

Form	1040	Department of the Treasury—Internal Revenue Service (99)	2016	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.																																																																												
For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20																																																																																	
Your first name and initial		Last name		See separate instructions.																																																																													
Albert T.		Gaytor		Your social security number																																																																													
If a joint return, spouse's first name and initial		Last name		Spouse's social security number																																																																													
Allison A.		Gaytor		266 51 1966																																																																													
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.																																																																													
12340 Cocoshell Road																																																																																	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).				Presidential Election Campaign																																																																													
Coral Gables, FL 33134				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. <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse																																																																													
Foreign country name		Foreign province/state/county		Foreign postal code																																																																													
Filing Status																																																																																	
Check only one box.																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ </div> <div style="width: 45%;"> 4 <input type="checkbox"/> 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 <input type="checkbox"/> Qualifying widow(er) with dependent child </div> </div>																																																																																	
Exemptions																																																																																	
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<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse c Dependents: <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8pt;"> <thead> <tr> <th style="width: 20%;">(1) First name</th> <th style="width: 20%;">Last name</th> <th style="width: 15%;">(2) Dependent's social security number</th> <th style="width: 15%;">(3) Dependent's relationship to you</th> <th style="width: 10%;">(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr> <td>Crocker</td> <td>Gaytor</td> <td>261 55 1212</td> <td>Son</td> <td><input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table> </div> <div style="width: 30%;"> Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above ▶ </div> </div>						(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	Crocker	Gaytor	261 55 1212	Son	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>																																																			
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Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.																																																																																	
If you did not get a W-2, see instructions.																																																																																	
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Form 1040 (2016)		Page 2	
Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	59,947
	39a Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes <input type="checkbox"/> checked ▶ 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind.		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600
	41 Subtract line 40 from line 38	41	47,347
	42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	12,150
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	35,197
	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	4,139
	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	4,139
	48 Foreign tax credit. Attach Form 1116 if required	48	
	49 Credit for child and dependent care expenses. Attach Form 2441	49	
	50 Education credits from Form 8863, line 19	50	
	51 Retirement savings contributions credit. Attach Form 8880	51	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	
	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	3,739
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	3,739
Payments	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	
	66a Earned income credit (EIC)	66a	
	b Nontaxable combat pay election 66b	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	6,510
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	2,771
	76a Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	2,771
	b Routing number c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number		
	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	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Your signature	Date	Your occupation
			Boat Captain
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
			Retail Store Owner
			If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
			Check <input type="checkbox"/> if self-employed
	Firm's name ▶	Firm's EIN ▶	PTIN
	Firm's address ▶	Phone no.	

SCHEDULE B
(Form 1040A or 1040)Department of the Treasury
Internal Revenue Service (99)**Interest and Ordinary Dividends**▶ Attach to Form 1040A or 1040.
▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

OMB No. 1545-0074

2016
Attachment
Sequence No. **08**

Name(s) shown on return

Albert T. and Allison A. Gaylor

Your social security number

266-51-1966

Part I**Interest**(See instructions
on back 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 on back and list this interest first. Also, show that buyer's social security number and address ▶

Vizcaya National Bank
Florida Electric**Amount**375
695

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

2 1,070
3
4 1,070**Note:** If line 4 is over \$1,500, you must complete Part III.**Part II****Ordinary
Dividends**(See instructions
on back 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

- 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.**Part III
Foreign
Accounts
and Trusts**(See
instructions on
back.)You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

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

Yes	No
	X

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

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

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

	X

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

Cat. No. 17146N

Schedule B (Form 1040A or 1040) 2016

Albert T. and Allison A. Gaytor

266-51-1966

Qualified Dividends and Capital Gain Tax Worksheet—Line 44

Keep for Your Records



Before you begin: ✓ See the earlier instructions for line 44 to see if you can use this worksheet to figure your tax.
 ✓ Before completing this worksheet, complete Form 1040 through line 43.
 ✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

1. Enter the amount from Form 1040, line 43. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	35,197	
2. Enter the amount from Form 1040, line 9b*	2.	1,425	
3. Are you filing Schedule D?*			
<input type="checkbox"/> Yes. Enter the smaller of line 15 or line 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0-.	3.	0	
<input checked="" type="checkbox"/> No. Enter the amount from Form 1040, line 13.			
4. Add lines 2 and 3	4.	1,425	
5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5.	0	
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	1,425	
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	33,772	
8. Enter: \$37,650 if single or married filing separately, \$75,300 if married filing jointly or qualifying widow(er), \$50,400 if head of household.	8.	75,300	
9. Enter the smaller of line 1 or line 8	9.	35,197	
10. Enter the smaller of line 7 or line 9	10.	33,772	
11. Subtract line 10 from line 9. This amount is taxed at 0%	11.	1,425	
12. Enter the smaller of line 1 or line 6	12.	1,425	
13. Enter the amount from line 11	13.	1,425	
14. Subtract line 13 from line 12	14.	0	
15. Enter: \$415,050 if single, \$233,475 if married filing separately, \$466,950 if married filing jointly or qualifying widow(er), \$441,000 if head of household.	15.	466,950	
16. Enter the smaller of line 1 or line 15	16.	35,197	
17. Add lines 7 and 11	17.	35,197	
18. Subtract line 17 from line 16. If zero or less, enter -0-	18.	0	
19. Enter the smaller of line 14 or line 18	19.	0	
20. Multiply line 19 by 15% (0.15)	20.	0	
21. Add lines 11 and 19	21.	1,425	
22. Subtract line 21 from line 12	22.	0	
23. Multiply line 22 by 20% (0.20)	23.	0	
24. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet	24.	4,139	
25. Add lines 20, 23, and 24	25.	4,139	
26. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	26.	4,349	
27. Tax on all taxable income. Enter the smaller of line 25 or line 26. Also include this amount on Form 1040, line 44. If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	27.	4,139	

