



July 2018

To: Board of Directors  
Re: 9H @ 10 Park Avenue

Dear Members of the Board/ Mgmt:

Enclosed please find the completed rental application for Baris Sarer.

**ABOUT Baris:**

Mr. Sarer is a senior executive in Deloitte Consulting. Prior to Deloitte, he worked for Nokia and HCL Technologies in various leadership positions around the world for over 16 years. He holds a Bachelor of Science degree in Electronic Engineering and an MBA.

Mr. Sarer has excellent credit. His current job includes a salary of \$240,000 along with \$60,000 performance bonus. Mr. Sarer will be making partner at his firm Deloitte Consulting in August, which will further improve his financial position. Looking to potentially renew his lease post August 2019, Baris will be an excellent tenant at 10 Park Avenue.

Mr. Sarer will be residing in the City while his wife and child will remain in Hoboken. The two of them have agreed to continue splitting the costs of both of their Hoboken properties as well as income from their second property. He will be traveling starting on the 25th of August. If, in any way he can move in between the 15th and 23rd of August, that would be ideal.

I have enclosed the following documentation for your review, along with supporting docs for his assets.

- 1) Acknowledgement of Sublet Policy
- 2) Sublease Application
- 3) Sublease Agreement
- 4) Lead Paint Rider
- 5) Financial Statement
- 6) Copies of the two most recent bank statements
- 7) Consent form

- 8) Current Unit Owner's Personal Information
- 9) Applicant's Release
- 10) Copies of two most recent pay stubs
- 11) Copies of tax return & W-2
- 12) Employment letter
- 13) Window Guard Rider
- 14) Applicant Contact Information
- 15) Acknowledgement of Building Policies

Very truly yours,



Mariana Bekerman  
Keller Williams NYC



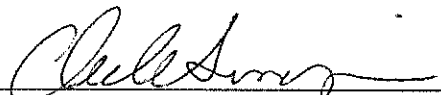
TEN PARK AVENUE TENANT'S CORP  
ACKNOWLEDGEMENT OF SUBLET POLICY

POLICY: a shareholder may from time to time for a minimum of six months and for a maximum of one year sublet their apartment. Approval for subletting is contingent upon the following:

1. The Board of Directors approved the subtenant,
2. The subtenant registers with the building staff prior to moving in,
3. The shareholder and subtenant execute a sublease in form and substance approved by the Board of Directors
4. The shareholder agrees to pay the Apartment Corporation a sublet fee (currently \$1.20 per share, per month)
5. The shareholder has first occupied the apartment for at least one full year.
6. The shareholder agrees not to sublet the apartment to more than three different subtenants in any five-year period.


Please be advised, the sublet fee is collected in full monthly and will not be prorated, further the fee is considered to be additional maintenance and is due on the first of each month.

Failure to pay these monies as due is considered grounds for immediate termination of the sublease. This agreement is binding notwithstanding any contrary provisions in the proprietary lease.

  
\_\_\_\_\_  
AGREED AND ACKNOWLEDGED SHAREHOLDER(S)

7/5/18

\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
AGREED AND ACKNOWLEDGED SUBTENANT(S)

7/5/18

\_\_\_\_\_  
DATE

The rider must be signed by both the Shareholder and the Subtenant and returned with the package. This package will not be considered complete without this rider.





## COOPERATIVE LEASE APPLICATION

Today's Date: 7/5/18  
 Applicant's Last Name(s): Sarer  
 Unit #: 9H

### GENERAL INFORMATION

Building Name	<u>10 Park Ave Tenant's Corp</u>	Length of Lease <u>1 yr</u>	Unit # <u>9H</u>
Building Address	<u>10 Park Ave NYC 10016</u>	Lease Start Date <u>8/15/18</u>	
Monthly Rent	<u>2850</u>	Lease End Date <u>08/14/19</u>	
Annual Rent	<u>34200.00</u>	Security Deposit <u>2850</u>	

### OWNER'S INFORMATION

Owner's Name(s) <u>Claude Simon</u>	Home Phone _____
Current Address <u>534 W42nd St, PH8</u>	Cell Phone <u>9124410062</u>
<u>NY, NY 10036</u>	Email Address <u>claud@vrtxinc.com</u>

### APPLICANT'S INFORMATION

Applicant	Co-Applicant
Name <u>Baris Sarer</u>	_____
Email Address <u>bsarer@gmail.com</u>	_____
Home Phone _____	_____
Cell Phone <u>9173754648</u>	_____
Work Phone _____	_____
Current Address <u>262 1st Street #4</u>	_____
<u>Hoboken, NJ 07030</u>	_____
Time at Address From <u>08/01/05</u> to <u>08/15/18</u>	From _____ to _____
Own or Rent? <input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live at Home <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live at Home <input type="checkbox"/> Other
Landlord/Agent _____	_____
Address <u>262 1st Street, #4 Hoboken, NJ 07030</u>	_____

### EMPLOYMENT INFORMATION

Employment Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed
Profession <u>Consulting</u>	_____
Current Employer <u>Deloitte Consulting LLP</u>	_____
Empl. Address <u>30 Rockefeller Plaza</u>	_____
City/State/Zip <u>NY, NY 10111</u>	_____
Employment Dates From <u>11/1/11</u> to <u>present</u>	From _____ to _____
Supervisor's Name <u>Mic Locker</u>	_____
Supervisor's Phone <u>2124924000</u>	_____
Annual Base Salary <u>240000</u>	_____
Prior Employer <u>HCL Technologies</u>	_____
Empl. Address <u>330 Potrero Avenue</u>	_____
City/State/Zip <u>Sunnyvale, CA 94085</u>	_____
Employment Dates From <u>7/01/08</u> to <u>10/30/11</u>	From _____ to _____



Today's Date: 7/5/18  
Applicant's Last Name(s): Sarer  
Unit #: 9H

Supervisor's Name Ashish Mehrotra  
Supervisor's Phone 6304007451  
Education History Electronic Eng (B.Sc) & MBA

FINANCIAL INFORMATION

1. Bank Name Citibank  
Address 399 Park Ave NY, NY 10022  
Account Type ☒ Checking ☐ Savings ☐ Loan ☐ Checking ☐ Savings ☐ Loan  
2. Bank Name Citibank  
Address 399 Park Ave NY, NY 10022  
Account Type ☐ Checking ☒ Savings ☐ Loan ☐ Checking ☐ Savings ☐ Loan  
3. Bank Name Marcus by Goldman Sachs  
Address online  
Account Type ☐ Checking ☒ Savings ☐ Loan ☐ Checking ☐ Savings ☐ Loan  
4. Stockbroker, CPA or  
Executor (if any)  
Firm Name  
Address  
Phone  
Email Address

PERSONAL REFERENCES

1. Name Richard Cariello  
Phone 973-432-9844  
Email Address richardcariello@gmail.com  
2. Name Adam Seker  
Phone 2019823732  
Email Address sekerkadir@yahoo.com  
3. Name Can Ertogan  
Phone 2027146418  
Email Address cane@microsoft.com

PROFESSIONAL REFERENCES

1. Name Anthony Stephan  
Phone 2017880227  
Email Address astephan@deloitte.com  
2. Name Mic Locker  
Phone miclocker@deloitte.com  
Email Address 646-415-2924

## COOPERATIVE LEASE APPLICATION

Today's Date: 7/5/18  
Applicant's Last Name(s): Sarer  
Unit #: 9H

3. Name Rakesh Kumar  
Phone 908-305-8304  
Email Address rakekumar@deloitte.com

**GUARANTOR INFORMATION** ☒ *Not Applicable*

Name of Guarantor \_\_\_\_\_  
Relation to Applicant \_\_\_\_\_  
Guarantor Phone \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employment Status ☐ Full-Time ☐ Part-Time ☐ Self Employed  
☐ Retired ☐ Student ☐ Unemployed  
Profession \_\_\_\_\_

**FINANCIAL INFORMATION**

1. Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
Account ☐ Checking ☐ Savings ☐ Loan

2. Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
Account ☐ Checking ☐ Savings ☐ Loan

Current Employer \_\_\_\_\_  
Empl. Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Employ. Dates From \_\_\_\_\_ to \_\_\_\_\_  
Supervisor Name \_\_\_\_\_  
Supervisor Phone \_\_\_\_\_  
Annual Base Salary \_\_\_\_\_

**ADDITIONAL INFORMATION**

Names & ages for all occupants  
Baris Sarer, 43  
Lorin Sarer, 10

Name(s) of residents in building known by Applicant(s) none

Do you have pets? ☐ Yes ☒ No (Please refer to the building rules regarding pets)

If yes, list type, breed and age \_\_\_\_\_

Do any occupants smoke? (cigarettes, cigars, pipes, etc.) ☐ Yes ☒ No

Occupancy will be ☒ Full-time ☐ Part-time ☐ Pied-A-Terre

The foregoing application, including all personal and financial information, has been carefully prepared, and the undersigned hereby solemnly declare(s) and certifies that all the information is true and correct and that all financial information submitted is a true and accurate statement of the undersigned as of the date set forth by each signature. The agents neither bear nor assume any responsibility whatsoever for the verification of completeness of the information contained herein. In addition, the undersigned hereby authorize(s) the managing agent and condominium association to share such portions of the application as they may reasonably believe necessary to fulfill the purposes of this application with other parties, and further agree to hold the managing agent, its employees and agents harmless from any error or omission in the transfer of the information or the distribution of such information to third parties.

Applicant 

Date 7/5/18

Co-Applicant \_\_\_\_\_

Date \_\_\_\_\_

(If Applicable)

Guarantor \_\_\_\_\_

Date \_\_\_\_\_





**STANDARD FORM OF COOPERATIVE APARTMENT SUBLEASE**

THE REAL ESTATE BOARD OF NEW YORK, INC.

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CAS/98

**PREAMBLE:** This Sublease contains the agreements between You and Owner concerning the rights and obligations of each party. You and Owner have other rights and obligations which are set forth in government laws and regulations.

You should read this Sublease carefully. If You have any questions, or if You do not understand any words or statements, get clarification. Once You and Owner sign this Sublease, You and Owner will be presumed to have read it and understood it. You and Owner admit that all agreements between You and Owner have been written into this Sublease except for obligations arising under the Cooperative Documents (as defined in Article 4). You understand that any agreements made before or after this Sublease was signed and not written into it will not be enforceable.

THIS SUBLEASE is made as of July 05 2018, between  
month day year

Owner, the Sublessor Claude Simonwhose address is 534 W 42, PH8 NY, NY 10036

and

You, the Sublessee, Boris Saterwhose address is 262 1st Street, #4 Hoboken, NJ 07030**1. APARTMENT AND USE**

Owner agrees to sublease to You Apartment 9H on the 9th floor in the cooperative apartment building at 10 Park Ave NYC 10016, Borough of Manhattan, City and State of New York (the "Building"). You shall use the Apartment for living purposes only. The Apartment may be occupied only by You and the following Permitted Occupants: none

You acknowledge that: (i) this Sublease may not commence until the occupancy of the Apartment by You and the Permitted Occupants has been approved by the Board of Directors of \_\_\_\_\_ ("Apartment Corporation"); and (ii) no other person other than You and the Permitted Occupants may reside in the Apartment without the prior written consent of the Owner and the Apartment Corporation.

**2. LENGTH OF SUBLEASE**

The term (that means the length) of this Sublease will begin on 08/15/2018 and will end on 08/14/2019. If You do not do everything You agree to do in this Sublease, Owner may have the right to end this Sublease before the ending date. If Owner does not do everything that Owner agrees to do in this Sublease, You may have the right to end the Sublease before the ending date. You acknowledge that the term of this Sublease may be reduced as authorized by Article 6.

**3. RENT**

Your monthly rent for the Apartment is \$ 2850. You must pay Owner the rent, in advance, on the first day of each month either to Owner at the above address or at another place that Owner may inform You of by written notice. You must pay the first month's rent to Owner when You sign this Sublease if the Sublease begins on the first day of the month. If the Sublease begins after the first day of the month, You must pay when You sign this Sublease: (i) the part of the rent from the beginning date of this Sublease until the last day of the month, and (ii) the full rent for the next full calendar month.

**4. COOPERATIVE DOCUMENTS**

This Sublease shall be subject and subordinate to: (i) the Proprietary Lease for the Apartment between Apartment Corporation, as lessor, and Owner, as lessee; (ii) the Rules and Regulations of the Apartment Corporation (which are sometimes called House Rules); and (iii) the By-Laws of the Apartment Corporation. (The Proprietary Lease, the Rules and Regulations and the By-Laws of the Apartment Corporation and all amendments thereto, including any amendments subsequent to the date hereof, are collectively called the "Cooperative Documents".) In the event of any inconsistency between the provisions of this Sublease and the Cooperative Documents, the provisions of the Cooperative Documents shall govern and be binding.

You and the Permitted Occupants of the Apartment shall faithfully observe and comply with the Cooperative Documents, other than the provisions of the Cooperative Documents required to be performed by Owner (which include the payment of rent for the Apartment to the Apartment Corporation). You and the Permitted Occupants of the Apartment shall not undertake any action which, if performed by Owner, would constitute a violation of the Cooperative Documents. You have reviewed the Cooperative Documents or waived their examination.

**5. SECURITY DEPOSIT**

You are required to give Owner the sum of \$ 2850 when You sign this Sublease as a security deposit, which is called in law a trust. Owner will deposit this security in \_\_\_\_\_ bank at \_\_\_\_\_, New York. This security account shall not bear interest.

If You carry out all of your agreements in this Sublease and if You move out of the Apartment and return it to Owner in the same condition it was in when You first occupied it, except for ordinary wear and tear or damage caused by fire or other casualty through no fault of your own, Owner will return to You the full amount of your security deposit within 60 days after this Sublease ends. However, if You do not carry out all your agreements in this Sublease, Owner may keep all or part of your security deposit which has not yet been paid to You necessary to pay Owner for any losses incurred, including missed payments.

If Owner sells the Apartment, Owner will turn over your security either to You or to the person buying the Apartment within 5 days after the sale. Owner will then notify You, by registered or certified mail, of the name and address of the person or company to whom the deposit has been turned over. In such case, Owner will have no further responsibility to You for the security deposit. The new owner will become responsible to You for the security deposit.

**6. IF YOU ARE UNABLE TO MOVE IN**

A situation could arise which might prevent Owner from letting You move into the Apartment on the beginning date set in this Sublease. If this happens for reasons beyond Owner's reasonable control, including the failure to obtain the consent of the Apartment Corporation to this Sublease prior to the beginning date, Owner will not be responsible for your damages or expenses and this Sublease will remain in effect. However, in such case, the Sublease will start on the date when You can move in; the ending date of this Sublease as specified in Article 2 will remain the same. You will not have to pay rent until the move-in date Owner gives You by written notice, or the date You move in, whichever is earlier. If Owner does not give You notice that the move-in date is within 30 days after the beginning date of the term of this Sublease as stated in Article 2, this Sublease shall be canceled and all prepaid rent and security deposit shall be promptly returned to You.

**7. CAPTIONS**

In any dispute arising under this Sublease, in the event of a conflict between the text and a caption, the text controls.

**8. WARRANTY OF HABITABILITY**

A. All of the sections of this Sublease are subject to the provisions of the Warranty of Habitability Law in the form it may have from time to time during this Sublease. Nothing in this Sublease can be interpreted to mean that You have given up any of your rights under that law. Under that law, Owner agrees that the Apartment is fit for human habitation and that there will be no conditions which will be detrimental to life, health or safety.

B. You will do nothing to interfere to make more difficult the Apartment Corporation's efforts to provide You and all other occupants of the Building with the required facilities and services. Any condition caused by your misconduct or the misconduct of anyone under your direction or control shall not be a breach by Owner.

**9. CARE OF YOUR APARTMENT; END OF SUBLEASE-MOVING OUT**

A. You will take good care of the Apartment and will not permit or do any damage to it, except for damage which occurs through ordinary wear and tear. You will move out on or before the ending date of this Sublease and leave the Apartment in good order and in the same condition as it was when You first occupied it, except for ordinary wear and tear and damage caused by fire or other casualty through no fault of your own.

B. When the Sublease ends, You must remove all of your movable property. You must also remove at your own expense, any wall covering, bookcases, cabinets, mirrors, painted murals or any other installation or attachment You may have installed in the Apartment, even if it was done with Owner's consent. If the Apartment Corporation imposes any "move-out" deposits or fees, You shall pay any such deposit or fee when requested by the Apartment Corporation. You must restore and repair to its original condition those portions of the Apartment affected by those installations and removals. You have not moved out until all persons, furniture and other property of yours is also out of the Apartment. If your property remains in the Apartment after the Sublease ends, Owner may either treat You as still in occupancy and charge You for use, or may consider that You have given up the Apartment and any property remaining in the Apartment. In this event, Owner may either discard the property or store it at your expense. You agree to pay Owner for all costs and expenses incurred in removing such property. The provisions of this article will continue to be in effect after the end of this Sublease.

**10. CHANGES AND ALTERATIONS TO APARTMENT**

You cannot build in, add to, change or alter, the Apartment in any way, including wallpapering, painting, repainting, or other decorating, without first obtaining the prior written consent of Owner and, if required under the Proprietary Lease, the Apartment Corporation. Without Owner's and/or the Apartment Corporation's prior written consent, You cannot install or use in the Apartment any of the following: dishwasher machines, clothes washing or drying machines, electric stoves, garbage disposal units, heating, ventilating or air conditioning units or any other electrical equipment which, in Owner's and/or the Apartment Corporation's opinion, will overload the existing wiring installation in the Building or interfere with the use of such electrical wiring facilities by other tenants of the Building. Also, You cannot place in the Apartment water-filled furniture.

**11. YOUR DUTY TO OBEY AND COMPLY WITH LAWS, REGULATIONS AND RULES**

A. **GOVERNMENT LAWS AND ORDERS.** You will obey and comply: (i) with all present and future city, state and federal laws and regulations which affect the Building or the Apartment, and (ii) with all orders and regulations of insurance rating organizations which affect the Apartment and the Building. You will not allow any windows in the Apartment to be cleaned from the outside, unless the prior written consent of the Apartment Corporation is obtained.

