. <u>25.0</u> %
29. Marginal Tax Rate - Capital income		29. _____ %
30. Unrecaptured Section 1250 - Capital income		30. _____ %
31. Collectibles, Section 1202 - Capital income		31. _____ %
32. Tax as a percentage of taxable income. Divide line 27 by line 19.		32. <u>18.0</u> %

Review Notes

Client Note

4/8/2017 10:29 AM [cdalessio]

Wife's license

What's going on with the mortgage interest?

Donations?



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, 2017, through December 31, 2017, or fiscal year beginning ..

and ending ..

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

Your first name MARCUS	MI J	Your last name (for a joint return, enter spouse's name on line below) MOLINARO	Your date of birth (mmddyyyy) 10081975	Your social security number [REDACTED]
Spouse's first name CORINNE	MI	Spouse's last name ADAMS	Spouse's date of birth (mmddyyyy) 08121987	Spouse's social security number [REDACTED]
Mailing address (see Instructions, page 13) (number and street or PO box) [REDACTED]			Apartment number	New York State county of residence DUTC
City, village, or post office RED HOOK	State NY	ZIP code 12571	Country (if not United States)	School district name RED HOOK
Taxpayer's permanent home address (see Instructions, page 13) (number and street or rural route) [REDACTED]			Apartment number	School district code number 526
City, village, or post office NY	State NY	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy) [REDACTED]
				Spouse's date of death (mmddyyyy) [REDACTED]

- 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 2017 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 relief credit? (see page 14) Yes No
(2) Enter the amount

D3 Were you required to report, under P.L. 110-343, Div. C, §801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page XX) Yes No

E (1) Did you or your spouse maintain living quarters in NYC during 2017? (see page 14) Yes No
(2) Enter the number of days spent in NYC in 2017 (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 2017
(2) Number of months your spouse lived in NYC in 2017

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]
[REDACTED]	A	MOLINARO	SON	[REDACTED]	[REDACTED]

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

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number
XXXXXXXXXX

Federal income and adjustments (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc.	1	166352.00
2	Taxable interest income	2	453.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	246.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	9	6997.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.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)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of social security benefits (also enter on line 27)	15	.00
16	Other income (see page 15) Identify: _____	16	.00
17	Add lines 1 through 11 and 13 through 16	17	174048.00
18	Total federal adjustments to income (see page 15) Identify: _____	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	174048.00

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)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)	21	.00
22	New York's 529 college savings program distributions (see page 16)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	174048.00

New York subtractions (see page 17)

25	Taxable refunds, credits, or offsets of state & local income taxes (from line 4)	25	246.00
26	Pensions of NYS & local governments & the federal government (see page 17)	26	.00
27	Taxable amount of social security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	453.00
29	Pension and annuity income exclusion (see page 18)	29	.00
30	New York's 529 college savings program deduction/earnings	30	2400.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	3099.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	170949.00

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 type="checkbox"/> Standard - or - <input checked="" type="checkbox"/> Itemized	34	24434.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	146515.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20)	36	2 000.00
37	Taxable income (subtract line 36 from line 35)	37	144515.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

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	144515.00
39	NYS tax on line 38 amount (see page 21)	39	9321.00
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	9321.00
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	9321.00

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
59	Sales or use tax (see page 26; do not leave line 59 blank)	59	0.00

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

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
60n	Autism Fund	60n	.00
60o	Veterans' Homes	60o	.00
60	Total voluntary contributions (add lines 60a through 60o)	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	9321.00

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Your social security number
[REDACTED]

62 Enter amount from line 61

62 9321.00

Payments and refundable credits (see pages 28 through 30)

63 Empire State child credit	63	.00
64 NYS/NYC child and dependent care credit	64	120.00
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 (fixed amount) (also complete F on page 1)	69	.00
69a NYC school tax credit (rate reduction amount)	69a	.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	9544.00
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).
 Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75)

76 9664.00

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)

77 343.00

78 Amount of line 77 to be refunded

Mark one refund choice: direct deposit to checking or savings account (fill in line 83) - or - paper check

78 343.00

79 Amount of line 77 that you want applied to your 2018 estimated tax (see instructions)

79 .00

Refund? Direct deposit is the easiest, fastest way to get your refund.

79a Amount of line 77 that you want as a NYS 529 account deposit (submit Form IT-195)

79a .00

See page 32 for payment options.

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.

80 .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31)

81 .00

See page 35 for the proper assembly of your return.

82 Other penalties and interest (see page 32)

82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 32).

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. 32)

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 Amount .00

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

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRN	NYTPRN excl. code
Preparer's signature SUSAN L. HOWELL, CPA		Preparer's printed name SUSAN L. HOWELL, CPA	
Firm's name (or yours, if self-employed) RBT CPAS, LLP		Preparer's PTIN or SSN [REDACTED]	
Address 11 RACQUET RD NEWBURGH NY 12550		Emp [REDACTED]	Date 04132018
E-mail: [REDACTED]			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation COUNTY EXECUTIVE	
Spouse's signature and occupation (if joint return) DIRECT OF COMMU	
Date	Daytime phone #
E-mail: [REDACTED]	

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

Resident Itemized Deduction Schedule

IT-201-D

Submit this form with Form IT-201. See instructions for completing Form IT-201-D in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201	Your social security number
MARCUS J MOLINARO CORINNE ADAMS	[REDACTED]

Whole dollars only

1	Medical and dental expenses (federal Schedule A, line 4)		.00
2	Taxes you paid (federal Schedule A, line 9)	18831	.00
3	Interest you paid (federal Schedule A, line 15)	14172	.00
4	Gifts to charity (federal Schedule A, line 19)	1000	.00
5	Casualty and theft losses (federal Schedule A, line 20)		.00
6	Job expenses / miscellaneous deductions (federal Schedule A, line 27)		.00
7	Other miscellaneous deductions (federal Schedule A, line 28)		.00
8	Enter amount from federal Schedule A, line 29	34003	.00
9	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions)	SEE STMT 1	9569 .00
10	Subtract line 9 from line 8	24434	.00
11	Addition adjustments (see instructions)		.00
12	Add lines 10 and 11	24434	.00
13	Itemized deduction adjustment (see instructions)		.00
14	Subtract line 13 from line 12	24434	.00
15	College tuition itemized deduction (see Form IT-272)		.00
16	New York State itemized deduction (add lines 14 and 15; enter on Form IT-201, line 34)	24434	.00

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