

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

Your first name and initial: **Benjamin T** Last name: **Jealous** Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Towson MD** [REDACTED]

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status

1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. **▶**
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **▶**
 5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a **Yourself.** If someone can claim you as a dependent, **do not** check box 6a } **Boxes checked on 6a and 6b** 1
 b **Spouse** } **No. of children on 6c who:**
 • **lived with you** 1
 • **did not live with you due to divorce or separation (see instructions)** _____
Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit (see instructions)
 [REDACTED] Jealous [REDACTED] Daughter
 _____ _____ _____
 _____ _____ _____
 _____ _____ _____
 If more than four dependents, see instructions and check here **Dependents on 6c not entered above** _____
Add numbers on lines above **▶** 2

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** 307,833.
 8a **Taxable** interest. Attach Schedule B if required **8a** _____
 b **Tax-exempt** interest. **Do not** include on line 8a **8b** _____
 9a Ordinary dividends. Attach Schedule B if required **9a** _____
 b Qualified dividends **9b** _____
 10 Taxable refunds, credits, or offsets of state and local income taxes **10** 0.
 11 Alimony received **11** _____
 12 Business income or (loss). Attach Schedule C or C-EZ **12** 0.
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here **13** _____
 14 Other gains or (losses). Attach Form 4797 **14** _____
 15a IRA distributions **15a** _____ **b Taxable amount** **15b** _____
 16a Pensions and annuities **16a** _____ **b Taxable amount** **16b** _____
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17** 107,595.
 18 Farm income or (loss). Attach Schedule F **18** _____
 19 Unemployment compensation **19** _____
 20a Social security benefits **20a** _____ **b Taxable amount** **20b** _____
 21 Other income. List type and amount **21** _____
 22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** **▶** **22** 415,428.

Adjusted Gross Income

23 Educator expenses **23** _____
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24** _____
 25 Health savings account deduction. Attach Form 8889 **25** _____
 26 Moving expenses. Attach Form 3903 **26** _____
 27 Deductible part of self-employment tax. Attach Schedule SE **27** _____
 28 Self-employed SEP, SIMPLE, and qualified plans **28** _____
 29 Self-employed health insurance deduction **29** _____
 30 Penalty on early withdrawal of savings **30** _____
 31a Alimony paid **b Recipient's SSN** **▶** _____ **31a** _____
 32 IRA deduction **32** _____
 33 Student loan interest deduction **33** _____
 34 Tuition and fees. Attach Form 8917 **34** _____
 35 Domestic production activities deduction. Attach Form 8903 **35** _____
 36 Add lines 23 through 35 **36** _____
 37 Subtract line 36 from line 22. This is your **adjusted gross income** **▶** **37** 415,428.

38 Amount from line 37 (adjusted gross income)		38	415,428.
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked 39a <input type="checkbox"/>		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>		
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	60,639.
	41 Subtract line 40 from line 38	41	354,789.
	42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	0.
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	354,789.
	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	96,933.
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	8,896.
	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
	47 Add lines 44, 45, and 46	47	105,829.
	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	
52 Child tax credit. Attach Schedule 8812, if required	52		
53 Residential energy credits. Attach Form 5695	53	10,357.	
54 Other credits from Form: a <input type="checkbox"/> 3800 b <input checked="" type="checkbox"/> 8801 c <input type="checkbox"/>	54	0.	
55 Add lines 48 through 54. These are your total credits	55	10,357.	
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	95,472.	
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 checked="" type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	1,035.	
63 Add lines 56 through 62. This is your total tax	63	96,507.	
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	94,507.
	65 2016 estimated tax payments and amount applied from 2015 return	65	4,101.
	66a Earned income credit (EIC) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	66a	
	b Nontaxable combat pay election 66b <input type="checkbox"/>	66b	
	67 Additional child tax credit. Attach Schedule 8812	67	
	68 American opportunity credit from Form 8863, line 8	68	
	69 Net premium tax credit. Attach Form 8962	69	
	70 Amount paid with request for extension to file	70	
	71 Excess social security and tier 1 RRTA tax withheld	71	7,694.
	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	106,302.
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	9,795.
	76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	0.
Direct deposit? See instructions.	b Routing number <input checked="" type="checkbox"/> X X X X X X X X X X c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input checked="" type="checkbox"/> X		
	77 Amount of line 75 you want applied to your 2017 estimated tax	77	9,795.
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
	79 Estimated tax penalty (see instructions)	79	

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

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

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation President/CEO	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 04/15/2017	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no.	

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2016
Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

► **Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.**
► **Attach to Form 1040.**

Name(s) shown on Form 1040

Your social security number

Benjamin T Jealous

[REDACTED]

Caution: Do not include expenses reimbursed or paid by others.				
Medical and Dental Expenses	1 Medical and dental expenses (see instructions)	1		
	2 Enter amount from Form 1040, line 38 2			
	3 Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3		
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	
Taxes You Paid	5 State and local (check only one box):	5		
	a <input checked="" type="checkbox"/> Income taxes, or		31,178.	
	b <input type="checkbox"/> General sales taxes			
	6 Real estate taxes (see instructions)	6	9,204.	
	7 Personal property taxes	7		
	8 Other taxes. List type and amount ►	8		

	9 Add lines 5 through 8		9	40,382.
	Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	21,508.
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►		11		

12 Points not reported to you on Form 1098. See instructions for special rules		12		
13 Mortgage insurance premiums (see instructions)		13		
14 Investment interest. Attach Form 4952 if required. (See instructions.)		14		
15 Add lines 10 through 14			15	21,508.
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	2,651.	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17		
	18 Carryover from prior year	18		
	19 Add lines 16 through 18		19	2,651.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20		
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21		
	22 Tax preparation fees	22		
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23		

	24 Add lines 21 through 23	24		
	25 Enter amount from Form 1040, line 38 25			
	26 Multiply line 25 by 2% (0.02)	26		
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27		
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ►	28		
Total Itemized Deductions	29 Is Form 1040, line 38, over \$155,650?			
	<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
	<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here		<input type="checkbox"/>	
		29	60,639.	

**SCHEDULE C-EZ
(Form 1040)**

**Net Profit From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2016
Attachment
Sequence No. **09A**

Department of the Treasury
Internal Revenue Service (99)

▶ **Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.**
▶ **Attach to Form 1040, 1040NR, or 1041. ▶ See instructions on page 2.**

Name of proprietor

Benjamin T Jealous

Social security number (SSN)

[REDACTED]

Part I General Information

**You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:**

- Had business expenses of \$5,000 or less,
- Use the cash method of accounting,
- Did not have an inventory at any time during the year,
- Did not have a net loss from your business,
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee,

And You:

- Had no employees during the year,
- Do not deduct expenses for business use of your home,
- Do not have prior year unallowed passive activity losses from this business, and
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.

<p>A Principal business or profession, including product or service Speaking</p>	<p>B Enter business code (see page 2) 5 4 1 9 9 0</p>
<p>C Business name. If no separate business name, leave blank.</p>	<p>D Enter your EIN (see page 2) </p>
<p>E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return. [REDACTED] City, town or post office, state, and ZIP code Towson, MD [REDACTED]</p>	
<p>F Did you make any payments in 2016 that would require you to file Form(s) 1099? (see the Instructions for Schedule C) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>G If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Part II Figure Your Net Profit

<p>1 Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <i>Statutory employees</i> in the instructions for Schedule C, line 1, and check here <input type="checkbox"/></p>	1	3,500.
<p>2 Total expenses (see page 2). If more than \$5,000, you must use Schedule C</p>	2	3,500.
<p>3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13, and Schedule SE, line 2 (see page 2). (Statutory employees do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3</p>	3	0.

