

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.																									
U.S. Individual Income Tax Return																														
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).				▲ Make sure the SSN(s) above and on line 6c are correct.																										
Coral Gables, FL 33134				Presidential Election Campaign																										
Foreign country name		Foreign province/state/county		Foreign postal code																										
				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																										
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																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .  6b <input checked="" type="checkbox"/> Spouse . . . . .  6c 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: 30%;">(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: 35%;"> Boxes checked on 6a and 6b <span style="float: right;">2</span>  No. of children on 6c who:  • lived with you <span style="float: right;">1</span>  • did not live with you due to divorce or separation (see instructions)  Dependents on 6c not entered above  Add numbers on lines above ▶ <span style="border: 1px solid black; padding: 2px;">3</span> </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"/>
(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"/>																										
d Total number of exemptions claimed . . . . .																														
Income																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> 7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  8a Taxable interest. Attach Schedule B if required . . . . .  b Tax-exempt interest. Do not include on line 8a . . . . . 8b 725  9a Ordinary dividends. Attach Schedule B if required . . . . .  b Qualified dividends . . . . . 9b 1,425  10 Taxable refunds, credits, or offsets of state and local income taxes . . . . .  11 Alimony received . . . . .  12 Business income or (loss). Attach Schedule C or C-EZ . . . . .  13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>  14 Other gains or (losses). Attach Form 4797 . . . . .  15a IRA distributions . . . . . 15a  16a Pensions and annuities . . . . . 16a 24,000  17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .  18 Farm income or (loss). Attach Schedule F . . . . .  19 Unemployment compensation . . . . .  20a Social security benefits . . . . . 20a  b Taxable amount . . . . .  21 Other income. List type and amount Gambling winnings and hobby income  22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ </div> <div style="width: 30%;"> 7 65,250  8a 1,070  9a 1,580  10  11  12 (2,551)  13 (3,000)  14  15b  16b 0  17 5,425  18  19 3,900  20b  21 5,950  22 77,624 </div> </div>																														
Adjusted Gross Income																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> 23 Educator expenses . . . . .  24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .  25 Health savings account deduction. Attach Form 8889 . . . . .  26 Moving expenses. Attach Form 3903 . . . . .  27 Deductible part of self-employment tax. Attach Schedule SE . . . . .  28 Self-employed SEP, SIMPLE, and qualified plans . . . . .  29 Self-employed health insurance deduction . . . . .  30 Penalty on early withdrawal of savings . . . . .  31a Alimony paid b Recipient's SSN ▶ 667 34 9224  32 IRA deduction . . . . .  33 Student loan interest deduction . . . . .  34 Tuition and fees. Attach Form 8917 . . . . .  35 Domestic production activities deduction. Attach Form 8903 . . . . .  36 Add lines 23 through 35 . . . . .  37 Subtract line 36 from line 22. This is your adjusted gross income ▶ </div> <div style="width: 30%;"> 23  24  25  26  27  28  29  30  31a 11,400  32 11,000  33 2,500  34  35  36 24,900  37 52,724 </div> </div>																														
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.																														
Cat. No. 11320B				Form 1040 (2016)																										

