

| Form   | 1040                                | Department of the Treasury—Internal Revenue Service (99)<br><b>U.S. Individual Income Tax Return</b> | 2012                                | OMB No. 1545-0074  | IRS Use Only—Do not write or staple in this space.  |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
|--|-------------------------------------|--|-------------------------------------|--|---|--|-------------------------------------|--|---|---|---|---|--------------------------|--|--|-------------------------------------|---|--|-------------------------------------|--|---|-------------------------------------|--|---|-----------|--|---|---|--|--|--------------|--------------------|--|-------------------------------------|--|------------------------------------|--------------|--------------------|---------------------------------------|-------------------------------------|--|---|-----|--|----------------------------|-----|--|--|----|------------------|---|----|---|---|----|--|------------------------------|-----|--|---|-----|--|---|----|-----------------|--|----|------------------|--|----|------------|--|----|--|--|----|--------------|-----------------------|----|------------|---|----|--|---------------------|----|--|---|----|--|--|----|------------------|--|----|--|-----------------------|-----|--|------------------|-----|--|----------------------------|-----|--|------------------|-----|--|--|----|-----------------|---|----|--|------------------------------|----|--|------------------------------|-----|--|------------------|-----|--|---|----|-----------------|--|----|------------------|---|--|--|--|--|--|----------------------|----|--|---|----|--|---|----|--|--------------------------------------|----|--|---|----|--|---|----|--|---|----|--|---|----|--|--------------------------------------|-----|--|------------------|----|--|------------------------------------|----|--|---------------------------------------|----|--|---|----|--|----------------------------|----|--|--|----|------------------|
| For the year Jan. 1–Dec. 31, 2012, or other tax year beginning   |                                     |  |                                     | , 2012, ending   | , 20  |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| Your first name and initial<br><b>CLAUDE A</b>   |                                     |  |                                     | Last name<br><b>SIMON</b>  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| Your social security number<br><b>106-50-1158</b>  |                                     |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| If a joint return, spouse's first name and initial   |                                     |  |                                     | Last name  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| Spouse's social security number<br><b>149-46-3469</b>  |                                     |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>71 TONJES RD PO BOX 291</b>  |                                     |  |                                     | Apt. no.   |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).<br><b>CALICOON NY 12723</b>  |                                     |  |                                     | Foreign country name<br>Foreign province/state/county<br>Foreign postal code   |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
|  |                                     |  |                                     | Presidential Election Campaign<br>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.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| <b>Filing Status</b> <table style="width:100%;"> <tr> <td style="width:5%;">1</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:45%;">Single</td> <td style="width:5%;">4</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:40%;">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. ▶</td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> <td>Married filing jointly (even if only one had income)</td> <td>5</td> <td><input type="checkbox"/></td> <td>Qualifying widow(er) with dependent child</td> </tr> <tr> <td>3</td> <td><input checked="" type="checkbox"/></td> <td>Married filing separately. Enter spouse's SSN above and full name here. ▶ <b>CAROLYN SIMON</b></td> <td colspan="3"></td> </tr> </table>   |                                     |  |                                     |  |   | 1  | <input type="checkbox"/>            | Single   | 4   | <input type="checkbox"/>  | Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ | 2   | <input type="checkbox"/> | Married filing jointly (even if only one had income) | 5  | <input type="checkbox"/>            | Qualifying widow(er) with dependent child | 3  | <input checked="" type="checkbox"/> | Married filing separately. Enter spouse's SSN above and full name here. ▶ <b>CAROLYN SIMON</b> |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 1  | <input type="checkbox"/>            | Single   | 4                                   | <input type="checkbox"/>   | Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 2  | <input type="checkbox"/>            | Married filing jointly (even if only one had income)   | 5                                   | <input type="checkbox"/>   | Qualifying widow(er) with dependent child   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 3  | <input checked="" type="checkbox"/> | Married filing separately. Enter spouse's SSN above and full name here. ▶ <b>CAROLYN SIMON</b>       |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| <b>Exemptions</b> <table style="width:100%;"> <tr> <td style="width:5%;">6a</td> <td style="width:5%;"><input checked="" type="checkbox"/></td> <td style="width:45%;">Yourself. If someone can claim you as a dependent, do not check box 6a</td> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:40%;">Boxes checked on 6a and 6b <b>1</b></td> </tr> <tr> <td>b</td> <td><input type="checkbox"/></td> <td>Spouse</td> <td colspan="3"></td> </tr> <tr> <td colspan="6"> <b>c Dependents:</b> <table style="width:100%;"> <thead> <tr> <th style="width:20%;">(1) First name</th> <th style="width:20%;">Last name</th> <th style="width:20%;">(2) Dependent's social security number</th> <th style="width:20%;">(3) Dependent's relationship to you</th> <th style="width:10%;">(4) <input checked="" type="checkbox"/> if child under age 17 qual. for child tax credit (see instr.)</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td><b>CHARLES A</b></td> <td><b>SIMON</b></td> <td><b>669-22-4825</b></td> <td><b>Son</b></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td><b>HENRY</b></td> <td><b>SIMON</b></td> <td><b>669-30-1405</b></td> <td><b>Son</b></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5"></td> <td></td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="5"></td> <td>           No. of children on 6c who:<br/>           • lived with you <b>2</b><br/>           • did not live with you due to divorce or separation (see instructions) _____<br/>           Dependents on 6c not entered above _____<br/>           Add numbers on lines above ▶ <b>3</b> </td> </tr> <tr> <td colspan="6"> <b>d Total number of exemptions claimed</b> </td> </tr> <tr> <td colspan="6"> <b>Income</b> <table style="width:100%;"> <tr> <td style="width:70%;">7 Wages, salaries, tips, etc. Attach Form(s) W-2</td> <td style="width:10%; text-align: center;">7</td> <td style="width:20%; text-align: right;"><b>37,658</b></td> </tr> <tr> <td>8a Taxable interest. Attach Schedule B if required</td> <td style="text-align: center;">8a</td> <td style="text-align: right;"><b>403</b></td> </tr> <tr> <td>b Tax-exempt interest. Do not include on line 8a</td> <td style="text-align: center;">8b</td> <td></td> </tr> <tr> <td>9a Ordinary dividends. Attach Schedule B if required</td> <td style="text-align: center;">9a</td> <td style="text-align: right;"><b>5,520</b></td> </tr> <tr> <td>b Qualified dividends</td> <td style="text-align: center;">9b</td> <td style="text-align: right;"><b>447</b></td> </tr> <tr> <td>10 Taxable refunds, credits, or offsets of state and local income taxes</td> <td style="text-align: center;">10</td> <td></td> </tr> <tr> <td>11 Alimony received</td> <td style="text-align: center;">11</td> <td></td> </tr> <tr> <td>12 Business income or (loss). Attach Schedule C or C-EZ</td> <td style="text-align: center;">12</td> <td></td> </tr> <tr> <td>13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/></td> <td style="text-align: center;">13</td> <td style="text-align: right;"><b>4,272,264</b></td> </tr> <tr> <td>14 Other gains or (losses). Attach Form 4797</td> <td style="text-align: center;">14</td> <td></td> </tr> <tr> <td>15a IRA distributions</td> <td style="text-align: center;">15a</td> <td></td> </tr> <tr> <td>b Taxable amount</td> <td style="text-align: center;">15b</td> <td></td> </tr> <tr> <td>16a Pensions and annuities</td> <td style="text-align: center;">16a</td> <td></td> </tr> <tr> <td>b Taxable amount</td> <td style="text-align: center;">16b</td> <td></td> </tr> <tr> <td>17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E</td> <td style="text-align: center;">17</td> <td style="text-align: right;"><b>-278,518</b></td> </tr> <tr> <td>18 Farm income or (loss). Attach Schedule F</td> <td style="text-align: center;">18</td> <td></td> </tr> <tr> <td>19 Unemployment compensation</td> <td style="text-align: center;">19</td> <td></td> </tr> <tr> <td>20a Social security benefits</td> <td style="text-align: center;">20a</td> <td></td> </tr> <tr> <td>b Taxable amount</td> <td style="text-align: center;">20b</td> <td></td> </tr> <tr> <td>21 Other income. List type and amount <b>Prior Year NOL</b></td> <td style="text-align: center;">21</td> <td style="text-align: right;"><b>-113,730</b></td> </tr> <tr> <td>22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶</td> <td style="text-align: center;">22</td> <td style="text-align: right;"><b>3,923,597</b></td> </tr> </table> </td> </tr> <tr> <td colspan="6"> <b>Adjusted Gross Income</b> <table style="width:100%;"> <tr> <td style="width:70%;">23 Educator expenses</td> <td style="width:10%; text-align: center;">23</td> <td style="width:20%;"></td> </tr> <tr> <td>24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ</td> <td style="text-align: center;">24</td> <td></td> </tr> <tr> <td>25 Health savings account deduction. Attach Form 8889</td> <td style="text-align: center;">25</td> <td></td> </tr> <tr> <td>26 Moving expenses. Attach Form 3903</td> <td style="text-align: center;">26</td> <td></td> </tr> <tr> <td>27 Deductible part of self-employment tax. 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|  |                                     |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
|  |                                     |  |                                     |  | No. of children on 6c who:<br>• lived with you <b>2</b><br>• did not live with you due to divorce or separation (see instructions) _____<br>Dependents on 6c not entered above _____<br>Add numbers on lines above ▶ <b>3</b> |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| <b>d Total number of exemptions claimed</b>  |                                     |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| <b>Income</b> <table style="width:100%;"> <tr> <td style="width:70%;">7 Wages, salaries, tips, etc. Attach Form(s) W-2</td> <td style="width:10%; text-align: center;">7</td> <td style="width:20%; text-align: right;"><b>37,658</b></td> </tr> <tr> <td>8a Taxable interest. Attach Schedule B if required</td> <td style="text-align: center;">8a</td> <td style="text-align: right;"><b>403</b></td> </tr> <tr> <td>b Tax-exempt interest. Do not include on line 8a</td> <td style="text-align: center;">8b</td> <td></td> </tr> <tr> <td>9a Ordinary dividends. Attach Schedule B if required</td> <td style="text-align: center;">9a</td> <td style="text-align: right;"><b>5,520</b></td> </tr> <tr> <td>b Qualified dividends</td> <td style="text-align: center;">9b</td> <td style="text-align: right;"><b>447</b></td> </tr> <tr> <td>10 Taxable refunds, credits, or offsets of state and local income taxes</td> <td style="text-align: center;">10</td> <td></td> </tr> <tr> <td>11 Alimony received</td> <td style="text-align: center;">11</td> <td></td> </tr> <tr> <td>12 Business income or (loss). Attach Schedule C or C-EZ</td> <td style="text-align: center;">12</td> <td></td> </tr> <tr> <td>13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/></td> <td style="text-align: center;">13</td> <td style="text-align: right;"><b>4,272,264</b></td> </tr> <tr> <td>14 Other gains or (losses). Attach Form 4797</td> <td style="text-align: center;">14</td> <td></td> </tr> <tr> <td>15a IRA distributions</td> <td style="text-align: center;">15a</td> <td></td> </tr> <tr> <td>b Taxable amount</td> <td style="text-align: center;">15b</td> <td></td> </tr> <tr> <td>16a Pensions and annuities</td> <td style="text-align: center;">16a</td> <td></td> </tr> <tr> <td>b Taxable amount</td> <td style="text-align: center;">16b</td> <td></td> </tr> <tr> <td>17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E</td> <td style="text-align: center;">17</td> <td style="text-align: right;"><b>-278,518</b></td> </tr> <tr> <td>18 Farm income or (loss). Attach Schedule F</td> <td style="text-align: center;">18</td> <td></td> </tr> <tr> <td>19 Unemployment compensation</td> <td style="text-align: center;">19</td> <td></td> </tr> <tr> <td>20a Social security benefits</td> <td style="text-align: center;">20a</td> <td></td> </tr> <tr> <td>b Taxable amount</td> <td style="text-align: center;">20b</td> <td></td> </tr> <tr> <td>21 Other income. List type and amount <b>Prior Year NOL</b></td> <td style="text-align: center;">21</td> <td style="text-align: right;"><b>-113,730</b></td> </tr> <tr> <td>22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶</td> <td style="text-align: center;">22</td> <td style="text-align: right;"><b>3,923,597</b></td> </tr> </table>  |                                     |  |                                     |  |   | 7 Wages, salaries, tips, etc. Attach Form(s) W-2 | 7                                   | <b>37,658</b>  | 8a Taxable interest. Attach Schedule B if required  | 8a  | <b>403</b>  | b Tax-exempt interest. Do not include on line 8a      | 8b                       |  | 9a Ordinary dividends. Attach Schedule B if required | 9a                                  | <b>5,520</b>                              | b Qualified dividends  | 9b                                  | <b>447</b>   | 10 Taxable refunds, credits, or offsets of state and local income taxes | 10                                  |  | 11 Alimony received                         | 11        |  | 12 Business income or (loss). Attach Schedule C or C-EZ | 12  |  | 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 13           | <b>4,272,264</b>   | 14 Other gains or (losses). Attach Form 4797 | 14                                  |  | 15a IRA distributions              | 15a          |                    | b Taxable amount                      | 15b                                 |  | 16a Pensions and annuities                                    | 16a |  | b Taxable amount           | 16b |  | 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | <b>-278,518</b>  | 18 Farm income or (loss). Attach Schedule F | 18 |   | 19 Unemployment compensation                | 19 |  | 20a Social security benefits | 20a |  | b Taxable amount  | 20b |  | 21 Other income. List type and amount <b>Prior Year NOL</b> | 21 | <b>-113,730</b> | 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ | 22 | <b>3,923,597</b> |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2   | 7                                   | <b>37,658</b>  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 8a Taxable interest. Attach Schedule B if required   | 8a                                  | <b>403</b>   |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| b Tax-exempt interest. Do not include on line 8a   | 8b                                  |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 9a Ordinary dividends. Attach Schedule B if required   | 9a                                  | <b>5,520</b>   |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| b Qualified dividends  | 9b                                  | <b>447</b>   |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 10 Taxable refunds, credits, or offsets of state and local income taxes  | 10                                  |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 11 Alimony received  | 11                                  |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 12 Business income or (loss). Attach Schedule C or C-EZ  | 12                                  |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>   | 13                                  | <b>4,272,264</b>   |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 14 Other gains or (losses). Attach Form 4797   | 14                                  |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 15a IRA distributions  | 15a                                 |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| b Taxable amount   | 15b                                 |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 16a Pensions and annuities   | 16a                                 |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| b Taxable amount   | 16b                                 |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E   | 17                                  | <b>-278,518</b>  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 18 Farm income or (loss). Attach Schedule F  | 18                                  |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 19 Unemployment compensation   | 19                                  |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 20a Social security benefits   | 20a                                 |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| b Taxable amount   | 20b                                 |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 21 Other income. List type and amount <b>Prior Year NOL</b>  | 21                                  | <b>-113,730</b>  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶   | 22                                  | <b>3,923,597</b>   |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| <b>Adjusted Gross Income</b> <table style="width:100%;"> <tr> <td style="width:70%;">23 Educator expenses</td> <td style="width:10%; text-align: center;">23</td> <td style="width:20%;"></td> </tr> <tr> <td>24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ</td> <td style="text-align: center;">24</td> <td></td> </tr> <tr> <td>25 Health savings account deduction. Attach Form 8889</td> <td style="text-align: center;">25</td> <td></td> </tr> <tr> <td>26 Moving expenses. Attach Form 3903</td> <td style="text-align: center;">26</td> <td></td> </tr> <tr> <td>27 Deductible part of self-employment tax. Attach Schedule SE</td> <td style="text-align: center;">27</td> <td></td> </tr> <tr> <td>28 Self-employed SEP, SIMPLE, and qualified plans</td> <td style="text-align: center;">28</td> <td></td> </tr> <tr> <td>29 Self-employed health insurance deduction</td> <td style="text-align: center;">29</td> <td></td> </tr> <tr> <td>30 Penalty on early withdrawal of savings</td> <td style="text-align: center;">30</td> <td></td> </tr> <tr> <td>31a Alimony paid b Recipient's SSN ▶</td> <td style="text-align: center;">31a</td> <td></td> </tr> <tr> <td>32 IRA deduction</td> <td style="text-align: center;">32</td> <td></td> </tr> <tr> <td>33 Student loan interest deduction</td> <td style="text-align: center;">33</td> <td></td> </tr> <tr> <td>34 Tuition and fees. Attach Form 8917</td> <td style="text-align: center;">34</td> <td></td> </tr> <tr> <td>35 Domestic production activities deduction. Attach Form 8903</td> <td style="text-align: center;">35</td> <td></td> </tr> <tr> <td>36 Add lines 23 through 35</td> <td style="text-align: center;">36</td> <td></td> </tr> <tr> <td>37 Subtract line 36 from line 22. This is your adjusted gross income ▶</td> <td style="text-align: center;">37</td> <td style="text-align: right;"><b>3,923,597</b></td> </tr> </table>  |                                     |  |                                     |  |   | 23 Educator expenses                             | 23                                  |  | 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24  |   | 25 Health savings account deduction. Attach Form 8889 | 25                       |  | 26 Moving expenses. Attach Form 3903                 | 26                                  |   | 27 Deductible part of self-employment tax. Attach Schedule SE  | 27                                  |  | 28 Self-employed SEP, SIMPLE, and qualified plans                       | 28                                  |  | 29 Self-employed health insurance deduction | 29        |  | 30 Penalty on early withdrawal of savings               | 30  |  | 31a Alimony paid b Recipient's SSN ▶   | 31a          |                    | 32 IRA deduction                             | 32                                  |  | 33 Student loan interest deduction | 33           |                    | 34 Tuition and fees. Attach Form 8917 | 34                                  |  | 35 Domestic production activities deduction. Attach Form 8903 | 35  |  | 36 Add lines 23 through 35 | 36  |  | 37 Subtract line 36 from line 22. This is your adjusted gross income ▶                         | 37 | <b>3,923,597</b> |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 23 Educator expenses   | 23                                  |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ  | 24                                  |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 25 Health savings account deduction. Attach Form 8889  | 25                                  |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 26 Moving expenses. Attach Form 3903   | 26                                  |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 27 Deductible part of self-employment tax. Attach Schedule SE  | 27                                  |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 28 Self-employed SEP, SIMPLE, and qualified plans  | 28                                  |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 29 Self-employed health insurance deduction  | 29                                  |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 30 Penalty on early withdrawal of savings  | 30                                  |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 31a Alimony paid b Recipient's SSN ▶   | 31a                                 |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 32 IRA deduction   | 32                                  |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 33 Student loan interest deduction   | 33                                  |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 34 Tuition and fees. Attach Form 8917  | 34                                  |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 35 Domestic production activities deduction. Attach Form 8903  | 35                                  |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 36 Add lines 23 through 35   | 36                                  |  |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |
| 37 Subtract line 36 from line 22. This is your adjusted gross income ▶   | 37                                  | <b>3,923,597</b>   |                                     |  |   |  |                                     |  |   |   |   |   |                          |  |  |                                     |   |  |                                     |  |   |                                     |  |   |           |  |   |   |  |  |              |                    |  |                                     |  |                                    |              |                    |                                       |                                     |  |   |     |  |                            |     |  |  |    |                  |   |    |   |   |    |  |                              |     |  |   |     |  |   |    |                 |  |    |                  |  |    |            |  |    |  |  |    |              |                       |    |            |   |    |  |                     |    |  |   |    |  |  |    |                  |  |    |  |                       |     |  |                  |     |  |                            |     |  |                  |     |  |  |    |                 |   |    |  |                              |    |  |                              |     |  |                  |     |  |   |    |                 |  |    |                  |   |  |  |  |  |  |                      |    |  |   |    |  |   |    |  |                                      |    |  |   |    |  |   |    |  |   |    |  |   |    |  |                                      |     |  |                  |    |  |                                    |    |  |                                       |    |  |   |    |  |                            |    |  |  |    |                  |

