Form	8879
Departme	ent of the Treasury
Internal F	Revenue Service

## **IRS e-file Signature Authorization**

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

2017

Submission Identification Number (SID)

	<u> </u>	
Taxpayer's name ROBERT F. O'ROURKE	Socials	security number
Spouse's name	Spouse	's social security number
AMY S. O'ROURKE		
Part I Tax Return Information - Tax Year Ending December 31, 2017 (Whole dollars only)		266 455
	. 1	<u>366,455.</u> 81,019.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	01,019.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40;		24,805.
Form 1040EZ, line 7; Form 1040NR, line 62a)	. 3	24,005.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a;		0.
Form 1040NR, line 73a) 5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)		0•
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75) Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a		of your return)
Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying sche year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and so the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize t Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must cor at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) d institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquir payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax retur Funds Withdrawal Consent. I authorize to enter or generate my PIN <b>ERO firm name</b> as my signature on my tax year 2017 electronically filed income tax return. Check this box on PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	urces of in w my inter receipt o he U.S. Tri- c preparat This authol htact the L late. I also ries and ru n and, if a Enter f don't e	ncome I received during rmediate service provider, r reason for rejection of the reasury and its designated ion software for payment of orization is to remain in full J.S. Treasury Financial Agent o authorize the financial esolve issues related to the applicable, my Electronic
Your signature  Date	*	
Spouse's PIN: check one box only		
X       I authorize       to enter or generate my PIN         ERO firm name       as my signature on my tax year 2017 electronically filed income tax return.         I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box on PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	don't e	ive digits, but enter all zeros are entering your own
Spouse's signature  Date	•	
Practitioner PIN Method Returns Only - continue below		
Part III Certification and Authentication - Practitioner PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zer I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income t indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN r Handbook for Authorized IRS e-fii.	tax retur	n for the taxpayer(s) and <b>Pub. 1345,</b>
ERO's signature  Date	. 1	0/10/2018
719995 11-10-17 Don't Submit This Form to the IRS Unless Requested To Do So		

09161010 149481 SV2020

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

LHA

1 2017.04030 O'ROURKE, ROBERT F

SV2020\_2

#### Tax Year 2017 e-file Jurat/Disclosure for Form 1040, 1040A, 1040EZ, or 1040NR using Practitioner PIN method (with or without Electronic Funds Withdrawal)

#### **ERO Declaration**

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

#### **ERO Signature**

#### I am signing this Tax Return by entering my PIN below.

ERO's PIN

(enter EFIN plus 5 self-selected numerics)

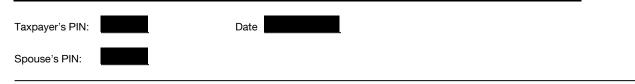
#### Taxpayer Declarations Perjury Statement

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

#### **Consent to Disclosure**

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

# I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.



For the year Jan. 1-Dec.	31, 20	17, or other tax year beginning			MB No. 15		RS Use C	, 20			e separate instru	uctions
Your first name and			Last name		, ,			, 20			social security nur	
ROBERT F.			O'ROURKE									
If a joint return, spo	use's f	first name and initial	Last name							Spo	use's social securit	y number
AMY S.	horor	ad atraat) If you have a D						Ant r				
Home address (num	iber ar	nd street). If you have a P.	.O. box, see instructio	ons.				Apt. r	10.		Make sure the SSN and on line 6c are c	
City town or post office	state	and ZIP code. If you have a for	eign address, also compl	ete spaces below							idential Election Ca	
EL PASO,		79902								Che if fili	ck here if you, or yo ng jointly, want \$3 t fund. Checking a b	our spouse to go to
Foreign country nan		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Foreiar	province/state/county			Forei	gn postal	code	this will	fund. Checking a be not change your tax	ox below k or refund
· · · · · · · · · · · · · · · · · · ·								5. F			You	Spouse
Filing Status	1	Single	•		4	Head of	househo	old (with o	qualifyi	ng p	erson). If the qu	alifying
Thing Otatus	2	X Married filing jointly	/ (even if only one ha	d income)		person is	s a child	but not y	vour de	pend	lent, enter this c	hild's
Check only	3		ately. Enter spouse's	SSN above		name he						
one box.		and full name here.			5	Qualifyin	ıg widov	v(er) (see	instru	ction	S) Boxes checked	
Exemptions				dependent, <b>do not</b> check	box 6a						on 6a and 6b	2
	-					(3) Dep	endent's		(4)√ if (	child	No. of children on 6c who:	3
		Dependents: (1) First name	Last name	(2) Dependent's social security number		relatio	nship to ou		ùnder ag qualifying tax cre	tor chi		ith
	-		ROURKE		SOI	-			X		you due to divor	ce
If more than four			URKE			UGHTE	R		X		(see instructions	5) <u> </u>
dependents, see	-	HENRY J O'RC			SOI				Х		Dependents on 6 not entered abov	
instructions and check here ▶					_						Add numbers	
	d	Total number of exempt	ions claimed								on lines above	5
Income	7	Wages, salaries, tips, etc	· · ·					'MT 3	7		173,	
	8a	Taxable interest. Attach	Schedule B if require	ed					8a	-	54,	447.
Attach Form(s)	b	Tax-exempt interest. Do	o not include on line 8	3a	8b				_		1 0	400
W-2 here. Also	9a			lired			<u>ح</u>	,301	9a		13,	490.
attach Forms W-2G and	b 10			ad logal income toyog				-				
1099-R if tax	10 11	A.I		nd local income taxes					10			
was withheld.	12			C or C-EZ					12			
	13			quired. If not required, che					13		-3,	000.
If you did not get a W-2,	14			······································					14			-2.
see instructions.	15a	IRA distributions	15a		<b>b</b> Taxa	able amoui	nt		15t	5		
	16a	Pensions and annuities				able amoui				<u> </u>		
	17			orporations, trusts, etc. Att					17		64,	230.
	18								18	_		
	19		sation						19			
	20a	Social security benefits	20a	EE STATEMENT		able amou	nt				67	346.
	21 22	Other income. List type		for lines 7 through 21. This		total inco	<b></b>		21		370,	
	22										570,	4120
Adjusted	24	Certain business expenses o officials Attach Form 2106 o	f reservists, performing a r 2106-EZ	rtists, and fee-basis government	24				-			
Gross	25			m 8889								
Income	26	Moving expenses. Attac										
	27			h Schedule SE			3	,957	•			
	28			ans					_			
	29					_			_			
	30								_			
	31a			<u> </u>		1			_			
	32 33	Student loan interest de	1 ·						_			
	33 34					1						
	35			ach Form 8903								
	36								36		3,	957.
710001 02-22-18	37	Subtract line 36 from lin	e 22. This is your ad	justed gross income				►			366,	