*If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

SCHEDULE C (Form 1040) <small>Department of the Treasury Internal Revenue Service (99)</small>		Profit or Loss From Business (Sole Proprietorship) <small>► 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.</small>		<small>OMB No. 1545-0074</small> <div style="font-size: 24pt; font-weight: bold; margin: 0;">2016</div> <small>Attachment Sequence No. 09</small>	
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—Auto Accessories			B Enter code from instructions <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 441300 </div>		
C Business name. If no separate business name, leave blank. Plus Two Cones			D Employer ID number (EIN), (see instr.) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 987321654 </div>		
E Business address (including suite or room no.) ► 617 Crandon Boulevard City, town or post office, state, and ZIP code Key Biscayne, FL 33149					
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►					
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
H If you started or acquired this business during 2016, check here <input checked="" type="checkbox"/> 					
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 					
J If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> 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)
9	Car and truck expenses (see instructions)	9	918	19	Pension and profit-sharing plans
10	Commissions and fees	10		20	Rent or lease (see instructions):
11	Contract labor (see instructions)	11		20a	a Vehicles, machinery, and equipment
12	Depletion	12		20b	b Other business property
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)
15	Insurance (other than health)	15	795	23	Taxes and licenses
16	Interest:	16a		24	Travel, meals, and entertainment:
a	Mortgage (paid to banks, etc.)	16b	1,750	24a	a Travel
b	Other	17	310	24b	b Deductible meals and entertainment (see instructions)
17	Legal and professional services	25		25	Utilities
28	Total expenses before expenses for business use of home. Add lines 8 through 27a			26	Wages (less employment credits)
29	Tentative profit or (loss). Subtract line 28 from line 7			27a	Other expenses (from line 48)
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			27b	Reserved for future use
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.			28	23,978
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.			29	(828)
				30	
				31	(828)
				32a <input checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.	

Schedule C (Form 1040) 2016

Allison A. Gaytor

266-34-1967

Page **2****Part III Cost of Goods Sold** (see instructions)

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

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

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	0
36 Purchases less cost of items withdrawn for personal use	36	77,900
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	77,900
41 Inventory at end of year	41	38,100
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	39,800

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) ► 09 / 01 / 16

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 are deductible)	400
Telephone	800
Miscellaneous	73
Fines (non-deductible fines and penalties)	0
48 Total other expenses. Enter here and on line 27a	48 1,423

Schedule C (Form 1040) 2016

SCHEDULE E (Form 1040) Department of the Treasury Internal Revenue Service (99) Name(s) shown on return	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 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2016</div> Attachment Sequence No. 13 Your social security number <div style="font-size: 1.2em; font-weight: bold;">266-51-1966</div>
Albert T. and Allison A. Gaytor		
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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
B If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		
1a Physical address of each property (street, city, state, ZIP code)	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.	
A Rental Beach House, 1237 Pineapple Street, Lihue, HI 96766	A Fair Rental Days 365	B Personal Use Days 0
B	B	B
C	C	C
1b Type of Property (from list below)	QJV	
A 1	A	A
B	B	B
C	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	20,650
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	7,900
13 Other interest.	13	
14 Repairs.	14	2,900
15 Supplies	15	
16 Taxes	16	2,300
17 Utilities	17	2,125
18 Depreciation expense or depletion	18	
19 Other (list) ▶	19	
20 Total expenses. Add lines 5 through 19	20	15,225
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
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	() () ()
23a Total of all amounts reported on line 3 for all rental properties	23a	20,650
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	7,900
d Total of all amounts reported on line 18 for all properties	23d	
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	()
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	5,425

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11344L

Schedule E (Form 1040) 2016

Form 8880 Department of the Treasury Internal Revenue Service	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 .	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2016</div> Attachment Sequence No. 54
Name(s) shown on return <div style="text-align: center;">Albert T. and Allison A. Gaytor</div>		Your social security number <div style="text-align: center;">266-51-1966</div>

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

CAUTION

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$30,750 (\$46,125 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).

	(a) You	(b) Your spouse
1	5,500	5,500
2		
3	5,500	5,500
4	0	0
5	5,500	5,500
6	2,000	2,000
7		4,000
8	59,947	

9 Enter the applicable decimal amount shown below:

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	.2	.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.

10	Multiply line 7 by line 9	400
11	Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions	4,139
12	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	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.

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

Cat. No. 33394D

Form **8880** (2016)