

COVER PAGE

Filing Checklist for 2016 Tax Return Filed On Standard Forms

Prepared on: 12/12/2016 07:33:35 am

Return: C:\Users\Smokey\Desktop\Tax\2016 Whittenburg\Chapter 5\Albert Gaytor Ch 5 2016 Tax Return.T16

To file your 2016 tax return, simply follow these instructions:

Step 1. Sign and date the return

Because you're filing a joint return, Albert and Allison both need to sign the tax return.

If your return is signed by a representative for you, you must have a power of attorney attached that specifically authorizes the representative to sign your return. To do this, you can use Form 2848, Power of Attorney and Declaration of Representative.

Step 2. Assemble the return

These forms should be assembled behind Form 1040 --U.S. Individual Income Tax Return

- Schedule A
- Schedule B
- Schedule C
- Schedule E
- Form 4684
- Form 8880
- Form 8582 - Page 1
- Form 8582 Page 2 (Regular Tax)
- Attachments Worksheet

Staple these documents to the front of the first page of the return:

Form W-2: Wage and Tax Statement

1st

Step 3. Mail the return

Mail the return to this address:

Department of the Treasury
Internal Revenue Service
Austin, TX 73301-0002

We recommend that you use one of these IRS-approved methods to send your return. Retain the proof of mailing to avoid a late filing penalty:

- U.S. Postal Service certified mail.
- DHL Express, Express 9:00, Express 10:30, Express 12:00, Express Worldwide, Express Envelope, Import Express 10:30, Import Express 12:00, and Import Express Worldwide.
- FedEx First Overnight, Priority Overnight, Standard Overnight, 2 Day, International Next Flight Out, International Priority, International First, or International Economy.
- United Parcel Service Next Day Air Early AM, Next Day Air, Next Day Air Saver, 2nd Day Air, 2nd Day Air A.M., Worldwide Express Plus, or Worldwide Express.

Step 4. Keep a copy

Print a second copy of the return for your records. We recommend that you also print and retain these supporting forms, which don't need to be sent to the IRS:

- Background Worksheet
- Dependents Worksheet
- Last Year's Data Worksheet
- Form 1099-INT/OID
- Form 1099-DIV
- Form 1099-G
- Home Mortgage Interest Worksheet
- Charitable Worksheet
- Form 1098-E
- IRA Contributions
- Vehicle Worksheet
- Rentals and Royalties
- Noncash or Item Donations
- Health Care Coverage
- Health Care Summary

2016 return information - Keep this for your records

Here is some additional information about your 2016 return. Keep this information with your records.

You will need your 2016 AGI to electronically sign your return next year.

Quick Summary

Income		\$82,347
Adjustments	-	\$24,900
Adjusted gross income		\$57,447
Deductions	-	\$24,788
Exemption(s)	-	\$12,150
Taxable income		\$20,509
Tax withheld or paid already		\$6,510
Actual tax due	-	\$1,534
Refund applied to next year	-	\$0
Refund		\$4,976

* Your long-term capital gains and qualifying dividends are taxed at a lower rate than your other income. As a result, your total federal tax is less than the tax shown on the IRS's Tax Table.

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
Albert T Gaytor
Your social security number 266–51–1966

If a joint return, spouse's first name and initial Last name
Allison A Gaytor
Spouse's social security number 266–34–1967

Home address (number and street). If you have an APO, FPO, or MPO, see instructions. Home address (number and street) for a foreign country, see instructions.
12340 Cocoshell Road
Home address (number and street) for a foreign country, see instructions.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Coral Gables FL 33134
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

Foreign country name Foreign province/state/country Foreign postal code

Filing Status

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

2 ☒ Married filing jointly (even if only one had income) 5 ☐ Qualifying widow(er) with dependent child

3 ☐ Married filing separately. Enter spouse's SSN above and full name here.