Form 1040 (2017)	R	OBERT F. & AMY S. O'ROURKE				Page <b>2</b>
Tax and	38	Amount from line 37 (adjusted gross income)			38	366,455.
Credits			Total boxes			
Standard		if: Spouse was born before January 2, 1953, Blind.		39a		
<ul> <li>Deduction for -</li> <li>People who</li> </ul>	h	If your spouse itemizes on a separate return or you were a dual-status alien, chec		▶ 39b		
check any box on line 39a or	40	Itemized deductions (from Schedule A) or your standard deduction (see left ma			40	66,329.
39b <b>Of</b> who can be claimed as a	41				41	300,126.
dependent, see instructions.	42	Subtract line 40 from line 38 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line			42	11,340.
instructions.					42	288,786.
	43	<b>Taxable income</b> . Subtract line 42 from line 41. If line 42 is more than line 41, end			43 44	69,382.
	44	Tax. Check if any from:     a     Form(s) 8814     b     Form 4972     c				3,870.
<ul> <li>All others:</li> </ul>	45	Alternative minimum tax. Attach Form 6251			45	5,070.
Single or	46	Excess advance premium tax credit repayment. Attach Form 8962			46	72 050
Married filing separately,	47	Add lines 44, 45, and 46			47	73,252.
\$6,350	48	Foreign tax credit. Attach Form 1116 if required		44.		
Married filing jointly or	49	Credit for child and dependent care expenses. Attach Form 2441		1,200.		
Qualifying widow(er),	50	Education credits from Form 8863, line 19	50			
\$12,700	51	Retirement savings contributions credit. Attach Form 8880	51			
Head of household,	52	Child tax credit. Attach Schedule 8812, if required				
\$9,350	53	Residential energy credits. Attach Form 5695	53			
	54	Other credits from Form: <b>a</b> 🛛 3800 <b>b</b> 🗌 8801 <b>c</b>	54	4,759.		
	55	Add lines 48 through 54. These are your total credits			55	6,003.
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-			56	67,249.
	57	Self-employment tax. Attach Schedule SE			57	7,914.
Other	58	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b>	8919		58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if r			59	
		Household employment taxes from Schedule H			60a	2,659.
	h	First-time homebuyer credit repayment. Attach Form 5405 if required			60b	
		Health care: Individual responsibility (see instructions) Full-year coverage			61	
	62	Taxes from: <b>a</b> Form 8959 <b>b</b> $\mathbf{X}$ Form 8960 <b>c</b> Inst.; enter code(s			62	3,197.
	63	Add lines 56 through 62. This is your total tax			63	81,019.
					00	01/0191
Payments	64	Eaderal income tax withheld from Forms $W_2$ and 1000	64	24 805.		
Payments		Federal income tax withheld from Forms W-2 and 1099		24,805.		<u>ዓጥ</u> ልጥ <u>ድ</u> Μ <u>Έ</u> Νጥ 5
_	65	2017 estimated tax payments and amount applied from 2016 return	65	24,805. 738.		STATEMENT 5
If you have a qualifying	65 <u>6</u> 6 a	2017 estimated tax payments and amount applied from 2016 return Earned income credit (EIC)				STATEMENT 5
If you have a	65 <u>6</u> 6 a b	2017 estimated tax payments and amount applied from 2016 return         Earned income credit (EIC)         Nontaxable combat pay election	65 66a			STATEMENT 5
If you have a qualifying child, attach	65 <u>6</u> 6 a b 67	2017 estimated tax payments and amount applied from 2016 return         Earned income credit (EIC)         Nontaxable combat pay election         66b         Additional child tax credit. Attach Schedule 8812	65 66a 67			STATEMENT 5
If you have a qualifying child, attach	65 <u>6</u> 6 a b 67 68	2017 estimated tax payments and amount applied from 2016 return         Earned income credit (EIC)         Nontaxable combat pay election         Additional child tax credit. Attach Schedule 8812         American opportunity credit from Form 8863, line 8	65 66a 67 68			STATEMENT 5
If you have a qualifying child, attach	65 66 a b 67 68 69	2017 estimated tax payments and amount applied from 2016 return         Earned income credit (EIC)         Nontaxable combat pay election         66b         Additional child tax credit. Attach Schedule 8812         American opportunity credit from Form 8863, line 8         Net premium tax credit. Attach Form 8962	65 66a 67 68 69	738.		STATEMENT 5
If you have a qualifying child, attach	65 <u>6</u> 6 a b 67 68 69 70	2017 estimated tax payments and amount applied from 2016 return         Earned income credit (EIC)         Nontaxable combat pay election         Additional child tax credit. Attach Schedule 8812         American opportunity credit from Form 8863, line 8         Net premium tax credit. Attach Form 8962         Amount paid with request for extension to file	65           66a           67           68           69           70			STATEMENT 5
If you have a qualifying child, attach	65 66 a 67 68 69 70 71	2017 estimated tax payments and amount applied from 2016 return         Earned income credit (EIC)         Nontaxable combat pay election         66b         Additional child tax credit. Attach Schedule 8812         American opportunity credit from Form 8863, line 8         Net premium tax credit. Attach Form 8962         Amount paid with request for extension to file         Excess social security and tier 1 RRTA tax withheld	65           66a           67           68           69           70           71	738.		STATEMENT 5
If you have a qualifying child, attach	65 66 a 67 68 69 70 71 72	2017 estimated tax payments and amount applied from 2016 return         Earned income credit (EIC)         Nontaxable combat pay election         66b         Additional child tax credit. Attach Schedule 8812         American opportunity credit from Form 8863, line 8         Net premium tax credit. Attach Form 8962         Amount paid with request for extension to file         Excess social security and tier 1 RRTA tax withheld         Credit for federal tax on fuels. Attach Form 4136	65           66a           67           68           69           70           71           72	738.		STATEMENT 5
If you have a qualifying child, attach	65 66 a 67 68 69 70 71	2017 estimated tax payments and amount applied from 2016 return         Earned income credit (EIC)         Nontaxable combat pay election         66b         Additional child tax credit. Attach Schedule 8812         American opportunity credit from Form 8863, line 8         Net premium tax credit. Attach Form 8962         Amount paid with request for extension to file         Excess social security and tier 1 RRTA tax withheld         Credit for federal tax on fuels. Attach Form 4136         Credits from Form:       a 2439 b ReservedC	65           66a           67           68           69           70           71	738.		
If you have a qualifying child, attach Schedule EIC.	65 66 a 67 68 69 70 71 72 73 74	2017 estimated tax payments and amount applied from 2016 return         Earned income credit (EIC)         Nontaxable combat pay election         Additional child tax credit. Attach Schedule 8812         American opportunity credit from Form 8863, line 8         Net premium tax credit. Attach Form 8962         Amount paid with request for extension to file         Excess social security and tier 1 RRTA tax withheld         Credit for federal tax on fuels. Attach Form 4136         Credits from Form: a       2439 b         Reservedc       8885 d         Add lines 64, 65, 66a, and 67 through 73. These are your total payments	65           66a           67           68           69           70           71           72           73	738.	74	100,543.
If you have a qualifying child, attach	65 66 a 67 68 69 70 71 72 73 74 75	2017 estimated tax payments and amount applied from 2016 return         Earned income credit (EIC)         Nontaxable combat pay election         66b         Additional child tax credit. Attach Schedule 8812         American opportunity credit from Form 8863, line 8         Net premium tax credit. Attach Form 8962         Amount paid with request for extension to file         Excess social security and tier 1 RRTA tax withheld         Credit for federal tax on fuels. Attach Form 4136         Credits from Form: a       2439 b         Reservedc       8885 d         Add lines 64, 65, 66a, and 67 through 73. These are your total payments         If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you	65           66a           67           68           69           70           71           72           73	738.	75	
If you have a qualifying child, attach Schedule EIC.	65 66 a 67 68 69 70 71 72 73 74 75	2017 estimated tax payments and amount applied from 2016 return         Earned income credit (EIC)         Nontaxable combat pay election         66b         Additional child tax credit. Attach Schedule 8812         American opportunity credit from Form 8863, line 8         Net premium tax credit. Attach Form 8962         Amount paid with request for extension to file         Excess social security and tier 1 RRTA tax withheld         Credit for federal tax on fuels. Attach Form 4136         Credits from Form: a       2439 b         Reservedc       8885 d         Add lines 64, 65, 66a, and 67 through 73. These are your total payments         If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you         Amount of line 75 you want refunded to you. If Form 8888 is attached, check her	65           66a           67           68           69           70           71           72           73	738.		100,543.
If you have a qualifying child, attach Schedule EIC.	65 66 a 67 68 69 70 71 72 73 74 75 76 a	2017 estimated tax payments and amount applied from 2016 return         Earned income credit (EIC)         Nontaxable combat pay election         66b         Additional child tax credit. Attach Schedule 8812         American opportunity credit from Form 8863, line 8         Net premium tax credit. Attach Form 8962         Amount paid with request for extension to file         Excess social security and tier 1 RRTA tax withheld         Credit for federal tax on fuels. Attach Form 4136         Credits from Form: a       2439 b         Reservedc       8885 d         Add lines 64, 65, 66a, and 67 through 73. These are your total payments         If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you	65           66a           67           68           69           70           71           72           73	738. 75,000.	75	100,543.
If you have a qualifying child, attach Schedule EIC.	65 66 a 67 68 69 70 71 72 73 74 75 76 a	2017 estimated tax payments and amount applied from 2016 return         Earned income credit (EIC)         Nontaxable combat pay election         66b         Additional child tax credit. Attach Schedule 8812         American opportunity credit from Form 8863, line 8         Net premium tax credit. Attach Form 8962         Amount paid with request for extension to file         Excess social security and tier 1 RRTA tax withheld         Credit for federal tax on fuels. Attach Form 4136         Credits from Form: a       2439 b         Reservedc       8885 d         Add lines 64, 65, 66a, and 67 through 73. These are your total payments         If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you         Amount of line 75 you want refunded to you. If Form 8888 is attached, check her	65           66a           67           68           69           70           71           72           73	738.	75	100,543.
If you have a qualifying child, attach Schedule EIC.	65 66 a 67 68 69 70 71 72 73 74 75 76 a ▶	2017 estimated tax payments and amount applied from 2016 return         Earned income credit (EIC)         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812         American opportunity credit from Form 8863, line 8         Net premium tax credit. Attach Form 8962         Amount paid with request for extension to file         Excess social security and tier 1 RRTA tax withheld         Credit for federal tax on fuels. Attach Form 4136         Credits from Form: a       2439 b         Reservedc       8885 d         Add lines 64, 65, 66a, and 67 through 73. These are your total payments         If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you Amount of line 75 you want refunded to you. If Form 8888 is attached, check her Routing number         P c Type:       Checking       Savings > d number	65         66a         67         68         69         70         71         72         73         ou overpaid         e         77	738. 75,000. 	75	100,543.
If you have a qualifying child, attach Schedule EIC.	65 66 a b 67 68 69 70 71 72 73 74 75 76 a 77 76 a 77 78 79	2017 estimated tax payments and amount applied from 2016 return         Earned income credit (EIC)         Nontaxable combat pay election         66b         Additional child tax credit. Attach Schedule 8812         American opportunity credit from Form 8863, line 8         Net premium tax credit. Attach Form 8962         Amount paid with request for extension to file         Excess social security and tier 1 RRTA tax withheld         Credit for federal tax on fuels. Attach Form 4136         Credits from Form:       a         2439 b       Reservedc         Add lines 64, 65, 66a, and 67 through 73. These are your total payments         If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you         Amount of line 75 you want refunded to you. If Form 8888 is attached, check her         Routing       ▶ c Type:       Checking       Savings ▶ d Account         Amount of line 75 you want applied to your 2018 estimated tax       ▶	65         66a         67         68         69         70         71         72         73         ou overpaid         e         77	738. 75,000.	75 76a	100,543.
If you have a qualifying child, attach Schedule EIC.	65 66 a 67 68 69 70 71 72 73 74 75 76 a 77 76 a 77 78 79	2017 estimated tax payments and amount applied from 2016 return         Earned income credit (EIC)         Nontaxable combat pay election         66b         Additional child tax credit. Attach Schedule 8812         American opportunity credit from Form 8863, line 8         Net premium tax credit. Attach Form 8962         Amount paid with request for extension to file         Excess social security and tier 1 RRTA tax withheld         Credit for federal tax on fuels. Attach Form 4136         Credits from Form:       a         2439 b       Reservedc         Add lines 64, 65, 66a, and 67 through 73. These are your total payments         If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you         Amount of line 75 you want refunded to you. If Form 8888 is attached, check here         Routing       ▶ c         Amount of line 75 you want applied to your 2018 estimated tax         Amount of line 75 you want applied to your 2018 estimated tax         Amount of line 75 you want applied to your 2018 estimated tax         Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions)         Extimated tax penalty (see instructions)	65         66a         67         68         69         70         71         72         73         ou overpaid         e         77         structions         79         ctions)?         X	738. 75,000. 	75 76a 78 0w.	100,543. 19,524.
If you have a qualifying child, attach Schedule EIC.	65 66 a b 67 68 69 70 71 72 73 74 75 76 a 75 76 a 70 71 72 73 74 75 76 a 70 77 78 79 8 79 8 70 70 70 70 70 70 70 70 70 70	2017 estimated tax payments and amount applied from 2016 return         Earned income credit (EIC)         Nontaxable combat pay election         Additional child tax credit. Attach Schedule 8812         American opportunity credit from Form 8863, line 8         Net premium tax credit. Attach Form 8962         Amount paid with request for extension to file         Excess social security and tier 1 RRTA tax withheld         Credit for federal tax on fuels. Attach Form 4136         Credits from Form: a 2439 b       Reservedc         Add lines 64, 65, 66a, and 67 through 73. These are your total payments         If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you         Amount of line 75 you want refunded to your. If Form 8888 is attached, check her         Routing       ▶ c Type:         Amount of line 75 you want applied to your 2018 estimated tax         Amount of line 75 you want applied to your 2018 estimated tax         Amount of line 75 you want applied to your son details on how to pay, see instructions)         ou you want to allow another person to discuss this return with the IRS (see instructions)         ou you want to allow another person to discuss this return with the IRS (see instructions)	65         66a         67         68         69         70         71         72         73         ou overpaid         re         77         structions         79         Ctions)?	738. 75,000. ▶ ▶  18,274. 1,250. (es. Complete bel	75 76a 78 0W. Persona number	100,543. 19,524.
If you have a qualifying child, attach Schedule EIC.	65 66 a b 67 68 69 70 71 72 73 74 75 76 a 75 76 a 70 71 72 73 74 75 76 a 70 77 78 79 8 79 8 70 70 70 70 70 70 70 70 70 70	2017 estimated tax payments and amount applied from 2016 return         Earned income credit (EIC)         Nontaxable combat pay election         Additional child tax credit. Attach Schedule 8812         American opportunity credit from Form 8863, line 8         Net premium tax credit. Attach Form 8962         Amount paid with request for extension to file         Excess social security and tier 1 RRTA tax withheld         Credit for federal tax on fuels. Attach Form 4136         Credits from Form: a 2439 b       Reservedc         Add lines 64, 65, 66a, and 67 through 73. These are your total payments         If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you         Amount of line 75 you want refunded to your. If Form 8888 is attached, check her         Routing       ▶ c Type:         Amount of line 75 you want applied to your 2018 estimated tax         Amount of line 75 you want applied to your 2018 estimated tax         Amount of line 75 you want applied to your son details on how to pay, see instructions)         ou you want to allow another person to discuss this return with the IRS (see instructions)         ou you want to allow another person to discuss this return with the IRS (see instructions)	65         66a         67         68         69         70         71         72         73         ou overpaid         re         77         structions         79         Ctions)?	738. 75,000. ▶ ▶  18,274. 1,250. (es. Complete bel	75 76a 78 0W. Persona number	100,543. 19,524.
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If you have a qualifying child, attach Schedule EIC.	65 66 a b 67 68 69 70 71 72 73 74 75 76 a b 77 78 79 Y Den ne	2017 estimated tax payments and amount applied from 2016 return         Earned income credit (EIC)         Nontaxable combat pay election         Additional child tax credit. Attach Schedule 8812         American opportunity credit from Form 8863, line 8         Net premium tax credit. Attach Form 8962         Amount paid with request for extension to file         Excess social security and tier 1 RRTA tax withheld         Credit for federal tax on fuels. Attach Form 4136         Credits from Form: a 2439 b Reservedc 8885 d Add lines 64, 65, 66a, and 67 through 73. These are your total payments         If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you         Amount of line 75 you want refunded to you. If Form 8888 is attached, check her         Routing       ▶ c Type:         Amount of line 75 you want applied to your 2018 estimated tax       ▶         Amount of line 75 you want applied to your 2018 estimated tax       ▶         Amount of line 75 you want applied to gen paymanying schedules and statements, and ta accurately list al amounts and sources of income I received during the tax year. Declaration of prepare (other than taxpa)         Your signature       Date       Your occupation	65         66a         67         68         69         70         71         72         73         ou overpaid         re         77         structions         79         ctions)?         X         othe best of my knowledger) is based on all inform         tion         Date	738. 75,000. 75,000. ▶ 18,274. 1,250. Yes. Complete bel tion of which preparer ha	75 76a 78 0W. Persona number correct, a correct, a correct, a correct, a under persona number number number for the for Persona number for Persona number for for for for for for for for for fo	100,543. 19,524. al identification (PIN) ► IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII

		Child Tax Credit Worksheet (keep for your records)	
Name(s): Fire		Last	Your SSN
ROBERT		& AMY S. O'ROURKE	
Part 1	1.	Number of qualifying children: <u>3</u> X \$1,000. Enter the result.	13,000.
	2.	Enter the amount from Form 1040, line 38, Form 1040A,	
		line 22, or Form 1040NR, line 37 <b>2 366 , 455 .</b>	
	3.	1040 filers: Enter the total of any-	
		<ul> <li>1040 filers: Enter the total of any-</li> <li>Exclusion of income from Puerto Rico, and</li> <li>Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.</li> </ul>	
		<ul> <li>Amounts from Form 2555, lines 45 and 50; Form 2555-EZ,</li> </ul>	
		line 18; and Form 4563, line 15.	
		1040A and 1040NR filers: Enter -0	
		Add lines 2 and 3. Enter the total.         4         366, 455.	
	5.	Enter the amount shown below for your filing status.	
		<ul> <li>Married filing jointly - \$110,000</li> <li>Single, head of household, or qualifying widow(er) - \$75,000</li> <li>Married filing separately - \$55,000</li> </ul>	
		• Single, head of household, or qualifying widow(er) - \$75,000 } 5 110,000.	
	6.	Is the amount on line 4 more than the amount on line 5?	
		No. Leave line 6 blank. Enter -0- on line 7.	
		X         Yes. Subtract line 5 from line 4.         6         257,000.	
		If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).	
	_		- 10.050
		Multiply the amount on line 6 by 5% (.05). Enter the result.	7 12,850.
	8.	Is the amount on line 1 more than the amount on line 7?	
		X No. STOP	
		You cannot take the child tax credit on Form 1040, line 52, Form 1040A, line 35,	
		or Form 1040NR, line 49. You also cannot take the additional child tax credit.           Yes.         Subtract line 7 from line 1. Enter the result.	0
De 10	٥	Enter the amount from Form 1040, line 47, Form 1040A, line 30, or	0
Part 2	э.	Form 1040NR, line 45.	٩
	10	<b>1040 filers:</b> Enter the total of the amounts from lines 48 through 51.* ] 10	J
	10.	<b>1040A filers:</b> Enter the total of the amounts from lines 31 through 34.	
		<b>1040NR filers:</b> Enter the total of the amounts from lines 46 through 48.*)	
	11.	Are you claiming any of the following credits?	
		<ul> <li>Residential energy efficient property credit, Form 5695, Part I.</li> </ul>	
		<ul> <li>Mortgage interest credit, Form 8396</li> </ul>	
		Qualified adoption expenses, Form 8839	
		<ul> <li>District of Columbia first-time homebuyer credit, Form 8859</li> </ul>	
		<b>No.</b> Enter the amount from line 10.	11
		Yes. If you are filing Form 2555 or 2555-EZ, enter the amount from line 10. Otherwise,	
		complete the Line 11 Worksheet to figure the amount to enter here.	
	12.	Subtract line 11 from line 9. Enter the result.	12
	13.	Is the amount on line 8 of this worksheet more than the amount on line 12?	
		No. Enter the amount from line 8. This is your	
		Yes. Enter the amount from line 12. f child tax credit.	13

* Also include amounts from:					
Form 5695, line 30					
Form 8910, line 15					
Form 8936, line 23					
Schedule R, line 22					

04-01-17

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Form 2210

#### Department of the Treasury Internal Revenue Service

## Underpayment of Estimated Tax by Individuals, Estates, and Trusts

► Go to www.irs.gov/Form2210 for instructions and the latest information.

Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

Attachment Sequence No. 06

Name(s) shown on tax return

### ROBERT F. & AMY S. O'ROURKE

## Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 7 less than \$1,000?	Yes	Don't file Form 22	10 You don't ov		enalty
		Don't me Form 22		veap	enaity.
No					
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You don't owe a pe (but if box <b>E</b> in Part Form 2210).			
No					
You may owe a penalty. Does any box in Part II below apply?	Yes	Vou must file Form	2210 Daga bay		or <b>D</b> in Dort II opply?
Four may owe a penalty. Does any box in Part if below apply?		You must life Form	2210. Does box	с в, С	, or <b>D</b> in Part II apply?
No		No Y	You You	u mus	at figure your penalty.
<b>Don't file Form 2210.</b> You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but <b>don't file Form 2210.</b>		figure it and send yo figure it, you may us	ou a bill for any u se Part III or Part	unpaid t IV as	y because the IRS will amount. If you want to a worksheet and enter but file only page 1 of
Part I Required Annual Payment					
1 Enter your 2017 tax after credits from Form 1040, line 56 (see instruc	tions if not filing	Form 1040)		1	67,249.
2 Other taxes, including self-employment tax and, if applicable, Addition	-	,			•
Income Tax (see instructions)				2	13,770.
3 Refundable credits, including the premium tax credit (see instructions	)			3	()
4 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop;	you don't owe a	penalty. <b>Don't</b> file Form 2	210	4	81,019.
5 Multiply line 4 by 90% (0.90)		5	72,917.		
6 Withholding taxes. Don't include estimated tax payments (see instruct				6	24,805.
7 Subtract line 6 from line 4. If less than \$1,000, stop; you don't owe a				7	56,214.
8 Maximum required annual payment based on prior year's tax (see insi				8	74,941.
9 Required annual payment. Enter the smaller of line 5 or line 8			L	9	72,917.
Next: Is line 9 more than line 6?					
No. You don't owe a penalty. Don't file Form 2210 unless box E t					
X Yes. You may owe a penalty, but <b>don't</b> file Form 2210 unless one		n Part II below applies.			
<ul> <li>If box B, C, or D applies, you must figure your penalty and file</li> <li>If box A or E applies (but not B, C, or D) file only page 1 of For a bill for any unpaid amount. If you want to figure your penalty, y</li> </ul>	rm 2210. You <b>are</b>				
only page 1 of Form 2210.	,		5	5	,
Part II Reasons for Filing. Check applicable boxes. If no	ne apply, <b>don'</b> i	file Form 2210.			
A You request a <b>waiver</b> (see instructions) of your entire penalty. You to figure your penalty.	ou must check thi	s box and file page 1 of F	Form 2210, but you	u aren'	t required
to figure your penalty. <b>B</b> You request a <b>waiver</b> (see instructions) of part of your penalty. Y	ou must figure y	our penalty and waiver ar	mount and file Forr	n 991(	h
C Your income varied during the year and your penalty is reduced of	• •				
figure the penalty using Schedule AI and file Form 2210.	n emmaleu whe		lanzeu meome ms	lanni	
<b>D</b> Your penalty is lower when figured by treating the federal income	tax withheld from	n vour income as naid or	the dates it was a	octually	withheld instead of in
equal amounts on the payment due dates. You must figure your p				lotuunj	, withinitia, motoad of m
E You filed or are filing a joint return for either 2016 or 2017, but n	ot for both years,	and line 8 above is smal	ler than line 5 abov	ve. You	u must file page 1 of
Form 2210, but you aren't required to figure your penalty (unless LHA For Paperwork Reduction Act Notice, see separate instruct		ippiloo <i>j</i> .			Form <b>2210</b> (2017)
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712501 01-05-18					

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Identifying number

Form 2210 (2017) ROBERT F. & AMY S. O'ROURKE Part IV Regular Method (See the instructions if you are filing Form 1040NR or 1040NR-EZ.)

		Payment Due Dates								
Section A - Figure Your Underpayment		<b>(a)</b> 4/15/17	<b>(b)</b> 6/15/17	<b>(c)</b> 9/15/17	<b>(d)</b> 1/15/18					
<b>18 Required installments.</b> If box C in Part II applies, enter the amounts from Schedule AI, line 25. Otherwise, enter										
25% (0.25) of line 9, Form 2210, in each column	18	18,229.	18,229.	18,229.	18,230.					
19 Estimated tax paid and tax withheld. For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II	19	6,939.	6,201.	6,201.	6,202.					
Complete lines 20 through 26 of one column before going to line 20 of the next column.										
20 Enter the amount, if any, from line 26 in the previous										
column	20									
21 Add lines 19 and 20	21		6,201.	6,201.	6,202.					
22 Add the amounts on lines 24 and 25 in the previous column	22		11,290.	23,318.	35,346.					
23 Subtract line 22 from line 21. If zero or less, enter -0										
For column (a) only, enter the amount from line 19	23	6,939.	0.	0.	0.					
24 If line 23 is zero, subtract line 21 from line 22.										
Otherwise, enter -0-	24		5,089.	17,117.						
25 Underpayment. If line 18 is equal to or more than line										
23, subtract line 23 from line 18. Then go to line 20 of										
the next column. Otherwise, go to line 26	25	11,290.	18,229.	18,229.	18,230.					
26 Overpayment. If line 23 is more than line 18, subtract line										
18 from line 23. Then go to line 20 of the next column	26									
Section B - Figure the Penalty (Use the Works	heet for	Form 2210, Part IV, S	Section B - Figure the F	Penalty in the instruction	ons.)					
27 Penalty. Enter the total penalty from line 14 of the Workshe	eet for Fo	orm 2210, Part IV, Sectio	on B - Figure the Penalty.	Also include						
this amount on Form 1040, line 79; Form 1040A, line 51; Fo	orm 1040	ONR, line 76; Form 1040	NR-EZ, line 26; or Form 1	041, line						
26. Don't file Form 2210 unless you checked a box in Part	II			▶ 27	1,250.					
			S	EE ATTACHED	Form <b>2210</b> (2017) <b>WORKSHEET</b>					

712491 01-05-18

#### UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

lame(s)	AMY S. O'RO	IIDKE		Identifying Numb	сı
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due -0-	Balance Due	Penalty Rate	Penalty
04/15/17	18,229.	18,229.			
04/15/17	-6,201.	12,028.			
)4/15/17	-738.	11,290.	61	.000109589	7
06/15/17	18,229.	29,519.			
06/15/17	-6,201.	23,318.	92	.000109589	23
09/15/17	18,229.	41,547.			
09/15/17	-6,201.	35,346.	122	.000109589	47
01/15/18	18,230.	53,576.			
01/15/18	-6,202.	47,374.	90	.000109589	46
nalty Due (Sum of Colu	ımn F).				1,25

\* Date of estimated tax payment, withholding credit date or installment due date.

712511 04-01-17

SCHE	DULE	Ξ Α
(Form	1040	)

### **Itemized Deductions**

► Go to www.irs.gov/ScheduleA for instructions and the latest information.

Attach to Form 1040.

07 Sequence No Your social security number

OMB No. 1545-0074

Name(s) shown on For	m 104	0			Your soci	al security number
ROBERT F	. 6	AMY S. O'ROURKE				
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and	1	Medical and dental expenses (see instructions)	1			
Dental	2	Enter amount from Form 1040, line 38	-			
Expenses	_					
•	3	Multiply line 2 by 7.5% (0.075)	3			
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	-	I	4	
Taxes You		State and local (check only one box):	<u> </u>			
Paid	-	a Income taxes, or SEE STATEMENT 10	5	3,4	48.	
		<b>b</b> X General sales taxes			-	
	6	Real estate taxes (see instructions)	6	4,8	15.	
	7	Personal property taxes	7			
	8	Other taxes. List type and amount	ŕ			
	0		8			
	9		0		9	8,2
Interest	10	Home mortgage interest and points reported to you on Form 1098 STMT 7	10	13,4	-	072
You Paid	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		10,4		
Note:			11			
Your mortgage	10	Points not reported to you on Form 1098. See instructions for special rules	12			
interest	13	Mortgage insurance premiums (see instructions) STMT 12	13		0.	
deduction may be limited (see	13 14	Investment interest. Attach Form 4952 if required. See instructions STMT 8				
instructions).				55,4	15	48,9
Gifts to		Add lines 10 through 14		1 1	66.	40,9
Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	, <u>_</u> _, _	.00.	STMT 6
lf you made a	17	Other than by cash or check. If any gift of \$250 or more, see instructions.	47			SIMI
gift and got a		You <b>must</b> attach Form 8283 if over \$500	17			
benefit for it,	18	Carryover from prior year	18			1 1
		Add lines 16 through 18			19	1,1
Casualty and Theft Losses	20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 a				
		enter the amount from line 18 of that form. See instructions	1	1	. 20	
Job Expenses and Certain	21	Unreimbursed employee expenses - job travel, union dues, job education, etc.				
Miscellaneous		Attach Form 2106 or 2106-EZ if required. See instructions. <b>FROM FORM 2106</b> 3,000.				
Deductions		FROM FORM 21063,000.		2 0	0.0	
			21	3,0	00.	
		Tax preparation fees	22			
	23	Other expenses - investment, safe deposit box, etc. List type and amount				
		MORGAN STANLEY ADVISORY				
		FEES 1,253.		10.0	<b>–</b> – –	
		FROM K-1 - CAMPR II LIMITED 11,720.	23		73.	
	24	Add lines 21 through 23	24	15,9	73.	
	25	Enter amount from Form 1040, line 38				
	26	Multiply line 25 by 2% (0.02)	26		29.	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			. 27	8,6
Other Miscellaneous Deductions	28	Other - from list in instructions. List type and amount ▶ FROM K-1 - CAMPR II LIMITED		904	28	9
	29	Is Form 1040, line 38, over \$156,900?				
	23	<b>No.</b> Your deduction is not limited. Add the amounts in the far right column	٦			
Total		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		этмт 9	29	66,3
Itemized		X         Yes.         Your deduction may be limited. See the Itemized Deductions	۲. <b>۲</b>	, J	. 29	00,5
Deductions		-	J			
	00	Worksheet in the instructions to figure the amount to enter.	-	_		
	30	If you elect to itemize deductions even though they are less than your standard dedu	ICTIO	٦,		
		check here		► !		