B. **APARTMENT CORPORATION'S RULES AFFECTING YOU.** You will obey all of the Cooperative Documents other than the provisions of the Cooperative Documents required to be performed by Owner.

C. **YOUR RESPONSIBILITY.** You are responsible for the behavior of yourself, the Permitted Occupants of the Apartment, your servants and people who are visiting You. You will reimburse Owner as additional rent upon demand for the cost of all losses, damages, fines and reasonable legal expenses incurred by Owner because You, the Permitted Occupants of the Apartment, servants or people visiting the Apartment, have not obeyed government laws and orders, the Cooperative Documents or this Sublease.

**12. OBJECTIONABLE CONDUCT**

You, the Permitted Occupants of the Apartment, servants or people visiting the Apartment will not engage in objectionable conduct in the Building. Objectionable conduct means behavior which makes or will make the Apartment or the Building less fit to live in for You or other occupants. It also means anything which interferes with the right of others to properly and peacefully enjoy their apartments, or causes conditions that are dangerous, hazardous, unsanitary and detrimental to other occupants of the Building. Objectionable conduct by You gives Owner the right to end this Sublease.

**13. SERVICES AND FACILITIES**

A. **REQUIRED SERVICES.** The Apartment Corporation will provide cold and hot water and heat, as required by law, repairs to the Apartment, as required by the Proprietary Lease, elevator service if the Building has elevator equipment, and the utilities, if any, included in the rent, as set forth in subparagraph B. You are not entitled to any rent reduction because of a stoppage or reduction of any of the above services unless it is provided by law.

B. The following utilities are included in the rent Heat and water

C. **ELECTRICITY AND OTHER UTILITIES.** If the Apartment Corporation provides electricity or gas for a separate, submetered charge, your obligations to the Apartment Corporation and/or Owner are described in a rider attached to this Sublease. If electricity or gas is not included in the rent and is not charged separately by the Apartment Corporation and/or Owner, You must arrange for this service directly with the utility company. You must also pay directly for telephone service and cable television service if the cost of any such service is not included in the rent.

D. **APPLIANCES.** Appliances supplied by Owner in the Apartment are for your use. They are in good working order on the date hereof and will be maintained and repaired or replaced by Owner, but if repairs or replacement are made necessary because of your negligence or misuse, You will pay Owner for the cost of such repair or replacement as additional rent.

E. **FACILITIES.** If the Apartment Corporation permits Owner to use any storeroom, storage bin, laundry or any other facility located in the Building but outside of the Apartment, and provided such use is transferable to You by Owner pursuant to the Cooperative Documents, the use of any such facility will be furnished to You free of charge and at your own risk. You will operate at your expense any coin operated appliances located in any such facility.

**14. INABILITY TO PROVIDE SERVICES**

Because of a strike, labor, trouble, national emergency, repairs, or any other cause beyond Owner's and the Apartment Corporation's reasonable control, Owner and the Apartment Corporation may not be able to provide or may be delayed in providing any services or in making any repairs to the Apartment and/or the Building. In any of these events, any rights You may have against Owner are only those rights which are allowed by laws in effect when the reduction in service occurs.

## 15. ENTRY TO APARTMENT

During reasonable hours and with reasonable notice, except in emergencies, Owner, Owner's representatives and agents or employees of the Apartment Corporation may enter the Apartment for the following reasons:

A. To erect, use and maintain pipes and conduits in and through the walls and ceilings of the Apartment; to inspect the Apartment; and to make any necessary repairs or changes Owner or the Apartment Corporation decide are necessary. Your rent will not be reduced because of any of this work, unless the rent payable by Owner under the Proprietary Lease is reduced.

B. To show the Apartment to persons who may wish to become owners of the Apartment or may be interested in lending money to Owner

C. For two months before the end of the Sublease, to show the Apartment to persons who wish to sublease it.

D. If, during the last month of the Sublease, You have moved out and removed all or almost all of your property from the Apartment, Owner may enter to make changes, repairs or redecorations. Your rent will not be reduced for that month and this Sublease will not be ended by Owner's entry.

E. If, at any time, You are not personally present to permit Owner, Owner's representatives or the agents and employees of the Apartment Corporation, to enter the Apartment and entry is necessary or allowed by law, under the Proprietary Lease or this Sublease, Owner, Owner's representatives or the agents and employees of the Apartment Corporation may nevertheless enter the Apartment. Owner, Owner's representatives or the agents and employees of the Apartment Corporation may enter by force in an emergency. Owner will not be responsible to You, unless during this entry, any authorized party is negligent or misuses your property.

## 16. ASSIGNING; SUBLETTING; ABANDONMENT

A. Assigning and Subletting. You cannot assign this Sublease or sublet the Apartment. You acknowledge that Owner may refuse any request made by You to assign this Sublease or to further sublet the Apartment for any reason or no reason.

B. Abandonment. If You move out of the Apartment (abandonment) before the end of this Sublease without the consent of Owner, this Sublease will not be ended. You will remain responsible for each monthly payment of rent as it becomes due until the end of this Sublease. In case of abandonment your responsibility for rent will end only if Owner chooses to end this Sublease for default as provided in Article 17.

## 17. DEFAULT

A. You default under the Sublease if You act in any of the following ways:

- (i) You fail to carry out any agreement or provision of this Sublease;
- (ii) You, a Permitted Occupant of the Apartment, servants or people visiting the Apartment behave in an objectionable manner;
- (iii) You, a Permitted Occupant of the Apartment, servants or people visiting the Apartment violate any of the Cooperative Documents;
- (iv) You do not take possession or move into the Apartment 15 days after the beginning of this Sublease; or
- (v) You and the Permitted Occupants of the Apartment move out permanently before this Sublease ends.

If You do default in any one of these ways, other than a default in the agreement to pay rent, Owner may serve You with a written notice to stop or correct the specified default within 10 days. You must then either stop or correct the default within 10 days, or, if You need more than 10 days, You must begin to correct the default within 10 days and continue to do all that is necessary to correct the default as soon as possible.

B. If You do not stop or begin to correct a default within 10 days, Owner may give You a second written notice that this Sublease will end 6 days after the date the second written notice is sent to You. At the end of the 6-day period, this Sublease will end, You then must move out of the Apartment. Even though this Sublease ends, You will remain liable to Owner for unpaid rent up to the end of this Sublease, the value of your occupancy, if any, after the Sublease ends, and damages caused to Owner after that time as stated in Article 18.

C. If You do not pay your rent when this Sublease requires after a personal demand for rent has been made, or within 3 days after a statutory written demand for rent has been made, or if the Sublease ends Owner may do the following: (i) enter the Apartment and retake possession of it if You have moved out; (ii) go to court and ask that You and all other occupants in the Apartment be compelled to move out.

Once this Sublease has been ended, whether because of default or otherwise, You give up any right You might otherwise have to reinstate this Sublease.

## 18. REMEDIES OF OWNER AND YOUR LIABILITY

If this Sublease is ended by Owner because of your default, the following are the rights and obligations of You and Owner.

A. You must pay your rent until this Sublease has ended. Thereafter, You must pay an equal amount for what the law calls "use and occupancy" until You actually move out.

B. Once You are out, Owner may re-rent the Apartment or any portion of it for a period of time which may end before or after the ending date of this Sublease. Owner may re-rent to a new subtenant at a lesser rent or may charge a higher rent than the rent in this Sublease.

C. Whether the Apartment is re-rented or not, You must pay to Owner as damages:

- (i) the difference between the rent in this Sublease and the amount, if any, of the rents collected in any later sublease of the Apartment for what would have been the remaining period of this Sublease; and
- (ii) Owner's expenses for the cost of putting the Apartment in good condition for re-rental; and
- \*\*\* (iii) Owner's expenses for attorney's fees (*Delete if inapplicable*).

D. You shall pay all damages due in monthly installments on the rent day established in this Sublease. Any legal action brought to collect one or more monthly installments of damages shall not prejudice in any way Owner's right to collect the damages for a later month by a similar action. If the rent collected by Owner from a subsequent subtenant of the Apartment is more than the unpaid rent and damages which You owe Owner, You cannot receive the difference. Owner's failure to re-rent to another subtenant will not release or change your liability for damages, unless the failure is due to Owner's deliberate inaction.

## 19. ADDITIONAL OWNER REMEDIES

If You do not do everything You have agreed to do, or if You do anything which shows that You intend not to do what You agreed to do, Owner has the right to ask a Court to make You carry out your agreement or to give the Owner such other relief as the Court can provide. This is in addition to the remedies in Article 17 and 18 of this Sublease.

## 20. FEES AND EXPENSES

A. You must reimburse Owner for any of the following fees and expenses incurred by Owner:

- (i) Making any repairs to the Apartment or the Building, including any appliances in the Apartment, which result from misuse or negligence by You, the Permitted Occupants of the Apartment, persons who visit the Apartment or work for You;
- (ii) Correcting any violations of city, state or federal laws or orders and regulations of insurance rating organization concern-

writing, (ii) signed by or in the name of Owner or Owner's agent, and (iii) addressed to You at the Apartment and delivered to You personally or sent by registered or certified mail to You at the Apartment. The date of service of any written notice by Owner to You under this agreement is the date of delivery or mailing of such notice.

B. Notices to Owner. If You wish to give a notice to Owner, You must write it and deliver it or send it by registered or certified mail to Owner at the address noted on page 1 of this Sublease or at another address of which Owner or Agent has given You written notice.

**27. GIVING UP RIGHT TO TRIAL BY JURY AND COUNTERCLAIM**

A. Both You and Owner agree to give up the right to a trial by jury in a court action, proceeding or counterclaim on any matters concerning this Sublease, the relationship of You and Owner as sublessee and sublessor or your use or occupancy of the Apartment. This agreement to give up the right to a jury trial does not include claims or personal injury or property damage.

B. If Owner begins any court action or proceeding against You which asks that You be compelled to move out, You cannot make a counterclaim unless You are claiming that Owner has not done what Owner is supposed to do about the condition of the Apartment or the Building.

**28. NO WAIVER OF SUBLEASE PROVISIONS**

A. Even if Owner accepts your rent or fails once or more often to take action against You when You have not done what You have agreed to do in this Sublease the failure of Owner to make action or Owner's acceptance of rent does not prevent Owner from taking action at a later date if You against do not do what You have agreed to do.

B. Only a written agreement between You and Owner can waive any violation of this Sublease.

C. If You pay and Owner accepts an amount less than all the rent due, the amount received shall be considered to be in payment of all or part of the earliest rent due. It will not be considered an agreement by Owner to accept this lesser amount in full satisfaction of all of the rent due unless there is a written agreement between You and Owner.

D. Any agreement to end this Sublease and also to end the rights and obligations of You and Owner must be in writing, signed by You and Owner or Owner's agent. Even if You give keys to the Apartment and they are accepted by either any employee or agent of the Apartment Corporation, Owner's representatives or Owner, this Sublease is not ended.

E. This Sublease, or any provision hereof, may not be modified, amended, extended, waived or abrogated without the prior written consent of the Apartment Corporation.

**29. CONDITION OF THE APARTMENT**

When You signed this Sublease, You did not rely on anything said by Owner, Owner's representatives or the Apartment Corporation's employees, agents, or superintendent about the physical condition of the Apartment, the Building or the land on which is built. You did not rely on any promises as to what would be done, unless what was said or promised is written in this Sublease and signed by both You and Owner. Before signing this Sublease, You have inspected the Apartment and You accept it in its present condition "as is", except for any condition which You could not reasonably have seen during your inspection. You agree that Owner has not promised to do any work in the Apartment except as specified in a rider attached to this Sublease.

**30. DEFINITIONS**

A. Owner: The term "Owner" means the person or organization receiving or entitled to receive rent from You for the Apartment at any particular time other than a rent collector or managing agent of Owner. "Owner" is the person or organization that owns the shares of stock of the Apartment Corporation appurtenant to the Apartment and is the lessee under the Proprietary Lease for the Apartment. It does not include a former Owner, even if the former Owner signed this Sublease.

B. You. The Term "You" means the person or persons signing this Sublease as sublessee and the successors and assigns of the signer. This Sublease has established a sublessor-sublessee relationship between Owner and You.

**31. SUCCESSOR INTERESTS**

The agreements in this Sublease shall be binding on Owner and You and on those who succeed to the interest of Owner or You by law, by approved assignment or by transfer.

**32. TERMINATION OF PROPRIETARY LEASE**

You acknowledge that if the Proprietary Lease is terminated by the Apartment Corporation, this Sublease shall terminate and come to an end 30 days after the Proprietary Lease is terminated. In such event, Owner shall return to You pay rent paid in advance on a pro rata basis.

**33. INSURANCE**

You may obtain liability insurance insuring You, the Permitted Occupants of the Apartment, your servants and people visiting the Apartment, and personal property insurance insuring your furniture and furnishings and other items of personal property located in the Apartment. You may not maintain any insurance with respect to any furniture or furnishings belonging to Owner that are located in the Apartment. You acknowledge that Owner may not be required to maintain any insurance with respect to the Apartment.

**34. CONSENT**

You shall furnish to the Apartment Corporation or its managing agent, within 5 business days after the date of this Sublease, such personal and financial references and additional information concerning You and the Permitted Occupants of the Apartment as may be requested in order to obtain the consent of the Apartment Corporation to this Sublease, including the submission of any application requested by the Apartment Corporation. You and the Permitted Occupants shall attend one or more personal interviews with members of the Board of Directors of the Apartment Corporation if requested. If the Apartment Corporation imposes any subleasing surcharge upon the rent payable by Owner under the Proprietary Lease during the term of this Sublease, any such subleasing surcharge shall be payable by Owner to the Apartment Corporation.

You acknowledge that this Sublease will not commence and that You and the Permitted Occupants shall have no right to occupy the Apartment until the consent of the Apartment Corporation is obtained to this Sublease. If consent of the Apartment Corporation has not been obtained by the date specified in Article 2 as the beginning date of this Sublease, You shall have no obligation to pay rent until such consent has been obtained. All rent prepaid for the period You are unable to occupy the Apartment because of the lack of the Apartment Corporation's consent shall be applied by Owner to subsequent rent payable hereunder. If consent to this Sublease by the Apartment Corporation is not obtained within 30 days after the date specified in Article 2 as the beginning date of this Sublease, this Sublease shall be canceled and all prepaid rent and security deposit shall be promptly returned to You.

**35. FURNITURE [DELETE IF INAPPLICABLE]**

**21. PROPERTY LOSS, DAMAGES OR INCONVENIENCE**

Unless caused by the negligence or misconduct of Owner, Owner's representatives or the agents and employees of the Apartment Corporation, none of these authorized parties are responsible to You for any of the following: (i) any loss of or damage to You or your property in the Apartment or the Building due to any accidental or intentional cause, even a theft or another crime committed in the Apartment or elsewhere in the Building; (ii) any loss of or damage to your property delivered to any agent or employee of the Apartment Corporation (i.e. doorman, superintendent, etc.); or (iii) any damage or inconvenience caused to You by actions, negligence or violations of the Cooperative Documents by any other tenant or person in the Building except to the extent required by law.

Owner will not be liable for any temporary interference with light, ventilation, or view caused by construction by or on behalf of the Apartment Corporation. Owner will not be liable for any such interference on a permanent basis caused by construction on any parcel of land not owned by Owner or the Apartment Corporation. Owner will not be liable to You for such interference caused by the permanent closing, darkening or blocking up of windows, if such action is required by law. None of the foregoing events will cause a suspension or reduction of the rent or allow You to cancel the Sublease.

**22. FIRE OR CASUALTY**

A. If the Apartment becomes unusable, in part or totally, because of fire, accident or other casualty, this Sublease will continue unless ended by Owner under subparagraph C below or by You under subparagraph D below. However, the rent will be reduced immediately. This reduction will be based upon the square footage of the part of the Apartment which is unusable.

B. Owner and/or the Apartment Corporation will repair and restore the Apartment, unless Owner decides to take actions described in subparagraph C below.

C. After a fire, accident or other casualty in the Building, the Apartment Corporation may decide to tear down the Building or to substantially rebuild it. In such case, Owner need not restore the Apartment but may end this Sublease. Owner may do this even if the Apartment has not been damaged, by giving You written notice of this decision within 30 days after the date when the damage occurred. If the Apartment is unusable when Owner gives You such notice, this Sublease will end 60 days from the last day of the calendar month in which You were given the notice.

D. If the Apartment is completely unusable because of fire, accident or other casualty and it is not repaired in 30 days, You may give Owner written notice that You end the Sublease. If You give that notice, this Sublease is considered ended on the day that the fire, accident or casualty occurred. Owner will promptly refund your security deposit and the pro-rata portion of rents paid for the month in which the casualty happened.

E. Unless prohibited by the applicable policies, to the extent that such insurance is collected, You and Owner release and waive all right of recovery against the other or anyone claiming through or under each by way of subrogation.

F. You acknowledge that if fire, accident, or other casualty causes damage to any of your personal property in the Apartment, including, but not limited to your furniture and clothes, neither the Owner nor the Apartment Corporation will be responsible to You for the repair or replacement of any such damaged personal property unless such damage was a result of the Owner's or the Apartment Corporation's negligence.

**23. PUBLIC TAKING**

The entire Building or a part of it can be acquired (condemned) by any government or government agency for a public or quasi-public use or purpose. If this happens, this Sublease shall end on the date the government or agency take title. You shall have no claim against Owner for any damage resulting; You also agree that by signing this Sublease, You assign to Owner any claim against the government or government agency for the value of the unexpired portion of this Sublease.

**24. SUBORDINATION CERTIFICATE AND ACKNOWLEDGMENTS**

All leases and mortgages of the Building or of the land on which the Building is located and the Proprietary Lease for the Apartment now in effect or made after this Sublease is signed, come ahead of this Sublease. In other words, this Sublease is "subject and subordinate to" the Proprietary Lease and any existing or future lease or mortgage on the Building or land, including any renewals, consolidations, modifications and replacements of these leases or mortgages. If certain provisions of any of these leases or mortgages come into effect, the holder of any such lease or mortgage can end this Sublease. If this happens, You agree that You have no claim against Owner or such Sublease or mortgage holder. If Owner requests, You will sign promptly an acknowledgment of the "subordination" in the form that Owner or the Apartment Corporation requires.