Part III Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 2.

4 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____.

5 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 page 2) _____ **c** Other _____

6 Was your vehicle available for personal use during off-duty hours? Yes No

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

8a Do you have evidence to support your deduction? Yes No

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

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

Benjamin T Jealous

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. [] Yes [X] No

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Row A: Morgan Jackson & Jealous, LLC, S, [], [redacted], []

Summary table for Part II with columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Totals: 940, 108,535, 940, 107,595.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B are empty.

Summary table for Part III with columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: 35, 36, 37.

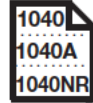
Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39: Combine columns (d) and (e) only.

Part V Summary

Summary table for Part V with columns: Description, Line number, Amount. Row 41: Total income or (loss). 41, 107,595.

Child and Dependent Care Expenses



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

▶ Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Benjamin T Jealous

Your social security number

[REDACTED]

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

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	YMCA of Metro WA	[REDACTED]	[REDACTED]	11,083.

Did you receive dependent care benefits? **No** → Complete only Part II below.
Yes → Complete Part III on the back next.

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

Part II Credit for Child and Dependent Care Expenses

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

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2016 for the person listed in column (a)
First	Last		
[REDACTED]	Jealous	[REDACTED]	11,083.

3 Add the amounts in column (c) of line 2. **Do not** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31

4 Enter your **earned income**. See instructions

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4

6 Enter the **smallest** of line 3, 4, or 5

7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 **7**

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

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

9 Multiply line 6 by the decimal amount on line 8. If you paid 2015 expenses in 2016, see the instructions

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions **10**

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2016. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	5,000.
13	Enter the amount, if any, you carried over from 2015 and used in 2016 during the grace period. See instructions	13	
14	Enter the amount, if any, you forfeited or carried forward to 2017. See instructions	14	()
15	Combine lines 12 through 14. See instructions	15	5,000.
16	Enter the total amount of qualified expenses incurred in 2016 for the care of the qualifying person(s)	16	11,083.
17	Enter the smaller of line 15 or 16	17	5,000.
18	Enter your earned income . See instructions	18	307,833.
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	307,833.
20	Enter the smallest of line 17, 18, or 19	20	5,000.
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19).	21	5,000.
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	0.
23	Subtract line 22 from line 15	23	5,000.
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	0.
25	Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21	25	5,000.
26	Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB".	26	0.

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	3,000.
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28	5,000.
29	Subtract line 28 from line 27. If zero or less, stop . You cannot take the credit. Exception. If you paid 2015 expenses in 2016, see the instructions for line 9	29	-2,000.
30	Complete line 2 on the front of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here.	30	
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11	31	

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

Benjamin T Jealous

[REDACTED]

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	354,789.
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (0.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	40,382.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27.	5	
6	If Form 1040, line 38, is \$155,650 or less, enter -0-. Otherwise, see instructions	6	(3,902.)
7	Tax refund from Form 1040, line 10 or line 21	7	(0.)
8	Investment interest expense (difference between regular tax and AMT).	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	()
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	13	0.
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	()
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$247,450, see instructions.)	28	391,269.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2016, see instructions.) IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . . Single or head of household . . . \$119,700 . . . \$53,900 Married filing jointly or qualifying widow(er) 159,700 . . . 83,800 Married filing separately . . . 79,850 . . . 41,900 If line 28 is over the amount shown above for your filing status, see instructions.	29	0.
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	391,269.
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. • All others: If line 30 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result.	31	105,829.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	105,829.
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	96,933.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	8,896.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36	
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	
40	Enter the smaller of line 36 or line 39	40	
41	Subtract line 40 from line 36	41	
42	If line 41 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result . . . ▶	42	
43	Enter: <ul style="list-style-type: none"> • \$75,300 if married filing jointly or qualifying widow(er), • \$37,650 if single or married filing separately, or • \$50,400 if head of household. 	43	
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	
46	Enter the smaller of line 36 or line 37	46	
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	
48	Subtract line 47 from line 46	48	
49	Enter: <ul style="list-style-type: none"> • \$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 	49	
50	Enter the amount from line 45	50	
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51	
52	Add line 50 and line 51	52	
53	Subtract line 52 from line 49. If zero or less, enter -0-	53	
54	Enter the smaller of line 48 or line 53	54	
55	Multiply line 54 by 15% (0.15) ▶	55	
56	Add lines 47 and 54	56	
	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.		
57	Subtract line 56 from line 46	57	
58	Multiply line 57 by 20% (0.20) ▶	58	
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		
59	Add lines 41, 56, and 57	59	
60	Subtract line 59 from line 36	60	
61	Multiply line 60 by 25% (0.25) ▶	61	
62	Add lines 42, 55, 58, and 61	62	
63	If line 36 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result	63	
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	

Additional Medicare Tax

Department of the Treasury
Internal Revenue Service

▶ If any line does not apply to you, leave it blank. See separate instructions.
▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
▶ Information about Form 8959 and its instructions is at www.irs.gov/form8959.

Name(s) shown on return

Benjamin T Jealous

Your social security number

██████████

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	315,033.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	315,033.	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	200,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		115,033.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		1,035.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V	18		1,035.
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	4,568.	
20	Enter the amount from line 1	20	315,033.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,568.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24		0.

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**
▶ **Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.**

Name(s) shown on your tax return

Benjamin T Jealous

Your social security number or EIN

[REDACTED]

- Part I Investment Income** Section 6013(g) election (see instructions)
 Section 6013(h) election (see instructions)
 Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a 107,595.	4c	0.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b -107,595.		
c	Combine lines 4a and 4b			
5a	Net gain or loss from disposition of property (see instructions)	5a	5d	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c			
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	0.
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	0.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	9d	
b	State, local, and foreign income tax (see instructions)	9b		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c			
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13–17. Estates and trusts complete lines 18a–21. If zero or less, enter -0-		12	0.
Individuals:				
13	Modified adjusted gross income (see instructions)	13 415,428.	16	0.
14	Threshold based on filing status (see instructions)	14 200,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 215,428.		
16	Enter the smaller of line 12 or line 15			
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)		17	0.
Estates and Trusts:				
18a	Net investment income (line 12 above)	18a	19c	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a	20	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c			
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)		21	

**Credit for Prior Year Minimum Tax—
Individuals, Estates, and Trusts**

► Information about Form 8801 and its separate instructions is at www.irs.gov/form8801.
► Attach to Form 1040, 1040NR, or 1041.