Form 1040 (2016)		Page <b>2</b>	
<b>Tax and Credits</b>	<b>38</b> Amount from line 37 (adjusted gross income)	<b>38</b>	52,724
	<b>39a</b> Check <input type="checkbox"/> <b>You</b> were born before January 2, 1952, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes</b> <input type="checkbox"/> <b>checked ▶ 39a</b>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1952, <input type="checkbox"/> <b>Blind.</b>		
	<b>b</b> If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>		
<b>Standard Deduction for—</b> • 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	<b>40</b> <b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	25,829
	<b>41</b> Subtract line 40 from line 38	<b>41</b>	26,895
	<b>42</b> <b>Exemptions.</b> If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	12,150
	<b>43</b> <b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	14,745
	<b>44</b> <b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	1,333
	<b>45</b> <b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
	<b>46</b> <b>Excess advance premium tax credit repayment.</b> Attach Form 8962	<b>46</b>	
	<b>47</b> Add lines 44, 45, and 46	<b>47</b>	1,333
	<b>48</b> Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
	<b>49</b> Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
	<b>50</b> Education credits from Form 8863, line 19	<b>50</b>	
	<b>51</b> Retirement savings contributions credit. Attach Form 8880	<b>51</b>	400
	<b>52</b> Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
	<b>53</b> Residential energy credits. Attach Form 5695	<b>53</b>	
	<b>54</b> Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
	<b>55</b> Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	400
	<b>56</b> Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	933
<b>Other Taxes</b>	<b>57</b> Self-employment tax. Attach Schedule SE	<b>57</b>	
	<b>58</b> Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
	<b>59</b> Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
	<b>60a</b> Household employment taxes from Schedule H	<b>60a</b>	
	<b>b</b> First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
	<b>61</b> Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
	<b>62</b> Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
	<b>63</b> Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	933
<b>Payments</b>	<b>64</b> Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	12,000
	<b>65</b> 2016 estimated tax payments and amount applied from 2015 return	<b>65</b>	
	<b>66a</b> <b>Earned income credit (EIC)</b>	<b>66a</b>	
	<b>b</b> Nontaxable combat pay election <b>66b</b>	<b>66b</b>	
	<b>67</b> Additional child tax credit. Attach Schedule 8812	<b>67</b>	
	<b>68</b> American opportunity credit from Form 8863, line 8	<b>68</b>	
	<b>69</b> Net premium tax credit. Attach Form 8962	<b>69</b>	
	<b>70</b> Amount paid with request for extension to file	<b>70</b>	
	<b>71</b> Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
	<b>72</b> Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
	<b>73</b> Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
	<b>74</b> Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	12,000
<b>Refund</b>	<b>75</b> If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	11,067
	<b>76a</b> Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	11,067
	<b>b</b> Routing number <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number		
	<b>77</b> Amount of line 75 you want <b>applied to your 2017 estimated tax</b> ▶ <b>77</b>	<b>77</b>	
<b>Amount You Owe</b>	<b>78</b> <b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶	<b>78</b>	
	<b>79</b> Estimated tax penalty (see instructions)	<b>79</b>	
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> <b>Yes.</b> Complete below. <input type="checkbox"/> <b>No</b>		
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
<b>Sign Here</b>	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, <b>both</b> must sign.	Date	Spouse's occupation
			Retail Store Owner
			If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<b>Paid Preparer Use Only</b>	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 A  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**► Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).  
► Attach to Form 1040.

OMB No. 1545-0074

**2016**Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Albert T. and Allison A. Gaytor

Your social security number

266-51-1966

**Medical  
and  
Dental  
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

<b>1</b>	Medical and dental expenses (see instructions)	<b>1</b>	7,582	
<b>2</b>	Enter amount from Form 1040, line 38 <b>2</b> 52,724			
<b>3</b>	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	<b>3</b>	5,272	
<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	<b>4</b>		2,310

**Taxes You Paid**

<b>5</b>	State and local (check only one box):	<b>5</b>	3,100	
	a <input type="checkbox"/> Income taxes, or			
	b <input checked="" type="checkbox"/> General sales taxes			
<b>6</b>	Real estate taxes (see instructions)	<b>6</b>	4,600	
<b>7</b>	Personal property taxes	<b>7</b>		
<b>8</b>	Other taxes. List type and amount ►	<b>8</b>		
<b>9</b>	Add lines 5 through 8	<b>9</b>		7,700

**Interest  
You Paid****Note:**  
Your mortgage  
interest  
deduction may  
be limited (see  
instructions).

<b>10</b>	Home mortgage interest and points reported to you on Form 1098	<b>10</b>	11,700	
<b>11</b>	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	<b>11</b>		
<b>12</b>	Points not reported to you on Form 1098. See instructions for special rules	<b>12</b>		
<b>13</b>	Mortgage insurance premiums (see instructions)	<b>13</b>		
<b>14</b>	Investment interest. Attach Form 4952 if required. (See instructions.)	<b>14</b>	345	
<b>15</b>	Add lines 10 through 14	<b>15</b>		12,045