You also agree to sign (if accurate) a written acknowledgment to any third party designated by Owner that this Sublease is in effect, that Owner is performing Owner's obligations under this Sublease and that You have no present claim against Owner.

**25. YOUR RIGHT TO LIVE IN AND USE THE APARTMENT**

Provided the Apartment Corporation's consent to the Sublease is obtained, if You pay the rent and any required additional rent on time and You do everything You have agreed to do in this Sublease, your tenancy cannot be cut off before the ending date, except as provided for in Articles 22, 23 and 24.

**26. BILLS AND NOTICE**

A. Notices to You. Any notice from Owner or Owner's agent or attorney will be considered properly given to You if it is: (i) in

Sublease terminates in the same condition as on the date this Sublease commenced, subject to ordinary wear and tear. If any repairs are required to the furniture and furnishings in the Apartment when this Sublease terminates, You shall pay Owner upon demand the cost of any required repairs.

You may not remove any furniture or furnishings from the Apartment or change the location of any such furniture or furnishings during the pendency of this Sublease without Owner's prior written consent.

**36. BROKER [DELETE EITHER SUBPARAGRAPH A OR B]**

A. You represent to Owner that You have not dealt with any real estate broker(s) in connection with the subleasing of the Apartment other than Mariana Bekerman/ KWNYS and that \_\_\_\_\_ is your real estate broker in connection with the subleasing of the Apartment (Delete \_\_\_\_\_ will compensate such broker(s) in accordance with a separate agreement. You shall indemnify and hold Owner harmless from any and all loss incurred by Owner as a result of a breach of the foregoing representations.

B. You represent to Owner that you have not dealt with any real estate broker in connection with the subleasing of the Apartment. You shall indemnify and hold Owner harmless from any and all loss incurred by Owner as a result of a breach of the foregoing representation.

**37. LEAD PAINT DISCLOSURE [DELETE IF THE BUILDING WAS ERECTED AFTER 1978]**

Simultaneously with the execution of this Sublease, You and Owner shall sign and complete the disclosure of information on lead-based paint and/or lead-based paint hazards annexed as a rider attached to this Sublease. You acknowledge receipt of the pamphlet, "Protect Your Family From Lead in Your Home" prepared by the United States Environmental Protection Administration.

**38. PETS [DELETE EITHER SUBPARAGRAPH A OR B]**

A. You may not keep any pets in the Apartment.

**39. KEYS**

Owner shall retain keys to all locks of the Apartment. If You make any changes to any such lock, You must deliver keys to Owner, and to the Apartment Corporation or its managing agent. At the end of this Sublease, You must deliver to Owner all keys to the Apartment. If You fail to return any keys, You shall pay Owner the cost of replacing any such keys.

**40. WINDOW GUARDS**

You shall complete and deliver to the Apartment Corporation, when requested, a notice with respect to the installation of window guards in the Apartment in the form required by the City of New York. You acknowledge that it is a violation of law to refuse, interfere with installation, or remove window guards where required.

**41. OWNER'S DEFAULT TO APARTMENT CORPORATION**


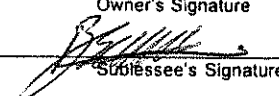
If: (i) Owner defaults in the payment to the Apartment Corporation of rent or other charges payable under Owner's Proprietary Lease for the Apartment; (ii) the Apartment Corporation notifies You of such default; and (iii) the Apartment Corporation instructs You to pay the rent under this Sublease to the Apartment Corporation, then You shall pay all future installments of rent payable under this Sublease to the Apartment Corporation until such time as the Apartment Corporation advises that the Owner's default has been cured. Owner acknowledges that if You pay any installment of rent payable under this Sublease to the Apartment Corporation as herein provided, You have satisfied your obligation to pay any such installment of rent to Owner. Nothing contained in this Article shall suspend your obligation to pay rent under this Sublease.

**42. BINDING EFFECT**

It is expressly understood and agreed that this Sublease shall not constitute an offer or create any rights in your favor, and shall in no way obligate or be binding upon Owner, and this Sublease shall have no force or effect until this Sublease is duly executed by You and Owner and a fully executed copy of this Sublease is delivered to both You and Owner.

TO CONFIRM OUR AGREEMENTS, OWNER AND YOU RESPECTIVELY SIGN THIS SUBLEASE AS OF THE DAY AND YEAR FIRST WRITTEN ON PAGE 1.

WITNESS:

  
\_\_\_\_\_  
Owner's Signature (L.S.)  
  
\_\_\_\_\_  
Sublessee's Signature (L.S.)  
\_\_\_\_\_  
Sublessee's Signature (L.S.)

**GUARANTY**

The undersigned Guarantor guarantees to Owner the strict performance of and observance by Sublessee of all the agreements, provisions and rules in the attached Sublease. Guarantor agrees to waive all notices when Sublessee is not paying rent or not observing and complying with all of the provisions of the attached Sublease. Guarantor agrees to be equally liable with Sublessee so that Owner may sue Guarantor directly without first suing Sublessee. The Guarantor further agrees that this guaranty shall remain in full effect even if the Sublease is renewed changed or extended in any way and even if Owner has to make a claim against Guarantor. Owner and Guarantor agree to waive trial by jury in any such action, proceeding or counterclaim brought against the other on any matters concerning the attached Sublease or the Guaranty.

Dated \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Guarantor

\_\_\_\_\_  
Address





## Disclosure of Information on Lead-Based Paint and /or Lead-Based Paint Hazards

### Lead warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

### Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) ☐ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) ☒ Lessor has no knowledge of lead-based paint and /or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) ☐ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead based paint hazards in the housing (list documents below).

(ii) ☐ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

### Lessee's Acknowledgement (initial)

(c) BS. Lessee has received copies of all information listed above.

(d) BS. Lessee has received the pamphlet Protect Your Family from Lead in Your Home.

### Agent's Acknowledgment (initial)

(e) MB Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

### Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they provided is true and accurate.

Chad Brown 1-9-18  
Lessor Signature Date

[Signature] 7/9/18  
Lessee Signature Date

[Signature] 7/9/18  
Agent Signature Date

\_\_\_\_\_  
Lessor Signature Date

\_\_\_\_\_  
Lessee Signature Date

\_\_\_\_\_  
Agent Signature Date



# Financial Statement

**Applicant:** Baris Sarer

**Co-Applicant:**

**Address:** 262 st street #4

**Address:**

Hoboken, NJ 07030

The following is submitted as being a true and accurate statement of the financial condition of the undersigned on the:

5 day of July 20 18

ASSETS			LIABILITIES		
	Applicant	Co-Applicant		Applicant	Co-Applicant
Cash in banks (Schedule A)	145542.54		Notes Payable (Schedule E)	0	
Money Market Funds	0		To Banks	0	
Contract Deposit	0		To Relatives	0	
Investments: Stocks and Bonds (Schedule B)	733404.69		To Others	0	
Investments in Own Business	0		Installment Accounts Payable:	0	
Accounts and Notes Receivable	0		Automobile	0	
Real Estate Owned (Schedule C)	1280923		Other	0	
Automobiles:			Other Accounts Payable	0	
Year			Mortgages Payable on Real Estate (Schedule F)	714869.11	
Make			Unpaid Real Estate Taxes	0	
Personal Property and Furniture			Unpaid Income Taxes	0	
Life Insurance			Chattel Mortgages	0	
Cash Surrender Value	0		Loans on Life Insurance Policies (Include Premium Advances)	0	
Retirement Funds/ IRA	264762.78		Outstanding Credit Card Debt	0	
401K	171166.79		Other Debts (Schedule G)	0	
KEOGH	0		<b>TOTAL LIABILITIES</b>	714869.11	
Profit Sharing/ Pension Plan	0		<b>NET WORTH</b>	<b>\$1,880,930.69</b>	
Other Assets (Schedule D)	0				
<b>TOTAL ASSETS</b>	<b>\$2,595,799.80</b>				
<b>COMBINED ASSETS</b>		<b>2595799.80</b>	<b>COMBINED LIABILITIES</b>		<b>714,869.11</b>

SOURCES OF INCOME / MONTHLY			* PROJECTED EXPENSES / MONTHLY		
	Applicant	Co-Applicant			
Base Salary	20000		Maintenance	505.00	
Overtime Wages	0		Apartment Financing	5074.80	
Bonus and Commissions	5000		Other Mortgages	0	
Dividends and Interest Income	0		Bank Loans	0	
Real Estate Income (Net) *	2400		Auto Loans	0	
Other Income Including Gifts (Schedule H)	0		Other:	0	
<b>TOTAL</b>	<b>27400</b>		<b>TOTAL</b>	<b>5579.80</b>	
			<b>COMBINED TOTAL</b>		<b>5579.80</b>

GENERAL INFORMATION			CONTINGENT LIABILITIES	
	Applicant	Co-Applicant		
Personal Bank Accounts at			An Endorser or Co-maker on Notes	no
Citibank	45,266.13		Alimony Payments (Annual)	-
Savings and Loan Accounts at Marcus			Child Support	-
	100,276.41		Are you a defendant in any legal action?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Purpose of Loan			Are there any unsatisfied judgments?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Have you ever taken bankruptcy? Explain:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

\* Under projected monthly expenses, Baris and his wife will be splitting their expenses on both homes. So Baris will only pay \$2752.50. He will also receive only \$1200 from their income property.

## Itemized Schedules

Please include verification statements and proof of liquid assets as required by your coop or condo.

### A: ITEMIZED SCHEDULE OF CASH

Applicant or Co-Applicant	Financial Institution	Type of Account	Account Balance
Baris Sarer	Citibank	checking	25333.95
	Citibank	savings	19932.18
	Marcus	savings	100276.41

### B: ITEMIZED SCHEDULE OF STOCKS AND BONDS

Amount/ No. of Shares	Description	Marketable Value	Non-Marketable Value
	Brokerage	733404.69	
	IRA	264762.78	
	401K	171166.79	

### C: ITEMIZED SCHEDULE OF REAL ESTATE

Description and Location	Date Acquired	Cost	Actual Value	Mortgage Amount	Maturity Date	Monthly Operating Costs	Residential or Commercial (If commercial, what are the gross rents?)
Home (262 1st street)	08/1/05	559000	719623.00	336202.83	9/1/2038	2855	residential
Income (909 Willow Ave)	11/1/17	520000	561300.00	378666.28	11/1/47	2724.80	residential

### D: ITEMIZED SCHEDULE OF OTHER ASSETS

Description	Amount

### E: ITEMIZED SCHEDULE OF NOTES PAYABLE

To Whom Payable	Date	Amount	Due	Interest	Pledged as Security

### F: ITEMIZED SCHEDULE OF MORTGAGES PAYABLE

To Whom Payable	Mortgage Amount	Principal Remaining	Maturity Date
Bolling Spring Savings Bank	447000	336202.83	9/1/2038
Caliber Home Loans	390000	378666.28	11/1/2047

Description	Amount	Date	Payments	Security

Source	Amount Last Year	Is this recurring?
Rental Income (\$2400/mo)	2400	yes
Dec Only		

	Applicant	Co-Applicant
Dividend or partnership income (present year)		
Dividend or partnership income (prior year)		
Dividend or partnership income (second prior year)		

X \_\_\_\_\_ 7/5/18  
Applicant Date

X \_\_\_\_\_  
Co-Applicant Date



Customer Service Center 000  
PO Box 31277  
Tampa, FL 33631-3277

010/R1/20F000

006  
CITIBANK, N. A.  
**Account**  
**24946992**

BARIS SARER  
BUKET NISA SARER  
262 1ST STREET # #4  
HOBOKEN NJ

07030-3534

**Statement Period**  
**May 9 - Jun 10, 2018**

Page 1 of 4

**CITI GLOBAL EXECUTIVE ACCOUNT PACKAGE AS OF JUNE 10, 2018**

**Relationship Summary:**

Checking	\$25,333.95
Savings	\$19,932.18
Investments (not FDIC Insured)	-----
Loans	-----
Credit Cards	\$5,045.21

<b>Checking</b>	<b>Balance</b>
Interest Checking	\$25,333.95
<b>Savings</b>	<b>Balance</b>
Citibank® Savings Plus	\$19,932.18
<b>Total Checking and Savings at Citibank</b>	<b>\$45,266.13</b>

Credit Cards	As of date	Credit Line	Amount Available	Amount You Owe
Citi® / AAdvantage® Platinum Select® XXXXXXXXXXXX2627	6/07/18	\$25,000.00	\$19,954.79	\$5,045.21

Global Executive Banking is a service of Citibank, N.A., member FDIC, providing banking and borrowing products and services.  
Customer Service Center is a service unit of Citibank, N.A. servicing Global Executive Banking clients at Citibank, N. A.

For the statement period ending on or after August 1, 2018, any outstanding principal balances in loans, lines of credit, mortgages, and credit card accounts will no longer contribute toward the current combined average monthly balance of \$25,000 or more used to avoid or reduce certain fees, including but not limited to the monthly service fee, which is currently \$25.00.

**CITI GLOBAL EXECUTIVE ACCOUNT PACKAGE FEES**

When determining your fees for this statement period, Citibank considered your combined average monthly balances during the prior month in all of your qualifying accounts that you asked us to combine. These balances may be in accounts that are reported on other statements.

\*Monthly Service Fees are waived with \$25,000 or more in combined average monthly balances from deposits, loans and lines of credit, credit card accounts, and investments.

Fees	Your Combined Balance Range \$50,000-\$99,999
Monthly Service Fee*	None

**CITI GLOBAL EXECUTIVE ACCOUNT PACKAGE FEES**

**Continued**

All fees assessed in this statement period will appear as charges on your next Citibank monthly statement (to the account that is currently debited for your monthly service fee).

Please refer to your Client Manual-Consumer Accounts and Marketplace Addendum for Global Executive Banking customers booklet for details on how we determine your monthly fees and charges.

**CHECKING ACTIVITY**

**Interest Checking**

**24946992**

**Beginning Balance:** \$33,891.75  
**Ending Balance:** \$25,333.95

Date	Description	Amount Subtracted	Amount Added	Balance
05/10	Transfer to Bankcard 04:09p #4127 ONLINE Reference # 000480	8,046.05		25,845.70
05/11	ACH Electronic Debit TRINOVA FIRST ST Assn Dues 13103024	1,932.00		23,913.70
05/14	Check # 683	300.00		23,613.70
05/17	Cash Withdrawal 05:24p #4137 Citibank ATM 5 MARINE VIEWPLAZA HOBOKEN,NJ	300.00		23,313.70
05/18	ACH Electronic Credit DELOITTE CONSULT PAYROLL DEP		2,758.99	
05/18	ACH Electronic Credit RESEARCH NOW GRO PAYROLL		3,239.24	29,311.93
05/22	ACH Electronic Debit PUBLIC SERVICE PSEG	110.57		
05/22	Check # 684	153.00		29,048.36
05/24	Deposit 06:59p #4137 Citibank ATM 5 MARINE VIEWPLAZA HOBOKEN,NJ		2,400.00	
05/24	Cash Withdrawal 07:00p #4137 Citibank ATM 5 MARINE VIEWPLAZA HOBOKEN,NJ	200.00		31,248.36
05/25	Check # 685	266.00		30,982.36
05/29	ACH Electronic Debit PAYPAL INST XFER STARBRIGHTF	86.99		
05/29	Transfer to Savings Plus 05/27 01:08p #4127 ONLINE Reference # 000222	5,000.00		25,895.37
05/30	Cash Withdrawal 12:26p #4137 Citibank ATM 411 5TH AVENUE, NY, NY	200.00		25,695.37
06/01	ACH Electronic Credit RESEARCH NOW GRO PAYROLL		3,239.26	
06/01	ACH Electronic Credit DELOITTE CONSULT PAYROLL DEP		4,724.90	
06/01	ACH Electronic Debit CALIBER HOME LOA DRAFT PMT	3,459.80		
06/01	ACH Electronic Debit Boiling Springs CK-WTH	3,615.00		
06/01	Check # 687	300.00		26,284.73
06/04	ACH Electronic Debit CHASE CREDIT CRD EPAY 3609478995	12.52		
06/04	ACH Electronic Debit TRINOVA FIRST ST Assn Dues 13181253	241.50		
06/04	Cash Withdrawal 06/03 01:27p #4127 Citibank ATM 5 MARINE VIEWPLAZA HOBOKEN,NJ	100.00		
06/04	Check # 700	75.00		25,855.71
06/07	Cash Withdrawal 12:16p #4137 Citibank ATM 1065 6TH AVE, NEW YORK, NY	300.00		25,555.71
06/08	Check # 688	222.00		
06/08	Interest for 33 days, Annual Percentage Yield Earned 0.01%		0.24	25,333.95
<b>Total Subtracted/Added</b>		<b>24,920.43</b>	<b>16,362.63</b>	

All transaction times and dates reflected are based on Eastern Time.

Transactions made on weekends, bank holidays or after bank business hours are not reflected in your account until the next business day.

Checks Paid											
Check	Date	Amount	Check	Date	Amount	Check	Date	Amount	Check	Date	Amount
683	05/14	300.00	684	05/22	153.00	685	05/25	266.00	687*	06/01	300.00
688	06/08	222.00	700*	06/04	75.00						

\* indicates gap in check number sequence

Number Checks Paid: 6

Totaling: \$1,316.00

Overdraft Protection		
As of	Source of Coverage	Amount
06/10	Citibank® Savings Plus	\$19,932



## CHECKING ACTIVITY

Continued

Safety Check transfers will not exceed \$99,999.99 per calendar month from your savings account, or per monthly period from your money market to cover overdrafts or use of uncollected funds in your checking account.