Name(s) shown on return

Benjamin T Jealous

Identifying number

[REDACTED]

Part I Net Minimum Tax on Exclusion Items

1	Combine lines 1, 6, and 10 of your 2015 Form 6251. Estates and trusts, see instructions	1	389,038.
2	Enter adjustments and preferences treated as exclusion items (see instructions)	2	46,160.
3	Minimum tax credit net operating loss deduction (see instructions)	3	()
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$246,250 and you were married filing separately for 2015, see instructions	4	435,198.
5	Enter: \$83,400 if married filing jointly or qualifying widow(er) for 2015; \$53,600 if single or head of household for 2015; or \$41,700 if married filing separately for 2015. Estates and trusts, enter \$23,800	5	53,600.
6	Enter: \$158,900 if married filing jointly or qualifying widow(er) for 2015; \$119,200 if single or head of household for 2015; or \$79,450 if married filing separately for 2015. Estates and trusts, enter \$79,450	6	119,200.
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	315,998.
8	Multiply line 7 by 25% (0.25).	8	79,000.
9	Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2015, see instructions	9	0.
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions	10	435,198.
11	<ul style="list-style-type: none"> • If for 2015 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter. • If for 2015 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 18a and 19, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 55 here. Form 1040NR filers, see instructions. • All others: If line 10 is \$185,400 or less (\$92,700 or less if married filing separately for 2015), multiply line 10 by 26% (0.26). Otherwise, multiply line 10 by 28% (0.28) and subtract \$3,708 (\$1,854 if married filing separately for 2015) from the result. Form 1040NR filers, see instructions. 	11	118,147.
12	Minimum tax foreign tax credit on exclusion items (see instructions)	12	
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	118,147.
14	Enter the amount from your 2015 Form 6251, line 34, or 2015 Form 1041, Schedule I, line 55	14	109,936.
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	8,211.

Part II Minimum Tax Credit and Carryforward to 2017

16	Enter the amount from your 2015 Form 6251, line 35, or 2015 Form 1041, Schedule I, line 56	16	8,211.
17	Enter the amount from line 15	17	8,211.
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	0.
19	2015 credit carryforward. Enter the amount from your 2015 Form 8801, line 26	19	7,594.
20	Enter your 2015 unallowed qualified electric vehicle credit (see instructions)	20	
21	Combine lines 18 through 20. If zero or less, stop here and see the instructions	21	7,594.
22	Enter your 2016 regular income tax liability minus allowable credits (see instructions)	22	86,576.
23	Enter the amount from your 2016 Form 6251, line 33, or 2016 Form 1041, Schedule I, line 54	23	105,829.
24	Subtract line 23 from line 22. If zero or less, enter -0-	24	0.
25	Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2016 Form 1040, line 54 (check box b); Form 1040NR, line 51 (check box b); or Form 1041, Schedule G, line 2c	25	0.
26	Credit carryforward to 2017. Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years	26	7,594.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 11 or by the Foreign Earned Income Tax Worksheet in the instructions.

Caution: If you didn't complete the 2015 Qualified Dividends and Capital Gain Tax Worksheet, the 2015 Schedule D Tax Worksheet, or Part V of the 2015 Schedule D (Form 1041), see the instructions before completing this part.*

27 Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2015, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions

27

Caution: If for 2015 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 28, 29, and 30.

28 Enter the amount from line 6 of your 2015 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2015 Schedule D Tax Worksheet, or the amount from line 26 of the 2015 Schedule D (Form 1041), whichever applies*

28

If you figured your 2015 tax using the 2015 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.

29 Enter the amount from line 19 of your 2015 Schedule D (Form 1040), or line 18b, column (2), of the 2015 Schedule D (Form 1041)

29

30 Add lines 28 and 29, and enter the **smaller** of that result or the amount from line 10 of your 2015 Schedule D Tax Worksheet

30

31 Enter the **smaller** of line 27 or line 30

31

32 Subtract line 31 from line 27

32

33 If line 32 is \$185,400 or less (\$92,700 or less if married filing separately for 2015), multiply line 32 by 26% (0.26). Otherwise, multiply line 32 by 28% (0.28) and subtract \$3,708 (\$1,854 if married filing separately for 2015) from the result. Form 1040NR filers, see instructions ▶

33

34 Enter:

- \$74,900 if married filing jointly or qualifying widow(er) for 2015,
- \$37,450 if single or married filing separately for 2015,
- \$50,200 if head of household for 2015, or
- \$2,500 for an estate or trust.

Form 1040NR filers, see instructions.

34

35 Enter the amount from line 7 of your 2015 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2015 Schedule D Tax Worksheet, or the amount from line 27 of the 2015 Schedule D (Form 1041), whichever applies. If you didn't complete either worksheet or Part V of the 2015 Schedule D (Form 1041), enter the amount from your 2015 Form 1040, line 43, or 2015 Form 1041, line 22, whichever applies; if zero or less, enter -0-. Form 1040NR filers, see instructions

35

36 Subtract line 35 from line 34. If zero or less, enter -0-

36

37 Enter the **smaller** of line 27 or line 28

37

38 Enter the **smaller** of line 36 or line 37

38

39 Subtract line 38 from line 37

39

40 Enter:

- \$413,200 if single for 2015,
- \$232,425 if married filing separately for 2015,
- \$464,850 if married filing jointly or qualifying widow(er) for 2015,
- \$439,000 if head of household for 2015, or
- \$12,300 for an estate or trust.

Form 1040NR filers, see instructions.

40

41 Enter the amount from line 36

41

42 Form 1040 filers, enter the amount from line 7 of your 2015 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 19 of your 2015 Schedule D Tax Worksheet, whichever applies. If you didn't complete either worksheet, see instructions. Form 1041 filers, enter the amount from line 27 of your 2015 Schedule D (Form 1041) or line 18 of your 2015 Schedule D Tax Worksheet, whichever applies. If you didn't complete either the worksheet or Part V of the 2015 Schedule D (Form 1041), enter the amount from your 2015 Form 1041, line 22; if zero or less, enter -0-. Form 1040NR filers, see instructions

42

* The 2015 Qualified Dividends and Capital Gain Tax Worksheet is in the 2015 Instructions for Form 1040. The 2015 Schedule D Tax Worksheet is in the 2015 Instructions for Schedule D (Form 1040) (or the 2015 Instructions for Schedule D (Form 1041)).

Part III Tax Computation Using Maximum Capital Gains Rates *(continued)*

43	Add lines 41 and 42	43
44	Subtract line 43 from line 40. If zero or less, enter -0-	44
45	Enter the smaller of line 39 or line 44	45
46	Multiply line 45 by 15% (0.15) ▶	46
47	Add lines 38 and 45	47
If lines 47 and 27 are the same, skip lines 48 through 52 and go to line 53. Otherwise, go to line 48.		
48	Subtract line 47 from line 37	48
49	Multiply line 48 by 20% (0.20) ▶	49
If line 29 is zero or blank, skip lines 50 through 52 and go to line 53. Otherwise, go to line 50.		
50	Add lines 32, 47, and 48	50
51	Subtract line 50 from line 27	51
52	Multiply line 51 by 25% (0.25) ▶	52
53	Add lines 33, 46, 49, and 52	53
54	If line 27 is \$185,400 or less (\$92,700 or less if married filing separately for 2015), multiply line 27 by 26% (0.26). Otherwise, multiply line 27 by 28% (0.28) and subtract \$3,708 (\$1,854 if married filing separately for 2015) from the result. Form 1040NR filers, see instructions	54
55	Enter the smaller of line 53 or line 54 here and on line 11. If you filed Form 2555 or 2555-EZ for 2015, don't enter this amount on line 11. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the instructions for line 11	55

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**
▶ **Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

Name(s) shown on return Benjamin T Jealous	Business or activity to which this form relates Section 179 Summary	Identifying number [REDACTED]
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
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	500,000.
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
from Schedule K-1		940.
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	940.
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	940.
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	416,368.
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	940.
13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 ▶	13	0.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

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

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

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"/>		

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	
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	

Residential Energy Credits

▶ Information about Form 5695 and its separate instructions is at www.irs.gov/form5695.
 ▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on return: Benjamin T Jealous
 Your social security number: [REDACTED]

Part I Residential Energy Efficient Property Credit (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a credit carryforward from 2015.