**Gifts to  
Charity**If you made a  
gift and got a  
benefit for it,  
see instructions.

<b>16</b>	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	<b>16</b>	410	
<b>17</b>	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	<b>17</b>	275	
<b>18</b>	Carryover from prior year	<b>18</b>		
<b>19</b>	Add lines 16 through 18	<b>19</b>		685

**Casualty and  
Theft Losses**

<b>20</b>	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	<b>20</b>		2,578
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**Job Expenses  
and Certain  
Miscellaneous  
Deductions**

<b>21</b>	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► Form 2106-EZ (Albert)	<b>21</b>	700	
<b>22</b>	Tax preparation fees	<b>22</b>	765	
<b>23</b>	Other expenses—investment, safe deposit box, etc. List type and amount ► Safe-deposit box rental	<b>23</b>	100	
<b>24</b>	Add lines 21 through 23	<b>24</b>	1,565	
<b>25</b>	Enter amount from Form 1040, line 38 <b>25</b> 52,724			
<b>26</b>	Multiply line 25 by 2% (0.02)	<b>26</b>	1,054	
<b>27</b>	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	<b>27</b>		511

**Other  
Miscellaneous  
Deductions**

<b>28</b>	Other—from list in instructions. List type and amount ►	<b>28</b>		
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**Total****Itemized  
Deductions**

<b>29</b>	Is Form 1040, line 38, over \$155,650?			
	<input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	<b>29</b>		25,829
	<input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
<b>30</b>	If you elect to itemize deductions even though they are less than your standard deduction, check here			

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Cat. No. 17145C

Schedule A (Form 1040) 2016

**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](http://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 . . . . . ▶

1,070

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 . . . . . ▶

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

<b>SCHEDULE C</b> <b>(Form 1040)</b> <small>Department of the Treasury Internal Revenue Service (99)</small>		<b>Profit or Loss From Business</b> <b>(Sole Proprietorship)</b> <small>► Information about Schedule C and its separate instructions is at <a href="http://www.irs.gov/schedulec">www.irs.gov/schedulec</a>.          ► 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 <b>Allison A. Gaytor</b>			Social security number (SSN) <b>266-34-1967</b>		
<b>A</b> Principal business or profession, including product or service (see instructions) <b>Retail Store—Auto Accessories</b>			<b>B</b> Enter code from instructions <div style="border: 1px solid black; padding: 2px; display: inline-block;">4   4   1   3   0   0</div>		
<b>C</b> Business name. If no separate business name, leave blank. <b>Plus Two Cones</b>			<b>D</b> Employer ID number (EIN), (see instr.) <div style="border: 1px solid black; padding: 2px; display: inline-block;">9   8   7   3   2   1   6   5   4</div>		
<b>E</b> Business address (including suite or room no.) ► <b>617 Crandon Boulevard</b> City, town or post office, state, and ZIP code <b>Key Biscayne, FL 33149</b>					
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►					
<b>G</b> Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>					
<b>H</b> If you started or acquired this business during 2016, check here <span style="float: right;"><input checked="" type="checkbox"/> </span>					
<b>I</b> Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       </span>					
<b>J</b> If "Yes," did you or will you file required Forms 1099? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No       </span>					
<b>Part I Income</b>					
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. <span style="float: right;"><input type="checkbox"/></span>	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	<b>Gross profit.</b> 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	<b>Gross income.</b> Add lines 5 and 6	7	23,150		
<b>Part II Expenses.</b> Enter expenses for business use of your home <b>only</b> on line 30.					
8	Advertising	8	3,100	18	Office expense (see instructions) 1,375
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 7,495
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	1,723	21	Repairs and maintenance 432
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III) 625
15	Insurance (other than health)	15	795	23	Taxes and licenses 510
16	Interest:	16a		24	Travel, meals, and entertainment:
a	Mortgage (paid to banks, etc.)	16b	1,750	24a	a Travel 790
b	Other	17	310	24b	b Deductible meals and entertainment (see instructions) 75
17	Legal and professional services	25		25	Utilities 980
28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	26		26	Wages (less employment credits) 3,400
29	Tentative profit or (loss). Subtract line 28 from line 7	27a		27a	Other expenses (from line 48) 1,423
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	27b		28	<b>Reserved for future use</b>
31	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	29	(2,551)	30	
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.	31	(2,551)	<b>32a</b> <input checked="" type="checkbox"/> All investment is at risk. <b>32b</b> <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?    ☐ Yes    ☒ No  
If "Yes," attach explanation . . . . .