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a } Boxes checked on 6a and 6b 2

b ☒ Spouse } No. of children on 6c who:

c Dependents: (1) First name Last name social security number (2) Dependence relationship to you (3) Child under age 17 qualifying for child tax credit (see instructions)

If more than four dependents, see instructions and check here ☐ **Final form will be available through a program update.**

d Total number of exemptions claimed 3

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 65,250

8a Taxable interest. Attach Schedule B if required 8a 1,070

b Tax-exempt interest. Do not include on line 8a 8b 725

9a Ordinary dividends. Attach Schedule B if required 9a 1,580

b Qualified dividends 9b 1,425

10 Taxable refunds, credits, or offsets of state and local income taxes 10 0

11 Alimony received 11

12 Business income or (loss). Attach Schedule C or C-EZ 12 -828

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13 0

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a 0 b Taxable amount 15b 0

16a Pensions and annuities (including 401(k) plans) 16a 0 b Taxable amount 16b 0

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 5,425

18 Farm income or (loss). Attach Schedule F 18 0

19 Unemployment compensation 19 3,900

20a Social security benefits 20a SEE ATTACHED b Taxable amount 20b 5,950

21 Other income. List type and amount 21 82,347

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

Adjusted Gross Income

23 Educator expenses 23 0

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 0

25 Health savings account deduction. Attach Form 8889 25 0

26 Moving expenses. Attach Form 3903 26 0

27 Deductible part of self-employment tax. Attach Schedule SE 27 0

28 Self-employed SEP, SIMPLE, and qualified plans 28 0

29 Self-employed health insurance deduction 29 0

30 Penalty on early withdrawal of savings 30 0

31a Alimony paid b Recipient's SSN 667-34-9224 31a 11,400

32 IRA deduction 32 2,500

33 Student loan interest deduction 33 0

34 Tuition and fees. Attach Form 8879 34 0

35 Domestic production activities deduction. Attach Form 8803 35 0

36 Add lines 23 through 35 36 24,900

37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ 37 57,447

Tax and Credits**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

38	Amount from line 37 (adjusted gross income)	38	57,447
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 <input type="checkbox"/> 0		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	24,788
41	Subtract line 40 from line 38	41	32,659
42	Charitable contributions (see instructions). If line 42 is more than line 41, enter -0-	42	2,150
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	20,509
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	1,934
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	1,934
48	Foreign tax credit. Attach Form 1116 if required	48	0
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	400
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	0
55	Add lines 48 through 54. These are your total credits	55	400
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	1,534

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	0
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	0
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	0
60a	Household employment taxes from Schedule H	60a	0
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	0
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	0
63	Add lines 56 through 62. This is your total tax	63	1,534

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	6,510
65	2016 estimated tax payments and amount applied from 2015 return	65	0
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b <input type="checkbox"/>		
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	0
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	0
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	6,510

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,976
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	4,976
b	Routing number XXXXXXXXXX c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number XXXXXXXXXXXXXXXXXXXX		
77	Amount of line 75 you want applied to your 2017 estimated tax	77	0

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	

Third Party Designee

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

Designee's name Phone no. Personal identification number (PIN)

Sign Here

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

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

Your signature Date Your occupation Daytime phone number

Spouse's signature, if a joint return, **both** must sign. Date Spouse's occupation If the IRS sent you an Identity Protection Notice (IPN), enter the IPN number

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN

Firm's name Firm's EIN Phone no.

Firm's address

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

Albert

T Gaytor

Itemized Deductions

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

► Attach to Form 1040.

OMB No. 1545-0074

2016
Attachment
Sequence No. **07**

Your social security number
266-51-1966

**Medical
and
Dental
Expenses**

Caution. Do not include expenses reimbursed or paid by others.

Final form will be available through a program update.

1 Enter amount from Form 1040, line 38 2 57,447
3 Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead 3 5,745

4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- 4 1,837

Taxes You Paid

5 State and local (check only one box):

a. ☐ Income taxes, or

b. ☒ General sales taxes

6 Real estate taxes (see instructions) 6 4,600

7 Personal property taxes 7 0

8 Other taxes. List type and amount ► 8 0

9 Add lines 5 through 8 9 7,700

**Interest
You Paid**

10 Home mortgage interest and points reported to you on Form 1098 10 11,700

11 Other 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 0

Note.
Your mortgage interest deduction may be limited (see instructions).

12 Points not reported to you on Form 1098. See instructions for special rules 12 0

13 Mortgage insurance premiums (see instructions) 13 0

14 Investment interest. Attach Form 4952 if required. (See instructions.) 14 345

15 Add lines 10 through 14 15 12,045

**Gifts to
Charity**

If you made a gift and got a benefit for it, see instructions.