1	Qualified solar electric property costs	1	
2	Qualified solar water heating property costs	2	
3	Qualified small wind energy property costs	3	
4	Qualified geothermal heat pump property costs	4	34,524.
5	Add lines 1 through 4	5	34,524.
6	Multiply line 5 by 30% (0.30)	6	10,357.
7a	Qualified fuel cell property. Was qualified fuel cell property installed on or in connection with your main home located in the United States? (See instructions) ▶	7a	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.</p> <p>b Print the complete address of the main home where you installed the fuel cell property.</p> <p style="margin-left: 40px;">_____ Number and street Unit No.</p> <p style="margin-left: 40px;">_____ City, State, and ZIP code</p>			
8	Qualified fuel cell property costs	8	
9	Multiply line 8 by 30% (0.30)	9	
10	Kilowatt capacity of property on line 8 above ▶ _____ x \$1,000	10	
11	Enter the smaller of line 9 or line 10	11	
12	Credit carryforward from 2015. Enter the amount, if any, from your 2015 Form 5695, line 16	12	
13	Add lines 6, 11, and 12	13	10,357.
14	Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions)	14	105,829.
15	Residential energy efficient property credit. Enter the smaller of line 13 or line 14. Also include this amount on Form 1040, line 53; or Form 1040NR, line 50	15	10,357.
16	Credit carryforward to 2017. If line 15 is less than line 13, subtract line 15 from line 13	16	

Part II Nonbusiness Energy Property Credit

17a Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) ▶

17a Yes No

Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.

b Print the complete address of the main home where you made the qualifying improvements.

Caution: You can only have one main home at a time.

Number and street	Unit No.
City, State, and ZIP code	

c Were any of these improvements related to the construction of this main home? ▶

17c Yes No

Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.

18 Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions) **18**

19 Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).

a Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC **19a**

b Exterior doors that meet or exceed the version 6.0 Energy Star program requirements **19b**

c Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home **19c**

d Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements **19d**

e Maximum amount of cost on which the credit can be figured **19e** \$2,000

f If you claimed window expenses on your Form 5695 prior to 2016, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0- **19f** 0.

g Subtract line 19f from line 19e. If zero or less, enter -0- **19g** 2,000.

h Enter the smaller of line 19d or line 19g **19h** 0.

20 Add lines 19a, 19b, 19c, and 19h **20** 0.

21 Multiply line 20 by 10% (0.10) **21** 0.

22 Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).

a Energy-efficient building property. Do not enter more than **\$300** **22a**

b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than **\$150** **22b**

c Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than **\$50** **22c**

23 Add lines 22a through 22c **23**

24 Add lines 21 and 23 **24**

25 Maximum credit amount. (If you jointly occupied the home, see instructions) **25**

26 Enter the amount, if any, from line 18 **26**

27 Subtract line 26 from line 25. If zero or less, **stop**; you cannot take the nonbusiness energy property credit **27**

28 Enter the smaller of line 24 or line 27 **28**

29 Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions) **29**

30 **Nonbusiness energy property credit.** Enter the smaller of line 28 or line 29. Also include this amount on Form 1040, line 53; or Form 1040NR, line 50 **30**



165020013

OR FISCAL YEAR BEGINNING _____ 2016, ENDING _____

Your Social Security Number _____ Spouse's Social Security Number _____

BENJAMIN T
Your First Name Initial

JEALOUS
Your Last Name

Spouse's First Name Initial

Spouse's Last Name



Print Using Blue or Black Ink Only

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

TOWSON MD
Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City or Town State ZIP Code

REQUIRED: Physical address as of December 31, 2016 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

ANNE ARUNDEL
4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

Physical Street Address Line 1 (Street No. and Street Name) (No PO Box)

Physical Street Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

TOWSON MD ANNE ARUNDEL
City State ZIP Code Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. Married filing joint return or spouse had no income
3. Married filing separately, Spouse SSN
4. X Head of household
5. Qualifying widow(er) with dependent child
6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM TO

Other state of residence:

If you began or ended legal residence in Maryland in 2016 place a P in the box.
MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.

Enter Military Income amount here:

EXEMPTIONS

See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount.

- A. X Yourself Spouse Enter number checked 1 See Instruction 10 A. \$
B. 65 or over 65 or over
Blind Blind Enter number checked X \$1,000 B. \$
C. Enter number from line 3 of Dependent Form 502B 1 See Instruction 10 C. \$
D. Enter Total Exemptions (Add A, B and C.) 2 Total Amount D. \$ 0



165020113

NAME BENJAMIN T JEALOUS

SSN [REDACTED]

INCOME See Instruction 11.	1. Adjusted gross income from your federal return	▶ 1.	<u>415428</u>	
	1a. Wages, salaries and/or tips	▶ 1a.	<u>307833</u>	
	1b. Earned income	▶ 1b.	_____	
	1c. Capital Gain or (loss)	▶ 1c.	_____	
	1d. Taxable Pension, IRA, Annuities (Attach Form 502R.)	▶ 1d.	_____	
1e. Place a "Y" here in this box if the amount of your investment income is more than \$3,400. <input type="checkbox"/>				
ADDITIONS TO INCOME See Instruction 12.	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland	▶ 2.	_____	
	3. State retirement pickup	▶ 3.	_____	
	4. Lump sum distributions (from worksheet in Instruction 12.)	▶ 4.	_____	
	5. Other additions (Enter code letter(s) from Instruction 12.) ▶ _____	▶ 5.	_____	
	6. Total additions to Maryland income (Add lines 2 through 5.)	▶ 6.	_____	
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	▶ 7.	<u>415428</u>	
	SUBTRACTIONS FROM INCOME See Instruction 13.	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1	▶ 8.	<u>0</u>
9. Child and dependent care expenses		▶ 9.	_____	
10. Pension exclusion from worksheet in Instruction 13		▶ 10.	_____	
11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1		▶ 11.	_____	
12. Income received during period of nonresidence (See Instruction 26.)		▶ 12.	_____	
13. Subtractions from attached Form 502SU ▶ _____		▶ 13.	_____	
14. Two-income subtraction from worksheet in Instruction 13		▶ 14.	_____	
15. Total subtractions from Maryland income (Add lines 8 through 14.)		▶ 15.	<u>0</u>	
16. Maryland adjusted gross income (Subtract line 15 from line 7.)		▶ 16.	<u>415428</u>	
All taxpayers must select one method and check the appropriate box.				
<input type="checkbox"/> STANDARD DEDUCTION METHOD (Enter amount on line 17.)				
<input checked="" type="checkbox"/> ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)				
17a. Total federal itemized deductions (from line 29, federal Schedule A)		▶ 17a.	<u>60639</u>	
17b. State and local income taxes (See Instruction 14.)		▶ 17b.	<u>29292</u>	
Subtract line 17b from line 17a and enter amount on line 17.				
17. Deduction amount (Part-year residents see Instruction 26 (l and m).)		▶ 17.	<u>31347</u>	
18. Net income (Subtract line 17 from line 16.)		▶ 18.	<u>384081</u>	
19. Exemption amount from Exemptions area (See Instruction 10.)		▶ 19.	<u>0</u>	
20. Taxable net income (Subtract line 19 from line 18.)		▶ 20.	<u>384081</u>	
MARYLAND TAX COMPUTATION	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)		▶ 21.	<u>19907</u>
	22. Earned income credit (½ of federal earned income credit. See Instruction 18.)		▶ 22.	_____
	23. Poverty level credit (See Instruction 18.)		▶ 23.	_____
	24. Other income tax credits for individuals from Part K, line 11 of Form 502CR (Attach Form 502CR.)		▶ 24.	<u>4126</u>
	25. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR.		▶ 25.	_____
	26. Total credits (Add lines 22 through 25.)		▶ 26.	<u>4126</u>
	27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0.		▶ 27.	<u>15781</u>
LOCAL TAX COMPUTATION	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 0250 or use the Local Tax Worksheet		▶ 28.	<u>9602</u>
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.)		▶ 29.	_____
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.)		▶ 30.	_____
	31. Local tax credit from Part L, line 1 of Form 502CR (Attach Form 502CR.)		▶ 31.	<u>0</u>
	32. Total credits (Add lines 29 through 31.)		▶ 32.	<u>0</u>
	33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0.		▶ 33.	<u>9602</u>
	34. Total Maryland and local tax (Add lines 27 and 33.)		▶ 34.	<u>25383</u>
35. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20.)		▶ 35.	_____	
36. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 20.)		▶ 36.	_____	
37. Contribution to Maryland Cancer Fund (See Instruction 20.)		▶ 37.	_____	
38. Contribution to Fair Campaign Financing Fund (See Instruction 20.)		▶ 38.	_____	