## SAVINGS ACTIVITY

### Citibank® Savings Plus

86203318

Beginning Balance: \$14,932.02  
Ending Balance: \$19,932.18

Date	Description	Amount Subtracted	Amount Added	Balance
05/29	Transfer From Checking 05/27 01:08p #4127 ONLINE Reference # 000222		5,000.00	19,932.02
06/08	Interest for 33 days, Annual Percentage Yield Earned 0.01%		0.16	19,932.18
	<b>Total Subtracted/Added</b>	<b>0.00</b>	<b>5,000.16</b>	

All transaction times and dates reflected are based on Eastern Time.

Transactions made on weekends, bank holidays or after bank business hours are not reflected in your account until the next business day.

## CUSTOMER SERVICE INFORMATION

### IF YOU HAVE QUESTIONS ON:

Checking  
Savings / Money Market

### YOU CAN CALL:

813-604-3290  
866-213-0890 (Inside U.S.)  
(For Speech and Hearing  
Impaired Customers Only  
TDD: 800-945-0258)

### YOU CAN WRITE:

Citibank, N.A.  
Global Executive Banking  
3800 Citibank Center A1-03  
Tampa, Florida 33610 U.S.A.

### YOU CAN VISIT:

[www.globalexecutivebanking.citi.com](http://www.globalexecutivebanking.citi.com)

Citi® / AAdvantage® Platinum Select®

888-766-2484  
(TDD: 800-325-2865)

Citibank, N.A.  
P.O. Box 6500  
Sioux Falls, SD 57117-6500

Please read the paragraphs below for important information on your accounts with us. Note that some of these products may not be available in all states or in all packages.

The products reported on this statement have been combined onto one monthly statement at your request. The ownership and title of individual products reported here may be different from the addressee(s) on the first page.

### TRANSACTIONS OUTSIDE OF YOUR HOME COUNTRY - FOR NON-US PERSONS ONLY

Transactions may be executed outside of your country and without any participation from any Citigroup or Citibank subsidiary, branch or affiliate in your country. Some products may not be registered with the Financial Regulatory body of your country governing such financial products, nor may they be governed or protected by the laws and regulations of your country. Products and services offered by Citi and its affiliates are subject to the applicable local laws and regulations of the jurisdiction where they are booked and offered. Not all accounts, products, and services as well as pricing are available in all jurisdictions or to all customers. Your country of citizenship, domicile, or residence may have laws, rules, and regulations that govern or affect your application for and use of our accounts, products and services, including laws and regulations regarding taxes, exchange and/or capital controls.

### CHECKING AND SAVINGS

#### FDIC Insurance:

Products reported in CHECKING and SAVINGS are insured by the Federal Deposit Insurance Corporation. Please consult your Citibank Customer Manual for full details and limitations of FDIC coverage.

### CERTIFICATES OF DEPOSIT

Certificates of Deposit (CD) information may show dashes in certain fields if on the date of your statement your new CD was not yet funded or your existing CD renewed but is still in its grace period.

Number or Date		Amount
Sum of check charges on or above if applicable		
Total		



Customer Service Center 000  
PO Box 31277  
Tampa, FL 33631-3277

010/R1/20F000

004  
CITIBANK, N. A.  
**Account**  
**24946992**

**BARIS SARER**  
**BUKET NISA SARER**  
**262 1ST STREET # #4**  
**HOBOKEN NJ**

07030-3534

**Statement Period**  
**Apr 9 - May 8, 2018**

Page 1 of 4

### CITI GLOBAL EXECUTIVE ACCOUNT PACKAGE AS OF MAY 8, 2018

#### Relationship Summary:

Checking	\$33,891.75
Savings	\$14,932.02
Investments (not FDIC Insured)	-----
Loans	-----
Credit Cards	\$7,932.07

<b>Checking</b>	<b>Balance</b>
Interest Checking	\$33,891.75
<b>Savings</b>	<b>Balance</b>
Citibank® Savings Plus	\$14,932.02
<b>Total Checking and Savings at Citibank</b>	<b>\$48,823.77</b>

Credit Cards	As of date	Credit Line	Amount Available	Amount You Owe
Citi® / AAdvantage® Platinum Select® XXXXXXXXXXXX2627	5/07/18	\$25,000.00	\$17,067.93	\$7,932.07

Global Executive Banking is a service of Citibank, N.A., member FDIC, providing banking and borrowing products and services.  
Customer Service Center is a service unit of Citibank, N.A. servicing Global Executive Banking clients at Citibank, N. A.

*Citibank Global Transfers to and from Citi Colombia will be discontinued as of June 20th, 2018. We ask that you please use our Wire Transfer service to send funds to this destination. Please refer to your Client Manual and Marketplace Addendum for information regarding fees and other terms regarding our wire transfer service.*

### CITI GLOBAL EXECUTIVE ACCOUNT PACKAGE RATES AND CHARGES

Your Citi Global Executive Account Package gives you the benefit of lower charges and better rates as you maintain higher balance levels.

When determining your Rates and Charges for this statement period, Citibank considered your average balances during the month of April in all of your qualifying accounts that you asked us to combine. These balances may be in accounts that are reported on other statements. To link additional Citibank accounts for consideration for next month's balances please refer to the phone number listed in the **Customer Service Information** section of this statement.

Fees	Your Combined Balance Range \$100,000-\$249,999
Monthly Service Fee	None

**CITI GLOBAL EXECUTIVE ACCOUNT PACKAGE RATES AND CHARGES**

**Continued**

Ask us about our **Citi Global Executive Preferred Account Package.**

Please refer to your Citibank account terms and conditions for details on how we determine your monthly fees and charges. All fees assessed in a statement period will appear as charges on your next Citibank statement.

**CHECKING ACTIVITY**

**Interest Checking**

**24946992**

**Beginning Balance:** \$21,877.16

**Ending Balance:** \$33,891.75

Date	Description	Amount Subtracted	Amount Added	Balance
04/11	Cash Withdrawal 07:45p #4137 Citibank ATM 5 MARINE VIEWPLAZA HOBOKEN,NJ	300.00		21,577.16
04/12	ACH Electronic Debit CHASE CREDIT CRD EPAY 3534678804	95.00		21,482.16
04/13	Check # 680	460.00		21,022.16
04/16	Transfer to Savings Plus 04/14 05:21p #4127 ONLINE Reference # 003374	4,500.00		
04/16	Cash Withdrawal 04/14 04:47p #4127 Citibank ATM 5 MARINE VIEWPLAZA HOBOKEN,NJ	200.00		16,322.16
04/17	Check # 669	795.00		15,527.16
04/20	ACH Electronic Credit RESEARCH NOW GRO PAYROLL		2,424.69	
04/20	ACH Electronic Credit DELOITTE CONSULT PAYRLL DEP		5,351.53	23,303.38
04/23	Deposit Teller 5 MARINE VIEWPLAZA HOBOKEN,NJ		16,100.19	
04/23	ACH Electronic Debit PUBLIC SERVICE PSEG	135.04		39,268.53
04/24	ACH Electronic Credit GOLDMAN SACHS BA PAYMENT		0.03	
04/24	ACH Electronic Credit GOLDMAN SACHS BA PAYMENT		0.12	39,268.68
04/25	ACH Electronic Debit PAYPAL INST XFER GODADDY.COM	34.99		
04/25	Transfer to Bankcard 04/24 11:03p #4127 ONLINE Reference # 000267	8,332.30		30,901.39
04/26	Cash Withdrawal 06:13p #4137 Citibank ATM 5 MARINE VIEWPLAZA HOBOKEN,NJ	200.00		30,701.39
04/27	ACH Electronic Debit PAYPAL INST XFER GODADDY.COM	20.17		30,681.22
04/30	Deposit 04/28 03:49p #4127 Citibank ATM 5 MARINE VIEWPLAZA HOBOKEN,NJ		2,400.00	
04/30	ACH Electronic Credit RESEARCH NOW GRO PAYROLL		2,800.83	
04/30	Check # 681	292.00		35,590.05
05/01	ACH Electronic Debit CALIBER HOME LOA DRAFT PMT	3,459.80		
05/01	ACH Electronic Debit Bolling Springs CK-WTH	3,615.00		28,515.25
05/02	Transfer From Savings Plus 05/01 10:33p #4127 ONLINE Reference # 001416		100,000.00	128,515.25
05/03	ACH Electronic Debit GOLDMAN SACHS BA COLLECTION 000300005060353	100,000.00		
05/03	Cash Withdrawal 06:54p #4137 Citibank ATM 5 MARINE VIEWPLAZA HOBOKEN,NJ	300.00		28,215.25
05/04	ACH Electronic Credit DELOITTE CONSULT PAYRLL DEP		2,741.98	
05/04	ACH Electronic Credit RESEARCH NOW GRO PAYROLL		3,239.25	34,196.48
05/08	Check # 682	305.00		
05/08	Interest for 30 days, Annual Percentage Yield Earned 0.01%		0.27	33,891.75
<b>Total Subtracted/Added</b>		<b>123,044.30</b>	<b>135,058.89</b>	

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Checks Paid											
Check	Date	Amount	Check	Date	Amount	Check	Date	Amount	Check	Date	Amount
669	04/17	795.00	680*	04/13	460.00	681	04/30	292.00	682	05/08	305.00

\* indicates gap in check number sequence

Number Checks Paid: 4

Totaling: \$1,852.00

**CHECKING ACTIVITY**

**Continued**

Overdraft Protection		
As of	Source of Coverage	Amount
05/08	Citibank® Savings Plus	\$14,932

*Safety Check transfers will not exceed \$99,999.99 per calendar month from your savings account, or per monthly period from your money market to cover overdrafts or use of uncollected funds in your checking account.*

**SAVINGS ACTIVITY**

**Citibank® Savings Plus**

**86203318**

**Beginning Balance:** \$110,425.12  
**Ending Balance:** \$14,932.02

Date	Description	Amount Subtracted	Amount Added	Balance
04/16	Transfer From Checking 04/14 05:21p #4127 ONLINE Reference # 003374		4,500.00	114,925.12
05/02	Transfer to Checking 05/01 10:33p #4127 ONLINE Reference # 001416	100,000.00		14,925.12
05/08	Interest for 30 days, Annual Percentage Yield Earned 0.10%		6.90	14,932.02
<b>Total Subtracted/Added</b>		<b>100,000.00</b>	<b>4,506.90</b>	

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Global Executive Banking  
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[illegible]





## CONSENT FORM – DISCLOSURE OF INFORMATION

### Applicant

Name: Baris Sarer

Date of Birth: 10/20/75 Social Security #: 135-15-0549

Home Address: 262 1st Street #4

City: Hoboken State: NJ Zip: 07030

### Co-Applicant

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### If Applicable

#### Guarantor/Other Adult

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby give consent for an investigative consumer report to be done on me for tenancy purposes. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, state repository, former employer, corporation, credit agency, educational institution, city, state, federal court, military institution, information service bureau, employer or insurance company contacted by AKAM Associates or Tenant Alert to furnish any and all information required. I do understand the investigation will include information from law enforcement agencies, state agencies and public records information, such as credit, social security, criminal, motor vehicle and workers' compensation in accordance with the American with Disabilities Act. This report will include information as to my character work habits, performance and experience, along with the reasons for termination of past employment from previous employers. This releases the aforesaid parties from any liability and responsibility for collecting the above information at any time.

According to the Fair Credit Reporting Act (Law 91-508) SS 606:

A person may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumers that an investigative consumer report including information as to his character, general reputation, personal characteristics and mode of living and employment history, whichever are applicable, may be made. I also understand that if I am denied tenancy because of the consumer investigation, it is my right to have the name of the agency or agencies disclosed to me within the time allowed. This authorization, in original or copy form, shall be valid for this and any further reports or updates that may be requested.

Applicant's Signature:  Date: 7/5/18

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guarantor/Other Adult's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CURRENT UNIT OWNER'S PERSONAL INFORMATION**

Unit #: 9H

Unit Owner's Name: Claude Simon

Unit Owner's Forwarding Address:

534 w42nd Street, PH8

NY, NY 10036

Unit Owner's Business Address:

534 W42nd St, PH8

NY, NY 10036

Unit Owner's Daytime Phone Number:

Unit Owner's Evening Telephone Number:

Unit Owner's Cell Phone Number:

9124410062

Unit Owner's Email Address:

claudio@vrtxinc.com



**APPLICANT'S RELEASE**

Re: 10 Park Ave Tenant's Corp

Unit #: 9H

The undersigned applicant(s) is (are) submitting an application to purchase/lease the above referenced unit.

Applicant has submitted payment for certain fees including but not limited to fees to check applicants' credit and to process this application.

Applicant acknowledges that the application to purchase/lease the apartment may or may not be approved by the Board of Directors of the Cooperative Corporation owning the building in its sole discretion and that if the application is not approved, no reason for the disapproval needs to be given. Whether the application is approved or not approved, certain costs and expenses will be incurred and the fees described above will not be refunded to the applicant(s).

  
\_\_\_\_\_  
Applicant's Signature

Date: 7/5/18

\_\_\_\_\_  
Co-Applicant's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Guarantor's Signature (if applicable)

Date: \_\_\_\_\_





Deloitte Consulting LLP

Deloitte - 4022 Sells Drive, Hermitage, TN 37076  
(1-800-DELOITTE)

<b>Name</b> Baris Sarer	<b>Personnel Number</b> 00329049	<b>Period Begin</b> 06/17/2018	<b>Period End</b> 06/30/2018
<b>Date Paid</b> 06/29/2018	<b>Rate/Salary</b> 9,230.77	<b>Cost Center</b> 110047055	<b>Company FEIN</b> 06-1454513

Total Earnings	Pre-Tax Ded	Tax Deduction	After-Tax Ded	Net Pay			
9,252.83	416.25	2,728.92	91.98	6,015.68			
	Hours	Rate	Current	Year-to-Date		Current	Year-to-Date
GROSS EARNING(S):				PRE-TAX DEDUCTION(S):			
06/30 Regular Salary			\$9,230.77	\$120,000.01	401(k) Contribution		\$18,500.00
Well-Being Subsidy				241.21	06/30 Flex Spending (Health)	38.46	499.98
Misc Gift/Award				193.32	06/30 Flex Spending (Dependent)	33.79	610.75
Recognition Award				394.61	06/30 Open Access Aetna Select	324.00	4,212.00
06/30 Imp Inc Core Life			8.77	114.01	06/30 Metlife Preferred Disability	20.00	260.00
06/30 Imp Inc Core LTD			13.29	172.77			
				TAXABLE EARNINGS (FED):		\$8,836.58	\$97,033.20
TOTAL GROSS				\$9,252.83	\$121,115.93		
				TAX DEDUCTION(S):			
				FED TX Withholding Tax		1,574.45	16,799.53
				FED TX EE Social Security		547.87	7,163.06
				FED TX EE Medicare Tax		128.13	1,675.23
				NJ TX Withholding Tax		478.47	5,003.06
				NJ TX EE Unemployment Tax			128.90
				NJ TX EE Workforce Development			14.32
				NJ TX EE Family Leave Insurance			30.33
				OTHER DEDUCTION(S):			
				Well-Being Subsidy			241.21
				Misc Gift/Award			121.46
				Award Received			250.00
				06/30 Imp Inc Core Life		8.77	114.01
				06/30 Imp Inc Core LTD		13.29	172.77
				06/30 Long Term Disability		33.59	436.67
				06/30 Optional Life		36.33	472.29
				NET PAY		\$6,015.68	\$64,410.36

<b>Payment Type</b>	<b>Bank Location</b>	<b>Bank Number</b>	<b>Amount</b>
Direct Deposit	021000089	XXXXXX6992	\$ 6015.68



Deloitte Consulting LLP

Deloitte - 4022 Sells Drive, Hermitage, TN 37076  
(1-800-DELOITTE)

<b>Name</b> Baris Sarer	<b>Personnel Number</b> 00329049	<b>Period Begin</b> 06/03/2018	<b>Period End</b> 06/16/2018
<b>Date Paid</b> 06/15/2018	<b>Rate/Salary</b> 9,230.77	<b>Cost Center</b> 110047055	<b>Company FEIN</b> 06-1454513

Total Earnings	Pre-Tax Ded	Tax Deduction	After-Tax Ded	Net Pay			
9,300.45	430.54	2,741.84	139.60	5,988.47			
Hours	Rate	Current	Year-to-Date	Current	Year-to-Date		
GROSS EARNING(S):			PRE-TAX DEDUCTION(S):				
06/16 Regular Salary		\$9,230.77	\$110,769.24	401(k) Contribution	\$18,500.00		
06/16 Well-Being Subsidy		47.62	241.21	06/16 Flex Spending (Healt	38.46	461.52	
Misc Gift/Award			193.32	06/16 Flex Spending (Dep C	48.08	576.96	
Recognition Award			394.61	06/16 Open Access Aetna Se	324.00	3,888.00	
06/16 Imp Inc Core Life		8.77	105.24	06/16 Metlife Preferred De	20.00	240.00	
06/16 Imp Inc Core LTD		13.29	159.48				
			TAXABLE EARNINGS (FED):			\$8,869.91	\$88,196.62
TOTAL GROSS			\$9,300.45	\$111,863.10			
			TAX DEDUCTION(S):				
			FED TX Withholding Tax			1,581.50	15,225.08
			FED TX EE Social Securit			549.93	6,615.19
			FED TX EE Medicare Tax			128.61	1,547.10
			NJ TX Withholding Tax			481.80	4,524.59
			NJ TX EE Unemployment T				128.90
			NJ TX EE Workforce Devl				14.32
			NJ TX EE Family Leave I				30.33
			OTHER DEDUCTION(S):				
			06/16 Well-Being Subsidy			47.62	241.21
			Misc Gift/Award				121.46
			Award Received				250.00
			06/16 Imp Inc Core Life			8.77	105.24
			06/16 Imp Inc Core LTD			13.29	159.48
			06/16 Long Term Disability			33.59	403.08
			06/16 Optional Life			36.33	435.96
			NET PAY			\$5,988.47	\$58,394.68

<b>Payment Type</b>	<b>Bank Location</b>	<b>Bank Number</b>	<b>Amount</b>
Direct Deposit	021000089	XXXXXX6992	\$ 5988.47