16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions 16 410

17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if more than \$500 17 275

18 Carryover from prior year 18 0

19 Add lines 16 through 18 19 685

**Casualty and
Theft Losses**

20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) 20 2,105

**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.) ► 21 700

22 Tax preparation fees 22 765

23 Other expenses—investment, safe deposit box, etc. List type and amount ► 23 100

SAFE DEPOSIT BOX

24 Add lines 21 through 23 24 1,565

25 Enter amount from Form 1040, line 38 25 57,447

26 Multiply line 25 by 2% (0.02) 26 1,149

27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- 27 416

**Other
Miscellaneous
Deductions**

28 Other—from list in instructions. List type and amount ► 28 0

**Total
Itemized
Deductions**

29 Is Form 1040, line 38, over \$5,650?

☒ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.

☐ Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.

30 If you elect to itemize deductions even though they are less than your standard deduction, check here 30

24,788

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Albert

T Gaytor

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

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

OMB No. 1545-0074

2016

Attachment
Sequence No. **08**

Your social security number
266-51-1966

Part I
Interest

(See instructions for Schedule B, and the instructions for Form 1040A, or Form 1040, line 8a.)

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

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address.

Vizcaya National Bank

Florida Electric Co.

Miami-Dade County Airport Authorit

Amount

375

695

0

1

DRAFT FORM -- DO NOT FILE.

Final form will be available through a program update.

2 Add the amounts on line 1

1,070

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

3

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

4

1,070

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

Amount

Part II

Ordinary Dividends

(See instructions for Schedule B, and the instructions for Form 1040A, or Form 1040, line 9a.)

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

5 List name of payer ▶

Everglades Bank Corp.

Grapefruit Mutual Fund

Florida Sugar Corp.

925

155

500

DRAFT FORM -- DO NOT FILE.

Final form will be available through a program update.

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

6

1,580

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

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

Yes

No

Part III
Foreign Accounts and Trusts
(See instructions.)

7a At any time during 2016, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instruction

X

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to your financial institution? See instructions for Form 1040A, or Form 1040, and its instructions for filing requirements and exceptions to those requirements

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶

8 During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.

X

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016

Attachment
Sequence No. **09**

Name of proprietor Allison A Gaytor		Social security number (SSN) 266-34-1967
A Principal business or profession, including product or service (see instructions) Retail Store		B Enter code from instructions 441300
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ►
City, town or post office, state, and ZIP code

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

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

H If you started or acquired this business during 2016, check here . . . ☒ Yes ☐ No

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) . . . ☐ Yes ☒ No

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

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on form W-2 and the "Statutory employee" box on that form was checked.	<input type="checkbox"/>	1	63,550
2 Returns and allowances		2	600
3 Subtract line 2 from line 1		3	62,950
4 Cost of goods sold (from line 42)		4	39,800
5 Gross profit. Subtract line 4 from line 3		5	23,150
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	23,150

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

8 Advertising	8	3,100	18 Office expense (see instructions)	18	1,375
9 Car and truck expenses (see instructions)	9	918	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	0
12 Depletion	12		b Other business property	20b	7,495
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	432
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	625
15 Insurance (other than health)	15	795	23 Taxes and licenses	23	510
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	790
b Other	16b	1,750	b Deductible meals and entertainment (see instructions)	24b	75
17 Legal and professional services	17	310	25 Utilities	25	980
			26 Wages (less employment credits)	26	3,400
			27a Other expenses (from line 48)	27a	1,423
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	23,978			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-828			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	0			
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	-828			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32b	<input type="checkbox"/> Some investment is not at risk.			

Part III Cost of Goods Sold (see instructions)

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

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

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation

36 Purchases less cost of items withdrawn for personal use

37 Cost of labor. Do not include any amounts paid to yourself

38 Materials and supplies

39 Other costs

40 Add lines 35 through 39

41 Inventory at end of year

42 **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4

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

43 When did you place your vehicle in service for business purposes? (month, day, year) **9/1/2016**

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

a Business **1,700** **b** Commuting (see instructions) **5,000** **c** Other **6,472**

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

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

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

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

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

Business Gifts (only deduct \$25 per gift)	150
Uniforms (uniforms purchased for employees)	400
Telephone	800
Miscellaneous	73
48 Total other expenses. Enter here and on line 27a	1,423

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Albert T Gaytor

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2016

Attachment
Sequence No. **13**

Your social security number

266-51-1966

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 on line 1 that would require you to file Form 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 1237 Pineapple St. Lihue HI 96766

B

C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days		QJV	
		A					
A		366		0			
B							
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 below)

Income:		Properties:		A	B	C
3	Rents received	1				
4	Royalties received	4		0	0	0

Expenses:

5	Advertising	5	0		
6	Auto and travel (see instructions)	6	0		
7	Cleaning and maintenance	7	2,900		
8	Commissions	8	0		
9	Insurance	9	0		
10	Legal and other professional fees	10	0		
11	Management fees	11	0		
12	Mortgage interest paid to banks, etc. (see instructions)	12	7,900		
13	Other interest	13	0		
14	Repairs	14	0		
15	Supplies	15	0		
16	Taxes	16	2,300		
17	Utilities	17	2,125		
18	Depreciation expense or depletion	18	0		
19	Other (list) ▶	19	0		
20	Total expenses. Add lines 5 through 19	20	15,225	0	0
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	5,425	0	0
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	20,650	
b	Total of all amounts reported on line 4 for all royalty properties	23b	0	
c	Total of all amounts reported on line 12 for all properties	23c	7,900	
d	Total of all amounts reported on line 18 for all properties	23d	0	
e	Total of all amounts reported on line 20 for all properties	23e	15,225	

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses **24** 5,425

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. **25** (0)

26 **Total rental real estate and royalty income or (loss).** Carry over 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 1041, line 6. **26** 5,425

Form **4684**Department of the Treasury
Internal Revenue Service**Casualties and Thefts**► Information about Form 4684 and its separate instructions is at www.irs.gov/form4684.

► Attach to your tax return.

► Use a separate Form 4684 for each casualty or theft.

OMB No. 1545-0177

2016Attachment
Sequence No. **26**

Name(s) shown on tax return

Albert T Gaytor

Identifying number

266-51-1966

SECTION A—Personal Use Property (Use this section to report casualties and thefts of property not used in a trade or business or for income-producing purposes.)

- 1** Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft.
- Property **A** Digital SLR camera Personal residence 6/15/16
- Property **B**
- Property **C**
- Property **D**

		Properties			
		A	B	C	D
2	Cost or other basis of each property	7,950			
3	Insurance or other reimbursement (whether or not you filed a claim) (see instructions)				
Note: If line 2 is more than line 3, skip line 4.					
4	Gain from casualty or theft. If line 3 is more than line 2, enter the difference here and skip lines 5 through 9 for that column. See instructions if line 3 includes insurance or other reimbursement, but you did not receive payment for your loss in a later tax year				
5	Fair market value before casualty or theft	7,950			
6	Fair market value after casualty or theft	0			
7	Subtract line 6 from line 5	7,950	0	0	0
8	Enter the smaller of line 2 or line 7	7,950	0	0	0
9	Subtract line 3 from line 8. If zero or less, enter -0-	7,950	0	0	0
10	Casualty or theft loss. Add the amounts on line 9 in columns A through D				7,950
11	Enter the smaller of line 10 or \$100				100
12	Subtract line 11 from line 10				7,850
Caution: Use only one Form 4684 for lines 13 through 18.					
13	Add the amounts on line 12 of all Forms 4684				7,850
14	Add the amounts on line 4 of all Forms 4684				0
15	• If line 14 is more than line 13, enter the difference here and on Schedule D. Do not complete the rest of this section (see instructions). • If line 14 is less than line 13, enter -0- here and on line 16. • If line 14 is equal to line 13, enter -0- here. Do not complete the rest of this section.				0
16	If line 14 is less than line 13, enter the difference				7,850
17	Enter 10% of your adjusted gross income from Form 1040, line 38, or Form 1040NR, line 37. Estates and trusts, see instructions				5,745
18	Subtract line 17 from line 16. If zero or less, enter -0-. Also enter the result on Schedule A (Form 1040), line 20, or Form 1040NR, Schedule A, line 6. Estates and trusts, enter the results on the "Other deductions" line of your tax return				2,105

KIA For Paperwork Reduction Act Notice, see instructions.

Form **4684** (2016)

DRAFT FORM -- DO NOT FILE.

Final form will be available through a program update.

Name(s) shown on tax return. Do not enter name and identifying number if shown on first page of this form.

Albert T Gaytor

Identifying number
266-51-1966

SECTION B—Business and Income-Producing Property

Part I Casualty or Theft Gain or Loss (Use a separate Part I for each casualty or theft.)

- 19** Description of properties (show type, location and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft. **See instructions.** **DRAFT FORM - DO NOT FILE** **See instructions.** Claiming a loss on a Ponzi-type investment scheme and Section C is not completed.

Property A

Property B

Property C

Property D

Final form will be available through a program update.