2017.04030 O'ROURKE, ROBERT F

SCH	EDUL	ΕI	3
(Form	1040A	or	1040)

## **Interest and Ordinary Dividends**

Attach to Form 1040A or 1040.
 Go to www.irs.gov/ScheduleB for instructions and the latest information.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

			, <u>,</u>	
ROBERT F.	& AMY S. O'ROURKE			
Part I	1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the		Amount	
Interest	property as a personal residence, see the instructions and list this interest first. Also, show that			
Interest	buyer's social security number and address			
	STANTON STREET TECHNOLOGY LOAN INTEREST		3,28	4.
	SUNFLOWER BANK			9.
	FROM K-1 - CAMPR II LIMITED		51,09	6.
	FROM K-1 - PEPPERTREE SQUARE, LTD			8.
		1		
Natas Kusu				
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	2 Add the amounts on line 1	2	54,44	7.
form.	3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.			
	Attach Form 8815	3		
	4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a 🕨	4	54,44	7.
	Note: If line 4 is over \$1,500, you must complete Part III.		Amount	
Part II	5 List name of payer			
Ordinary	MORGAN STANLEY & CO. INCORPORATED		5,25	
Dividends	FROM K-1 - CAMPR INVESTMENT PARTNERSHIP			3.
Diffuence	FROM K-1 - CAMPR II LIMITED		7,59	4.
Note: If you		5		
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.				
	6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6	13,49	0.
	Note: If line 6 is over \$1,500, you must complete Part III.			
Part III	You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had	l a foreign	No.	
	account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.	-	Yes	No
Foreign	7a At any time during 2017, did you have a financial interest in or signature authority over a financial a	ccount (si	uch	
Accounts	as a bank account, securities account, or brokerage account) located in a foreign country? See ins	tructions		Х
and	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
Trusts	to report that financial interest or signature authority? See FinCEN Form 114 and its instructions fo			
	requirements and exceptions to those requirements	•		
	<b>b</b> If you are required to file FinCEN Form 114, enter the name of the foreign country where the financ			
	is located			
	is located <b>8</b> During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreit	an trust?		
727501 10-25-17	<ul> <li>is located</li> <li>B During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a forein If "Yes," you may have to file Form 3520. See instructions</li> </ul>	•		x

2017.04030 O'ROURKE, ROBERT F

OMB No. 1545-0074

08

## Interest and Dividend Summary

		Interest on U.S.	Tax-Exempt	Private Activity	Original Issue	Ordinary	Qualified	Capital Gain	Federal Income	State Tax	Foreign
Payer	Interest	Savings Bonds	Interest	Interest	Discount (OID)	Dividends	Dividends	Distributions	Tax Withheld	Withheld	Tax Paid
MORGAN STANLEY & CO.											
INCORPORATED						5,253.	2,406.	7,359.			44
STANTON STREET TECHNOLOGY LOAN											
INTEREST	3,284.										<u> </u>
SUNFLOWER BANK	59.										<u> </u>
FROM K-1 - CAMPR INVESTMENT											<u> </u>
PARTNERSHIP						643.					<u> </u>
FROM K-1 - CAMPR II LIMITED	51,096.					7,594.	3,895.				<u> </u>
FROM K-1 - PEPPERTREE SQUARE,											<u> </u>
LTD	8.										<u> </u>
											ļ
											<u> </u>
											<u> </u>
											<u> </u>
											<u> </u>
											<u> </u>
											<u> </u>
											<u> </u>
TOTALS	54,447.					13,490.	6,301.	7,359.			44

## **Capital Gains and Losses**

Attach to Form 1040 or Form 1040NR.

► Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

Department of the Treasury

Internal Revenue Service (99)

### ROBERT F. & AMY S. O'ROURKE

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

ente	instructions for how to figure the amounts to r on the lines below.	(d) Proceeds	Proceeds Cost to ga		rom	(h) Gain or (loss) Subtract column (e) from column (d) and	
	form may be easier to complete if you round off s to whole dollars.	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column	-	combine the result with column (g)	
<b>1</b> a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	233.	219.			14.	
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked						
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked						
4	Short-term gain from Form 6252 and short-term g	gain or (loss) from Forms	4684, 6781, and 8824	STMT 13	4	352.	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts         from Schedule(s) K-1         SEE         STATEMENT         15				5	225.	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss</b> Carryover Worksheet in the instructions					( 10,073.)	
7	Net short-term capital gain or (loss). Combine capital gains or losses, go to Part II below. Other	-		-	7	<9,482.>	

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

ente	r on the lines below.			(9) Adjustments to gain or loss from		(h) Gain or (loss) Subtract column (e) from column (d) and	
This form may be easier to complete if you round off cents to whole dollars.		(sales price) (or other basis)		Form(s) 8949, Part II, line 2, column (g)		combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	5,363.	5,509.			<146.>	
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked	1,977.	1,979.			<2.:	
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked	300,000.	104,373.		195,627.		
11	Gain from Form 4797, Part I; long-term gain from from Forms 4684, 6781, and 8824	SEE ST		ss) <u>1</u>	1	113,297.	
12	Net long-term gain or (loss) from partnerships, S			s) K-1 <b>1</b> 2	2	142,113.	
13	Capital gain distributions	SEE STATEMENT 17				7,359.	
14	Long-term capital loss carryover. Enter the amount		your Capital Loss Car		4 (	1,478,086.)	
15	Net long-term capital gain or (loss). Combine li Part III on page 2	ines 8a through 14 in col	lumn (h). Then go to		5	<1,019,838.>	

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

Schedule D (Form 1040) 2017

720511 11-02-17



Your social security number

#### Schedule D (Form 1040) 2017 ROBERT F. & AMY S. O'ROURKE

#### Part III Summary

16	Combine lines 7 and 15 and enter the result	16	<1,029,320.
	<ul> <li>If line 16 is a gain, 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 loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>If line 16 is zero, 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? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	<ul> <li>Are lines 18 and 19 both zero or blank?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.</li> <li>No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</li> </ul>		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	<ul> <li>The loss on line 16 or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21	( <u>3,000.</u> )
	Note: 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?		
	X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
	No. Complete the rest of Form 1040 or Form 1040NR.		
		Sc	nedule D (Form 1040) 2017

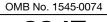
09161010 149481 SV2020



Name(s) shown on return

## Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
 File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Attachment Sequence No. 12A Social security number or taxpayer identification no.

ROBERT F. & AMY S. O'ROURKE

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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 (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	<b>(c)</b> Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and	loss. If ye in column column (f)	<b>it, if any, to gain or</b> ou enter an amount (g), enter a code in . <b>See instructions</b> .	(h) Gain or (loss). Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	<b>(g)</b> Amount of adjustment	combine the result with column (g)
MORGAN STANLEY &						udjuotinient	
CO. INCORPORATED							
	VARIOUS	12/31/17	233.	219.			14.
							ļ
							ļ
2 Totals. Add the amounts in colu							
negative amounts). Enter each te		,					
Schedule D, line 1b (if Box A ab			233.	219.			14.
above is checked), or line 3 (if I					heeis		
Note: If you checked Box A above b adjustment in column (g) to correct t							

14

Fc	orm 8949 (2017)				Attachn	nent Sequer	nce No. 12A	Page <b>2</b>
	ame(s) shown on return. Name and			o. not required if s	shown on page 1			ity number or ntification no.
	OBERT F. & AMY S.			Form(s) 1099-B o	r substitute statem	ent(s) from	vour broker. A su	bstitute
br	fore you check Box D, E, or F belo atement will have the same informa oker and may even tell you which l	box to check						
F	Part II Long-Term. Transact Note: You may aggregate al codes are required. Enter the	l long-term transac	tions reported on F	orm(s) 1099-B showi	ng basis was reported	d to the IRS a	ind for which no adj	ustments or
Yo	u must check Box D, E, or F below. (	Check only one bo	<b>x.</b> If more than one be	ox applies for your long-	term transactions, compl	ete a separate F	Form 8949, page 2, for e	
-	ou have more long-term transactions than will $\mathbf{X}$ ( <b>D</b> ) Long-term transactions rep	1 5				,		
Ē	(E) Long-term transactions rep	-			-		,	
	(F) Long-term transactions not					Adjustment	, if any, to gain or	(1)
1	<b>(a)</b> Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	<b>loss.</b> If you	u enter an amount	(h) Gain or (loss).
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the <b>Note</b> below and		g), enter a code in <b>See instructions</b> .	Subtract column (e) from column (d) &
			(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	<b>(g)</b> Amount of adjustment	combine the result with column (g)
_	MORGAN STANLEY &							
-	CO. INCORPORATED							
		VARIOUS	12/31/17	5,363.	5,509.			<146.>
_								
_								
_								
_								
_								
_								
_								
_								
_								
_								
_								
2	<b>Totals.</b> Add the amounts in colunegative amounts). Enter each t							
	Schedule D, <b>line 8b</b> (if <b>Box D</b> at above is checked), or <b>line 10</b> (if			5,363.	5,509.			<146.>
	ote: If you checked Box D above b	out the basis repo	orted to the IRS v	was incorrect, ent	er in column (e) the			, and enter an
-	ljustment in column (g) to correct t	the basis. See C	olumn (g) in the s	separate instructio	ons for how to figur	e the amou		ent. Form <b>8949</b> (2017)
723	3012 11-02-17			15			ŀ	-orm 0343 (2017)