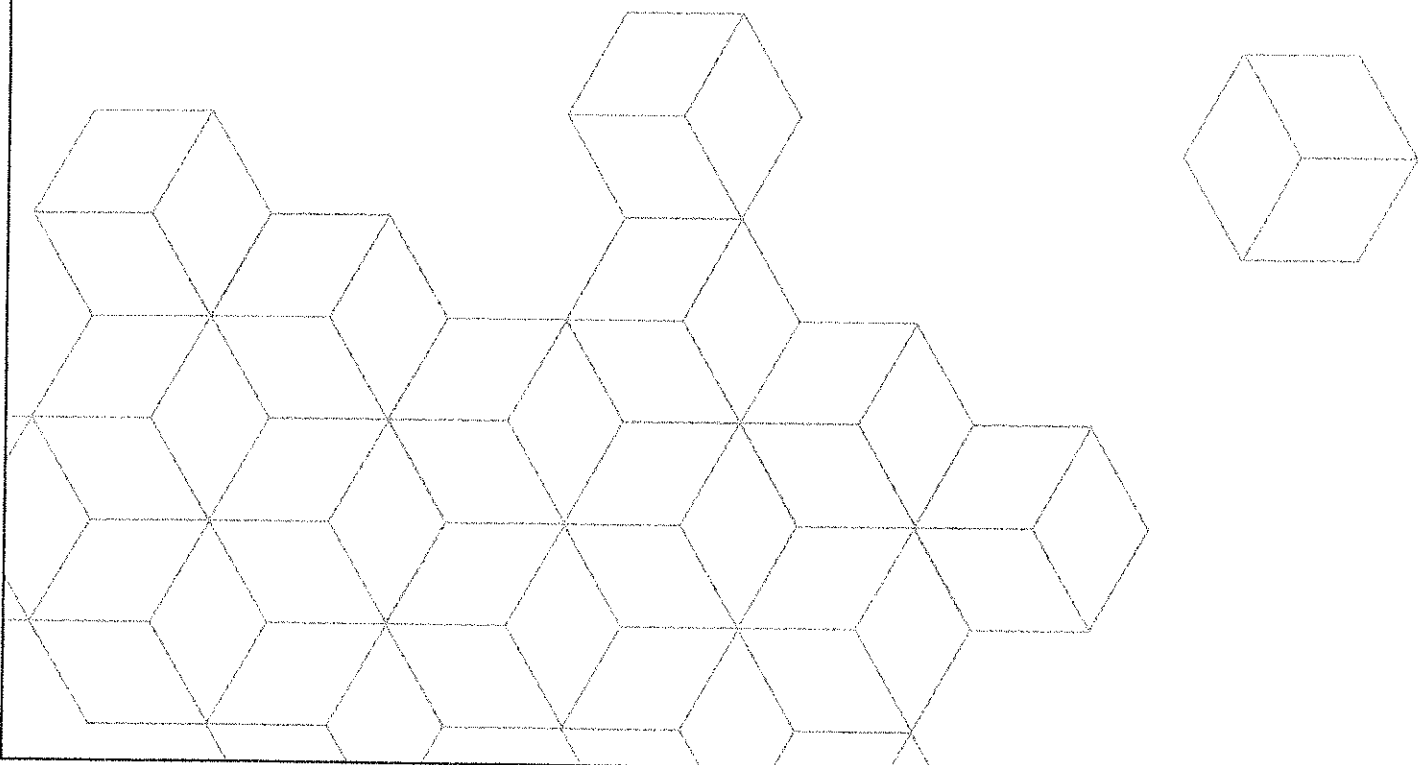


# YOUR 365 TAX PLAN

A personalized  
tax return strategy  
based on your goals.

## CONTENTS:

A Review of Your 2017 Taxes  
Two-Year Comparison 2017 vs. 2016  
Tax Tips for 2018  
Your Personal Tax Plan for 2018



## YOUR TAX ADVISOR TODAY:

Mahendra Agrawal  
201-418-8884  
308 Washington St  
Hoboken, NJ, 07030

## I'M HERE YEAR-ROUND:

Call 201-418-8884  
Visit [blockAdvisors.com/myblock](http://blockAdvisors.com/myblock)  
Download the MyBlock App.

## HOW WE MINIMIZED WHAT YOU OWE:

By deducting your home interest, I helped reduce your taxes by an estimated:	\$4,222.35
By itemizing your charitable contributions, I helped reduce your taxes by an estimated:	\$198.00
I helped you claim the Dependent Care Credit, reducing your taxes by:	\$3.00
In addition to the savings identified above, I helped you save:	\$11,880.00
<b>In total, we reduced your tax liability by:</b>	<b>\$16,303.35</b>

Because I helped you get all the deductions and credits you are entitled to, you paid 25% of your total income in taxes. This is your Effective Tax Rate for 2017.

## YOUR TAX PREPARATION AND RELATED FEES:

Tax Preparation:	\$786.50
<b>Total:</b>	<b>\$786.50</b>

## WHAT YOU CAN EXPECT:

New Jersey State Refund:	\$1,181.00
Federal Balance Due :	\$17,368.00
New York State Balance Due:	\$2,012.00
See below for balance due instructions	

## WHAT YOU NEED TO KNOW:

To check the status of your return, visit [blockadvisors.com/myreturnstatus](http://blockadvisors.com/myreturnstatus) or call 866-761-1040. You'll need your Social Security number and date of birth.

**Refund:** Federal and State refund timing varies. Delivery of your Federal refund may be delayed if the IRS selects your return for further review. The Department of Treasury Offset Program may offset your tax refund to pay delinquent federal student loans, child support or other debt. Call the Treasury Offset Program Call Center at 800-304-3107 if you have questions.

**Balance Due:** If you have a Federal balance due and did not make arrangements today to pay the full amount, go to DirectPay at [IRS.gov](http://IRS.gov) or mail-in a check to pay the remaining balance by April 17. If you pay by credit/debit card, payment processor will assess a convenience fee. No part of this service fee goes to Block Advisors. If you selected an installment plan, visit [IRS.gov](http://IRS.gov) to apply for an online payment agreement. If you have a State balance due and did not make arrangements today to pay the full amount, you can pay the remaining balance by credit/debit card or check. Follow state instructions to avoid additional penalties/fees.

**Extension:** If you filed an extension, the original return must be filed by October 15. Any balance due must be paid by April 17 to avoid penalties/interest.

**We're Open All Year! Call 201-418-8884 or visit [blockadvisors.com](http://blockadvisors.com) to schedule an appointment.**

This Block Advisors document provides information that could help you improve your tax and financial situation, but your actual tax situation may change materially depending on future changes to the law and changes in your personal and financial circumstances. If your circumstances do change, we suggest that you consult the appropriate professional.

## FEDERAL TAX RETURN SUMMARY 2017

Income	Year 2017	Year 2016	Change(\$)
Wages, salaries, tips, etc.:	\$404,104	\$344,753	\$59,351
Interest income:	\$174	\$184	(\$10)
Ordinary dividend income:	\$10,317	\$9,034	\$1,283
Refunds of state and local taxes:	\$0	\$366	(\$366)
Business income or (loss) (Schedule C):	\$0	(\$57)	\$57
Capital gain or (loss) (Schedule D):	\$6,537	\$1,929	\$4,608
Other gains or (losses) (Form 4797):	\$0	\$0	\$0
IRA distributions and pension income:	\$0	\$0	\$0
Rental real estate, partnerships, estates, etc. (Schedule E):	\$0	(\$703)	\$703
Farm income or (loss) (Schedule F):	\$0	\$0	\$0
Unemployment compensation:	\$0	\$0	\$0
Taxable social security income:	\$0	\$0	\$0
Other income:	\$0	\$0	\$0
Total income:	\$421,132	\$355,506	\$65,626
<b>Adjustments</b>			
Student loan interest deduction:	\$0	\$0	\$0
Domestic production activities deduction:	\$0	\$0	\$0
IRA contributions:	\$0	\$0	\$0
Deductible part of self-employment tax:	\$0	\$0	\$0
Self-employed health insurance:	\$0	\$0	\$0
Self-employed SEP, SIMPLE, and qualified plans:	\$0	\$0	\$0
Other adjustments:	\$0	\$0	\$0
Total Adjustments:	\$0	\$0	\$0
<b>Adjusted Gross Income (AGI)</b>			
This is your total income less total adjustments:	\$421,132	\$355,506	\$65,626
<b>Deductions</b>			
Itemized Deductions:	\$44,558	\$40,486	\$4,072
Medical and dental expenses:	\$0	\$0	\$0
Taxes paid:	\$34,383	\$28,133	\$0
Interest paid:	\$12,795	\$13,179	\$0
Gifts to charity:	\$600	\$500	\$0
Casualty and theft losses:	\$0	\$0	\$0
Job expenses and most miscellaneous deductions:	\$0	\$0	\$0
Other miscellaneous deductions:	\$0	\$0	\$0
Exemptions:	\$1,701	\$7,776	(\$6,075)
<b>Tax Computation</b>			
Taxable Income:	\$374,873	\$307,244	\$67,629
Income Tax:	\$96,108	\$74,970	\$21,138
Alternative minimum tax:	\$5,886	\$4,848	\$1,038
Tax Before Credits:	\$96,108	\$74,970	\$21,138
<b>Other Taxes</b>			
Self-employment tax:	\$0	\$0	\$0
Other Taxes:	\$2,317	\$1,551	\$766
Total Taxes:	\$104,308	\$81,274	\$23,034

## Credits

**We're Open All Year! Call 201-418-8884 or visit [blockadvisors.com](http://blockadvisors.com) to schedule an appointment.**

This Block Advisors document provides information that could help you improve your tax and financial situation, but your actual tax situation may change materially depending on future changes to the law and changes in your personal and financial circumstances. If your circumstances do change, we suggest that you review the changes with your tax professional.



Child Care Credit:	\$3	\$95	(\$92)
Other Credits:	\$0	\$0	\$0
Total Credits:	\$3	\$95	(\$92)

#### Payments

Federal income tax withheld:	\$87,004	\$70,895	\$16,109
Earned Income Credit:	\$0	\$0	\$0
Other Payments:	\$0	\$0	\$0
Total Payments:	\$87,004	\$70,895	\$16,109

#### Balance Due

Amount Due:	\$17,368	\$10,439	\$6,929
Penalty:	\$64	\$60	\$4
Overpayment:	\$0	\$0	\$0
Refund Due:	\$0	\$0	\$0

#### Other Computations

Marginal tax bracket:	33%
Effective tax bracket:	23%
Filing Status:	MFJ

# Baris and Buket!

Here are your personalized tax tips to consider:

## Maximize your HSA contribution to decrease your taxable income

If your employer's contribution, when added to your own, is less than the maximum allowed, you may benefit by making an additional HSA contribution to reach the maximum. You may also check with your employer to see if an additional contribution can be withheld pre-tax. You can deduct contributions to an HSA even if you do not itemize deductions. If you have employer-sponsored health coverage, your premium payments can be paid using pre-tax dollars. You may contribute to an HSA up until your tax return is due (April 17, 2018) and still claim the deduction on your 2017 return.

## Save for college with a 529 plan

Anyone can contribute to a 529 plan for your child, including grandparents or family friends. Contributions grow and remain tax-free when used to pay for qualified educational expenses such as room and board, books and supplies. Although there is no annual limit to what you can contribute, giving more than \$15,000 to a single person has gift tax reporting implications.

## Track your monthly expenses

The first step to saving is to track where your money goes each month. Separate your expenses into fixed, or flexible categories. Fixed expenses are those like rent or a car payment. Flexible expenses are things like clothing, entertainment or meals out. Reducing your flexible expenses by even \$5 a day — for example by bringing your lunch to work — adds up to almost \$2,000 a year.

# TAX CUTS AND JOBS ACT IMPACT ESTIMATOR

BARIS AND BUKET SARER  
135-15-0549

Keep for Your Records

	Estimated 2018	Current 2017	Difference
Filing status .....	MFJ	MFJ	
Number of exemptions claimed .....	NOT APPLICABLE	3	
<b>INCOME:</b>			
Wages, salaries, tips, etc. ....	404,104	404,104	
Interest income .....	174	174	
Ordinary dividend income .....	10,317	10,317	
Refunds of state and local taxes .....			
Alimony received from divorces finalized before 1/1/2019 .....			
Business income or (loss) (Schedule C) .....			
Capital gain or (loss) (Schedule D) .....	6,537	6,537	
Other gains or (losses) (Form 4797) .....			
IRA distributions and pension income .....			
Rental real estate, partnerships, estates, etc. (Schedule E) .....			
Farm income or (loss) (Schedule F) .....			
Unemployment compensation .....			
Taxable social security income .....			
Other income .....			
<b>Total income</b> .....	421,132	421,132	
<b>ADJUSTMENTS:</b>			
Educator expenses .....			
Certain business expenses of reservists, performing artist, and fee-basis government officials .....			
Health savings account deduction (Form 8889) .....			
Moving expenses .....	NOT APPLICABLE		
Deductible part of self-employment tax(Schedule SE) .....			
Self-employed SEP, SIMPLE and qualified plans deduction .....			
Self-employed health insurance .....			
Penalty on early withdrawal of savings .....			
Alimony paid on divorces finalized before 1/1/2019 .....			
IRA deduction .....			
Student loan interest deduction .....			
Domestic production activities deduction (Form 8903) .....	NOT APPLICABLE		
Other adjustments .....			
<b>Total adjustments</b> .....			
<b>ADJUSTED GROSS INCOME:</b> .....	421,132	421,132	
<b>DEDUCTIONS:</b>			
Standard deduction .....	24,000	12,700	11,300
Itemized deductions:			
Medical and dental expenses .....			
Taxes paid .....	10,000	34,383	-24,383
Interest paid .....	12,795	12,795	
Gifts to charity .....	600	600	
Casualty and theft losses .....			
Job expenses and most miscellaneous deductions .....	NOT APPLICABLE		
Other miscellaneous deductions .....			
<b>Total itemized deductions</b> .....	23,395	47,778	-24,383
<b>Deduction actually claimed</b> .....	24,000	44,558	-20,558
<b>Exemptions</b> .....	NOT APPLICABLE	1,701	-1,701

# TAX CUTS AND JOBS ACT IMPACT ESTIMATOR

BARIS AND BUKET SARER  
135-15-0549

Keep for Your Records

	Estimated 2018	Current 2017	Difference
<b>TAX COMPUTATION (BEFORE CREDITS):</b>			
Taxable income .....	397,132	374,873	22,259
Tax .....	90,461	96,108	-5,647
Alternative minimum tax .....		5,886	-5,886
Excess advance premium tax credit repayment .....			
Tax rate .....	32%	33%	
<b>CREDITS:</b>			
Foreign tax credit .....			
Child care credit .....	3	3	
Education credit .....			
Retirement Savings contribution credit .....			
Child tax credit .....	900		900
Family tax credit .....		NOT APPLICABLE	
Other credits .....			
<b>Total credits</b> .....	903	3	900
<b>OTHER TAXES:</b>			
Self-employment tax .....			
Additional tax on IRA's .....			
Health Care (Individual Responsibility)(repealed after 2018) .....			
Other taxes .....	2,317	2,317	
<b>Total other taxes</b> .....	2,317	2,317	
<b>PAYMENTS:</b>			
Federal income tax withheld .....	87,004	87,004	
Estimated payments .....			
Earned income credit .....			
Additional child tax credit .....			
American Opportunity Credit .....			
ACA Premium Tax Credit .....			
Other payments .....			
<b>Total payments</b> .....	87,004	87,004	
<b>AMOUNT DUE / REFUND:</b>			
Amount overpaid .....			
Overpayment applied to next year .....			
<b>Refund</b> .....			
<b>Amount due</b> .....	4,871	17,368	-12,497

Note: All information for the 2018 estimates was taken from the 2017 tax return information. It is likely that actual amounts for 2018 will change. These amounts and calculations are for estimating purposes only and should not be assumed to be your final refund or liability for 2018 taxes. State implications have not been considered in these calculations. Be sure to schedule a tax appointment to have your 2018 tax return prepared using the actual 2018 tax forms issued by the Internal Revenue Service and your actual 2018 source documents.

## ADDITIONAL DISCLOSURES:

# THE TAX CUTS AND JOBS ACT MADE SEVERAL CHANGES TO DEPRECIATION FOR 2018 SUCH AS HIGHER LIMITS ON SECTION 179 EXPENSE, SPECIAL DEPRECIATION ALLOWANCE OF 100% ON MANY CATEGORIES OF ASSETS INCLUDING ASSETS THAT WERE PURCHASED USED, AND INCREASED AUTOMOBILE DEPRECIATION LIMITS.

# THE MORTGAGE INTEREST DEDUCTION FOR ANY QUALIFIED RESIDENCE ACQUIRED AFTER DECEMBER 15, 2017, IS LIMITED TO INTEREST ON THE FIRST \$750,000 (\$375,000 FOR MFS) OF THE MORTGAGE. LOANS FINANCED BEFORE THAT DATE ARE STILL SUBJECT TO THE \$1,000,000 (\$500,000) LIMIT FROM PRIOR LAW. FOR TAX YEARS AFTER 2017 HOME EQUITY DEBT WILL NO LONGER BE DEDUCTIBLE AS QUALIFIED RESIDENCE INTEREST.



## TAX CUTS AND JOBS ACT IMPACT ESTIMATOR

BARIS AND BUKET SARER  
135-15-0549

Keep for Your Records

### ADDITIONAL DISCLOSURES:

# MISCELLANEOUS ITEMIZED DEDUCTIONS ARE NOT ALLOWED UNDER THE TAX CUTS AND JOBS ACT. THIS INCLUDES ITEMS SUCH AS UNREIMBURSED EMPLOYEE EXPENSES, TAX PREPARATION FEES, AND INVESTMENT EXPENSES.  
# THE OVERALL LIMITATION ON ITEMIZED DEDUCTIONS WILL NOT BE LIMITED FOR TAX YEARS AFTER 2017 BASED ON THE ADJUSTED GROSS INCOME.  
# THE 2018 ESTIMATED TAX ON THIS WORKSHEET IS CALCULATED ONLY ON THE TAX RATE SCHEDULE. THE TAX FOR 2018 WILL LIKELY BE DIFFERENT BASED ON ACTUAL 2018 CAPITAL GAINS, QUALIFIED DIVIDENDS, OR OTHER FACTORS.  
# THE 2018 ALTERNATIVE MINIMUM TAX HAS BEEN CALCULATED BASED ON THE 2017 ALTERNATIVE MINIMUM TAXABLE INCOME AND THE 2018 EXEMPTIONS AND THRESHOLDS.