		Properties			
		A	B	C	D
20	Cost or adjusted basis of each property	20			
21	Insurance or other reimbursement (whether or not you filed a claim). See the instructions for line 3 Note: If line 20 is more than line 21, skip line 22.	21			
22	Gain from casualty or theft. If line 21 is more than line 20, enter the difference here and on line 29 or line 34, column (c), except as provided in the instructions for line 33. Also, skip lines 23 through 27 for that column. See the instructions for line 4 if line 21 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year				
23	Fair market value before casualty or theft	23	0	0	0
24	Fair market value after casualty or theft	24			
25	Subtract line 24 from line 23	25	0	0	0
26	Enter the smaller of line 20 or line 25 Note: If the property was totally destroyed by casualty or lost from theft, enter on line 26 the amount from line 20.	26	0	0	0
27	Subtract line 21 from line 26. If zero or less, enter -0-	27	0	0	0
28	Casualty or theft loss. Add the amounts on line 27. Enter the total here and on line 29 or line 34 (see instructions).	28			0

Part II	Summary of Gains and Losses (from separate Parts I)
----------------	--

(a) Identify casualty or theft

(b) Losses from casualties or thefts

(i) Trade, business, rental or royalty property

(ii) Income-producing and employee proper

(c) Gains from casualties or thefts includible in income

Casualty or Theft of Property Held One Year or Less

29		(0)	(0)	0	
30	Totals. Add the amounts on line 29	30	(0)	(0)	0
31	Combine line 30, column (b)(i) here. Enter the net gain (loss) and on Form 4797, if not otherwise required, see instructions	31			0
32	Enter the amount from line 30, column (b)(ii) here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 28, or Form 1040NR, Schedule A, line 14, and enter the amount from property used as an employee on Schedule A (Form 1040), line 23, or Form 1040NR, Schedule A, line 9. Estates and trusts, partnerships, and S corporations, see instructions	32			0

Casualty or Theft of Property Held More Than One Year

33	Casualty or theft gains from Form 4797, line 32			33	0
34		()	()		0
		()	()		
35	Total losses. Add amounts on line 34, columns (b)(i) and (b)(ii)	35	()	()	
36	Total gains. Add lines 33 and 34, column (c)			36	0
37	Add amounts on line 35, columns (b)(i) and (b)(ii)			37	0
38	If the loss on line 37 is more than the gain on line 36:				
a	Combine line 35, column (b)(i) and line 36, and enter the net gain or (loss) here. Partnerships (except electing large partnerships) and S corporations, see the note below. All others, enter this amount on Form 4797, line 14. If Form 4797 is not otherwise required, see instructions			38a	0
b	Enter the amount from line 35, column (b)(ii) here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 28, or Form 1040NR, Schedule A, line 14, and enter the amount from property used as an employee on Schedule A (Form 1040), line 23, or Form 1040NR, Schedule A, lines 14 and 23. Estates and trusts, enter on the "Other deductions" line of your tax return. Partnerships (except electing large partnerships) and S corporations, see the note below. If the loss on line 37 is less than or equal to the gain on line 36, combine lines 36 and 37 and enter here. Partnerships (except electing large partnerships), see the note below. All others, enter this amount on Form 4797, line 3			38b	0
39	If the loss on line 37 is less than or equal to the gain on line 36, combine lines 36 and 37 and enter here. Partnerships (except electing large partnerships), see the note below. All others, enter this amount on Form 4797, line 3			39	0
Note: Partnerships, enter the amount from line 38a, 38b, or line 39 on Form 1065, Schedule K, line 11. S corporations, enter the amount from line 38a or 38b on Form 1120S, Schedule K, line 10.					

Name(s) shown on tax return.

Albert T Gaytor

Identifying number

266-51-1966

SECTION C—Theft Loss Deduction for Ponzi-Type Investment Scheme Using the Procedures in Revenue Procedure 2009-20 (Complete this section in lieu of Appendix A in Revenue Procedure 2009-20. See instructions.)**Part I Computation of Deduction**

40	Initial investment	40		
41	Subsequent investments (see instructions)	41		
42	Income reported on your tax returns for tax years prior to the discovery year (see instructions)	42		
43	Add lines 40, 41, and 42	43		0
44	Withdrawals for all years (see instructions)	44		
45	Subtract line 44 from line 43. This is your total qualified investment	45		0
46	Enter .95 (95%) if you have no potential third-party recovery. Enter .75 (75%) if you have potential third-party recovery	46		
47	Multiply line 46 by line 45	47		0
48	Actual recovery	48		
49	Potential insurance/Securities Investor Protection Corporation (SIPC) recovery	49		
50	Add lines 48 and 49. This is your total recovery.	50		0
51	Subtract line 50 from line 47. This is your deductible theft loss. Include this amount on line 28 of Section B, Part I. Do not complete lines 19-27 for this loss. Then complete Section B, Part II.	51		0

Part II Required Statements and Declarations (See instructions.)