165020213

NAME BENJAMIN T JEALOUS

SSN [REDACTED]

Table with 2 columns: Description and Amount. Rows include 39. Total Maryland income tax, local income tax and contributions (25383); 40. Total Maryland and local tax withheld (23400); 41. 2016 estimated tax payments (2500); 44. Total payments and credits (25900); 45. Balance due (0); 46. Overpayment (517); 47. Amount of overpayment TO BE APPLIED TO 2017 ESTIMATED TAX (517); 48. Amount of overpayment TO BE REFUNDED TO YOU; 49. Interest charges; 50. TOTAL AMOUNT DUE.

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. For Splitting Direct Deposit, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box [] and see Instruction 22. For the direct deposit option, complete the following information clearly and legibly.

51a. Type of account: [] Checking [] Savings

51b. Routing Number (9-digits) [] 51c. Account Number []

[] Daytime telephone no. [] Home telephone no. [] CODE NUMBERS (3 digits per line)

Check here [X] if you authorize your preparer to discuss this return with us. Check here [] if you authorize your paid preparer not to file electronically. Check here [] if you agree to receive your 1099G Income Tax Refund statement electronically. (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature _____ Date _____

Spouse's signature _____ Date _____

Signature of preparer other than taxpayer _____

[REDACTED] Street address of preparer

TOWSON MD [REDACTED] City, State, ZIP

[REDACTED] Telephone number of preparer [REDACTED] Preparer's PTIN (required by law)

For returns filed without payments, mail your completed return to:

Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001

For returns filed with payments, attach check or money order to Form IND PV. Make checks payable to Comptroller of Maryland. Do not attach Form IND PV or check/money order to Form 502. Place Form IND PV with attached check/money order on top of Form 502 and mail to:

Comptroller of Maryland Payment Processing PO Box 8888 Annapolis, MD 21401-8888



16502B013

Your Social Security Number

Spouse's Social Security Number



Print Using Blue or Black Ink Only

BENJAMIN T Your First Name Initial

JEALOUS Your Last Name

Spouse's First Name Initial

Spouse's Last Name

Summary

Summary table with 3 rows: 1. Enter the total number checked below for Regular dependents (4) ... 1. 1; 2. Enter the total number checked below for dependents 65 or over (5) ... 2. 0; 3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515.) ... 3. 1

Dependents (If a dependent listed below is age 65 or over, please check both 4 and 5.)

DEPENDENT 1: 1. [Redacted] JEALOUS; 2. [Redacted] 3. DAUGHTER 4. X 5. []

DEPENDENT 2: 1. [] [] []; 2. [] [] []; 3. [] [] [] 4. [] 5. []

DEPENDENT 3: 1. [] [] []; 2. [] [] []; 3. [] [] [] 4. [] 5. []

DEPENDENT 4: 1. [] [] []; 2. [] [] []; 3. [] [] [] 4. [] 5. []

DEPENDENT 5: 1. [] [] []; 2. [] [] []; 3. [] [] [] 4. [] 5. []

DEPENDENT 6: 1. [] [] []; 2. [] [] []; 3. [] [] [] 4. [] 5. []



16502C013

Print Using Blue or Black Ink Only

Your Social Security Number

Spouse's Social Security Number

BENJAMIN
Your First Name

T
Initial

JEALOUS
Your Last Name

Spouse's First Name

Initial

Spouse's Last Name

Read Instructions for Form 502CR. Note: You must complete and submit pages 1 through 3 of this form to receive credit for the items listed.

PART A - TAX CREDITS FOR INCOME TAXES PAID TO OTHER STATES AND LOCALITIES

If you were a part-year resident, do not claim a credit for tax paid on nonresident income you included on line 12 of the Form 502.

If you are claiming a credit for taxes paid to multiple states and/or localities, see instructions.

1.	Enter your taxable net income from line 20, Form 502 (or line 10, Form 504).	1.	<u>384081</u>
2.	Taxable net income in other state. Write on this line only the net income which is taxable in both the other state and Maryland. If you are taxed in the other state on income which is not taxable in Maryland, do not include that amount here. NOTE: When the tax in the other state is a percentage of a tax based on your total income regardless of source, you must apply the same percentage to your taxable income in the other state to determine the income taxable in both states.	2.	<u>76428</u>
3.	Revised taxable net income (Subtract line 2 from line 1.) If less than zero, enter zero.	3.	<u>307653</u>
4.	Enter the Maryland tax from line 21, Form 502 (or line 11, Form 504). This is the Maryland tax based on your total income for the year.	4.	<u>19907</u>
5.	Tax on amount on line 3. Compute the Maryland tax that would be due on the revised taxable net income by using the Maryland Tax Table or Computation Worksheet contained in the instructions for Forms 502 or 504. Do not include the local income tax	5.	<u>15513</u>
6.	Tentative State tax credit (Subtract line 5 from line 4.) If less than zero, enter zero.	6.	<u>4394</u>
7.	Enter the Local tax from line 28, Form 502 (or line 18, Form 504). This is the Local tax based on your total income for the year.	7.	<u>9602</u>
8.	Local tax on amount on line 3. Compute the Local tax that would be due on the revised taxable net income by multiplying line 3 by your Local tax rate <u>.0250</u>	8.	<u>7691</u>
9.	Tentative Local tax credit (Subtract line 8 from line 7.) If less than zero, enter zero.	9.	<u>1911</u>
10.	Tentative Total tax credit (Add line 6 and line 9.)	10.	<u>6305</u>
11.	Total state and local tax shown on tax return(s) filed with the state of (Enter 2-letter state code, code must be entered for credit to be allowed) <u>NJ</u> Enter the amount of your 2016 income tax liability (after deducting any credits for personal exemptions) to the other state and locality in the other state (where applicable). Do not enter state or locality tax withheld from your W-2 forms. It is important that a copy of the tax return that was filed with the other state and/or locality be attached to your Maryland return.	11.	<u>4126</u>
12.	Credit for income tax paid to other state and/or locality. Your credit for taxes paid to another state and/or locality is the smaller of the tax actually paid (line 11) or the reduction in Maryland tax resulting from the exclusion of income in the other state and/or locality (line 10). Write the lesser of line 11 or line 10.	12.	<u>4126</u>
State and Local Credits Allowed			
13.	State Credit for Income Tax Paid to other state (Lesser of line 6 or line 12). Enter on line 1, Part K.	13.	<u>4126</u>
14.	Local Credit for Income Tax Paid to other state (Subtract line 13 from line 12.) Enter on line 1, Part L.	14.	<u>0</u>