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

**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    **b** Commuting (see instructions)    **c** Other

**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
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b> 1,423

Schedule C (Form 1040) 2016

**SCHEDULE D  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at [www.irs.gov/scheduled](http://www.irs.gov/scheduled).

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **12**

Name(s) shown on return

Albert T. and Allison A. Gaytor

Your social security number

266-51-1966

**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b>

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	5,000	30,000	12,500	(12,500)
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .				<b>15</b> (12,500)

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

Cat. No. 11338H

Schedule D (Form 1040) 2016

**Part III**    **Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	(12,500)
<ul style="list-style-type: none"><li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li><li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li><li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li></ul>			
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions . . . ▶	<b>18</b>	
<b>19</b>	Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions . . . . . ▶	<b>19</b>	
<b>20</b>	Are lines 18 and 19 <b>both</b> zero or blank? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of: <div style="display: flex; align-items: center;"><div style="margin-right: 10px;"><ul style="list-style-type: none"><li>• The loss on line 16 or</li><li>• (\$3,000), or if married filing separately, (\$1,500)</li></ul></div><div style="font-size: 3em; margin-right: 10px;">}</div><div>. . . . .</div></div>	<b>21</b>	( 3,000 )
<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.			
<b>22</b>	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.		

Form **8949** (2016)

Form 8949 (2016)

Attachment Sequence No. **12A** Page **2**

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

Albert T. and Allison A. Gaytor

Social security number or taxpayer identification number

266-51-1966

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

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Behemoth Airline Stock	06/10/10	12/31/16	2,500	15,000			(12,500)
	Behemoth Airline Stock (Non-deduct – IRC Sec. 267)	06/10/10	12/31/16	2,500	15,000	L	12,500	0
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ►				5,000	30,000		12,500	(12,500)

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (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.	14,745
2.	Enter the amount from Form 1040, line 9b* .....	2.	1,425
3.	Are you filing Schedule D?*		
	<input checked="" type="checkbox"/> <b>Yes.</b> Enter the <b>smaller</b> of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0-.	3.	0
	<input type="checkbox"/> <b>No.</b> 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.	13,320
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.	14,745
10.	Enter the smaller of line 7 or line 9 .....	10.	13,320
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.	14,745
17.	Add lines 7 and 11 .....	17.	14,745
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.	1,333
25.	Add lines 20, 23, and 24 .....	25.	1,333
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.	1,473
27.	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> 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.	1,333

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

**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](http://www.irs.gov/schedulee).

OMB No. 1545-0074

**2016**Attachment  
Sequence No. **13**

Your social security number

266-51-1966

Albert T. and Allison A. Gaylor

**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 required Forms 1099?☐ Yes ☐ No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)					
<b>A</b>	Rental Beach House, 1237 Pineapple Street, Lihue, HI 96766					
<b>B</b>						
<b>C</b>						
<b>1b</b>	Type of Property (from list below)	<b>2</b>	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	1			<b>A</b> 365	<b>0</b>	<input type="checkbox"/>
<b>B</b>				<b>B</b>		<input type="checkbox"/>
<b>C</b>				<b>C</b>		<input type="checkbox"/>

**Type of Property:**

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

<b>Income:</b>		<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>	20,650		
<b>4</b>	Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>					
<b>5</b>	Advertising . . . . .	<b>5</b>			
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>			
<b>8</b>	Commissions . . . . .	<b>8</b>			
<b>9</b>	Insurance . . . . .	<b>9</b>			
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b>	Management fees . . . . .	<b>11</b>			
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions) . . . . .	<b>12</b>	7,900		
<b>13</b>	Other interest . . . . .	<b>13</b>			
<b>14</b>	Repairs . . . . .	<b>14</b>	2,900		
<b>15</b>	Supplies . . . . .	<b>15</b>			
<b>16</b>	Taxes . . . . .	<b>16</b>	2,300		
<b>17</b>	Utilities . . . . .	<b>17</b>	2,125		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	15,225		
<b>21</b>	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 <b>Form 6198</b> . . . . .	<b>21</b>	5,425		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	( )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	20,650		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>	7,900		
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	15,225		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>		5,425	
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( )		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>		5,425	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11344L