HRB TAX GROUP INC  
308 WASHINGTON ST  
HOBOKEN NJ 07030  
2014188884

02-03-2018

BARIS SARER  
BUKET SARER

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INSTRUCTIONS FOR FILING 2017 FEDERAL FORM 1040

- .Your return has a balance due of \$17,368.00. (Penalty Incl)
- .You have elected to file your Federal return ELECTRONICALLY.
- .Both you and your spouse must sign FORM 8879.
- .You have elected EFW from your bank account on 02-04-2018.
- .DO NOT MAIL A PAPER COPY OF YOUR RETURN TO THE IRS.

---

INSTRUCTIONS FOR FILING 2017 NEW YORK IT-203

- .Your return has a balance due of \$2,012.00.
- .Your underpayment penalty is included.
- .You have elected to file your State return ELECTRONICALLY.
- .You have elected EFW from your bank account on 02/04/2018.
- .DO NOT MAIL A PAPER COPY OF YOUR STATE RETURN.

---

INSTRUCTIONS FOR FILING 2017 NEW JERSEY FORM NJ-1040

- .You will receive a refund of \$1,181.00.
- .You have elected to file your State return ELECTRONICALLY.
- .No signature is required.
- .DO NOT MAIL A PAPER COPY OF YOUR STATE RETURN.

For the year Jan. 1--Dec. 31, 2017, or other tax year beginning

, 2017, ending

, 20

See separate instructions.

BARIS SARER  
BUKET SARER  
262 1ST STREET APT 4  
HOBOKEN NJ 07030

Your social security number  
135-15-0549

Spouse's social security no.  
138-15-3598

▲ Make sure the SSN(s) above  
and on line 6c are correct.

**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 ☐ Single2 ☒ 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) (see instructions)**Exemptions**If more than four  
dependents, see  
inst. & check here ▶6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☒ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's  
social security number(3) Dependent's  
relationship to  
you(4) ☒ if child under  
age 17 quali-  
fying for child tax  
credit (see inst.)Boxes checked  
on 6a and 6bNo. of children  
on 6c who:

• lived with you

• did not live  
with you due  
to divorce  
or separation  
(see instructions)Dependents on 6c  
not entered aboveAdd numbers on  
lines above ▶

LORIN

SARER

154-19-0606

SON

1

0

0

0

0

0

0

3

d Total number of exemptions claimed

**Income**

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

8a Taxable interest. Attach Schedule B if required

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

8b

2,936

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

9b

9,116

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

11 Alimony received

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

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

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15a

b Taxable amount

16a Pensions and annuities

16a

b Taxable amount

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

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a

b Taxable amount

21 Other income. List type and amount

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

23 Educator expenses

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

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

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

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction

33 Student loan interest deduction

34 Reserved for future use

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

Attach Form(s)  
W-2 here. Also  
attach Forms  
W-2G and  
1099-R if tax  
was withheld.

If you did not  
get a W-2,  
see instructions.

**Adjusted  
Gross  
Income**

**Tax and Credits****Standard Deduction for--**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:  
Single or Married filing separately, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

38	Amount from line 37 (adjusted gross income)	38	421,132
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	44,558
41	Subtract line 40 from line 38	41	376,574
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	1,701
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	374,873
44	Tax (see inst.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	96,108
45	Alternative minimum tax (see instructions). Attach Form 6251	45	5,886
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	101,994
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child & dependent care expenses. Attach Form 2441	49	3
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 credit. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	3
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	101,991

**Other Taxes**

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	2,317
63	Add lines 56 through 62. This is your total tax	63	104,308

**Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	87,004
65	2017 estimated tax payments & amt. applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8865 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	87,004

**Refund**

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
b	Routing no. <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account no. <input type="text"/>		
77	Amt. of line 75 you want applied to your 2018 estimated tax	77	

**Amount You Owe**

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	17,368
79	Estimated tax penalty (see instructions)	79	64

**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  HRB TAX GROUP INC Phone no.  201-418-8884 Personal identification number (PIN)  37997

**Sign Here**

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and 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	Daytime phone number
<input type="text"/>	<input type="text"/>	CONSULTANT	
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.)
<input type="text"/>	<input type="text"/>	SALES MANAGER	<input type="text"/>

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
MAHENDRA AGRAWAL	<input type="text"/>	02-03-2018	<input type="checkbox"/>	P00204888
Firm's name	Firm's EIN			
HRB TAX GROUP INC	431871840			
Firm's address	Phone no.			
308 WASHINGTON ST	(201) 418-8884			
HOBOKEN NJ 07030				

**SCHEDULE A  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**▶ Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

▶ Attach to Form 1040.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

**2017**Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

BARIS AND BUKET SARER

Your social security no.

135-15-0549

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

- 1 Medical and dental expenses (see instructions) ..... **1**
- 2 Enter amount from Form 1040, line 38 ..... **2** 421,132
- 3 Multiply line 2 by 7.5% (0.075) ..... **3** 31,585
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- ..... **4** 0

**Taxes You  
Paid**

5 State and local (check only one box):

a ☒ Income taxes, orb ☐ General sales taxes

- 5 ..... **5** 26,918
- 6 Real estate taxes (see instructions) ..... **6** 7,465
- 7 Personal property taxes ..... **7**
- 8 Other taxes. List type and amount ▶ ..... **8**
- 9 Add lines 5 through 8 ..... **9** 34,383

**Interest  
You Paid**

- 10 Home mortgage interest and points reported to you on Form 1098 ..... **10** 12,795
- 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** 0

**Note:**

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

- 12 Points not reported to you on Form 1098. See instructions for special rules ..... **12**
- 13 Reserved for future use ..... **13**
- 14 Investment interest. Attach Form 4952 if required. See instructions ..... **14**
- 15 Add lines 10 through 14 ..... **15** 12,795

**Gifts to  
Charity**

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

- 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions ..... **16** 100
- 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** 500
- 18 Carryover from prior year ..... **18**
- 19 Add lines 16 through 18 ..... **19** 600

**Casualty and  
Theft Losses**

- 20 Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions ..... **20** 0

**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** 811
- 23 Other expenses--investment, safe deposit box, etc. List type and amount ▶ ..... **23**
- 24 Add lines 21 through 23 ..... **24** 811
- 25 Enter amount from Form 1040, line 38 ..... **25** 421,132
- 26 Multiply line 25 by 2% (0.02) ..... **26** 8,423
- 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- ..... **27** 0

**Other****Miscellaneous  
Deductions**

- 28 Other -- from list in instructions. List type and amount ▶ ..... **28**

**Total****Itemized  
Deductions**

- 29 Is Form 1040, line 38, over \$156,900?
- ☐ 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. .... **29** 44,558
- ☒ 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 ..... ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2017

**SCHEDULE B**  
**(Form 1040A or 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Interest and Ordinary Dividends**

▶ Attach to Form 1040A or 1040.

▶ Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **08**

Name(s) shown on return

BARIS AND BUKET SARER

Your social security no.

135-15-0549

**Part I**

**Interest**

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

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

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

US SERVICE CENTER

FIRST ARKANSAS BANK N TRUST

**Amount**

170

4

1

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

2

174

3

4

174

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

**Amount**

**Part II**

**Ordinary Dividends**

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

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

- 5 List name of payer ▶
- VANGUARD

10,317

5

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

6

10,317

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

**Part III**

**Foreign Accounts and Trusts**

(See instructions.)

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

Yes

No

- 7a At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

X

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

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

- 8 During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

X

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

**Schedule B (Form 1040A or 1040) 2017**

#1

**SCHEDULE E  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Supplemental Income and Loss**

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

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

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2017**Attachment  
Sequence No. **13**

Name(s) shown on return

BARIS AND BUKET SARER

Your social security number  
135-15-0549**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C or C-EZ** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes ☐ No ☒

**B** If "Yes," did you or will you file required Forms 1099? Yes ☐ No ☐

**1a** Physical address of each property (street, city, state, ZIP code)

**A** 909 WILLOW AVENUE UNIT 2 HOBOKEN NJ 07030

**B**

**C**

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	1			<b>A</b> 31		
<b>B</b>				<b>B</b>		
<b>C</b>				<b>C</b>		

**Type of Property:**

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

Income:	Properties:	A	B	C
<b>3</b> Rents received	<b>3</b>	2,400		
<b>4</b> Royalties received	<b>4</b>			

**Expenses:**

<b>5</b> Advertising	<b>5</b>			
<b>6</b> Auto and travel (see instructions)	<b>6</b>			
<b>7</b> Cleaning and maintenance	<b>7</b>			
<b>8</b> Commissions	<b>8</b>			
<b>9</b> Insurance	<b>9</b>			
<b>10</b> Legal and other professional fees	<b>10</b>			
<b>11</b> Management fees	<b>11</b>			
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>	1,659		
<b>13</b> Other interest	<b>13</b>			
<b>14</b> Repairs	<b>14</b>			
<b>15</b> Supplies	<b>15</b>			
<b>16</b> Taxes	<b>16</b>	750		
<b>17</b> Utilities	<b>17</b>			
<b>18</b> Depreciation expense or depletion	<b>18</b>	2,501		
<b>19</b> Other (list) ▶ CONDO FEE	<b>19</b>	530		
<b>20</b> Total expenses. Add lines 5 through 19	<b>20</b>	5,440		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b>	<b>21</b>	-3,040		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	<b>22</b>	( )	( )	( )

<b>23a</b> Total of all amounts reported on line 3 for all rental properties	<b>23a</b>	2,400
<b>b</b> Total of all amounts reported on line 4 for all royalty properties	<b>23b</b>	
<b>c</b> Total of all amounts reported on line 12 for all properties	<b>23c</b>	1,659
<b>d</b> Total of all amounts reported on line 18 for all properties	<b>23d</b>	2,501
<b>e</b> Total of all amounts reported on line 20 for all properties	<b>23e</b>	5,440

<b>24</b> Income. Add positive amounts shown on line 21. Do not include any losses	<b>24</b>	
<b>25</b> Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b>	( )
<b>26</b> Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	<b>26</b>	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2017

## Child and Dependent Care Expenses

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.  
▶ Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.

1040  
1040A  
1040NR

2441

OMB No. 1545-0074

2017

Attachment  
Sequence No. 21Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

BARIS AND BUKET SARER

Your social security number

135-15-0549

**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)
STEVENS COOPERATIVE	301 GARDEN ST HOBOKEN NJ 07030	22-2209099	1,200

Did you receive  
dependent care benefits?

No

Complete only Part II below.

Yes

Complete Part III on page 2 next.

**Caution:** If the care was provided in your home, you may owe employment taxes. If you do, you can't 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 Expenses2 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 2017 for the person listed in column (a)
First	Last		
LORIN	SARER	154-19-0606	15

3 Add the amounts in column (c) of line 2. **Don't** 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.

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

If line 7 is:

Over	But not over	Decimal amount is
\$0 - 15,000		.35
15,000 - 17,000		.34
17,000 - 19,000		.33
19,000 - 21,000		.32
21,000 - 23,000		.31
23,000 - 25,000		.30
25,000 - 27,000		.29
27,000 - 29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000 - 31,000		.27
31,000 - 33,000		.26
33,000 - 35,000		.25
35,000 - 37,000		.24
37,000 - 39,000		.23
39,000 - 41,000		.22
41,000 - 43,000		.21
43,000 - No limit		.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions.

10 Tax liability limit. Enter the amount from the Credit

Limit Worksheet in the instructions.

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.

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

Form 2441 (2017)

FDA 17 24411 BWF 1040 Form Software Copyright 1996 - 2018 HRB Tax Group, Inc

\*LINE 2 (C) LIMITED BY LINE 30



**Part III Dependent Care Benefits**

12	Enter the total amount of <b>dependent care benefits</b> you received in 2017. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Don't</b> 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	1,185
13	Enter the amount, if any, you carried over from 2016 and used in 2017 during the grace period. See instructions	13	
14	Enter the amount, if any, you forfeited or carried forward to 2018. See instructions	14	( )
15	Combine lines 12 through 14. See instructions	15	1,185
16	Enter the total amount of <b>qualified expenses</b> incurred in 2017 for the care of the <b>qualifying person(s)</b>	16	1,200
17	Enter the <b>smaller</b> of line 15 or 16	17	1,185
18	Enter your <b>earned income</b> . See instructions	18	272,033
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>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).</li> <li>If married filing separately, see instructions.</li> <li>All others, enter the amount from line 18.</li> </ul>	19	132,071
20	Enter the <b>smallest</b> of line 17, 18, or 19	20	1,185
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"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here	22	0
23	Subtract line 22 from line 15	23	1,185
24	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	
25	<b>Excluded benefits. Form 1040 and 1040NR filers:</b> 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-. <b>Form 1040A filers:</b> Enter the <b>smaller</b> of line 20 or line 21	25	1,185
26	<b>Taxable benefits. Form 1040 and 1040NR filers:</b> 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." <b>Form 1040A filers:</b> 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	<b>Form 1040 and 1040NR filers:</b> Add lines 24 and 25. <b>Form 1040A filers:</b> Enter the amount from line 25	28	1,185
29	Subtract line 28 from line 27. If zero or less, <b>stop</b> . You can't take the credit. <b>Exception.</b> If you paid 2016 expenses in 2017, see the instructions for line 9	29	1,815
30	Complete line 2 on page one of this form. <b>Don't</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	15
31	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on page one of this form and complete lines 4 through 11	31	15

Department of the Treasury  
Internal Revenue Service (99)▶ Go to [www.irs.gov/Form6251](http://www.irs.gov/Form6251) for instructions and the latest information.  
▶ Attach to Form 1040 or Form 1040NR.**2017**  
Attachment  
Sequence No. **32**

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

BARIS AND BUKET SARER

Your social security number

135-15-0549

**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	376,574
2	Reserved for future use	2	
3	Taxes from Schedule A (Form 1040), line 9	3	34,383
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 \$156,900 or less, enter -0-. Otherwise, see instructions	6	( 3,220 )
7	Tax refund from Form 1040, line 10 or line 21	7	( )
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	
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	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450, see instructions.)	28	407,737

**Part II Alternative Minimum Tax (AMT)**

29	Exemption. (If you were under age 24 at the end of 2017, see instructions.)		
	IF your filing status is... AND line 28 is not over... THEN enter on line 29...		
	Single or head of household \$120,700 \$54,300		
	Married filing jointly or qualifying widow(er) 180,900 84,500		
	Married filing separately 80,450 42,250		
	If line 28 is over the amount shown above for your filing status, see instructions.	29	22,791
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	384,946
31	<ul style="list-style-type: none"> <li>• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>• 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.</li> <li>• <b>All others:</b> If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result.</li> </ul>	31	101,994
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	101,994
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	96,108
35	<b>AMT.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	5,886

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

Form 6251 (2017)

**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	384,946
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	15,653
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 <b>smaller</b> 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	15,653
40	Enter the <b>smaller</b> of line 36 or line 39	40	15,653
41	Subtract line 40 from line 36	41	369,293
42	If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	42	99,646
43	Enter: <ul style="list-style-type: none"> <li>• \$75,900 if married filing jointly or qualifying widow(er),</li> <li>• \$37,950 if single or married filing separately, or</li> <li>• \$50,800 if head of household.</li> </ul>	43	75,900
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	359,220
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	0
46	Enter the <b>smaller</b> of line 36 or line 37	46	15,653
47	Enter the <b>smaller</b> of line 45 or line 46. This amount is taxed at 0%	47	
48	Subtract line 47 from line 46	48	15,653
49	Enter: <ul style="list-style-type: none"> <li>• \$418,400 if single</li> <li>• \$235,350 if married filing separately</li> <li>• \$470,700 if married filing jointly or qualifying widow(er)</li> <li>• \$444,550 if head of household</li> </ul>	49	470,700
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	359,220
52	Add line 50 and line 51	52	359,220
53	Subtract line 52 from line 49. If zero or less, enter -0-	53	111,480
54	Enter the <b>smaller</b> of line 48 or line 53	54	15,653
55	Multiply line 54 by 15% (0.15)	55	2,348
56	Add lines 47 and 54	56	15,653
	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	0
58	Multiply line 57 by 20% (0.20)	58	0
	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	0
60	Subtract line 59 from line 36	60	0
61	Multiply line 60 by 25% (0.25)	61	
62	Add lines 42, 55, 58, and 61	62	101,994
63	If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	63	104,029
64	Enter the <b>smaller</b> 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	101,994

**Additional Medicare Tax**

OMB No. 1545-0074

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.  
 ► Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

**2017**Attachment  
Sequence No. **71**

Name(s) shown on return

BARIS AND BUKET SARER

Your social security number  
135-15-0549**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	440,104	
2 Unreported tips from Form 4137, line 6	2		
3 Wages from Form 8919, line 6	3		
4 Add lines 1 through 3	4	440,104	
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	250,000	
6 Subtract line 5 from line 4. If zero or less, enter -0-	6		190,104
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		1,711

**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	250,000	
10 Enter the amount from line 4	10	440,104	
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	250,000	
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		1,711
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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	7,191	
20 Enter the amount from line 1	20	440,104	
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	6,382	
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		809
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		809

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

Form **8959** (2017)

Net Investment Income Tax --  
Individuals, Estates, and Trusts

OMB No. 1545-2227

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

2017

Attachment  
Sequence No. 72

Name(s) shown on your tax return

BARIS AND BUKET SARER

Your social security number or EIN

135-15-0549

**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	174
2	Ordinary dividends (see instructions) . . . . .	2	10,317
3	Annuities (see instructions) . . . . .	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) . . . . .	4a	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) . . . . .	4b	
c	Combine lines 4a and 4b . . . . .	4c	
5a	Net gain or loss from disposition of property (see instructions) . . . . .	5a	6,537
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 . . . . .	5d	6,537
6	Adjustments to investment income for certain CFCs and PFICs (see instructions) . . . . .	6	
7	Other modifications to investment income (see instructions) . . . . .	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 . . . . .	8	17,028

**Part II Investment Expenses Allocable to Investment Income and Modifications**

9a	Investment interest expenses (see instructions) . . . . .	9a	
b	State, local, and foreign income tax (see instructions) . . . . .	9b	1,088
c	Miscellaneous investment expenses (see instructions) . . . . .	9c	
d	Add lines 9a, 9b, and 9c . . . . .	9d	1,088
10	Additional modifications (see instructions) . . . . .	10	
11	Total deductions and modifications. Add lines 9d and 10 . . . . .	11	1,088

**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	15,940
<b>Individuals:</b>			
13	Modified adjusted gross income (see instructions) . . . . .	13	421,132
14	Threshold based on filing status (see instructions) . . . . .	14	250,000
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	171,132
16	Enter the smaller of line 12 or line 15 . . . . .	16	15,940
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	606
<b>Estates and Trusts:</b>			
18a	Net investment income (line 12 above) . . . . .	18a	
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	
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 . . . . .	20	
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	

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

Form 8960 (2017)

**Credit for Prior Year Minimum Tax ---  
Individuals, Estates, and Trusts**▶ Go to [www.irs.gov/Form8801](http://www.irs.gov/Form8801) for instructions and the latest information.