09161010 149481 SV2020

Fo	rm 8949 (2017)				Attachm	nent Seque	nce No. 12A	Page <b>2</b>
Na	me(s) shown on return. Name and	SSN or taxpaye	er identification n	io. not required if s			Social secur	ity number or ntification no.
	DBERT F. & AMY S.							
Be sta	fore you check Box D, E, or F belo tement will have the same informa	ow, see whether ation as Form 10	you received any 99-B. Either will s	r Form(s) 1099-B o show whether you	r substitute statem r basis (usually you	ent(s) from r cost) was	your broker. A su reported to the IF	bstitute RS by your
P	art II Long-Term. Transact Note: You may aggregate all	tions involving ca	pital assets you ions reported on F	held more than 1 orm(s) 1099-B showi	year are long term. ng basis was reported	For short- to the IRS	term transactions and for which no ad	, see page 1. ustments or
	codes are required. Enter the	e totals directly on s	Schedule D, line 8a	a; you aren't required	to report these transa	actions on F	orm 8949 (see instru	ctions).
You If yo	u must check Box D, E, or F below. O u have more long-term transactions than will (D) Long-term transactions rep	fit on this page for one	e or more of the boxes,	, complete as many form	s with the same box cheo	ked as you ne	ed.	each applicable box.
Σ	(E) Long-term transactions rep					Note and	ive)	
	(F) Long-term transactions not							
1	(a)	(b)	(c)	(d)	(e)		t, if any, to gain or	(h)
	Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis. See the		(g), enter a code in	Gain or (loss). Subtract column (e)
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(Sules price)	Note below and	<u>``</u>	See instructions.	from column (d) &
			(WO., Gay, yr.)		see <i>Column (e)</i> in the instructions	(f) Code(s)	<b>(g)</b> Amount of adjustment	combine the result with column (g)
	IORGAN STANLEY &							
_	CO. INCORPORATED							
		VARIOUS	12/31/17	1,977.	1,979.			<2.>
_								
_								
_								
2	Totals. Add the amounts in colu							
	negative amounts). Enter each te		•					
	Schedule D, line 8b (if Box D ab			1,977.	1,979.			<2.>
No	above is checked), or line 10 (if te: If you checked Box D above b					hasis as r	enorted to the IPG	· · · · · · · · · · · · · · · · · · ·
	ustment in column (g) to correct t							
723	012 11-02-17							orm <b>8949</b> (2017)

### 09161010 149481 sv2020

Form 8949 (2017)				Attachm	nent Sequen	ce No. 12A	Page <b>2</b>
Name(s) shown on return. Name and	I SSN or taxpaye	er identification n	io. not required if s			Social secur	ity number or ntification no.
ROBERT F. & AMY S.							
Before you check Box D, E, or F belo statement will have the same information broker and may even tell you which t	ow, see whether ation as Form 10 box to check	you received any 99-B. Either will s	r Form(s) 1099-B o show whether you	r substitute statem r basis (usually you	ent(s) from y r cost) was re	our broker. A su eported to the IF	bstitute IS by your
Part II Long-Term. Transact Note: You may aggregate all codes are required. Enter the	tions involving ca	tions reported on F	orm(s) 1099-B showi	ng basis was reported	d to the IRS ar	nd for which no adj	ustments or
You must check Box D, E, or F below. C		,		·		`	
If you have more long-term transactions than will	fit on this page for one	e or more of the boxes	, complete as many form	s with the same box cheo	ked as you need	1.	
(D) Long-term transactions rep	-	-		-	Note above	e)	
(E) Long-term transactions rep	-		-	ported to the IRS			
1 (a)	(b)	(c)	, (d)	(e)	Adjustment,	if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		enter an amount ), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the <b>Note</b> below and	column (f).	See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	<b>(g)</b> Amount of adiustment	combine the result with column (g)
92630.000 SH -							
SALE OF STANTON							
STREET TECHNOLOGY							
INTEREST	VARIOUS	03/31/17	300,000.	104,373.			195,627.
-							
2 Totals. Add the amounts in colu	ımns (d), (e), (g) a	nd (h) (subtract					
negative amounts). Enter each te							
Schedule D, line 8b (if Box D ab							
above is checked), or line 10 (if				104,373.			195,627.
Note: If you checked Box D above b	-						
adjustment in column (g) to correct t	ne Dasis. See C	oiumn (g) in the s	separate instructio	The for now to figur	e ule arnoun		ent. Form <b>8949</b> (2017)
723012 11-02-17			1 🗖			ł	-0111 00-10 (2017)

### 09161010 149481 sv2020

#### **Qualified Dividends and Capital Gain Tax Worksheet - Line 44**

Keep for Your Records

	e(s) shown on return ERT F. & AMY S. O'ROURKE				Your SSN	
	ore you begin:       √       See the instructions for line 44 to see if         √       Before completing this worksheet, comp         √       If you don't have to file Schedule D and         checked the box on line 13 of Form 104	olete Form 104 you received c	0 through	line 43.		
1.	Enter the amount from Form 1040, line 43. However, if you are fi					
	2555 or 2555-EZ (relating to foreign earned income), enter the ar	mount from				
	line 3 of the Foreign Earned Income Tax Worksheet		1	288,786	<u> </u>	
2.	Enter the amount from Form 1040, line 9b* 2.	6,301.				
3.	Are you filing Schedule D?*					
	X       Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0       3.         No.       Enter the amount from Form 1040, line 13.       3.	0.				
4	Add lines 2 and 3	6.301.				
	If filing Form 4952 (used to figure investment	0,0020				
0.	interest expense deduction), enter any amount					
	from line 4g of that form. Otherwise, enter -0 5.	0.				
6	Subtract line 5 from line 4. If zero or less, enter -0-		6	6.301		
	Subtract line 6 from line 1. If zero or less, enter -0-				<u></u>	
	Enter:		<i>'</i>	202,100	<u> </u>	
0.	\$ 37 950 if single or married filing separately					
	\$ 75,900 if married filing jointly or qualifying widow(er),	\$	8	75.900		
	\$ 50,800 if head of household.		0	,	<u> </u>	
9			9	75.900		
10.	Enter the smaller of line 1 or line 8 Enter the smaller of line 7 or line 9		10.	75,900	<u> </u>	
11.	Subtract line 10 from line 9. This amount is taxed at 0%		11.	0,		
12.	Subtract line 10 from line 9. This amount is taxed at 0%		12.	6,301		
13.	Enter the amount from line 11		13.	. 0	,	
14.	Subtract line 13 from line 12		14.	6,301		
	Enter:				_	
	\$ 418 400 if single	Ì				
	\$ 235,350 if married filing separately,		15.	470,700	•	
	\$ 470,700 if married filing jointly or qualifying widow(er),	}			_	
	\$ 444,550 if head of household.					
16.	Enter the smaller of line 1 or line 15	)	16.	288,786	•	
17.	Add lines 7 and 11		17.	282,485	,	
	Subtract line 17 from line 16. If zero or less, enter -0-					
19.	Enter the smaller of line 14 or line 18				,	
20.	Multiply line 19 by 15% (0.15)				20	945.
21.	Add lines 11 and 19			6,301.		
22.	Subtract line 21 from line 12			•	,	
23.	Multiply line 22 by 20% (0.20)				23	0 .
24.	Figure the tax on the amount on line 7. If the amount on line 7 is		),000, use	the Tax Table to		
	figure the tax. If the amount on line 7 is \$100,000 or more, use the	he Tax Comput	ation Wo	rksheet	. 24	
25.	Add lines 20, 23, and 24				25.	69,382.
	Figure the tax on the amount on line 1. If the amount on line 1 is					
	figure the tax. If the amount on line 1 is \$100,000 or more, use the	he Tax Comput	ation Wo	rksheet	. 26	70,516
27.	Tax on all taxable income. Enter the smaller of line 25 or 26. A	Also include this	s amount	on Form		
	1040, line 44. If you are filing Form 2555 or 2555-EZ, don't enter	this amount or	n Form 10	)40, line 44.		
	Instead, enter it on line 4 of the Foreign Earned Income Tax Wor	ksheet			. 27	69,382

710451 01-17-18

zua	otai

SCHEDULE E

Department of the Treasury

Name(s) shown on return

Internal Revenue Service

(99)

(Form 1040)

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) Attach to Form 1040, 1040NR, or Form 1041.

► Go to www.irs.gov/ScheduleE for instructions and the latest information.

**Supplemental Income and Loss** 

1	OMB No. 1545-0074
	2017
	ZU 17
	Attachment Sequence No. 13

Your social security number

ROI	BERT F. & AMY S. O'ROUR									
Pa		-		•					•	se
	Schedule C or C-EZ (see instructions	s). If you are an individual, rep	ort farm	rental income or	loss from	Form 4	<b>1835</b> on pa	ge 2, line	40.	
	Did you make any payments in 2017 that wou							Yes	XN	D
BI	f "Yes," did you or will you file required Forms	s 1099?						Yes	N	D
	Physical address of each property (street, cit									
A	CAMPR II LIMITED - ROYA	LTY								
В										
c	Γ									
1b		I real estate property listed					Fair Renta			V
$\rightarrow$	(from list below) personal use of	the number of fair rental and days. Check the <b>QJV</b> box					Days	Use Da	iys	_
<u>A</u>	6 only if you me	et the requirements to file as to venture. See instructions.				A				Ţ
В		it venture. See instructions.				В		_		Ţ
<u>_</u>						C				
	e of Property:									
	ngle Family Residence 3 Vacation/Shor	t-Term Rental 5 Land		7 Self-Rental						
	ulti-Family Residence 4 Commercial	6 Royaltie	s	8 Other (describ	e)					
	ome:	Properties:		Α		В		С		
3			3							
$\frac{4}{E_{YP}}$	,		4	-	. •					
-	enses:									
5	Advertising		5							
6	Auto and travel (see instructions)		6							
7	Cleaning and maintenance		7							
8	Commissions		8							
9	Insurance		9							
10	Legal and other professional fees		10							
11	Management fees		11							
12	Mortgage interest paid to banks, etc. (see in		12							
13	Other interest		13							
14	Repairs		14							
15	Supplies		15							
16			16							
17			17							
18	Depreciation expense or depletion		18 19							
19 20			20							
20 21	Total expenses. Add lines 5 through 19 Subtract line 20 from line 3 (rents) and/or 4		20							
21	(loss), see instructions to find out if you mus	tile Form 6109	21							
22	Deductible rental real estate loss after limita		21	-	•					
22			22 (		,		, v			١
222	Total of all amounts reported on line 3 for al			2	3a		/			_
	Total of all amounts reported on line 4 for al				3b		1.			
					3C		<u> </u>			
c c	Total of all amounts reported on line 12 for a				3d					
	Total of all amounts reported on line 20 for a				3e					
е 24	Income. Add positive amounts shown on lir			·····			24		1	_
24 25	Losses. Add royalty losses from line 21 and	· · · · · ·		Enter total losse			05 (		<u></u>	<u>•</u> ۱
25 26	Total rental real estate and royalty incom					te II III				
20	IV, and line 40 on page 2 do not apply to yo									
	18. Otherwise, include this amount in the to	•		,		,	26		1	•