Form 1040 (2012)

CLAUDE A SIMON

106-50-1158 Page 2

**Tax and Credits**

|     |  |    |           |
|-----|--|----|-----------|
| 38  | Amount from line 37 (adjusted gross income)  | 38 | 3,923,597 |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1948, <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 | 21,368    |
| 41  | Subtract line 40 from line 38  | 41 | 3,902,229 |
| 42  | Exemptions. Multiply \$3,800 by the number on line 6d  | 42 | 11,400    |
| 43  | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-  | 43 | 3,890,829 |
| 44  | Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 elec.   | 44 | 578,322   |
| 45  | Alternative minimum tax (see instructions). Attach Form 6251   | 45 | 10,633    |
| 46  | Add lines 44 and 45  | 46 | 588,955   |
| 47  | Foreign tax credit. Attach Form 1116 if required   | 47 | 165       |
| 48  | Credit for child and dependent care expenses. Attach Form 2441   | 48 |           |
| 49  | Education credits from Form 8863, line 19  | 49 |           |
| 50  | Retirement savings contributions credit. Attach Form 8880  | 50 |           |
| 51  | Child tax credit. Attach Schedule 8812, if required  | 51 |           |
| 52  | Residential energy credits. Attach Form 5695   | 52 |           |
| 53  | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>  | 53 |           |
| 54  | Add lines 47 through 53. These are your total credits  | 54 | 165       |
| 55  | Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-  | 55 | 588,790   |

**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, \$5,950

Married filing jointly or Qualifying widow(er), \$11,900

Head of household, \$8,700

**Other Taxes**

|     |  |     |         |
|-----|--|-----|---------|
| 56  | Self-employment tax. Attach Schedule SE  | 56  |         |
| 57  | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 57  |         |
| 58  | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required                            | 58  |         |
| 59a | Household employment taxes from Schedule H   | 59a |         |
| b   | First-time homebuyer credit repayment. Attach Form 5405 if required  | 59b |         |
| 60  | Other taxes. Enter code(s) from instructions   | 60  |         |
| 61  | Add lines 55 through 60. This is your total tax  | 61  | 588,790 |

**Payments**

If you have a qualifying child, attach Schedule EIC.

|     |   |     |         |
|-----|---|-----|---------|
| 62  | Federal income tax withheld from Forms W-2 and 1099   | 62  | 3,934   |
| 63  | 2012 estimated tax payments and amount applied from 2011 return   | 63  | 756,117 |
| 64a | Earned income credit (EIC)  | 64a |         |
| b   | Nontaxable combat pay election <input type="checkbox"/> 64b   |     |         |
| 65  | Additional child tax credit. Attach Schedule 8812   | 65  |         |
| 66  | American opportunity credit from Form 8863, line 8  | 66  |         |
| 67  | Reserved  | 67  |         |
| 68  | Amount paid with request for extension to file  | 68  |         |
| 69  | Excess social security and tier 1 RRTA tax withheld   | 69  |         |
| 70  | Credit for federal tax on fuels. Attach Form 4136   | 70  |         |
| 71  | Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885 | 71  |         |
| 72  | Add lines 62, 63, 64a, and 65 through 71. These are your total payments   | 72  | 760,051 |

**Refund**

Direct deposit? See instructions.

|     |   |     |         |
|-----|---|-----|---------|
| 73  | If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid   | 73  | 171,261 |
| 74a | Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>                                   | 74a | 171,261 |
| b   | Routing number <input type="text" value="021000089"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |     |         |
| d   | Account number <input type="text" value="79830938"/>  |     |         |
| 75  | Amount of line 73 you want applied to your 2013 estimated tax   | 75  |         |
| 76  | Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions  | 76  |         |

**Amount You Owe**

|    |  |    |  |
|----|--|----|--|
| 77 | Estimated tax penalty (see instructions) | 77 |  |
|----|--|----|--|

**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  Personal identification number (PIN)  Phone no.

**Sign Here**

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

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

|  |                      |                      |  |
|--|----------------------|----------------------|--|
| Your signature   | Date                 | Your occupation      | Daytime phone number   |
| <input type="text"/>                                   | <input type="text"/> | BUSINESS OWNER       | <input type="text"/>   |
| 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 instr.) |
| <input type="text"/>                                   | <input type="text"/> | <input type="text"/> | <input type="text"/>   |

**Paid**

|                            |                      |          |  |           |
|----------------------------|----------------------|----------|--|-----------|
| Print/Type preparer's name | Preparer's signature | Date     | Check <input checked="" type="checkbox"/> if self-employed | PTIN      |
| Allan C Cohn CPA           | Allan C Cohn CPA     | 10/09/13 |  | P00447700 |

**Preparer Use Only**

|                            |               |              |
|----------------------------|---------------|--------------|
| Firm's name                | Firm's EIN    | Phone no.    |
| Cohn & Langer, CPAs        | 45-4014297    | 516-702-3002 |
| Firm's address             | NY 11803-4607 |              |
| 18 Blanche St<br>Plainview |               |              |

Form 1040 (2012)

**SCHEDULE A**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**▶ Information about Schedule A and its separate instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).

▶ Attach to Form 1040.