- I am claiming a theft loss deduction pursuant to Revenue Procedure 2009-20 for a theft loss that is a Ponzi-type investment arrangement conducted by an individual or entity.
Name of individual or entity _____
Taxpayer identification number (if known) _____
Address _____
- I have written documentation to support the amounts reported in Part I of this Section C.
- I am a qualified investor as defined in section 4.03 of Revenue Procedure 2009-20.
- If I have determined the amount of my theft loss deduction using .95 on line 46 above, I declare that I have not pursued and do not intend to pursue any potential third-party recovery, as that term is defined in section 4.10 of Revenue Procedure 2009-20.
- I agree to comply with the conditions and agreements set forth in Revenue Procedure 2009-20 and this Section C.
- If I have already filed a return or amended return that does not satisfy the conditions in section 6.02 of Revenue Procedure 2009-20, I agree to all adjustments or actions that are necessary to comply with those conditions. The tax year(s) for which I filed the return(s) or amended return(s) and the date(s) on which they were filed are as follows:

KIA

Form 4684 (2016)

Credit for Qualified Retirement Savings Contributions

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

▶ Information about Form 8880 and its instructions is at www.irs.gov/form8880.

Name(s) shown on return

Albert T Gaytor

Your social security number

266-51-1966

You **cannot** take this credit if either of the following applies.

- The amount on Form 1040, line 28; Form 1040A, line 28; or Form 1040NR, line 37 is more than \$89,750 (\$149,125 if head of household, \$61,500 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1999, (b) is claimed as a dependent on someone else's 2016 tax return, or (c) was a **student** (see instructions).

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- Traditional and Roth IRA (including *myRA*) contributions for 2016. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2016 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2013 and **before** the due date (including extensions) of your 2016 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the smaller of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you cannot take this credit
- Enter the amount from Form 1040, line 38*; Form 1040A, line 22; or Form 1040NR, line 37
- Enter the applicable decimal amount shown below:

	(a) You	(b) Your spouse
1	5,500	5,500
2	0	0
3	5,500	5,500
4		0
5	5,500	5,500
6	2,000	2,000
7		4,000
8	57,447	

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
---	\$18,500	.5	.5	.5
\$18,500	\$20,000	.5	.5	.2
\$20,000	\$27,750	.5	.5	.1
\$27,750	\$30,000	.5	.5	.1
\$30,000	\$30,750	.5	.1	.1
\$30,750	\$37,000	.5	.1	.0
\$37,000	\$40,000	.2	.1	.0
\$40,000	\$46,125	.1	.1	.0
\$46,125	\$61,500	.1	.0	.0
\$61,500	---	.0	.0	.0

Note: If line 9 is zero, **stop**; you cannot take this credit.

- Multiply line 7 by line 9
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Form 1040, line 51; Form 1040A, line 34; or Form 1040NR, line 48

9	X	0.1
10		400
11		1,934
12		400

*See Pub. 590-A for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

DRAFT FORM -- DO NOT FILE.**Final form will be available through a program update.**

Passive Activity Loss Limitations

OMB No. 1545-1008

2016Attachment
Sequence No. **88**Department of the Treasury
Internal Revenue Service (99)▶ **Information about Form 8582 and its instructions is available at www.irs.gov/form8582.**

Name(s) shown on return

Albert T Gaytor

Identifying number
266-51-1966**DRAFT FORM -- DO NOT FILE.****Part I 2016 Passive Activity Loss****Caution:** Complete Worksheets 1 and 2 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a	5,425	
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(0)	
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	(0)	
d Combine lines 1a, 1b, and 1c	1d	5,425	

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	()	
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()	
c Add lines 2a and 2b	2c	(0)	

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	0	
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(0)	
c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	(0)	
d Combine lines 3a, 3b, and 3c	3d	0	

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4	5,425	
--	----------	-------	--

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

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5		
6 Enter \$150,000. If married filing separately, see instructions	6		
7 Enter modified adjusted gross income, but not less than zero (see instructions)	7		
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.			
8 Subtract line 7 from line 6	8		
9 Multiply line 8 by 50% (0.5). Do not enter more than \$25,000. If married filing separately, see instructions	9		
10 Enter the smaller of line 5 or line 9	10		