16502C113

NAME BENJAMIN T JEALOUS SSN [REDACTED]

PART B - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

- 1. Enter your federal adjusted gross income from line 1 of Form 502 or line 17, column 1 of Form 505 or Form 515.
2. Enter your federal Child and Dependent Care Credit from federal Form 2441
3. Enter the decimal amount from the chart in the instructions that applies to the amount on line 1
4. Multiply line 2 by line 3. Enter here and on Part K, line 2

PART C - QUALITY TEACHER INCENTIVE CREDIT

- 1. Enter the Maryland public school system or a State or local correctional facility or qualified juvenile facility in which you are employed and teach
2. Enter amount of tuition paid to: Name of Institution(s)
3. Enter amount of tuition reimbursement
4. Subtract line 3 from line 2
5. Maximum credit. 1500.00
6. Enter the lesser of line 4 or line 5 here.
7. Total (Add amounts from line 6, for Taxpayers A and B) Enter here and on Part K, line 3

PART D - CREDIT FOR AQUACULTURE OYSTER FLOATS

- 1. Enter the amount paid to purchase an aquaculture oyster float(s) Enter here and on Part K, line 4. This credit is limited. See Instructions.

PART E - LONG-TERM CARE INSURANCE CREDIT: (THIS IS A ONE-TIME CREDIT.)

Answer the questions and see instructions below before completing Columns A through E for each person for whom you paid long-term care insurance premiums.

- Question 1 - Did the insured individual have long-term care insurance prior to July 1, 2000?
Question 2 - Is the credit being claimed for the insured individual in this year by any other taxpayer?
Question 3 - Has credit been claimed by anyone for the insured individual in any other tax year?
Question 4 - Is the insured individual for whom the credit is being claimed a nonresident of Maryland?

If you answered YES to any of the above questions, that insured person does NOT qualify for the credit.

Complete Columns A through D only for insured individuals who qualify for credit. Enter in Column E the lesser of the amount of premium paid for each insured person or:
• \$390 for those insured who are 40 or less, as of 12/31/16
• \$500 for those insured who are over age 40, as of 12/31/16.

Add the amounts in Column E and enter the total on line 5 (total) and on Part K, line 5.

Table with 6 columns: Column A (Name of Qualifying Insured Individual), Column B (Age), Column C (Social Security No. of Insured), Column D (Relationship to Taxpayer), Column E (Amount of Premium Paid), and Column E (Credit Amount). Includes a TOTAL row at the bottom.

PART F - CREDIT FOR PRESERVATION AND CONSERVATION EASEMENTS

PTE members may not use the Form 502CR to claim this credit.

- 1. Enter the portion of the total current-year conveyance amount, and any carryover from prior year(s), attributable to each taxpayer
2. Enter the amount of any payment received for the easement by each taxpayer during 2016.
3. Subtract line 2 from line 1
4. Enter the amount from line 21 of Form 502; line 32c of Form 505; line 33 of Form 515; line 13 of Form 504 or \$5,000, whichever is less. See instructions
5. Enter the lesser of line 3 or 4 here. (If you itemize deductions, see Instruction 14.)
6. Total (Add amounts from line 5 for Taxpayers A and B.). Enter here and on Part K, line 6
7. Excess credit carryover. Subtract line 6 from the sum of lines 3A and 3B.



16502C213

NAME BENJAMIN T JEALOUS SSN [REDACTED]

PART G - HEALTH ENTERPRISE ZONE PRACTITIONER TAX CREDIT ** must attach required certification

1. Credit (certified by the Department of Health and Mental Hygiene). Enter here and on Part K, line 7 1. _____

PART H - COMMUNITY INVESTMENT TAX CREDIT ** must attach required certification

This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR. If you have an Excess Carryover on Form 500CR attributable to any credit other than the Community Investment Tax Credit (CITC), you are not eligible to claim the CITC on Form 502CR. You must use Form 500CR. Also, PTE members may not elect to use Form 502CR to claim the CITC.

- 1. Enter the amount of Excess CITC Carryover from Part X of your 2015 Form 500CR. 1. _____ 0
2. Amount of approved contributions. 2. _____
3. Enter 50% of line 2. 3. _____
4. Enter the amount from line 3 or \$250,000, whichever is less. 4. _____
5. Add line 1 and line 4. Enter the result here and on Part K, line 8. 5. _____ 0

PART I - ENDOW MARYLAND TAX CREDIT **must attach required certification

This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR.

- 1. Enter the amount of Excess Endow Maryland Tax Credit Carryover from 2015 1. _____ 0
2. Amount of approved donation to a qualified permanent endowment fund 2. _____
3. Enter 25% of line 2. 3. _____
4. Enter the amount from line 3 or \$50,000, whichever is less 4. _____
5. Add line 1 and line 4. Enter the result here and on Part K, line 9. 5. _____

Note: Line 2 of Part I requires an addition to income. See Instruction 12.

PART J - PRECEPTORS IN AREAS WITH HEALTH CARE WORKFORCE SHORTAGES TAX CREDIT **must attach required certification

- 1. Physician Preceptorship Tax Credit: Enter amount certified by Department of Health and Mental Hygiene (See Instructions) 1. _____
2. Nurse Practitioner Preceptorship Tax Credit: Enter amount certified by Department of Health and Mental Hygiene (See Instructions) 2. _____
3. Add line 1 and line 2. Enter the result here and on Part K, line 10. 3. _____

PART K - INCOME TAX CREDIT SUMMARY

- 1. Enter the amount from Part A, line 13 (If more than one state, see Instructions.) 1. _____ 4126
2. Enter the amount from Part B, line 4 2. _____
3. Enter the amount from Part C, line 7 3. _____
4. Enter the amount from Part D, line 1 4. _____
5. Enter the amount from Part E, line 5. 5. _____
6. Enter the amount from Part F, line 6. 6. _____
7. Enter the amount from Part G, line 1 7. _____
8. Enter the amount from Part H, line 5 8. _____ 0
9. Enter the amount from Part I, line 5. 9. _____
10. Enter the amount from Part J, line 3. 10. _____
11. Total (Add lines 1 through 10.) Enter this amount on line 24 of Form 502; line 14 of Form 504; line 34 of Form 505 or line 35 of Form 515 11. _____ 4126

PART L - LOCAL INCOME TAX CREDIT SUMMARY

- 1. Enter the amount from Part A, line 14 (If more than one state, see Instructions.) 1. _____ 0
Enter this amount on line 31 of Form 502; line 19 of Form 504.