OMB No. 1545-0074

**2012**Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

**CLAUDE A SIMON**

Your social security number

**106-50-1158**

|  |   |  |   |        |       |
|--|---|--|---|--------|-------|
| <b>Medical and Dental Expenses</b>                       | <b>Caution.</b> 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   |        |       |
|  | 3   | Multiply line 2 by 7.5% (.075)   | 3   |        |       |
|  | 4   | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-  | 4   |        |       |
| <b>Taxes You Paid</b>                                    | 5 State and local (check only one box):                               |  | 5   | 3,378  |       |
|  | a   | <input checked="" type="checkbox"/> Income taxes, or   |   |        |       |
|  | b   | <input type="checkbox"/> General sales taxes   |   |        |       |
|  | 6   | Real estate taxes (see instructions)   | 6   | 11,214 |       |
|  | 7   | Personal property taxes  | 7   |        |       |
|  | 8   | Other taxes. List type and amount ▶<br><b>See Statement 1</b>  | 8   | 29     |       |
|  | 9   | Add lines 5 through 8  | 9   | 14,621 |       |
|  | <b>Interest You Paid</b>  | 10   | Home mortgage interest and points reported to you on Form 1098  | 10     | 1,247 |
| 11   |   | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ | 11  |        |       |
| 12   |   | Points not reported to you on Form 1098. See instructions for special rules  | 12  |        |       |
| 13   |   | Mortgage insurance premiums (see instructions)   | 13  |        |       |
| 14   |   | Investment interest. Attach Form 4952 if required. (See instructions.)   | 14  |        |       |
| 15   |   | Add lines 10 through 14  | 15  | 1,247  |       |
| <b>Gifts to Charity</b>                                  |   | 16   | Gifts by cash or check. If you made any gift of \$250 or more, see instructions   | 16     | 3,285 |
|  |   | 17   | Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 | 17     | 450   |
|  | 18  | Carryover from prior year  | 18  | 1,765  |       |
|  | 19  | Add lines 16 through 18  | 19  | 5,500  |       |
|  | 20  | Casualty or theft loss(es). Attach Form 4684. (See instructions.)  | 20  |        |       |
| <b>Job Expenses and Certain Miscellaneous Deductions</b> | 21  | Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶  | 21  |        |       |
|  | 22  | Tax preparation fees   | 22  |        |       |
|  | 23  | Other expenses—investment, safe deposit box, etc. List type and amount ▶   | 23  |        |       |
|  | 24  | Add lines 21 through 23  | 24  |        |       |
|  | 25  | Enter amount from Form 1040, line 38   | 25  |        |       |
|  | 26  | Multiply line 25 by 2% (.02)   | 26  |        |       |
|  | 27  | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-  | 27  |        |       |
|  | 28  | Other—from list in instructions. List type and amount ▶  | 28  |        |       |
| <b>Total Itemized Deductions</b>                         | 29  | Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40  | 29  | 21,368 |       |
|  | 30  | If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>   |   |        |       |

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2012

**SCHEDULE B**

(Form 1040A or 1040)

Department of the Treasury  
Internal Revenue Service (99)**Interest and Ordinary Dividends**

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B (Form 1040A or 1040) and its instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).

OMB No. 1545-0074

**2012**Attachment  
Sequence No. **08**

Name(s) shown on return

**CLAUDE A SIMON**Your social security number  
**106-50-1158****Part I  
Interest**

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

**TD AMERITRADE**  
**CITIBANK**

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

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

- 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

Amount

194

209

1

2

403

3

4

403

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

Amount

**Part II  
Ordinary Dividends**

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

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

- 5 List name of payer ▶
- MORGAN STANLEY**  
**SCHWAB**  
**TD AMERITRADE**
- 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a

5,080

5

435

5

6

5,520

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

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

**Part III  
Foreign Accounts and Trusts**

(See instructions on back.)

- 7a At any time during 2012, 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
- If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements
- b If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located ▶
- 8 During 2012, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

Yes No

X

X

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

Schedule B (Form 1040A or 1040) 2012

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

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).

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

OMB No. 1545-0074

**2012**Attachment  
Sequence No. **12**

Name(s) shown on return

**CLAUDE A SIMON**

Your social security number

**106-50-1158****Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less**

Complete Form 8949 before completing line 1, 2, or 3.

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

|   | (d) Proceeds (sales price) from Form(s) 8949, Part I, line 2, column (d) | (e) Cost or other basis from Form(s) 8949, Part I, line 2, column (e) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|--|---|---|---|
| <b>1</b> Short-term totals from all Forms 8949 with <b>box A</b> checked in <b>Part I</b> .....   |  |   |   |   |
| <b>2</b> Short-term totals from all Forms 8949 with <b>box B</b> checked in <b>Part I</b> .....   |  |   |   |   |
| <b>3</b> Short-term totals from all Forms 8949 with <b>box C</b> checked in <b>Part I</b> .....   | <b>85,453</b>  | <b>79,649</b>   | <b>0</b>  | <b>5,804</b>  |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .....   |  |   | <b>4</b>  |   |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....  |  |   | <b>5</b>  |   |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....   |  |   | <b>6</b> ( )  |   |
| <b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1 through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back ..... |  |   | <b>7</b>  | <b>5,804</b>  |

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

Complete Form 8949 before completing line 8, 9, or 10.

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

|  | (d) Proceeds (sales price) from Form(s) 8949, Part II, line 4, column (d) | (e) Cost or other basis from Form(s) 8949, Part II, line 4, column (e) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 4, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|---|--|--|---|
| <b>8</b> Long-term totals from all Forms 8949 with <b>box A</b> checked in <b>Part II</b> .....  |   |  |  |   |
| <b>9</b> Long-term totals from all Forms 8949 with <b>box B</b> checked in <b>Part II</b> .....  |   |  |  |   |
| <b>10</b> Long-term totals from all Forms 8949 with <b>box C</b> checked in <b>Part II</b> .....   | <b>11,000,662</b>   | <b>6,734,202</b>   | <b>0</b>   | <b>4,266,460</b>  |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 .....           |   |  | <b>11</b>  |   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....                                     |   |  | <b>12</b>  |   |
| <b>13</b> Capital gain distributions. See the instructions .....   |   |  | <b>13</b>  |   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions ..... |   |  | <b>14</b> ( )  |   |
| <b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8 through 14 in column (h). Then go to Part III on the back .....                       |   |  | <b>15</b>  | <b>4,266,460</b>  |

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

Schedule D (Form 1040) 2012

**Part III Summary**

|  |    |           |
|--|----|-----------|
| 16 Combine lines 7 and 15 and enter the result .....   | 16 | 4,272,264 |
| <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>  |    |           |
| 17 Are lines 15 and 16 <b>both</b> gains?<br><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.  |    |           |
| 18 Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions .....   | 18 |           |
| 19 Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions .....   | 19 |           |
| 20 Are lines 18 and 19 <b>both</b> zero or blank?<br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below.   |    |           |
| 21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:<br><br><div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> </div> <div style="border-left: 1px solid black; height: 20px; width: 20px; margin-left: 5px;"></div> <div style="border-bottom: 1px solid black; flex-grow: 1;"></div> </div> | 21 | ( )       |
| <b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.  |    |           |
| 22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.   |    |           |

Form **8949****Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

**2012**Department of the Treasury  
Internal Revenue Service

- Information about Form 8949 and its separate instructions is at [www.irs.gov/form8949](http://www.irs.gov/form8949).  
► File with your Schedule D to list your transactions for lines 1, 2, 3, 8, 9, and 10 of Schedule D.

Attachment  
Sequence No. **12A**

Name(s) shown on return

**CLAUDE A SIMON**

Social security number or taxpayer identification number

**106-50-1158**

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

**Part I Short-Term.** Transactions involving capital assets you held one year or less are short term. For long-term transactions, see page 2.

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis **was** reported to the IRS  
☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **was not** reported to the IRS  
☒ (C) Short-term transactions not reported to you on Form 1099-B

| 1        | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)  | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see Column (e)<br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|----------|---|---|--|--|---|---|--------------------------------|--|
|          |   |   |  |  |   | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|          | CONGARA FOODS INC   | 07/20/12                                | 08/20/12   | 9,886  | 9,654   |   |                                | 232  |
|          | FACEBOOK INC  | 09/19/12                                | 12/12/12   | 5,610  | 4,396   |   |                                | 1,214  |
|          | OLIN CORP   | 08/01/12                                | 10/17/12   | 16,640   | 15,310  |   |                                | 1,330  |
|          | STURM RUGER & CO  | 12/19/12                                | 12/20/12   | 41,143   | 38,184  |   |                                | 2,959  |
|          | TORONTO DOM BANK  | 07/24/12                                | 10/17/12   | 4,184  | 3,898   |   |                                | 286  |
|          | VORNADO REALTY TRUST  | 08/17/12                                | 10/17/12   | 7,990  | 8,207   |   |                                | -217   |
|          |   |   |  |  |   |   |                                |  |
|          |   |   |  |  |   |   |                                |  |
|          |   |   |  |  |   |   |                                |  |
|          |   |   |  |  |   |   |                                |  |
|          |   |   |  |  |   |   |                                |  |
|          |   |   |  |  |   |   |                                |  |
|          |   |   |  |  |   |   |                                |  |
|          |   |   |  |  |   |   |                                |  |
|          |   |   |  |  |   |   |                                |  |
|          |   |   |  |  |   |   |                                |  |
|          |   |   |  |  |   |   |                                |  |
|          |   |   |  |  |   |   |                                |  |
|          |   |   |  |  |   |   |                                |  |
|          |   |   |  |  |   |   |                                |  |
| <b>2</b> | <b>Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ► |   |  | <b>85,453</b>  | <b>79,649</b>   |   | <b>0</b>                       | <b>5,804</b>   |

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

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

Form **8949** (2012)