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2017

721491 10-20-17

09161010 149481 SV2020

19 2017.04030 O'ROURKE, ROBERT F

	lule E (Form 1040) 2017						Attachm	ent Sequen			Page <b>2</b>	
Name	(s) shown on return. Do not enter name and social securit	/ number if shown on pag	ge 1.						Your	social secu	rity number	
RO	BERT F. & AMY S. O'ROU	JRKE										
	ion: The IRS compares amounts reported on yo		ounts sho	own on Schedule(s) k	(-1.							
	rt II Income or Loss From Par					vou rec	ort a loss	from an	at-risk	activity for	which	
	<b>any</b> amount is <b>not</b> at risk, you <b>m</b> u					•				····, ···		
27	Are you reporting any loss not allowed in a pri								d loce	from a		
21	passive activity (if that loss was not reported of										X No	
	If you answered "Yes," see instructions before			eu partifersnip experi	3631							
		completing this seen	1011.		(b)	Enter <b>P</b> for	(C) Check	( d	I) Emp	over	(e) Check if	
28	(a	) Name			parti	inership; <b>S</b>	if foreign partnership			number	(e) Check if any amount is not at risk	
A	SEE STATEMENT 19					oorporation	partitionenip					
B												
	C											
D												
<u> </u>	Passive Income and L	055				Nonn	assive Inc	ome an	d I os	s		
	(f) Passive loss allowed		omo	(h) Nonpassive lo			ction 179 e			i) Nonpassiv	incomo	
	(attach <b>Form 8582</b> if required)	(g) Passive inc from Schedule		from Schedule K		deducti	ion from Fo	rm 4562		from Sched		
<u>A</u>												
B C						1						
D												
	Totala	51 '	242.							13	,535.	
29a	Totals		272.								, 555.	
b 20									30	6/	,777.	
30	Add columns (g) and (j) of line 29a								<u>30</u> 31	(	<b>548.</b> )	
31	Add columns (f), (h), and (i) of line 29b								31	(	<u>J40.</u> )	
32	Total partnership and S corporation income of	• •							20	61	,229.	
Da	result here and include in the total on line 41 t rt III Income or Loss From Esta	tes and Trust	<u></u> e						32	04	,229.	
ľů			<u> </u>							( <b>b</b> ) [m		
33		( <b>a</b> ) Nan	ne							(b) Emp identificatio		
•										luoninourio		
A B												
<u> </u>	Passive Inc.	ome and Loss					Nonna	ssive In	come	and Loss		
	(c) Passive deduction or loss allowed		(d) Pa	ssive income		(e) Ded	uction or lo	T T		f) Other inco	me from	
	(attach Form 8582 if required)			Schedule K-1	from Schedule K-1				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). Com	bine lines 35 and 36.	Enter the	e result here and inclu	ıde in	the tota	l on line 41	below	37	1	,	
	rt IV Income or Loss From Rea									lolder		
		(b) Employer	-	(c) Excess inclusion	from	( <b>d</b> ) Ta	xable incon	ne (net		(e) Income	from	
38	(a) Name	identification nur		Schedules Q, line (see instructions	20	loss) i	from <b>Sched</b> line 1b	ules Q,	:	Schédules Q		
		i dontino di lotti nai			5)						-	
	(a) Harro			(000 mon donom	s)							
	(4) Namo			(000 mon donom	<u>)</u>							
39			le in the t		<u>&gt;)</u>				39			
39 Pa	Combine columns (d) and (e) only. Enter the r	esult here and includ			· 							
	Combine columns (d) and (e) only. Enter the r rt V Summary * ENTIRE	esult here and includ	ON OI	otal on line 41 below								
Ра	Combine columns (d) and (e) only. Enter the r	esult here and includ DISPOSITIC 335. Also, complete l	ON OI line 42 be	otal on line 41 below F ACTIVITY				•	39	64	.,230.	
<b>Ра</b> 40	Combine columns (d) and (e) only. Enter the r         rt V       Summary       * ENTIRE         Net farm rental income or (loss) from Form 44         Total income or (loss). Combine lines 26, 32, 37,	esult here and includ DISPOSITIC 335. Also, complete l 39, and 40. Enter the resu	DN OI line 42 be ult here and	otal on line 41 below <b>ACTIVITY</b> How d on Form 1040, line 17, o				•	39 40	64	.,230.	
<b>Pa</b> 40 41	Combine columns (d) and (e) only. Enter the r         rt V       Summary       * ENTIRE         Net farm rental income or (loss) from Form 44         Total income or (loss). Combine lines 26, 32, 37,         Reconciliation of farming and fishing income	esult here and includ DISPOSITIC 335. Also, complete I 39, and 40. Enter the resu . Enter your <b>gross</b> fa	DN OI line 42 be ult here and arming a	otal on line 41 below <b>ACTIVITY</b> How d on Form 1040, line 17, o nd fishing income				•	39 40	64	,230.	
<b>Pa</b> 40 41	Combine columns (d) and (e) only. Enter the r         rt V       Summary       *       ENTIRE         Net farm rental income or (loss) from Form 44         Total income or (loss). Combine lines 26, 32, 37,         Reconciliation of farming and fishing income         reported on Form 4835, line 7; Schedule K-1 (	esult here and includ DISPOSITIC 335. Also, complete I 39, and 40. Enter the resu . Enter your <b>gross</b> fa Form 1065), box 14,	DN OI line 42 be ult here and arming al code B; \$	otal on line 41 below <b>ACTIVITY</b> How d on Form 1040, line 17, o nd fishing income Schedule K-1				•	39 40	64	.,230.	
<b>Pa</b> 40 41	Combine columns (d) and (e) only. Enter the r         rt V       Summary       * ENTIRE         Net farm rental income or (loss) from Form 44         Total income or (loss). Combine lines 26, 32, 37,         Reconciliation of farming and fishing income	esult here and includ DISPOSITIC 335. Also, complete I 39, and 40. Enter the resu . Enter your <b>gross</b> fa Form 1065), box 14, <-1 (Form 1041), boy	DN OI line 42 be ult here and arming a code B; S x 14, code	otal on line 41 below F ACTIVITY How d on Form 1040, line 17, o nd fishing income Schedule K-1 e F (see instructions)	r Form			•	39 40	64	.,230.	
<b>Pa</b> 40 41 42	Combine columns (d) and (e) only. Enter the r         rt V       Summary       *       ENTIRE         Net farm rental income or (loss) from Form 44         Total income or (loss). Combine lines 26, 32, 37,         Reconciliation of farming and fishing income         reported on Form 4835, line 7; Schedule K-1 (         (Form 1120S), box 17, code V; and Schedule	esult here and includ DISPOSITIC 335. Also, complete I 39, and 40. Enter the resu . Enter your <b>gross</b> fa Form 1065), box 14, <-1 (Form 1041), box If you were a real estate	DN OI line 42 be ult here and arming al code B; 9 x 14, code profession	otal on line 41 below <b>F</b> ACTIVITY How d on Form 1040, line 17, o nd fishing income Schedule K-1 e F (see instructions), al (see instructions),	r Form			•	39 40	64	.,230.	

Schedule E (Form 1040) 2017

721501 10-20-17

CAMPR INVESTMENT PARTNERSHIP I.D. NUMBER: TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

CAMPR INVESTMENT PARTNERSHIP

TRADE OR BUSINESS - MATERIAL PARTICIPATION

OTHER K-1 INFORMATION:

ORDINARY DIVIDENDS	643.
NET LONG-TERM CAPITAL GAIN (LOSS)	21,485.
INVESTMENT INCOME	643.

728021 04-01-17

CAMPR II LIMITED I.D. NUMBER: TYPE: PARTNERSHIP	
ACTIVITY INFORMATION:	
CAMPR II LIMITED	
OTHER PASSIVE ACTIVITY	
OTHER PORTFOLIO INCOME (LOSS)	2,227.
TOTAL NONPASSIVE INCOME (LOSS)	2,227.
ORDINARY INCOME (LOSS) RENTAL REAL ESTATE INCOME (LOSS) OTHER INCOME/LOSS OTHER INCOME (LOSS) OTHER DEDUCTIONS OTHER INCOME	31,806. 2. 0. 0. -13,177.
TOTAL PASSIVE ACTIVITY INCOME (LOSS)	18,631.

OTHER K-1 INFORMATION:

INTEREST INCOME	51,096.
ORDINARY DIVIDENDS	7,594.
QUALIFIED DIVIDENDS	3,895.
SECTION 1231 GAIN (LOSS)	46.
NET SHORT-TERM CAPITAL GAIN (LOSS)	225.
NET LONG-TERM CAPITAL GAIN (LOSS)	120,628.
SECTION 1256 CONTRACTS AND STRADDLES	879.
INVESTMENT INTEREST EXPENSE - SCHEDULE A	28,204.
CHARITABLE CONTRIBUTIONS	16.
DEDUCTIONS RELATED TO PORTFOLIO INCOME	12,624.
ROYALTY	1.
CREDITS	4,759.
INVESTMENT INCOME	60,942.
INVESTMENT INCOME	12,630.
INVESTMENT EXPENSE	12,630.

728021 04-01-17

11,308.
11,308.