PART M- REFUNDABLE INCOME TAX CREDITS

- 1. Neighborhood Stabilization Credit. Enter the amount and attach certification. 1. _____
2. Heritage Structure Rehabilitation Tax Credit (See Instructions for Form 502S). Attach certification(s) 2. _____
3. Refundable Business Income Tax Credit (See Instructions for Form 500CR.) 3. _____
4. IRC Section 1341 Repayment Credit. (See Instructions and Administrative Release 40.) Attach documentation 4. _____
5. Flow-through Nonresident PTE tax (See Instructions for required attachments.) 5. _____
6. Total. (Add lines 1 through 5.) Enter this amount on line 43 of Form 502, line 46 of Form 505 or line 51 of Form 515. 6. _____

You must file your return electronically to claim a business income tax credit.

NJ-1040-NR
2016



040NV01160

STATE OF NEW JERSEY
INCOME TAX - NONRESIDENT RETURN

For Tax Year Jan. - Dec. 31, 2016 or Other Tax Year
Beginning _____, 20____ Ending _____, 20____
Check box [] if application for Federal extension is attached
or enter confirmation number _____

1555

(JOINT FILERS ENTER FIRST NAME AND INITIAL OF EACH- ENTER SPOUSE/CIVIL UNION PARTNER LAST NAME ONLY IF DIFFERENT)

YOUR SOCIAL SECURITY NUMBER

LAST NAME, FIRST NAME AND MIDDLE INITIAL

Jealous Benjamin T

SPOUSE/CIVIL UNION PARTNER'S SOCIAL SECURITY NUMBER

STREET ADDRESS

STATE OF RESIDENCY

CITY, TOWN, POST OFFICE

STATE

ZIP CODE

Maryland

Towson

MD

DRIVER'S LICENSE # (VOLUNTARY)

STATE

CHANGE OF ADDRESS

MD

NJ RESIDENCY STATUS IF YOU WERE A NEW JERSEY RESIDENT FOR ANY PART OF THE TAXABLE YEAR, GIVE THE PERIOD OF NEW JERSEY RESIDENCY:

FROM: MONTH DAY YEAR TO: MONTH DAY YEAR

FILING STATUS (CHECK ONLY ONE BOX)

- 1 SINGLE
- 2 MARRIED/CU, FILING JOINT RETURN
- 3 MARRIED/CU, FILING SEPARATE RETURN

EXEMPTIONS

- 6 REGULAR YOURSELF [] SPOUSE/CU PARTNER
- 7 AGE 65 OR OLDER [] YOURSELF [] SPOUSE/CU PARTNER
- 8 BLIND OR DISABLED [] YOURSELF [] SPOUSE/CU PARTNER

DOMESTIC PARTNER	6	1
	7	
	8	
	9	1
	10	
	11	
12A	1	12B 1

NAME AND SS# OF SPOUSE/CU PARTNER

- 4 HEAD OF HOUSEHOLD
- 5 QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

- 9 DEPENDENT CHILDREN
- 10 OTHER DEPENDENTS
- 11 ATTENDING COLLEGE

12 TOTALS (FOR LINE 12A - ADD LINES 6, 7, 8, AND 11)
(FOR LINE 12B - ADD LINE 9 AND LINE 10)

13 DEPENDENT'S INFORMATION FROM LINES 9 AND 10

LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER

BIRTH YEAR

A	Jealous	Morgan	E		2006
B					
C					
D					

GUBERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND?

YES NO

IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1?

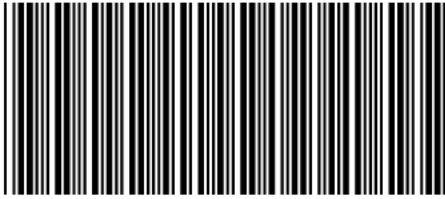
YES NO

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE)

COL. B - AMOUNT FROM NEW JERSEY SOURCES

14. WAGES, SALARIES, TIPS, AND OTHER COMPENSATION	14.	312833	14.	76896
LINES 61-67 COMPLETED				
15. INTEREST	15.		15.	
16. DIVIDENDS	16.		16.	
17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART I, LINE 4)	17.	0	17.	
18. NET GAINS FROM DISPOSITION OF PROPERTY (FROM LINE 60)	18.		18.	
19. NET GAINS FROM RENT, ROYALTIES, PATENTS (SCH. NJ-BUS-1, PART II, LINE 4)	19.		19.	
20. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 18)	20.		20.	
21. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS	21.		21.	
22. DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. NJ-BUS-1, PART III, LINE 4)	22.		22.	
23. NET PRO RATA SHARE OF S CORP INCOME (SCH. NJ-BUS-1, PART IV, LINE 4)	23.	105944	23.	0
24. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED	24.		24.	
25. OTHER - STATE NATURE AND SOURCE	25.		25.	
26. TOTAL INCOME (ADD LINES 14 THROUGH 25)	26.	418777	26.	76896
27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE 23)	27A.		27A.	
27B. OTHER RETIREMENT INCOME EXCLUSION (SEE WORKSHEET AND INSTR)	27B.		27B.	
27C. TOTAL EXCLUSION (ADD LINE 27A AND LINE 27B)	27C.		27C.	





Jealous Benjamin T



28. GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26)	28.	418777 .	28.	76896 .
29. GROSS INCOME FROM LINE 28	29.	418777 .	29.	76896 .
30. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 25)	30.	2500 .		
31. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTIONS PAGE 25)	31.	.		
32. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS	32.	.		
33. QUALIFIED CONSERVATION CONTRIBUTION	33.	.		
34. HEALTH ENTERPRISE ZONE DEDUCTION	34.	.		
35. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCH. NJ-BUS-2, LINE 11)	35.	.		
36. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 30 THROUGH 35)	36.	2500 .		
37. TAXABLE INCOME (SUBTRACT LINE 36 FROM LINE 29, COLUMN A)	37.	416277 .		
38. TAX ON AMOUNT ON LINE 37 (FROM TAX TABLES PAGE 34)	38.	22474 .		
39. INCOME PERCENTAGE	B (LINE 29) A (LINE 29)	=	18.36 %	
40. NEW JERSEY TAX (MULTIPLY AMOUNT FROM LINE 38 <u>22474</u> x <u>18.36</u> % FROM LINE 39)	40.			4126 .
41. SHELTERED WORKSHOP TAX CREDIT (ENCLOSE FORM GIT-317 SEE INSTRUCTIONS PAGE 27)	41.			.
42. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 41 FROM LINE 40)	42.			4126 .
43. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAXES	43.			.
			CHECK BOX [] IF FORM NJ-2210 IS ENCLOSED	
44. TOTAL TAX AND PENALTY (ADD LINE 42 AND LINE 43)	44.			4126 .
45. TOTAL NEW JERSEY INCOME TAX WITHHELD (FROM ENCLOSED FORMS W-2 AND 1099)	45.	5113 .		
46. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2015 TAX RETURN	46.	.		ALSO ENTER ON LINE 46: - PAYMENTS MADE IN CONNECTION WITH NJ REAL PROPERTY - PAYMENTS BY S CORPORATION FOR NONRESIDENT SHAREHOLDER
47. TAX PAID ON YOUR BEHALF BY PARTNERSHIP(S)	47.	.		
48. EXCESS NJ UI/WF/SWF WITHHELD (ENCLOSE FORM NJ-2450 SEE INSTR)	48.	.		
49. EXCESS NJ DISABILITY INSURANCE WITHHELD (ENCLOSE FORM NJ-2450 SEE INSTR)	49.	.		
50. EXCESS NJ FAMILY LEAVE INSURANCE WITHHELD (ENCLOSE FORM NJ-2450 SEE INSTR)	50.	.		
51. TOTAL PAYMENTS/CREDITS (ADD LINE 45 THROUGH 50)	51.			5113 .
52. IF LINE 51 IS LESS THAN LINE 44, ENTER AMOUNT YOU OWE (ENTER CHECK AMOUNT ON PAGE 1)	52.			.
53. IF LINE 51 IS MORE THAN LINE 44, ENTER OVERPAYMENT	53.			987 .
54. DEDUCTIONS FROM OVERPAYMENT ON LINE 53 WHICH YOU ELECT TO CREDIT TO:				
(A) YOUR 2017 TAX	54A.	.		
(B) N J ENDANGERED WILDLIFE FUND	54B.	.		NOTE:
(C) N J CHILDREN'S TRUST FUND	54C.	.		AN ENTRY ON LINE 54A, B, C, D, E, F, OR G WILL REDUCE YOUR TAX REFUND
(D) N J VIETNAM VETERANS' MEMORIAL FUND	54D.	.		
(E) N J BREAST CANCER RESEARCH FUND	54E.	.		
(F) U S S N J EDUCATIONAL MUSEUM FUND	54F.	.		
(G) DESIGNATED CONTRIBUTION	54G.	.		
			CODE	
55. TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 54A, B, C, D, E, F AND G)	55.			.
56. REFUND (AMOUNT TO BE SENT TO YOU, SUBTRACT LINE 55 FROM LINE 53)	56.			987 .

Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on Line 52 in full. Write Social Security Number(s) on check or money order and make payable to:

STATE OF NEW JERSEY - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244

> _____
Your Signature Date

> _____
Spouse/CU Partner's Signature (If filing jointly, BOTH must sign)

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 49)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

You may also pay by e-check or credit card.

Paid Preparer's Signature

Federal Identification Number

Firm's Name

Federal Employer Identification Number

Name(s) as shown on Form NJ-1040NR Jealous Benjamin T	Your Social Security Number [REDACTED]
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PART I	NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY	List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.
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(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
57.					

58. Capital Gains Distribution	58	
59. Other Net Gains	59	
60. Net Gains (Add Lines 57, 58, and 59) (Enter here and on Line 18) (If Loss, enter ZERO)	60	

PART II	ALLOCATION OF WAGE AND SALARY INCOME EARNED PARTLY INSIDE AND OUTSIDE NEW JERSEY	(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)
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61. Amount reported on Line 14 in Column A required to be allocated	61	
62. Total days in taxable year	62	
63. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	63	
64. Total days worked in taxable year (subtract Line 63 from Line 62)	64	
65. Deduct days worked outside New Jersey	65	
66. Days worked in New Jersey (subtract Line 65 from Line 64)	66	

67. ALLOCATION FORMULA $\frac{\text{(Line 66)}}{\text{(Line 64)}} \times \frac{\text{(Enter amount from Line 61)}}{\text{(Salary earned inside N.J.)}} = \text{(Include this amount on Line 14, Col. B)}$

PART III	ALLOCATION OF BUSINESS INCOME TO NEW JERSEY	(See instructions if other than Formula Basis of allocation is used.)
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BUSINESS ALLOCATION PERCENTAGE (From Schedule NJ-NR-A)
 Enter below the line number and amount of each item of business income reported in Column A which is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ \$ _____ X _____ % = \$ _____

From Line No. _____ \$ _____ X _____ % = \$ _____

From Line No. _____ \$ _____ X _____ % = \$ _____

Name(s) as shown on Form NJ-1040NR Jealous, Benjamin T	Your Social Security Number [REDACTED]
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PART I NET PROFITS FROM BUSINESS List the net profit (loss) from business(es). See instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.	Speaking	[REDACTED]	0.
2.			
3.			
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 17, Column A. If loss, enter ZERO on Line 17, Column A.)		4. 0.

PART II NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.
Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.				
2.				
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 19, Column A. If loss, enter ZERO on Line 19, Column A.)			4.

PART III DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22, Column A. If loss, enter ZERO on Line 22, Column A.)		4.

PART IV NET PRO RATA SHARE OF S CORPORATION INCOME List the pro rata share of income (usable loss) from S corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.	Morgan Jackson & Jealous, LLC	[REDACTED]	105,944.
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 23, Column A. If loss, enter ZERO on Line 23, Column A.)		4. 105,944.

**SCHEDULE
NJ-BUS-2**
(Form NJ-1040NR)

**NEW JERSEY GROSS INCOME TAX
ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT**

2016

Name(s) as shown on Form NJ-1040NR Jealous, Benjamin T				Your Social Security Number 563-43-1210			
PART I INCOME (LOSS)				Column A		Column B	
				Reportable Regular Business Income		Alternative Business Income/(Loss)	
1.	Net Profits From Business	1a.	0.	1b.	0.		
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.	2b.	0.		
3.	Distributive Share of Partnership Income	3a.	0.	3b.	0.		
4.	Net Pro Rata Share of S Corporation Income	4a.	105,944.	4b.	105,944.		
5.	Loss Carryforward From Tax Year 2015			5b.	()		
6.	Totals	6a.	105,944.	6b.	105,944.		
PART II ADJUSTMENT CALCULATION							
7.	Total Regular Business Income	7.	105,944.				
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	105,944.				
9.	Business Increment (Line 7 minus Line 8)	9.	0.				
10.	Adjustment Percentage	10.		0.50			
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.				
PART III LOSS CARRYFORWARD TO TAX YEAR 2017							
12.	Loss Carryforward to Tax Year 2017	12.		()			

Instructions

- Line 1a. Enter the amount from Line 17, Column A, of Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from Line 19, Column A, of Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from Line 22, Column A, of Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from Line 23, Column A, of Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from Line 12 of your 2015 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of Lines 1a through 4a.
- Line 6b. Enter the total of Lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from Line 6a of this schedule.
- Line 8. Enter the amount from Line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract Line 8 from Line 7. If the result is zero, also enter zero on Line 11 and on Line 35 of Form NJ-1040NR, and continue with Line 12.
- Line 10. The adjustment percentage for tax year 2016 is 50% (0.50).
- Line 11. Multiply the amount on Line 9 by 50% (0.50). Enter here and on Line 35 of Form NJ-1040NR.
- Line 12. If the amount on Line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Statement for Wages, Salaries, and Tips

2016

Name <u>Jealous, Benjamin T</u>	Social Security No. XXXXXXXXXX
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	Income from all sources	Income attributed to New Jersey (part-year resident or non- resident only)
Not applicable if a part-year nonresident with NJ source income.		
1 Wages, from Form W-2	307,833.	76,896.
Deductions from wages: Complete the following if included on line 1 above and meet all requirements (see help)		
a Meals and lodging		
b Employee business expenses		
c Moving expenses		
d Compensation for injuries or sickness		
e Commuter transportation benefits		
f Total deductions from wages		
g Taxable wages	307,833.	76,896.
2 Miscellaneous income, Form 8919		
3 Excess employee business expense reimbursement		
4 Taxable tips, from Form 4137		
5 Excess moving expense reimbursement		
6 Wages earned as a household employee (if less than \$2,000 and without a Form W-2)		
7 Wages from a foreign source		
8 Ordinary income from ESPP stock sale and incentive stock options		
9 Military spouses residency relief act (see New Jersey instructions) . .		
10 Other:		
<u>Trinet H -Taxable dependent care benefit (DCB)</u>	5,000.	0.

11 Total wages, salaries, tips, etc	312,833.	76,896.