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

Social security number or taxpayer identification number

**CLAUDE A SIMON****106-50-1158**

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

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

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

- ☐ (A) Long-term transactions reported on Form(s) 1099-B showing basis **was** reported to the IRS
- ☐ (B) Long-term transactions reported on Form(s) 1099-B showing basis **was not** reported to the IRS
- ☒ (C) Long-term transactions not reported to you on Form 1099-B

| 3        | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)   | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see Column (e)<br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br>Gain or (loss).<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|----------|--|---|--|--|---|---|--------------------------------|---|
|          |  |   |  |  |   | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |   |
|          | ALCATEL LUCENT   | Various                                 | 09/14/12   | 615  | 24,400  |   |                                | -23,785   |
|          | DAYSTAR TECHNOLOGIES   | Various                                 | 09/14/12   | 47   | 3,750   |   |                                | -3,703  |
|          | SALE OF COMMERCIAL BLDG  | 01/01/93                                | 06/28/12   | 11,000,000   | 5,370,333   |   |                                | 5,629,667   |
|          | VRTX INC   | 04/01/96                                | 12/31/12   | 0  | 1,335,719   |   |                                | -1,335,719  |
|          |  |   |  |  |   |   |                                |   |
|          |  |   |  |  |   |   |                                |   |
|          |  |   |  |  |   |   |                                |   |
|          |  |   |  |  |   |   |                                |   |
|          |  |   |  |  |   |   |                                |   |
|          |  |   |  |  |   |   |                                |   |
|          |  |   |  |  |   |   |                                |   |
|          |  |   |  |  |   |   |                                |   |
|          |  |   |  |  |   |   |                                |   |
|          |  |   |  |  |   |   |                                |   |
|          |  |   |  |  |   |   |                                |   |
|          |  |   |  |  |   |   |                                |   |
|          |  |   |  |  |   |   |                                |   |
|          |  |   |  |  |   |   |                                |   |
|          |  |   |  |  |   |   |                                |   |
|          |  |   |  |  |   |   |                                |   |
|          |  |   |  |  |   |   |                                |   |
| <b>4</b> | <b>Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8</b> (if <b>Box A</b> above is checked), <b>line 9</b> (if <b>Box B</b> above is checked), or <b>line 10</b> (if <b>Box C</b> above is checked) ▶ |   |  | 11,000,662   | 6,734,202   |   | 0                              | 4,266,460   |

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

**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.

▶ Information about Schedule E and its separate instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).

OMB No. 1545-0074

**2012**Attachment  
Sequence No. **13**

Name(s) shown on return

Your social security number

**CLAUDE A SIMON****106-50-1158****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 2012 that would require you to file Form(s) 1099? (see instructions) Yes ☒ No ☐
- B** If "Yes," did you or will you file all required Forms 1099? Yes ☐ No ☐

|           |   |  |  |  |
|-----------|---|--|--|--|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |  |  |
| <b>A</b>  | 160 MADISON AVE, NEW YORK, NY 10016                               |  |  |  |
| <b>B</b>  |   |  |  |  |
| <b>C</b>  |   |  |  |  |

  

| 1b       | Type of Property<br>(from list below) | 2  | Fair Rental Days | Personal Use Days | QJV |
|----------|---------------------------------------|--|------------------|-------------------|-----|
| <b>A</b> | 4                                     | For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | <b>A</b>         | 366               |     |
| <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        |
|---|-------------|----------|---|----------|
| 3 Rents received  | 3           | 125,420  |   |          |
| 4 Royalties received  | 4           |          |   |          |
| <b>Expenses:</b>  |             |          |   |          |
| 5 Advertising   | 5           |          |   |          |
| 6 Auto and travel (see instructions)  | 6           | 3,008    |   |          |
| 7 Cleaning and maintenance  | 7           | 3,422    |   |          |
| 8 Commissions   | 8           | 5,479    |   |          |
| 9 Insurance   | 9           | 6,664    |   |          |
| 10 Legal and other professional fees  | 10          | 30,636   |   |          |
| 11 Management fees  | 11          | 10,894   |   |          |
| 12 Mortgage interest paid to banks, etc. (see instructions)   | 12          | 48,522   |   |          |
| 13 Other interest   | 13          |          |   |          |
| 14 Repairs  | 14          | 10,070   |   |          |
| 15 Supplies   | 15          |          |   |          |
| 16 Taxes  | 16          | 76,253   |   |          |
| 17 Utilities  | 17          | 3,508    |   |          |
| 18 Depreciation expense or depletion  | 18          |          |   |          |
| 19 Other (list) ▶ See Statement 2   | 19          | 104,632  |   |          |
| 20 Total expenses. Add lines 5 through 19   | 20          | 303,088  |   |          |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198  | 21          | -177,668 |   |          |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)   | 22          | 264,777  |   |          |
| 23a Total of all amounts reported on line 3 for all rental properties   | 23a         | 125,420  |   |          |
| b Total of all amounts reported on line 4 for all royalty properties  | 23b         |          |   |          |
| c Total of all amounts reported on line 12 for all properties   | 23c         | 48,522   |   |          |
| d Total of all amounts reported on line 18 for all properties   | 23d         |          |   |          |
| e Total of all amounts reported on line 20 for all properties   | 23e         | 303,088  |   |          |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses   | 24          |          |   | 0        |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  | 25          |          |   | 264,777  |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here.<br>If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 | 26          |          |   | -264,777 |

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

Schedule E (Form 1040) 2012

## Schedule E (Form 1040) 2012

Attachment Sequence No. **13**Page **2**

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

Your social security number

**CLAUDE A SIMON****106-50-1158****Caution.** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations** Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section.

☒ Yes ☐ No

| 28 | (a) Name                      | (b) Enter P for partnership; S for S corporation | (c) Check if foreign partnership | (d) Employer identification number | (e) Check if any amount is not at risk |
|----|-------------------------------|--|----------------------------------|------------------------------------|--|
| A  | 160 MADISON AVE JOINT VENTURE | P  |                                  | 13-3027658                         |  |
| B  | PYA - Passive Activity        | P  |                                  | 13-3027658                         |  |
| C  | Income - excess distribution  | P  |                                  | 13-3027658                         |  |
| D  | VERATEX INC                   | S  |                                  | 13-2804148                         |  |

| Passive Income and Loss |  |   | Nonpassive Income and Loss               |   |  |
|-------------------------|--|---|--|---|--|
|                         | (f) Passive loss allowed<br>(attach Form 8582 if required)   | (g) Passive income<br>from Schedule K-1 | (h) Nonpassive loss<br>from Schedule K-1 | (i) Section 179 expense<br>deduction from Form 4562 | (j) Nonpassive income<br>from Schedule K-1 |
| A                       | 0  |   |  |   |  |
| B                       | 135,295  |   |  |   |  |
| C                       | 0  | 206,921                                 |  |   |  |
| D                       |  |   | 85,367                                   |   |  |
| 29a Totals              |  | 206,921                                 |  |   |  |
| b Totals                | 135,295  |   | 85,367                                   |   |  |
| 30                      | Add columns (g) and (j) of line 29a  |   |  |   | 30 206,921                                 |
| 31                      | Add columns (f), (h), and (i) of line 29b  |   |  |   | 31 (220,662)                               |
| 32                      | Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below |   |  |   | 32 -13,741                                 |

**Part III Income or Loss From Estates and Trusts**

| Part III Income or Loss From Estates and Trusts                         |   |   |                            | (b) Employer identification number         |    |
|---|---|---|----------------------------|--|----|
| 33  |   | (a) Name                                |                            |  |    |
| A   |   |   |                            |  |    |
| B   |   |   |                            |  |    |
| Passive Income and Loss   |   |   | Nonpassive Income and Loss |  |    |
| (c) Passive deduction or loss allowed<br>(attach Form 8582 if required) |   | (d) Passive income<br>from Schedule K-1 |                            | (e) Deduction or loss<br>from Schedule K-1 |    |
|   |   |   |                            | (f) Other income from<br>Schedule K-1      |    |
| A   |   |   |                            |  |    |
| B   |   |   |                            |  |    |
| 34a   | Totals  |   |                            |  |    |
| b   | Totals  |   |                            |  |    |
| 35  | Add columns (d) and (f) of line 34a   |   |                            |  | 35 |
| 36  | Add columns (c) and (e) of line 34b   |   |                            |  | 36 |
| 37  | Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below |   |                            |  | 37 |

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

| 38 | (a) Name  | (b) Employer identification number | (c) Excess inclusion from<br>Schedules Q, line 2c<br>(see instructions) | (d) Taxable income (net loss)<br>from Schedules Q, line 1b | (e) Income from<br>Schedules Q, line 3b |
|----|---|------------------------------------|---|--|---|
|    |   |                                    |   |  |   |
| 39 | Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below |                                    |   |  | 39                                      |

**Part V Summary**

|    |   |    |          |
|----|---|----|----------|
| 40 | Net farm rental income or (loss) from Form 4835. Also, complete line 42 below   | 40 |          |
| 41 | Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18  | 41 | -278,518 |
| 42 | Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), box 14, code F (see instructions)                               | 42 |          |
| 43 | Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules | 43 |          |