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

OMB No. 1545-1073

**2017**Attachment  
Sequence No. **74**

Name(s) shown on return

BARIS AND BUKET SARER

Identifying number

135-15-0549

**Part I Net Minimum Tax on Exclusion Items**

1	Combine lines 1, 6, and 10 of your 2016 Form 6251. Estates and trusts, see instructions	1	313,694
2	Enter adjustments and preferences treated as exclusion items (see instructions)	2	27,767
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 \$247,450 and you were married filing separately for 2016, see instructions	4	341,461
5	Enter: \$83,800 if married filing jointly or qualifying widow(er) for 2016; \$53,900 if single or head of household for 2016; or \$41,900 if married filing separately for 2016. Estates and trusts, enter \$23,900	5	83,800
6	Enter: \$159,700 if married filing jointly or qualifying widow(er) for 2016; \$119,700 if single or head of household for 2016; or \$79,850 if married filing separately for 2016. Estates and trusts, enter \$79,850	6	159,700
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	181,761
8	Multiply line 7 by 25% (0.25)	8	45,440
9	Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2016, see instructions	9	38,360
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	303,101
11	<ul style="list-style-type: none"> <li>• If for 2016 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>• If for 2016 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.</li> <li>• All others: If line 10 is \$186,300 or less (\$93,150 or less if married filing separately for 2016), multiply line 10 by 26% (0.26). Otherwise, multiply line 10 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately for 2016) from the result. Form 1040NR filers, see instructions.</li> </ul>	11	79,818
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	79,818
14	Enter the amount from your 2016 Form 6251, line 34, or 2016 Form 1041, Schedule I, line 55	14	74,970
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	4,848

For Paperwork Reduction Act Notice, see instructions.

Form **8801** (2017)

**Part II Minimum Tax Credit and Carryforward to 2018**

16	Enter the amount from your 2016 Form 6251, line 35, or 2016 Form 1041, Schedule I, line 56 .....	16	4,848
17	Enter the amount from line 15 .....	17	4,848
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount .....	18	
19	<b>2016 credit carryforward.</b> Enter the amount from your 2016 Form 8801, line 26 .....	19	3,212
20	Enter your 2016 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	3,212
22	Enter your 2017 regular income tax liability minus allowable credits (see instructions) .....	22	96,105
23	Enter the amount from your 2017 Form 6251, line 33, or 2017 Form 1041, Schedule I, line 54 .....	23	101,994
24	Subtract line 23 from line 22. If zero or less, enter -0- .....	24	0
25	<b>Minimum tax credit.</b> Enter the <b>smaller</b> of line 21 or line 24. Also enter this amount on your 2017 Form 1040, line 54 (check box <b>b</b> ); Form 1040NR, line 51 (check box <b>b</b> ); or Form 1041, Schedule G, line 2c. ....	25	0
26	<b>Credit carryforward to 2018.</b> Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years .....	26	3,212

**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 2016 Qualified Dividends and Capital Gain Tax Worksheet, the 2016 Schedule D Tax Worksheet, or Part V of the 2016 Schedule D (Form 1041), see the instructions before completing this part.\*

<b>27</b> Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2016, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions	<b>27</b>	303,101
<b>Caution:</b> If for 2016 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 28, 29, and 30.		
<b>28</b> Enter the amount from line 6 of your 2016 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2016 Schedule D Tax Worksheet, or the amount from line 26 of the 2016 Schedule D (Form 1041), whichever applies*	<b>28</b>	10,182
<b>If you figured your 2016 tax using the 2016 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.</b>		
<b>29</b> Enter the amount from line 19 of your 2016 Schedule D (Form 1040), or line 18b, column (2), of the 2016 Schedule D (Form 1041)	<b>29</b>	
<b>30</b> Add lines 28 and 29, and enter the <b>smaller</b> of that result or the amount from line 10 of your 2016 Schedule D Tax Worksheet	<b>30</b>	10,182
<b>31</b> Enter the <b>smaller</b> of line 27 or line 30	<b>31</b>	10,182
<b>32</b> Subtract line 31 from line 27	<b>32</b>	292,919
<b>33</b> If line 32 is \$186,300 or less (\$93,150 or less if married filing separately for 2016), multiply line 32 by 26% (0.26). Otherwise, multiply line 32 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately for 2016) from the result. Form 1040NR filers, see instructions	<b>33</b>	78,291
<b>34</b> Enter:		
<ul style="list-style-type: none"> <li>• \$75,300 if married filing jointly or qualifying widow(er) for 2016,</li> <li>• \$37,650 if single or married filing separately for 2016,</li> <li>• \$50,400 if head of household for 2016, or</li> <li>• \$2,550 for an estate or trust.</li> </ul> Form 1040NR filers, see instructions.	<b>34</b>	75,300
<b>35</b> Enter the amount from line 7 of your 2016 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2016 Schedule D Tax Worksheet, or the amount from line 27 of the 2016 Schedule D (Form 1041), whichever applies. If you didn't complete either worksheet or Part V of the 2016 Schedule D (Form 1041), enter the amount from your 2016 Form 1040, line 43, or 2016 Form 1041, line 22, whichever applies; if zero or less, enter -0-. Form 1040NR filers, see instructions	<b>35</b>	297,062
<b>36</b> Subtract line 35 from line 34. If zero or less, enter -0-	<b>36</b>	
<b>37</b> Enter the <b>smaller</b> of line 27 or line 28	<b>37</b>	10,182
<b>38</b> Enter the <b>smaller</b> of line 36 or line 37	<b>38</b>	
<b>39</b> Subtract line 38 from line 37	<b>39</b>	10,182
<b>40</b> Enter:		
<ul style="list-style-type: none"> <li>• \$415,050 if single for 2016,</li> <li>• \$233,475 if married filing separately for 2016,</li> <li>• \$466,950 if married filing jointly or qualifying widow(er) for 2016,</li> <li>• \$441,000 if head of household for 2016, or</li> <li>• \$12,400 for an estate or trust.</li> </ul> Form 1040NR filers, see instructions.	<b>40</b>	466,950
<b>41</b> Enter the amount from line 36	<b>41</b>	
<b>42</b> Form 1040 filers, enter the amount from line 7 of your 2016 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 19 of your 2016 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 2016 Schedule D (Form 1041) or line 18 of your 2016 Schedule D Tax Worksheet, whichever applies. If you didn't complete either the worksheet or Part V of the 2016 Schedule D (Form 1041), enter the amount from your 2016 Form 1041, line 22; if zero or less, enter -0-. Form 1040NR filers, see instructions	<b>42</b>	297,062

\* The 2016 Qualified Dividends and Capital Gain Tax Worksheet is in the 2016 Instructions for Form 1040. The 2016 Schedule D Tax Worksheet is in the 2016 Instructions for Schedule D (Form 1040) (or the 2016 Instructions for Schedule D (Form 1041)).



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

43	Add lines 41 and 42 .....	43	297,062
44	Subtract line 43 from line 40. If zero or less, enter -0- .....	44	169,888
45	Enter the <b>smaller</b> of line 39 or line 44 .....	45	10,182
46	Multiply line 45 by 15% (0.15) .....	46	1,527
47	Add lines 38 and 45 .....	47	10,182
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	79,818
54	If line 27 is \$186,300 or less (\$93,150 or less if married filing separately for 2016), multiply line 27 by 26% (0.26). Otherwise, multiply line 27 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately for 2016) from the result. Form 1040NR filers, see instructions .....	54	81,142
55	Enter the <b>smaller</b> of line 53 or line 54 here and on line 11. If you filed Form 2555 or 2555-EZ for 2016, 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	79,818

**Passive Activity Loss Limitations**

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.**2017**Attachment  
Sequence No. **88**

Name(s) shown on return

BARIS AND BUKET SARER

Identifying number

135-15-0549

**Part I 2017 Passive Activity Loss****Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see**Special Allowance for Rental Real Estate Activities** in the instructions.)

<b>1a</b> Activities with net income (enter the amount from Worksheet 1, column (a))	<b>1a</b>		
<b>b</b> Activities with net loss (enter the amount from Worksheet 1, column (b))	<b>1b</b>	( 3,040 )	
<b>c</b> Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	<b>1c</b>	( )	
<b>d</b> Combine lines 1a, 1b, and 1c	<b>1d</b>		-3,040

**Commercial Revitalization Deductions From Rental Real Estate Activities**

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

**All Other Passive Activities**

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

<b>4</b> Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	<b>4</b>		-3,040
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------	--	--------

If line 4 is a loss and:

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

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

<b>5</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4	<b>5</b>	3,040
<b>6</b> Enter \$150,000. If married filing separately, see instructions	<b>6</b>	150,000
<b>7</b> Enter modified adjusted gross income, but not less than zero (see instructions).	<b>7</b>	421,132
<b>Note:</b> If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.		
<b>8</b> Subtract line 7 from line 6	<b>8</b>	
<b>9</b> Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	<b>9</b>	
<b>10</b> Enter the <b>smaller</b> of line 5 or line 9	<b>10</b>	0

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

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

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

**Part IV Total Losses Allowed**

<b>15</b> Add the income, if any, on lines 1a and 3a and enter the total	<b>15</b>	
<b>16</b> Total losses allowed from all passive activities for 2017. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	<b>16</b>	0

For Paperwork Reduction Act Notice, see instructions.

135-15-0549

**Keep a copy of the worksheets for your records.**

**Total.** Enter on Form 8582, lines 1a, 1b,  
and 1c

135-15-0549

Keep a copy of the worksheets for your records.

Use Worksheet 4 to allocate the special allowance on line 10 or line 14 of Form 8582 among your rental real estate activities.

**Column (d):** Subtract column (c) from column (a) and enter the results in column (d). Also enter the amounts from column (d) of Worksheet 4 in column (a) of Worksheet 5.

135-15-0549

Keep a copy of the worksheets for your records.

Multiply each ratio in column (b) by the amount on line C above, and enter the result in column (c).

BARIS AND BUKET SARER  
135-15-0549

## Instructions for Worksheet 6

**Column (b):** For each activity entered in Worksheet 6, enter the amount from column (c) of Worksheet 5 for the activity. These are your unallowed losses for 2017. Keep a record of these amounts so the losses can be used to figure your passive activity loss (PAL) next year.

**Column (c):** Subtract column (b) from column (a). These are your allowed losses for 2017. Report the amounts in this column on the forms and schedules normally used.

[illegible]

**Depreciation and Amortization**  
(Including Information on Listed Property)▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.**2017**Attachment  
Sequence No. **179**

Name(s) shown on return

BARIS AND BUKET SARER

Business or activity to which this form relates

FOR SCHEDULE E #1

Identifying number

135-15-0549

**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	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

**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 2017	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		

**Section B -- Assets Placed in Service During 2017 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (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	10-2017	330,000	27.5 yrs.	MM	S/L	2,501
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

**Section C -- Assets Placed in Service During 2017 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	2,501
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	

For Paperwork Reduction Act Notice, see separate instructions.

## IRS e-file Signature Authorization

- Return completed Form 8879 to your ERO. (Do not send to IRS.)  
► Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

CLIENT COPY  
2017Submission Identification Number (SID) 

Taxpayer's name BARIS SARER	Social security number 135-15-0549
Spouse's name BUKET SARER	Spouse's social security number 138-15-3598

**Part I Tax Return Information -- Tax Year Ending December 31, 2017** (Whole dollars only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) .....	1	421,132
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) .....	2	104,308
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a) .....	3	87,004
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) .....	4	
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75) .....	5	17,368

**Part II Taxpayer Declaration and Signature Authorization** (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

- ☒ I authorize HRB TAX GROUP INC to enter or generate my PIN 10549  
ERO firm name  
as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► Signature and Date on File Date ► \_\_\_\_\_**Spouse's PIN: check one box only**

- ☒ I authorize HRB TAX GROUP INC to enter or generate my PIN 13598  
ERO firm name  
as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► Signature and Date on File Date ► \_\_\_\_\_**Practitioner PIN Method Returns Only -- continue below****Part III Certification and Authentication -- Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

22375607899

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► \_\_\_\_\_ Date ► 02-03-2018**ERO Must Retain This Form -- See Instructions****Don't Submit This Form to the IRS Unless Requested To Do So**

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

Form 8879 (2017)



## 2017 SCHEDULE A - ITEMIZED DEDUCTIONS ATTACHMENT

BARIS AND BUKET SARER  
135-15-0549

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GIFTS OTHER THAN CASH OR CHECK	
SALVATION ARMY	500
TOTAL TO SCHEDULE A LINE 17	500

CLIENT COPY

## 2017 SCHEDULE A - STATE AND LOCAL TAX ATTACHMENT

BARIS AND BUKET SARER  
135-15-0549

---

NY STATE 2016 BALANCE DUE PAID IN 2017	503
NJ STATE 2016 BALANCE DUE PAID IN 2017	855
NJ WDHC/DINS/FLI FROM DELIOTTE CONSULTING	34
NJ WDHC/DINS/FLI FROM DELIOTTE CONSULTING	142
NJ STATE W2 W/H FROM DELIOTTE CONSULTING	11,033
NY STATE W2 W/H FROM DELIOTTE CONSULTING	5,768
NY STATE W2 W/H FROM EREWARDS SERVICES INC	8,583
TOTAL TO SCHEDULE A LINE 5	26,918

CLIENT COPY



## Advance Notice<sup>SM</sup> Terms of Service

Thank you for selecting Advance Notice<sup>SM</sup>. We appreciate the opportunity to serve you! The Advance Notice<sup>SM</sup> service ("Advance Notice Service") is offered and fulfilled by HRB Tax Group, Inc. ("Block Advisors") and is available only to Block Advisors clients. To receive the Advance Notice Service, you must take the steps outlined below to activate the Advance Notice Service before April 30, 2018.

### 1. Advance Notice Service

- 1.1. Activating the Advance Notice Service. The Advance Notice Service is only available to the primary taxpayer ("you" or "your"). You must activate the Advance Notice Service by performing the steps below before April 30, 2018. The Advance Notice Service is activated after:
  - a) you sign these terms of service;
  - b) you complete, sign and date an IRS Form 8821 ("8821 Form");
  - c) we receive payment for your tax preparation; and
  - d) the IRS accepts the signed 8821 Form.
- 1.2. What the 8821 Form Does. The 8821 Form authorizes Block Advisors to receive a copy of most notices the IRS may send you for the years designated on the form. We will designate your 2017 federal tax return on the 8821 Form. The IRS does not provide copies of every IRS notice, so we may not receive a copy of every notice the IRS sends to you.
- 1.3. What we will do. After the Advance Notice Service is activated, and upon our receipt of an IRS notice for you, we will provide preliminary guidance on the IRS notice by sending an email communication to the email address you provide. The Advance Notice Service will remain in effect for three years from April 15, 2018. After three years, we may withdraw the 8821 Form. If the 8821 Form is withdrawn, we will no longer receive a copy of any notices the IRS may send to you for your 2017 federal tax return. If the 8821 Form remains in place after April 15, 2021 for whatever reason, we may elect in our sole discretion to discontinue your Advance Notice Service.
- 1.4. Notices Sent During IRS Issue Resolution. If we are helping you resolve an issue with the IRS, the tax professional you are working with to resolve your IRS issue may receive the notices from the IRS related to your 2017 tax return. The Advance Notice Service may be provided through the normal email process described above or the Advance Notice Service may be provided by the tax professional you are working with to resolve your IRS issue.
- 1.5. Limitations. You understand that the following limitations apply to the Advance Notice Service:
  - a) The Advance Notice Service cannot be transferred by you to others;
  - b) We are only required to provide guidance for notices we actually receive from the IRS – we cannot ensure that the IRS will accept your 8821 Form or that the IRS will actually send copies of notices to Block Advisors;
  - c) Due to IRS system limitations, we may not receive certain types of notices, and there may be a delay between the IRS accepting your 8821 Form and Block Advisors receiving copies of any notices;
  - d) The 8821 Form will only be directed to your 2017 federal tax return, which means we are only authorized to receive notices relative to your 2017 federal tax return; and
  - e) We cannot control the mail.

### 2. What You Must Do

- 2.1. Sign the 8821 Form. You must complete and sign the 8821 Form. After we receive your completed and signed 8821 Form, we will file it with the IRS.
- 2.2. Provide us with Information. You must provide us any information we request in order to provide you with one of more of the benefits associated with the Advance Notice Service. This information may

include your name, address, telephone number, email address, Social Security Number and other personal information. If you do not provide the required information, we will not be able to activate the Advance Notice Service or the features of the Advance Notice Service may be limited or reduced.