Schedule E (Form 1040) 2016

Form <b>2106-EZ</b> Department of the Treasury Internal Revenue Service (99)	<b>Unreimbursed Employee Business Expenses</b> ▶ Attach to Form 1040 or Form 1040NR. ▶ Information about Form 2106 and its separate instructions is available at <a href="http://www.irs.gov/form2106">www.irs.gov/form2106</a> .	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2016</div> Attachment Sequence No. <b>129A</b>
Your name Albert T. Gaytor	Occupation in which you incurred expenses Boat Captain	Social security number 266   51   1966

**You Can Use This Form Only if All of the Following Apply.**

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You **don't** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2016.

**Caution:** You can use the standard mileage rate for 2016 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, **or** (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

**Part I Figure Your Expenses**

1 Complete Part II. Multiply line 8a by 54¢ (0.54). Enter the result here . . . . .	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work . . . . .	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment . . . . .	3		
4 Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .	4	700	
5 Meals and entertainment expenses: \$ _____ × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5		
6 <b>Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) . . . . .	6	700	

**Part II Information on Your Vehicle.** Complete this part **only** if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (month, day, year) ▶ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

a Business \_\_\_\_\_ b Commuting (see instructions) \_\_\_\_\_ c Other \_\_\_\_\_

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

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

11a Do you have evidence to support your deduction? . . . . . ☐ Yes ☐ No

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

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 20604Q Form **2106-EZ** (2016)

<b>Form 4562</b> Department of the Treasury Internal Revenue Service (99)	<b>Depreciation and Amortization</b> <b>(Including Information on Listed Property)</b> ▶ Attach to your tax return. ▶ Information about Form 4562 and its separate instructions is at <a href="http://www.irs.gov/form4562">www.irs.gov/form4562</a> .	OMB No. 1545-0172 <div style="font-size: 2em; font-weight: bold; text-align: center;">2016</div> Attachment Sequence No. <b>179</b>
Name(s) shown on return Albert T. and Allison A. Gaytor		Identifying number 266-51-1966
Business or activity to which this form relates Schedule C – Allison A. Gaytor		
<b>Part I Election To Expense Certain Property Under Section 179</b> <b>Note:</b> If you have any listed property, complete Part V before you complete Part I.		
1 Maximum amount (see instructions) . . . . .		1
2 Total cost of section 179 property placed in service (see instructions) . . . . .		2
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .		3
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .		4
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .		5
6	(a) Description of property	(b) Cost (business use only)
7	Listed property. Enter the amount from line 29 . . . . .	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562 . . . . .	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . . .	12
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 ▶ . . . . .	13
<b>Note:</b> Don't use Part II or Part III below for listed property. Instead, use Part V.		
<b>Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)</b>		
14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14
15	Property subject to section 168(f)(1) election . . . . .	15
16	Other depreciation (including ACRS) . . . . .	16
<b>Part III MACRS Depreciation (Don't include listed property.) (See instructions.)</b>		
<b>Section A</b>		
17	MACRS deductions for assets placed in service in tax years beginning before 2016 . . . . .	17
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/> . . . . .	
<b>Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System</b>		
(a)	(b)	(c)
Classification of property	Month and year placed in service	Basis for depreciation (business/investment use only—see instructions)
19a 3-year property		
b 5-year property		
c 7-year property		
d 10-year property		
e 15-year property		
f 20-year property		
g 25-year property		25 yrs.
h Residential rental property		27.5 yrs.
i Nonresidential real property	09/14/16	230,000
		39 yrs.
		MM
		S/L
		1,723
<b>Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System</b>		
20a	Class life	
b	12-year	
c	40-year	
<b>Part IV Summary (See instructions.)</b>		
21	Listed property. Enter amount from line 28 . . . . .	21
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . .	22
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23

Form 4562 (2016)

Page **2****Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) .					<b>25</b>			

<b>26</b> Property used more than 50% in a qualified business use:		%						
		%						
		%						

<b>27</b> Property used 50% or less in a qualified business use:		%			S/L -			
		%			S/L +			
		%			S/L -			

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . **28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 . **29****Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) .	1,700					
<b>31</b> Total commuting miles driven during the year	5,000					
<b>32</b> Total other personal (noncommuting) miles driven . . . . .	6,472					
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .	13,172					
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	X					
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .	X					
<b>36</b> Is another vehicle available for personal use?	X					

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons (see instructions).