Form **1116**Department of the Treasury  
Internal Revenue Service (99)**Foreign Tax Credit**

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

OMB No. 1545-0121

**2012**Attachment  
Sequence No. **19**

Name

Identifying number as shown on page 1 of your tax return

**CLAUDE A SIMON****106-50-1158**

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☒ Passive category income      c ☐ Section 901(j) income      e ☐ Lump-sum distributions  
b ☐ General category income      d ☐ Certain income re-sourced by treaty

f Resident of (name of country) ▶ **US usa**

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

|   |   | Foreign Country or U.S. Possession |    |   | Total<br>(Add cols. A, B, and C.) |
|---|---|------------------------------------|----|---|-----------------------------------|
|   |   | A                                  | OC | B |                                   |
| g   | Enter the name of the foreign country or U.S. possession ▶  | ASIA                               |    |   |                                   |
| 1a  | Gross income from sources within country shown above and of the type checked above (see instructions):  |                                    |    |   |                                   |
|   | dividends   | 5,085                              |    |   | 1a 5,085                          |
| b   | Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/> |                                    |    |   |                                   |
| <b>Deductions and losses (Caution: See instructions):</b> |   |                                    |    |   |                                   |
| 2   | Expenses definitely related to the income on line 1a (attach statement)   |                                    |    |   |                                   |
| 3   | Pro rata share of other deductions not definitely related:  |                                    |    |   |                                   |
| a   | Certain itemized deductions or standard deduction (see instructions)  | 11,214                             |    |   |                                   |
| b   | Other ded. (attach stmt.)   | 11,214                             |    |   |                                   |
| c   | Add lines 3a and 3b   | 5,085                              |    |   |                                   |
| d   | Gross foreign source income (see instructions)  | 5,897,880                          |    |   |                                   |
| e   | Gross income from all sources (see instructions)  | 0.0009                             |    |   |                                   |
| f   | Divide line 3d by line 3e (see instructions)  | 10                                 |    |   |                                   |
| g   | Multiply line 3c by line 3f   |                                    |    |   |                                   |
| 4   | Pro rata share of interest expense (see instructions):  |                                    |    |   |                                   |
| a   | Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)   | 1                                  |    |   |                                   |
| b   | Other interest expense  |                                    |    |   |                                   |
| 5   | Losses from foreign sources   |                                    |    |   |                                   |
| 6   | Add lines 2, 3g, 4a, 4b, and 5  | 11                                 |    |   | 6 11                              |
| 7   | Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶  |                                    |    |   | 7 5,074                           |

**Part II Foreign Taxes Paid or Accrued (see instructions)**

| Country | Credit is claimed for taxes (you must check one)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |               |                         |   |                              |               |                         | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |
|---------|--|-------------------------------|---------------|-------------------------|---|------------------------------|---------------|-------------------------|---|---|
|         |  | In foreign currency           |               |                         |   | In U.S. dollars              |               |                         |   |   |
|         |  | Taxes withheld at source on:  |               |                         | (n) Other foreign taxes paid or accrued | Taxes withheld at source on: |               |                         |   |   |
|         |  | (j) Date paid or accrued      | (k) Dividends | (l) Rents and royalties |   | (m) Interest                 | (o) Dividends | (p) Rents and royalties |   |   |
| A       | 1099 Tax   |                               |               |                         |   | 117                          |               |                         |   | 117   |
| B       |  |                               |               |                         |   |                              |               |                         |   |   |
| C       |  |                               |               |                         |   |                              |               |                         |   |   |
| 8       | Add lines A through C, column(s). Enter the total here and on line 9, page 2 ▶   |                               |               |                         |   |                              |               |                         | 8                                       | 117   |

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2012)

CLAUDE A SIMON

106-50-1158

Form 1116 (2012)

Page 2

**Part III Figuring the Credit**

|    |   |    |           |         |
|----|---|----|-----------|---------|
| 9  | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I  | 9  | 117       |         |
| 10 | Carryback or carryover (attach detailed computation) <b>See Stmt 3</b>  | 10 | 48        |         |
| 11 | Add lines 9 and 10  | 11 | 165       |         |
| 12 | Reduction in foreign taxes (see instructions)   | 12 |           |         |
| 13 | Taxes reclassified under high tax kickout (see instructions)  | 13 |           |         |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit  | 14 |           | 165     |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)  | 15 | 5,074     |         |
| 16 | Adjustments to line 15 (see instructions)   | 16 |           |         |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)   | 17 | 5,074     |         |
| 18 | <b>Individuals:</b> Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption<br><b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.  | 18 | 3,902,229 |         |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1"   | 19 |           | 0.0013  |
| 20 | <b>Individuals:</b> Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 42. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37<br><b>Caution:</b> If you are completing line 20 for separate category e (lump-sum distributions), see instructions. | 20 |           | 578,322 |
| 21 | Multiply line 20 by line 19 (maximum amount of credit)  | 21 |           | 752     |
| 22 | Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions)   | 22 |           | 165     |

**Part IV Summary of Credits From Separate Parts III (see instructions)**

|    |   |    |  |     |
|----|---|----|--|-----|
| 23 | Credit for taxes on passive category income   | 23 |  |     |
| 24 | Credit for taxes on general category income   | 24 |  |     |
| 25 | Credit for taxes on certain income re-sourced by treaty   | 25 |  |     |
| 26 | Credit for taxes on lump-sum distributions  | 26 |  |     |
| 27 | Add lines 23 through 26   | 27 |  |     |
| 28 | Enter the <b>smaller</b> of line 20 or line 27  | 28 |  | 165 |
| 29 | Reduction of credit for international boycott operations. See instructions for line 12  | 29 |  |     |
| 30 | Subtract line 29 from line 28. This is your <b>foreign tax credit</b> . Enter here and on Form 1040, line 47; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a | 30 |  | 165 |

Form 1116 (2012)

Form **1116****Alt. Min. Tax  
Foreign Tax Credit**

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

**2012**Attachment  
Sequence No. **19**Department of the Treasury  
Internal Revenue Service (99)▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

Name

Identifying number as shown on page 1 of your tax return

**CLAUDE A SIMON****106-50-1158**Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☒ **Passive category income**      c ☐ **Section 901(j) income**      e ☐ **Lump-sum distributions**  
 b ☐ **General category income**      d ☐ **Certain income re-sourced by treaty**

f Resident of (name of country) ▶ **US usa****Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

|   |   | Foreign Country or U.S. Possession |    |   | Total<br>(Add cols. A, B, and C.) |
|---|---|------------------------------------|----|---|-----------------------------------|
|   |   | A                                  | OC | B |                                   |
| g   | Enter the name of the foreign country or U.S. possession ▶  | ASIA                               |    |   |                                   |
| 1a  | Gross income from sources within country shown above and of the type checked above (see instructions):  |                                    |    |   |                                   |
|   | dividends   | 5,085                              |    |   | 1a 5,085                          |
| b   | Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/> |                                    |    |   |                                   |
| <b>Deductions and losses (Caution: See instructions):</b> |   |                                    |    |   |                                   |
| 2   | Expenses <b>definitely related</b> to the income on line 1a (attach statement)  |                                    |    |   |                                   |
| 3   | Pro rata share of other deductions not <b>definitely related</b> :  |                                    |    |   |                                   |
| a   | Certain itemized deductions or standard deduction (see instructions)  |                                    |    |   |                                   |
| b   | Other ded. (attach stmt.)   |                                    |    |   |                                   |
| c   | Add lines 3a and 3b   |                                    |    |   |                                   |
| d   | Gross foreign source income (see instructions)  | 5,085                              |    |   |                                   |
| e   | Gross income from all sources (see instructions)  | 5,897,880                          |    |   |                                   |
| f   | Divide line 3d by line 3e (see instructions)  | 0.0009                             |    |   |                                   |
| g   | Multiply line 3c by line 3f   |                                    |    |   |                                   |
| 4   | Pro rata share of interest expense (see instructions):  |                                    |    |   |                                   |
| a   | Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)   | 1                                  |    |   |                                   |
| b   | Other interest expense  |                                    |    |   |                                   |
| 5   | Losses from foreign sources   |                                    |    |   |                                   |
| 6   | Add lines 2, 3g, 4a, 4b, and 5  | 1                                  |    |   | 6 1                               |
| 7   | Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶  |                                    |    |   | 7 5,084                           |