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

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

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

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15		
16 Total losses allowed from all passive activities for 2016. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16		

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
1237 Pineapple St. I	5,425	0	0	5,425	0
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶	5,425	0	0		

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 a partner is shown on Form 8582, line 1c (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss	(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
Total ▶			1.00	

**ATTACHMENTS WORKSHEET
OTHER INCOME
Form 1040, Line 21**

**2016
2016**

**Not
For
Filing**

Name: Albert T Gaytor **Soc Sec No:** 266-51-1966

Type of Income	Amount
1. Child's interest and dividend income from Form 8814	1 <u>0</u>
2. Gambling winnings	2 <u>5,800</u>
3. Non-business rentals of pers prop from 1099-MISC, Box 1	3 <u>0</u>
4. Prizes, awards, damages, etc. from Form 1099-MISC, Box 3	4 <u>0</u>
5. Nonemployee compensation from Form 1099-MISC, Box 7	5 <u>0</u>
6. Payments in lieu of int or div from Form 1099-MISC, Box 8	6 <u>0</u>
7. Foreign earned income or housing excl. (enter as negative)	
a. Form 2555	7a <u>0</u>
b. Form 2555-EZ	7b <u>0</u>
8. Refunds and reimbursements of tax benefit items	
a. Medical expenses	8a <u>0</u>
b. Real estate taxes	8b <u>0</u>
c. Overpaid home mortgage interest	8c <u>0</u>
d. General sales taxes	8d <u>0</u>
e. Other items	8e <u>0</u>
f. From K-1's	8f <u>0</u>
9. Jury fees-enter even if gave to employer	9 <u>0</u>
10. Nonprofessional fiduciary fees	10 <u>0</u>
11. Alaska Permanent Fund dividends	11 <u>0</u>
12. Income from for-profit rental of personal property	12 <u>0</u>
13. Income from non-profit activity	13 <u>150</u>
14. Recapture of clean-fuel vehicle deduction	14 <u>0</u>
15. Loss on corrective distrib. made in 2016 (enter as neg)	15 <u>0</u>
16. Net operating loss carried forward to 2016 (enter as neg)	16 <u>0</u>
Explanation	
17. Archer MSA distributions	17 <u>0</u>
18. Medicare Advantage MSA distributions	18 <u>0</u>
19. Long-term care payments	19 <u>0</u>
20. Taxable grants from Form(s) 1099-G	20 <u>0</u>
21. Taxable distributions from a qualified tuition program (QTP):	
Yours	21a <u>0</u>
Your spouse's	21b <u>0</u>
22. Taxable distributions from a Coverdell education savings account (ESA):	
Yours	22a <u>0</u>
Your spouse's	22b <u>0</u>
23. Taxable distributions from an ABLE account:	
Yours	23a <u>0</u>
Your spouse's	23b <u>0</u>
24. Taxable HSA distributions	24 <u>0</u>
25. ATAA or RTAA payments	25 <u>0</u>
26. Income from cancellation of debt	26 <u>0</u>
27. Taxable part of disaster relief payments	27 <u>0</u>
	You Spouse
28. Excludable Medicaid waiver payments on W-2 Enter as a negative	28 <u>0</u>
29. Excludable Medicaid waiver payments on 1099-MISC, Box 3 Enter as a negative	29 <u>0</u>
30. Other:	30a <u>0</u>
	30b <u>0</u>
	30c <u>0</u>

31. Total of all income items for line 21 31 5,950

	ALIMONY PAID	2016
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Not
For
Filing

	ALIMONY PAID Form 1040, Line 31a	2016
Name: <u>Albert</u> <u>T Gaytor</u>		Soc Sec No: <u>266-51-1966</u>
Recipient's Social Security Number		Amount Paid
<u>667-34-9224</u>		<u>11,400</u>
<u> </u>		<u> </u>
<u> </u>		<u> </u>
Total:		<u>11,400</u>
	OTHER ADJUSTMENTS	2016