- 2.3. Not revoke the 8821 Form. You must not intentionally or unintentionally revoke the 8821 Form. If your 8821 Form is revoked for any reason, the Advance Notice Service will terminate.
- 2.4. Keep information current. You must provide us with any updates to your contact information or other personal information in a timely manner. Failure to notify us of changes to your contact information may limit or reduce the Advance Notice Service.
- 2.5. Repair a rejected 8821 Form. If you receive a letter from the IRS informing you that your 8821 Form was rejected by the IRS, you must come in to an Block Advisors office to complete and sign a new 8821 Form. As stated in Section 1.1 above, the Advance Notice Service is not activated until the IRS accepts your 8821 Form, so you will not receive the Advance Notice Service until you repair a rejected 8821 Form by completing and signing a new 8821 Form.

### **3. DISCLAIMER OF WARRANTIES**

UNLESS OTHERWISE EXPLICITLY STATED, BLOCK ADVISORS MAKES NO EXPRESS, IMPLIED OR STATUTORY REPRESENTATIONS, WARRANTIES, OR GUARANTEES IN CONNECTION WITH THE ADVANCE NOTICE SERVICE, RELATING TO THE QUALITY, SUITABILITY, TRUTH, ACCURACY OR COMPLETENESS OF ANY INFORMATION OR MATERIAL CONTAINED OR PRESENTED IN OR THROUGH THE ADVANCE NOTICE SERVICE. UNLESS OTHERWISE EXPLICITLY STATED, TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW, THE ADVANCE NOTICE SERVICE, AND ANY INFORMATION OR MATERIAL CONTAINED OR PRESENTED THROUGH THE ADVANCE NOTICE SERVICE IS PROVIDED TO YOU ON AN "AS IS," "AS AVAILABLE" AND "WHERE-IS" BASIS WITH NO WARRANTY OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, OR NON-INFRINGEMENT OF THIRD-PARTY RIGHTS. WE DO NOT PROVIDE ANY WARRANTIES AGAINST VIRUSES, SPYWARE OR MALWARE THAT MAY BE INSTALLED ON YOUR COMPUTER.

### **4. LIMITATION OF LIABILITY**

IN NO EVENT WILL WE BE LIABLE FOR ANY SPECIAL, CONSEQUENTIAL, INCIDENTAL, INDIRECT OR PUNITIVE DAMAGES FOR ANY CAUSE OF ACTION, WHETHER IN CONTRACT, TORT (INCLUDING NEGLIGENCE), EVEN WE HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. CONSEQUENTIAL DAMAGES INCLUDE, BUT ARE NOT LIMITED TO, LOST PROFITS, LOST REVENUES AND LOST BUSINESS OPPORTUNITIES, WHETHER YOU WERE OR SHOULD HAVE BEEN AWARE OF THE POSSIBILITY OF THESE DAMAGES. IN NO EVENT WILL OUR TOTAL CUMULATIVE LIABILITY HEREUNDER EXCEED THE AMOUNTS PAID BY YOU FOR TAX PREPARATION.

### **5. PRODUCT CANCELLATION**

If you are dissatisfied or wish to cancel the Advance Notice Service, you may contact 1-800-HRBLOCK to cancel. You will not receive any refund for cancelling the Advance Notice Service. If you receive a refund of your tax preparation fees, that refund may cancel your Advance Notice Service.

### **6. ARBITRATION IF A DISPUTE ARISES BETWEEN YOU AND BLOCK ADVISORS**

If a dispute arises between you and Block Advisors, including any dispute that relates to the Advance Notice Service, the dispute must be settled by binding arbitration unless you opt-out of this arbitration

provision. The arbitration procedures, including the procedures for you to opt-out of arbitration, are set forth in the Client Service Agreement between you and Block Advisors, in the section titled "Arbitration if a Dispute Arises." The "Arbitration if a Dispute Arises" section is incorporated by reference.

**My signature below confirms that I understand and voluntarily agree to the terms, conditions and disclosures presented in the Advance Notice Terms of Service, INCLUDING THE REQUIREMENT THAT ANY DISPUTE BETWEEN ME AND BLOCK ADVISORS BE SETTLED THROUGH BINDING ARBITRATION.**

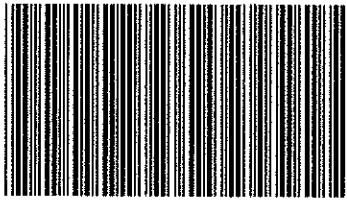
Primary Taxpayer's Name(s): \_\_\_\_\_

Primary Taxpayer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tax Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CLIENT COPY

NJ-1040  
2017  
Page 1



040MP01170

STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions  
For Tax Year Jan. - Dec. 2017 or Other Tax Year  
Beginning 01/01, 2017 Month Ending 12/31, 2017  
On-line Federal Extension Confirmation # \_\_\_\_\_

2029

BARIS AND BUKET SARER

262 1ST STREET APT 4

HOBOKEN

NJ 07030

0905

2029 12

135150549 138153598

P00204888 431871840

S05760740010752



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 the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> \_\_\_\_\_ > \_\_\_\_\_  
Your Signature Date Spouse/CU Partner's Signature (If filed jointly both must sign)

Fill in if NJ-1040-O is enclosed

If enclosing copy of death certificate for deceased taxpayer, check box (See instructions)

Paid Preparer's Signature

Federal Identification Number

P00204888

Firm's Name

Federal Employer Identification Number

HRB TAX GROUP INC

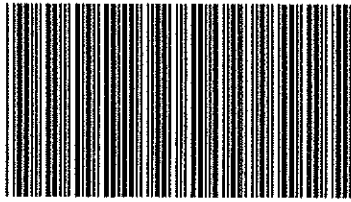
431871840

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY -- TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for **PO Box 111**.

If not, use the label for **PO Box 555**. You may also pay by e-check or credit card. See instructions.



NJ-1040 (2017)

PAGE 2

BARIS AND BUKET SARER

135150549

2029

040MP02170

**Residency Status** IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY  
FROM TO

**FILING STATUS**

1. SINGLE  
2. MARRIED/CU COUPLE FILING JOINT RETURN ☒  
3. MARRIED/CU COUPLE FILING SEPARATE RETURN  
4. HEAD OF HOUSEHOLD  
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

**EXEMPTIONS**

6. REGULAR 2  
7. AGE 65 OR OVER  
8. BLIND OR DISABLED  
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN 1  
10. NUMBER OF OTHER DEPENDENTS  
11. DEPENDENTS ATTENDING COLLEGE  
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 2  
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) 1  
12C. VETERAN EXEMPTION

**CHECKBOXES FOR EXEMPTIONS**

REGULAR	SPOUSE/CU PTNR. <input checked="" type="checkbox"/>	DOMESTIC PARTNER
AGE 65 OR OLDER	YOURSELF	SPOUSE/CU PTNR.
BLIND OR DISABLED	YOURSELF	SPOUSE/CU PTNR.
VETERAN EXEMPTION	YOURSELF	SPOUSE/CU PTNR.

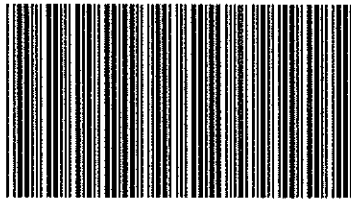
**DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)**

LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY NUMBER	BIRTH YEAR	HEALTH INS IND
A. SARER LORIN	154190606	2008	
B.			
C.			
D.			

**GUBERNATORIAL ELECTIONS FUND**

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND?	YES	NO	X
IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1?	YES	NO	X

14. WAGES, SALARIES, TIPS, & OTHER EMP. COMP. (ENCL W-2) BE SURE TO USE STATE WAGES FM BX. 16 OF YOUR W-2(S) (SEE INSTR.)	14.	415401
15A. TAXABLE INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE FEDERAL SCHEDULE B IF OVER \$1,500)	15A.	174
15B. TAX EXEMPT INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE SCHEDULE) DO NOT INCLUDE ON LINE 15A	15B.	
16. DIVIDENDS	16.	13253
17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART 1, LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C, FORM 1040)	17.	
18. NET GAINS FROM DISPOSITION OF PROPERTY (SCHEDULE B, LINE 4)	18.	6537
19A. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SEE INSTRUCTIONS)	19A.	
19B. EXCLUDABLE PENSIONS, ANNUITIES, AND IRA WITHDRAWALS	19B.	
20. DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. NJ-BUS-1, PART II, LN 4) (SEE INSTR.) (ENCLOSE SCH. NJ-K-1 OR FED SCH. K-1)	20.	
21. NET PRO RATA SHARE OF S CORP. INCOME (SCH. NJ-BUS-1, PART III, LINE 4) (SEE INSTR.) (ENCLOSE SCH. NJ-K-1 OR FED SCH. K-1)	21.	
22. NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS & COPYRIGHTS (SCHEDULE NJ-BUS-1, PART IV, LINE 4)	22.	
23. NET GAMBLING WINNINGS (SEE INSTRUCTIONS)	23.	
24. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED	24.	
25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTIONS)	25.	
26. TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 18, 19A, AND 20 THROUGH 25)	26.	435365
27A. PENSION EXCLUSION (SEE INSTRUCTIONS)	27A.	
27B. OTHER RETIREMENT INCOME EXCLUSIONS (SEE WORKSHEET AND INSTRUCTIONS)	27B.	
27C. TOTAL EXCLUSION AMOUNT (ADD LINE 27A AND LINE 27B)	27C.	
28. NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTRUCTIONS)	28.	435365
29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTIONS TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTIONS)	29.	3500
30. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTIONS)	30.	
31. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS	31.	
32. QUALIFIED CONSERVATION CONTRIBUTION	32.	
33. HEALTH ENTERPRISE ZONE DEDUCTION	33.	
34. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCHEDULE NJ-BUS-2, LINE 11)	34.	
35. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34)	35.	3500
36. TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY	36.	431865



040MP03170

NJ-1040 (2017)

PAGE 3

BARIS AND BUKET SARER

135150549

2029

37A. TOTAL PROPERTY TAXES PAID (SEE INSTRUCTIONS)	37A.	7465 .
37B. BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.	
37C. COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.	
38. PROPERTY TAX DEDUCTION (SEE INSTRUCTIONS)	38.	7465 .
39. NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	424400 .
40. TAX (FROM TAX TABLES, SEE INSTRUCTIONS)	40.	22992 .
41. CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	13140 .
41A. JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	32 .
42. BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	9852 .
43. SHELTERED WORKSHOP TAX CREDIT	43.	
44. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	9852 .
45. USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR.) IF NO USE TAX, ENTER ZERO	45.	0 .
46. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.	
46A. FILL IN IF FORM 2210 IS ENCLOSED	46A.	
47. TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	9852 .
48. TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	11033 .
49. PROPERTY TAX CREDIT (SEE INSTRUCTIONS)	49.	
50. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2016 TAX RETURN	50.	
51. NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTIONS)	51.	
51B. FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51B.	X .
51C. FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C.	
52. EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTIONS) (ENCLOSE FORM NJ-2450)	52.	
53. EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTIONS) (ENCLOSE FORM NJ-2450)	53.	
54. EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTIONS) (ENCLOSE FORM NJ-2450)	54.	
55. TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	11033 .
56. IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT	56.	
57. IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	1181 .
58. YOUR 2018 TAX	58.	
59. NEW JERSEY ENDANGERED WILDLIFE FUND	59.	
60. NEW JERSEY CHILDREN'S TRUST FUND	60.	
61. NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.	
62. NEW JERSEY BREAST CANCER RESEARCH FUND	62.	
63. U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.	
64. OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTIONS)	64.	
64C. DESIGNATION CODE	64C.	
65. TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.	
66. REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.	1181 .

## DIRECT DEPOSIT INFORMATION

dd1. REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1.	1
dd2. ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	C
dd3. FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	
dd4. ROUTING NUMBER	dd4.	021000089
dd5. ACCOUNT NUMBER	dd5.	24946992
dnm. DO NOT MAIL INDICATOR	dnm.	X
pa. POWER OF ATTORNEY INDICATOR	pa.	X
pdr. PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	



**SCHEDULES  
A & B**  
(Form NJ-1040)

**NEW JERSEY GROSS INCOME TAX**

**2017**

Name(s) as shown on Form NJ-1040 <b>BARIS AND BUKET SARER</b>				Your Social Security Number <b>135-15-0549</b>	
<b>Schedule A</b>		<b>CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION</b>		If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions.	
<b>A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS</b>					
1. Income properly taxed by <b>both</b> New Jersey and other jurisdiction during tax year. See instructions. (Indicate jurisdiction name <u>NEW YORK</u> ) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2) .....					
				1.	248,828
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040) .....					
				2.	435,365
3. Maximum Allowable Credit Percentage 1 <u>248,828</u> (Divide Line 2 into Line 1) 2 <u>435,365</u> .....					
				3.	57.15%
IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.					
4. Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040				<b>COLUMN A</b>	<b>COLUMN B</b>
				4.	431,865
5. Property Tax Enter in Box 5a the amount from Worksheet G, line 1. See instructions. and Deduction 5a. <u>7,465</u>  Property tax deduction. Enter the amount from Worksheet G, line 2. See instructions.				5.	7,465
				5.	- 0 -
6. New Jersey Taxable Income (Line 4 minus Line 5)				6.	424,400
				6.	431,865
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)				7.	22,992
				7.	23,467
8. Allowable Credit (Line 3 times Line 7)				8.	13,140
				8.	13,411
9. Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions. 9a. <u>16,360</u>  Credit allowed. (Enter lesser of Line 8 or Box 9a). <b>(The credit may not exceed your New Jersey tax on Line 40).</b>				9.	13,140
				9.	13,411
<ul style="list-style-type: none"> <li>• If you are not eligible for a Property Tax benefit, enter the amount from Line 9, Column B, on Line 41, Form NJ-1040. Make no entry on Lines 38 or 49, Form NJ-1040.</li> <li>• If you are eligible for a Property Tax benefit, you must complete Worksheet J on page 43 to determine whether you receive a greater benefit by claiming a Property Tax Deduction or taking the Property Tax Credit.</li> </ul>					
<b>Schedule B</b>		<b>NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY</b>		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.	
1. 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 adj. (see inst.) and expense of sale	f. Gain or (loss) (d less e)
2. Capital Gains Distributions .....					2.
					6,537
3. Other Net Gains .....					3.
4. Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)					4.
					6,537

NEW JERSEY GROSS INCOME TAX  
**BUSINESS INCOME SUMMARY SCHEDULE**

**2017**

Name(s) as shown on Form NJ-1040 BARIS AND BUKET SARER			Your Social Security Number 135-15-0549	
-----------------------------------------------------------	--	--	--------------------------------------------	--

<b>PART I NET PROFITS FROM BUSINESS</b>		List the net profit (loss) from business(es). See instructions.		
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)	
1.				
2.				
3.				
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 17. If loss, make no entry on Line 17.)		4.	

<b>PART II DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME</b>		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 20. If loss, make no entry on Line 20.)		4.	

<b>PART III NET PRO RATA SHARE OF S CORPORATION INCOME</b>		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.				
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 21. If loss, make no entry on Line 21.)		4.	

<b>PART IV NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS</b>		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.	909 WILLOW AVENUE UNIT 2 HO	135-15-0549	1	-3,040
2.				
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22. If loss, make no entry on Line 22.)		4.	-3,040

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

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

**2017**

Name(s) as shown on Form NJ-1040 BARIS AND BUKET SARER				Your Social Security Number 135-15-0549	
<b>PART I INCOME (LOSS)</b>		<b>Column A</b>		<b>Column B</b>	
		<b>Reportable Regular Business Income</b>		<b>Alternative Business Income/(Loss)</b>	
1.	Net Profits From Business	1a.		1b.	
2.	Distributive Share of Partnership Income	2a.		2b.	
3.	Net Pro Rata Share of S Corporation Income	3a.		3b.	
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.		4b.	-3,040
5.	Loss Carryforward From Tax Year 2016			5b.	(1,401)
6.	Totals	6a.		6b.	-4,441
<b>PART II ADJUSTMENT CALCULATION</b>					
7.	Total Regular Business Income	7.			
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.			
9.	Business Increment (Line 7 minus Line 8)	9.			
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.			
<b>PART III LOSS CARRYFORWARD TO TAX YEAR 2018</b>					
12.	Loss Carryforward to Tax Year 2018	12.	(4,441)		

**Instructions**

- Line 1a. Enter the amount from Line 17 of Form NJ-1040.
- Line 1b. Enter the amount from Part I, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from Line 20 of Form NJ-1040.
- Line 2b. Enter the amount from Part II, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from Line 21 of Form NJ-1040.
- Line 3b. Enter the amount from Part III, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from Line 22 of Form NJ-1040.
- Line 4b. Enter the amount from Part IV, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from Line 12 of your 2016 Schedule NJ-BUS-2 (Form NJ-1040).
- 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, enter zero on Line 11 and continue with Line 12.
- Line 10. The adjustment percentage for tax year 2017 is 50% (0.50).
- Line 11. Multiply the amount on Line 9 by 50% (0.50). Enter here and Line 34 of Form NJ-1040.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

2017 NEW JERSEY DEPRECIATION SCHEDULE

BARIS AND BUKET SARER  
135-15-0549

DESCRIPTION	DATE	METHOD - LIFE	COST	PRIOR 179	CURRENT 179	PR SPEC ALLOW	CURR SPEC ALLOW	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
SCHEDULE E #001												
909 WILLOW AVE	10-29-17	S/L-27.5	430000	0	0	0	0	330000	0	2501	2501	327499
1 ASSETS		TOTALS:	430000	0	0	0	0	330000	0	2501	2501	327499
1 ASSETS		GRAND TOTALS:	430000	0	0	0	0	330000	0	2501	2501	327499



Office of Processing and Taxpayer Services  
W A Harriman Campus, Albany NY 12227-0865

## New York State requires this income tax return to be filed electronically.

### Attention tax return preparer:

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

**Preparers who file paper returns are subject to penalties.**

**Avoid penalties and e-file this return.**

### Attention taxpayer:

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- **No charge for e-filing:** New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- **Faster tax refunds:** New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- **92% of New Yorkers** enjoy the benefits of e-filing.

### Questions?

Visit our website for more information about New York's e-file mandate.