**Part II Foreign Taxes Paid or Accrued (see instructions)**

| Country | Credit is claimed for taxes (you must check one)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |               |                         |   |                              |               |                         |   |   |
|---------|--|-------------------------------|---------------|-------------------------|---|------------------------------|---------------|-------------------------|---|---|
|         |  | In foreign currency           |               |                         |   | In U.S. dollars              |               |                         |   |   |
|         |  | Taxes withheld at source on:  |               |                         | (n) Other foreign taxes paid or accrued | Taxes withheld at source on: |               |                         | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |
|         |  | (j) Date paid or accrued      | (k) Dividends | (l) Rents and royalties |   | (m) Interest                 | (o) Dividends | (p) Rents and royalties |   |   |
| A       | 1099 Tax   |                               |               |                         |   | 117                          |               |                         |   | 117   |
| B       |  |                               |               |                         |   |                              |               |                         |   |   |
| C       |  |                               |               |                         |   |                              |               |                         |   |   |
| 8       | Add lines A through C, column(s). Enter the total here and on line 9, page 2 ▶   |                               |               |                         |   |                              |               |                         |   | 8 117   |

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2012)

CLAUDE A SIMON

Form 1116 (2012)

**Part III Figuring the Credit**

|    |   |    |           |         |
|----|---|----|-----------|---------|
| 9  | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I  | 9  | 117       |         |
| 10 | Carryback or carryover (attach detailed computation) <b>See Stmt 4</b>  | 10 | 94        |         |
| 11 | Add lines 9 and 10  | 11 | 211       |         |
| 12 | Reduction in foreign taxes (see instructions)   | 12 |           |         |
| 13 | Taxes reclassified under high tax kickout (see instructions)  | 13 |           |         |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit  | 14 |           | 211     |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)  | 15 | 5,084     |         |
| 16 | Adjustments to line 15 (see instructions)   | 16 |           |         |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)   | 17 | 5,084     |         |
| 18 | <b>Individuals:</b> Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption<br><b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.  | 18 | 3,962,021 |         |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1"   | 19 |           | 0.0013  |
| 20 | <b>Individuals:</b> Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 42. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37<br><b>Caution:</b> If you are completing line 20 for separate category e (lump-sum distributions), see instructions. | 20 |           | 589,001 |
| 21 | Multiply line 20 by line 19 (maximum amount of credit)  | 21 |           | 756     |
| 22 | Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions)   | 22 |           | 211     |

**Part IV Summary of Credits From Separate Parts III (see instructions)**

|    |   |    |  |     |
|----|---|----|--|-----|
| 23 | Credit for taxes on passive category income   | 23 |  |     |
| 24 | Credit for taxes on general category income   | 24 |  |     |
| 25 | Credit for taxes on certain income re-sourced by treaty   | 25 |  |     |
| 26 | Credit for taxes on lump-sum distributions  | 26 |  |     |
| 27 | Add lines 23 through 26   | 27 |  |     |
| 28 | Enter the <b>smaller</b> of line 20 or line 27  | 28 |  | 211 |
| 29 | Reduction of credit for international boycott operations. See instructions for line 12  | 29 |  |     |
| 30 | Subtract line 29 from line 28. This is your <b>foreign tax credit</b> . Enter here and on Form 1040, line 47; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a | 30 |  | 211 |

Form

**6251****Alternative Minimum Tax—Individuals**

OMB No. 1545-0074

► Information about Form 6251 and its separate instructions is at [www.irs.gov/form6251](http://www.irs.gov/form6251).**2012**Attachment  
Sequence No. **32**Department of the Treasury  
Internal Revenue Service (99)

► Attach to Form 1040 or Form 1040NR.

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

**CLAUDE A SIMON**

Your social security number

**106-50-1158****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  | <b>3,902,229</b> |
| 2  | Medical and dental. Enter the <b>smaller</b> of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-  | 2  |                  |
| 3  | Taxes from Schedule A (Form 1040), line 9   | 3  | <b>14,621</b>    |
| 4  | Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line   | 4  | <b>0</b>         |
| 5  | Miscellaneous deductions from Schedule A (Form 1040), line 27   | 5  |                  |
| 6  | Skip this line. It is reserved for future use   | 6  |                  |
| 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 | <b>113,730</b>   |
| 11 | Alternative tax net operating loss deduction  | 11 | <b>107,934</b>   |
| 12 | Interest from specified private activity bonds exempt from the regular tax  | 12 |                  |
| 13 | Qualified small business stock (7% of gain excluded under section 1202)   | 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 | <b>0</b>         |
| 20 | Loss limitations (difference between AMT and regular tax income or loss)  | 20 | <b>0</b>         |
| 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, see instructions.)  | 28 | <b>3,962,021</b> |

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

|    |   |    |                  |
|----|---|----|------------------|
| 29 | Exemption. See instructions   | 29 |                  |
| 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 | <b>3,962,021</b> |
| 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 54 here.</li> <li><b>All others:</b> If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.</li> </ul> | 31 | <b>589,001</b>   |
| 32 | Alternative minimum tax foreign tax credit (see instructions)   | 32 | <b>211</b>       |
| 33 | Tentative minimum tax. Subtract line 32 from line 31  | 33 | <b>588,790</b>   |
| 34 | Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions)  | 34 | <b>578,157</b>   |
| 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 | <b>10,633</b>    |

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

Form **6251** (2012)

Form 6251 (2012)

**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 | 3,962,021 |
| 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 | 4,266,907 |
| 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 | 4,266,907 |
| 40 | Enter the <b>smaller</b> of line 36 or line 39  | 40 | 3,962,021 |
| 41 | Subtract line 40 from line 36   | 41 | 0         |
| 42 | If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result  | 42 |           |
| 43 | Enter:<br><ul style="list-style-type: none"> <li>\$70,700 if married filing jointly or qualifying widow(er),</li> <li>\$35,350 if single or married filing separately, or</li> <li>\$47,350 if head of household.</li> </ul>  | 43 | 35,350    |
| 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 -0-                                     | 44 |           |
| 45 | Subtract line 44 from line 43. If zero or less, enter -0-   | 45 | 35,350    |
| 46 | Enter the <b>smaller</b> of line 36 or line 37  | 46 | 3,962,021 |
| 47 | Enter the <b>smaller</b> of line 45 or line 46  | 47 | 35,350    |
| 48 | Subtract line 47 from line 46   | 48 | 3,926,671 |
| 49 | Multiply line 48 by 15% (.15)<br><br>If line 38 is zero or blank, skip lines 50 and 51 and go to line 52. Otherwise, go to line 50.   | 49 | 589,001   |
| 50 | Subtract line 46 from line 40   | 50 |           |
| 51 | Multiply line 50 by 25% (.25)   | 51 |           |
| 52 | Add lines 42, 49, and 51  | 52 | 589,001   |
| 53 | If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result  | 53 | 1,107,616 |
| 54 | Enter the <b>smaller</b> of line 52 or line 53 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   | 54 | 589,001   |

Form 6251 (2012)

## Federal Statements

### Statement 1 - Schedule A, Line 8 - Other Taxes

| <u>Description</u>       | <u>Amount</u> |
|--------------------------|---------------|
| VALOREM TAX              | \$            |
| State Disability Ins W/H | <u>29</u>     |
| Total                    | <u>\$ 29</u>  |

**Federal Statements**

**160 MADISON AVENUE**

**Statement 2 - Schedule E, Line 19 - Other Expenses**

| <u>Description</u> | <u>Gross<br/>Amount</u> | <u>Business Use<br/>Percentage</u> | <u>Net<br/>Amount</u> |
|--------------------|-------------------------|------------------------------------|-----------------------|
| BANK CHARGES       | \$ 70,280               |                                    | \$ 70,280             |
| WATER CHARGES      | 5,542                   |                                    | 5,542                 |
| POSTAGE & OFFICE   | 637                     |                                    | 637                   |
| SECURITY EXPENSES  | 4,587                   |                                    | 4,587                 |
| FUEL CHARGES       | 13,729                  |                                    | 13,729                |
| MISC EXPENSES      | 9,857                   |                                    | 9,857                 |
| Total              | <u>\$ 104,632</u>       |                                    | <u>\$ 104,632</u>     |

## Federal Statements

10/9/2013 11:51 AM

## Passive Income

Statement 3 - Form 1116, Line 10 - Carryback or Carryover

| Year              | Fgn Taxes<br>Pd/Accrued | Limit | Available to<br>Carryover |
|-------------------|-------------------------|-------|---------------------------|
| 2002              |                         |       |                           |
| 2003              |                         |       |                           |
| 2004              |                         |       |                           |
| 2005              |                         |       |                           |
| 2006              |                         |       |                           |
| 2007              | 90                      | 1,372 |                           |
| 2008              | 117                     | 103   |                           |
| 2009              | 26                      | 46    |                           |
| 2010              | 27                      |       | 7                         |
| 2011              | 41                      |       | 41                        |
| Carryback to 2012 |                         |       |                           |
| Total             |                         |       | <u>48</u>                 |