Not
For
Filing

OTHER ADJUSTMENTS
Form 1040, Line 36

2016

Name: Albert T Gaytor Soc Sec No: 266-51-1966

Type of Adjustment	Description	Amount
1. Foreign housing deduction		1 0
2. Jury duty pay given to employer		2
3. Reforestation amortization and expenses		3
4. Repayment of sub-pay under Trade Act of 1974		4
5. Contribs to section 501(c)(18)(D) plans		5 0
6. Expenses from rental of personal property		6
7. Contributions by chaplains to 403(b) plans		7
8. Archer MSA deduction (Form 8853)		8 0
9. Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instr)		9
10. Attorney fees and court costs paid by you in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations (see instructions)		10
11. Total of adjustments for line 36		11 0

OTHER TAXES

2016

OTHER TAXES Form 1040, Line 62

2016

Name: Albert T Gaytor Soc Sec No: 266-51-1966

Type of Tax		Descrip	Amount
1.	Recapture of investment credit (Form 4255)		1
2.	Recapture of low-income housing cr (8611)		2
3.	Interest from Form 8621, line 16f, relating to distributions from and dispositions of stock of a section 1291 fund		3
4.	Recapture of Indian employment credit		4
5.	Recapture of Fed mortgage subsidy (Fm 8828)		5
6.	Recapture of new markets crdt (see Fm 8874)		6
7.	Recapture of credit for employer-provided child care facilities (see Form 8882)		7
8.	Recapture of alternative motor vehicle credit (see Form 8910)		8
9.	Recapture of alternative fuel vehicle refueling property credit (see Form 8911)		9
10.	Recapture of qualified plug-in electric drive motor vehicle cr (see Form 8936)		10
11.	Section 72(m)(5) excess benefits tax		11
12.	FICA and Medicare owed on tips, life ins		12 0
13.	Tax on excess parachute payments		13 0
14.	Tax on accum distrib of trusts (Form 4970)		14
15.	Tax on Archer MSA distributions (Fm 8853)		15 0
16.	Tax on Med+MSA distributions (Form 8853)		16 0
17.	Excise tax on insider stock compensation from an expatriated corporation		17
18.	Tax on HSA distributions (Fm 8889, Pt II)		18 0
19.	Additional tax for failure to maintain HDHP coverage (Fm 8889, Pt III)		19 0
20.	Additional tax on income received from nonqualified deferred compensation plan that fails to meet requirements (IRC 409A)		20
21.	Interest on tax due on installment income from sale of certain residential lots and timeshares		21
22.	Interest on deferred tax on gain from certain installment sales with a sales price over \$150,000		22
23.	Additional tax on recapture of a charitable donation deduction relating to the donation of a fractional interest in tangible personal property		23
24.	Look-back interest under section 167(g) or 460(b)		24
25.	Additional tax on certain compensation received from a nonqualified deferred compensation plan described in section 457A		25
26.	Interest amount from Form 8621, line 24		26
27.	Total additional taxes for line 62		27 0

MISCELLANEOUS ITEMS

2016

MISCELLANEOUS ITEMS		2016
Name: <u>Albert T Gaytor</u>		Soc Sec No: <u>266-51-1966</u>
I. MISCELLANEOUS INCOME ITEMS		
1. IRA contribution made in 2016 and returned in 2017 <div style="margin-left: 20px;"> a. Total amount distributed from IRA (original contribution, plus earnings or minus loss) </div> <div style="margin-left: 20px;"> b. Earnings, if any, on contribution. Do not enter a negative number <div style="margin-left: 20px;"> i. Traditional IRA </div> <div style="margin-left: 20px;"> ii. Roth IRA </div> </div>	You	Spouse
You:		
Spouse:		
2. Wages received for work done as an inmate in a penal institution		
II. MISCELLANEOUS ADJUSTMENTS		
1. Educator expenses	1	0
2. Domestic production activities deduction from cooperatives (Form 1099-PATR, box 6)	2	
III. MISCELLANEOUS CREDITS, EXCLUSIONS, AND TAXES		
1. Exclusion of income from American Samoa (Form 4563)	1	
2. Exclusion of income from Puerto Rico	2	
3. Exclusion of income from Guam	3	
4. Exclusion of income from Northern Mariana Islands	4	
5. Recapture of education credit (see Form 8863 instr)	5	
6. Credit for federal tax paid on fuels (Form 4136)	6	
MISCELLANEOUS ITEMS		2016

	MISCELLANEOUS ITEMS		2016
IV.	MISCELLANEOUS PENSION AND ANNUITY PLAN ITEMS		
1.	Recapture amount on distribution from a designated Roth account allocable to an in-plan Roth rollover - Self	1	
2.	Recapture amount on distribution from a designated Roth account allocable to an in-plan Roth rollover - Spouse	2	