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2016 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2016 tax year . . . . .				<b>43</b>	
<b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .				<b>44</b>	

Form **4562** (2016)

Form <b>4684</b>  Department of the Treasury Internal Revenue Service	<b>Casualties and Thefts</b> ► Information about Form 4684 and its separate instructions is at <a href="http://www.irs.gov/form4684">www.irs.gov/form4684</a> . ► Attach to your tax return. ► Use a separate Form 4684 for each casualty or theft.	OMB No. 1545-0177  <div style="font-size: 2em; font-weight: bold;">2016</div> Attachment Sequence No. <b>26</b>
Name(s) shown on tax return Albert T. and Allison A. 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** Professional digital SLR camera, at residence, 06/01/16

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) . . . . .				
<b>Note:</b> If line 2 is <b>more</b> than line 3, skip line 4.					
4	Gain from casualty or theft. If line 3 is <b>more</b> 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 you did not claim, or you received payment for your loss in a later tax year . . . . .				
5	Fair market value <b>before</b> casualty or theft . . . . .	7,950			
6	Fair market value <b>after</b> casualty or theft . . . . .	0			
7	Subtract line 6 from line 5 . . . . .	7,950			
8	Enter the <b>smaller</b> of line 2 or line 7 . . . . .	7,950			
9	Subtract line 3 from line 8. If zero or less, enter -0- . . . . .	7,950			
10	Casualty or theft loss. Add the amounts on line 9 in columns A through D . . . . .			7,950	
11	Enter the <b>smaller</b> of line 10 or \$100 . . . . .			100	
12	Subtract line 11 from line 10 . . . . .			7,850	
<b>Caution:</b> 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 <b>more</b> than line 13, enter the difference here and on Schedule D. <b>Do not</b> complete the rest of this section (see instructions). • If line 14 is <b>less</b> than line 13, enter -0- here and go to line 16. • If line 14 is <b>equal</b> to line 13, enter -0- here. <b>Do not</b> complete the rest of this section.			0	
16	If line 14 is <b>less</b> 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 . . . . .			5,272	
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 result on the "Other deductions" line of your tax return . . . . .			2,578	

**For Paperwork Reduction Act Notice, see instructions.** Cat. No. 129970 Form **4684** (2016)

Form <b>8880</b> Department of the Treasury Internal Revenue Service	<b>Credit for Qualified Retirement Savings Contributions</b> ▶ Attach to Form 1040, Form 1040A, or Form 1040NR. ▶ Information about Form 8880 and its instructions is at <a href="http://www.irs.gov/form8880">www.irs.gov/form8880</a> .	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2016</div> Attachment Sequence No. <b>54</b>
Name(s) shown on return Albert T. and Allison A. Gaylor		Your social security number 266-51-1966

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	52,724	

1 Traditional and Roth IRA (including *myRA*) contributions for 2016. **Do not** include rollover contributions . . . . .

2 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) . . . . .

3 Add lines 1 and 2 . . . . .

4 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 . . . . .

5 Subtract line 4 from line 3. If zero or less, enter -0- . . . . .

6 In each column, enter the **smaller** of line 5 or \$2,000 . . . . .

7 Add the amounts on line 6. If zero, **stop**; you cannot take this credit . . . . .

8 Enter the amount from Form 1040, line 38\*; Form 1040A, line 22; or Form 1040NR, line 37 . . . . .

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)
Enter on line 9—				
---	\$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 . . . . .	1,333
12	<b>Credit for qualified retirement savings contributions.</b> Enter the <b>smaller</b> 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)