# Federal Statements

## Passive Income

### Statement 4 - AMT Form 1116, Line 10 - Carryback or Carryover

| Year              | Fgn Taxes<br>Pd/Accrued | Limit | Available to<br>Carryover |
|-------------------|-------------------------|-------|---------------------------|
| 2002              |                         |       |                           |
| 2003              |                         |       |                           |
| 2004              |                         |       |                           |
| 2005              |                         |       |                           |
| 2006              |                         |       |                           |
| 2007              | 90                      | 968   |                           |
| 2008              | 117                     | 103   |                           |
| 2009              | 26                      | 46    | 26                        |
| 2010              | 27                      |       | 27                        |
| 2011              | 41                      |       | 41                        |
| Carryback to 2012 |                         |       |                           |
| Total             |                         |       | 94                        |

|  |   |  |
|--|---|--|
| Form <b>1040</b>                                       | <b>Partner's Basis Worksheet Page 1</b> | <b>2012</b>  |
| Name<br><b>CLAUDE A SIMON</b>                          |   | Taxpayer Identification Number<br><b>106-50-1158</b> |
| Name of Entity<br><b>160 MADISON AVE JOINT VENTURE</b> |   | EIN <b>13-3027658</b>                                |
| Passive Activity Type <b>Rental Real Estate</b>        |   | K1 Unit <b>1</b>                                     |

|   |     |                  |
|---|-----|------------------|
| 1. Beginning of year basis. Per IRC 705(a)(2) do not enter an amount below zero   | 1.  | <u>1,176,592</u> |
| <b>Increases to basis:</b>  |     |                  |
| 2. Capital contributions: Cash  | 2.  |                  |
| 3. Capital contributions: Property (adjusted basis)   | 3.  |                  |
| 4. Increase in share of partnership liabilities   | 4.  |                  |
| 5. Ordinary business income   | 5.  |                  |
| 6. Net rental real estate income  | 6.  |                  |
| 7. Other net rental income  | 7.  |                  |
| 8. Interest   | 8.  |                  |
| 9. Dividends  | 9.  |                  |
| 10. Royalties   | 10. |                  |
| 11. Net short-term capital gain   | 11. |                  |
| 12. Net long-term capital gain  | 12. |                  |
| 13. Net 28% rate capital gain   | 13. |                  |
| 14. Net section 1231 gain and ordinary business gains   | 14. |                  |
| 15. Tax-exempt interest and other tax-exempt income   | 15. |                  |
| 16. Other income  | 16. |                  |
| 17. Excess of deductions for depletion over basis of property (other than oil and gas)                                    | 17. |                  |
| 18. Other increases   | 18. |                  |
| 19. Total increases to basis. Combine lines 2 through 18  | 19. | <u>0</u>         |
| 20. <b>Adjusted basis before items decreasing basis.</b> Add line 1 and line 19   | 20. | <u>1,176,592</u> |
| <b>Decreases to basis:</b>  |     |                  |
| 21. Distributions: Cash and marketable securities (Sch K-1 (1065), Box 19 A)  | 21. |                  |
| 22. Distributions: Property (adjusted basis) (Sch K-1 (1065), Box 19 C)   | 22. |                  |
| 23. Decrease in share of partnership liabilities  | 23. | <u>1,383,513</u> |
| 24. Total distributions. Combine lines 21 through 23  | 24. | <u>1,383,513</u> |
| 25. Nondeductible noncapital expenses. (See Partner's Basis Worksheet Page 2)   | 25. | <u>0</u>         |
| 26. Oil and gas property depletion deduction up to adjusted basis of property   | 26. |                  |
| 27. Other decreases   | 27. |                  |
| 28. Total decreases to basis except items of loss and deductions. Combine lines 24 through 27                             | 28. | <u>1,383,513</u> |
| 29. <b>Adjusted basis before items of loss or deductions</b> (Subtract line 28 from line 20. Do not enter less than zero) | 29. | <u>0</u>         |
| 30. Partnership losses and deductions applied against basis. (See Partner's Basis Worksheet Page 2)                       | 30. |                  |
| 31. Basis at the end of the year. (Subtract line 30 from line 29. Do not enter less than zero)                            | 31. | <u>0</u>         |

**Gain Recognized on Distributions**

|   |     |                  |
|---|-----|------------------|
| 32. Total distributions less property distributions. Subtract line 22 from line 24                                      | 32. | <u>1,383,513</u> |
| 33. Adjusted basis before items decreasing basis (line 20) less gain from entire disposition of partnership on line 27. | 33. | <u>1,176,592</u> |
| 34. <b>Gain recognized on excess distributions.</b> (Subtract line 33 from line 32)                                     | 34. | <u>206,921</u>   |
| • Sch E page 2, ordinary income   |     | <u>206,921</u>   |
| • Sch D/8949, short-term capital gain   |     |                  |
| • Sch D/8949, long-term capital gain  |     |                  |
| 35. <b>Gain recognized on appreciated property</b>  | 35. |                  |
| 36. <b>Total gain recognized on distributions</b>   | 36. | <u>206,921</u>   |

|  |  |  |
|--|--|--|
| Form <b>1040</b>                                       | <b>Partner's Basis Worksheet Page 1, AMT</b> | <b>2012</b>  |
| Name<br><b>CLAUDE A SIMON</b>                          |  | Taxpayer Identification Number<br><b>106-50-1158</b> |
| Name of Entity<br><b>160 MADISON AVE JOINT VENTURE</b> |  | EIN <b>13-3027658</b>                                |
| Passive Activity Type<br><b>Rental Real Estate</b>     |  | K1 Unit<br><b>1</b>                                  |

|  |     |                  |
|--|-----|------------------|
| 1. Beginning of year basis. Per IRC 705(a)(2) do not enter an amount below zero  | 1.  | <u>1,176,592</u> |
| <b>Increases to basis:</b>   |     |                  |
| 2. Capital contributions: Cash   | 2.  |                  |
| 3. Capital contributions: Property (adjusted basis)  | 3.  |                  |
| 4. Increase in share of partnership liabilities  | 4.  |                  |
| 5. Ordinary business income  | 5.  |                  |
| 6. Net rental real estate income   | 6.  |                  |
| 7. Other net rental income   | 7.  |                  |
| 8. Interest  | 8.  |                  |
| 9. Dividends   | 9.  |                  |
| 10. Royalties  | 10. |                  |
| 11. Net short-term capital gain  | 11. |                  |
| 12. Net long-term capital gain   | 12. |                  |
| 13. Net 28% rate capital gain  | 13. |                  |
| 14. Net section 1231 gain and ordinary business gains  | 14. |                  |
| 15. Tax-exempt interest and other tax-exempt income  | 15. |                  |
| 16. Other income   | 16. |                  |
| 17. Excess of deductions for depletion over basis of property (other than oil and gas)                                   | 17. |                  |
| 18. Other increases  | 18. |                  |
| 19. Total increases to basis. Combine lines 2 through 18   | 19. | <u>0</u>         |
| 20. <b>Adjusted basis before items decreasing basis.</b> Add line 1 and line 19  | 20. | <u>1,176,592</u> |
| <b>Decreases to basis</b>  |     |                  |
| 21. Distributions: Cash and marketable securities (Sch K-1 (1065), Box 19 A)   | 21. |                  |
| 22. Distributions: Property (adjusted basis) (Sch K-1 (1065), Box 19 C)  | 22. |                  |
| 23. Decrease in share of partnership liabilities   | 23. | <u>1,383,513</u> |
| 24. Total distributions. Combine lines 21 through 23   | 24. | <u>1,383,513</u> |
| 25. Nondeductible noncapital expenses. (See Partner's Basis Worksheet Page 2)  | 25. | <u>0</u>         |
| 26. Oil and gas property depletion deduction up to adjusted basis of property  | 26. |                  |
| 27. Other decreases  | 27. |                  |
| 28. Total decreases to basis except items of loss and deductions. Combine lines 24 through 27                            | 28. | <u>1,383,513</u> |
| 29. <b>Adjusted basis before items of loss or deductions.</b> Subtract line 28 from line 20. Do not enter less than zero | 29. | <u>0</u>         |
| 30. Partnership losses and deductions applied against basis. (See Partner's Basis Worksheet Page 2)                      | 30. |                  |
| 31. Basis at the end of the year. (Subtract line 30 from line 29. Do not enter less than zero)                           | 31. | <u>0</u>         |

### AMT Gain Recognized on Distributions

|   |     |                  |
|---|-----|------------------|
| 32. Total distributions less property distributions. Subtract line 22 from line 24.                                     | 32. | <u>1,383,513</u> |
| 33. Adjusted basis before items decreasing basis (line 20) less gain from entire disposition of partnership on line 27. | 33. | <u>1,176,592</u> |
| 34. <b>Gain recognized on excess distributions.</b> (Subtract line 33 from line 32)                                     | 34. | <u>206,921</u>   |
| • Sch E page 2, ordinary income   |     | <u>206,921</u>   |
| • Sch D/8949, short-term capital gain   |     |                  |
| • Sch D/8949, long-term capital gain  |     |                  |
| 35. <b>Gain recognized on appreciated property</b>  | 35. |                  |
| 36. <b>Total gain recognized on distributions</b>   | 36. | <u>206,921</u>   |