OTHER K-1 INFORMATION:

SECTION 1231 RECAPTURE ON DISPOSITION NONDEDUCTIBLE EXPENSES

728021 04-01-17

-2.

142.

IMPERIAL ARMS LLC I.D. NUMBER: TYPE: PARTNERSHIP	
ACTIVITY INFORMATION:	
IMPERIAL ARMS LLC	
100% DISPOSITION AT A NET GAIN	
RENTAL REAL ESTATE INCOME (LOSS)	-548.
TOTAL PASSIVE ACTIVITY INCOME (LOSS)	-548.

OTHER K-1 INFORMATION:

SECTION 1231 GAIN (LOSS) UNRECAPTURED SECTION 1250 GAIN

728021 04-01-17

112,724.

112,724.

PEPPERTREE SQUARE, LTD I.D. NUMBER: TYPE: PARTNERSHIP	
ACTIVITY INFORMATION:	
PEPPERTREE SQUARE, LTD	
OTHER PASSIVE ACTIVITY	
RENTAL REAL ESTATE INCOME (LOSS) SECTION 754 DEPRECIATION	40,191. -7,580.
TOTAL PASSIVE ACTIVITY INCOME (LOSS)	32,611.

DEPRECIATION ADJUSTMENT -595. OTHER K-1 INFORMATION: INTEREST INCOME 8. INVESTMENT INCOME 8.

728021 04-01-17

SUMMARY OF K-1 INFORMATION FOR ALL PASSTHROUGHS

OTHER K-1 INFORMATION:

INTEREST INCOME	51,104.
ORDINARY DIVIDENDS	8,237.
QUALIFIED DIVIDENDS	3,895.
SECTION 1231 GAIN (LOSS)	112,770.
SECTION 1231 RECAPTURE ON DISPOSITION	-2.
NET SHORT-TERM CAPITAL GAIN (LOSS)	225.
NET LONG-TERM CAPITAL GAIN (LOSS)	142,113.
SECTION 1256 CONTRACTS AND STRADDLES	879.
INVESTMENT INTEREST EXPENSE - SCHEDULE A	28,204.
CHARITABLE CONTRIBUTIONS	16.
DEDUCTIONS RELATED TO PORTFOLIO INCOME	12,624.
ROYALTY	1.
CREDITS	4,759.
UNRECAPTURED SECTION 1250 GAIN	112,724.
NONDEDUCTIBLE EXPENSES	142.
NONDEDOCTIDEE EXPENSES	142.
INVESTMENT INTEREST EXPENSE:	
INVESTMENT INCOME	61,593.
INVESTMENT EXPENSE	12,630.
TAX PREFERENCE ITEMS:	
DEPRECIATION ADJUSTMENT	-595.

Department of the Treasury

Internal Revenue Service

## **Self-Employment Tax**

Go to www.irs.gov/ScheduleSE for instructions and the latest information.
 Attach to Form 1040 or Form 1040NR.

Attach to Form 1040 or Form 1040NR.

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

(99

) Social security number of person with **self-employment** 

income

OMB No. 1545-0074

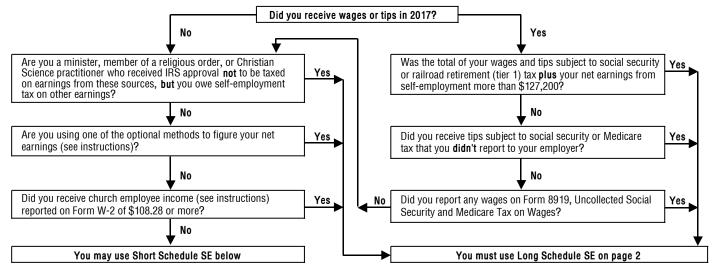
Attachment Sequence No. 17

#### AMY S. O'ROURKE

Before you begin: To determine if you must file Schedule SE, see the instructions.

#### May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A-Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F	line 34 and farm partnerships. Schedul	. K-1				
					1a	
<b>b</b> If you received social security retiremen			rvation Rese	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Program payments included on Schedu	-				1b	
2 Net profit or (loss) from Schedule C, line	, , ,					
1 ( )						
(other than farming); and Schedule K-1 (			•			E2 261
see instructions for types of income to r	port on this line. See instructions for oth	er incom	ne to report	STMT 20	2	53,364.
3 Combine lines 1a, 1b, and 2					3	53,364.
4 Multiply line 3 by 92.35% (0.9235). If les	than \$400, you don't owe self-employm	ent tax;	don't file thi	s		
schedule unless you have an amount or	ine 1b			►	4	49,282.
Note: If line 4 is less than \$400 due to 0	nservation Reserve Program payments	on line 1	b, see instru	ctions.		
5 Self-employment tax. If the amount or	ine 4 is:					
• \$127,200 or less, multiply line 4 by 1	3% (0.153). Enter the result here and or					
Form 1040, line 57, or Form 1040NR,	ie 55					
<ul> <li>More than \$127,200, multiply line 4 b</li> </ul>	2.9% (0.029). Then, add \$15,772.80 to	the resu	ılt.			
Enter the total here and on Form 1040,	ne 57, or Form 1040NR, line 55				5	7,540.
6 Deduction for one-half of self-employ	ent tax.					
Multiply line 5 by 50% (0.50). Enter the r	sult here and on					
Form 1040, line 27, or Form 1040NR,	ne 27	6		3,770.		

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

Schedule SE (Form 1040) 2017

724501 10-20-17

Nam	e of person with self-employment income (as shown on Form 1040 or Form	1040NR)	Social security number of		
			person with self-employm	nent	
	BERT F. O'ROURKE		income	►	
	tion B - Long Schedule SE				
	t I Self-Employment Tax	-			
Note chur	: If your only income subject to self-employment tax is <b>church employee</b> ch employee income.	e income, see	instructions. Also see instr	uctions	s for the definition of
Α	If you are a minister, member of a religious order, or Christian Science provide more of <b>other</b> net earnings from self-employment, check here and contin				
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, box 14, code A. <b>Note:</b> Skip lines 1a and 1b if you use the farm optional			1a	
b	If you received social security retirement or disability benefits, enter the a Program payments included on Schedule F, line 4b, or listed on Schedu		1b		
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Sche	dule K-1 (Fori	m 1065), box 14, code A		
	(other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. M	linisters and r	members of religious		
	orders, see instructions for types of income to report on this line. See ins	structions for	other income to report.		
	Note: Skip this line if you use the nonfarm optional method (see instruct	ions) SEE	STATEMENT 21	2	13,982.
3	Combine lines 1a, 1b, and 2			3	13,982.
4 a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise,	, enter amoun	t from line 3	4a	12,912.
	Note: If line 4a is less than \$400 due to Conservation Reserve Program	payments on	line 1b, see instructions.		
b	If you elect one or both of the optional methods, enter the total of lines 1	15 and 17 her	е	4b	
с	Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-em				
	If less than \$400 and you had church employee income, enter -0 and			4c	12,912.
5a	Enter your church employee income from Form W-2. See instructions				
	for definition of church employee income	5a	1		
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-			5b	
6	Add lines 4c and 5b			6	12,912.
7	Maximum amount of combined wages and self-employment earnings su				
			,	7	127,200.00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s)				
	W-2) and railroad retirement (tier 1) compensation. If \$127,200 or more, s	skip			
	lines 8b through 10, and go to line 11	· .	127,200.		
b	Unreported tips subject to social security tax (from Form 4137, line 10)				
c	Wages subject to social security tax (from Form 8919, line 10)				
	Add lines 8a, 8b, and 8c		- I	8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 a			9	
10	Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (0.124)			10	
11	Multiply line 6 by 2.9% (0.029)			11	374.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 10			12	374.
13	Deduction for one-half of self-employment tax.	,			
	Multiply line 12 by 50% (0.50). Enter the result here and on				
	Form 1040, line 27, or Form 1040NR, line 27	13	187.		
Pa					
Farn	Optional Method. You may use this method only if (a) your gross farm		n't more than \$7,800. or		
	pur net farm profits $^2$ were less than \$5,631.		· · · · · · · · · ·		
14	Maximum income for optional methods			14	5,200.00
15	Enter the <b>smaller</b> of: two-thirds (2/3) of gross farm income <sup>1</sup> (not less that				
	this amount on line 4b above	-		15	
Non	arm Optional Method. You may use this method only if (a) your net non				
	also less than 72.189% of your gross nonfarm income, <sup>4</sup> and (b) you had n				
	st \$400 in 2 of the prior 3 years. <b>Caution:</b> You may use this method no r				
16	Subtract line 15 from line 14			16	
17	Enter the <b>smaller</b> of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less	s than zero) o	<b>r</b> the amount on	_	
	line 16. Also include this amount on line 4b above			17	
			, line 31; Sch. C-EZ, line 3; Sch		orm 1065), box 14, code A;
am	m Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the bunt you would have entered on line 1b had you not used the optional		(Form 1065-B), box 9, code J line 7: Sch C-F7 line 1: Sch		rm 1065), box 14, code C;
1118		and Sch K-1	(Form 1065-B), box 9 code 1	2. `	
	hod.	and Sch. K-1	(Form 1065-B), box 9, code J	2.	

Attachment Sequence No. 17

Page **2** 

Schedule SE (Form 1040) 2017

28 2017.04030 O'ROURKE, ROBERT F

SV2020\_2

			Foreign <sup>-</sup>	Tax Cre	dit			0	MB No. 1545-0121
<b>1116</b>			(Individual, E						2017
		► Attac	ch to Form 1040		-				ZU I /
Department of the Treasury Internal Revenue Service (99)	► Go to		/Form1116 for i			nformation		, A	Attachment Sequence No. <b>19</b>
Name		www.ii 3.gov					er as shown		e 1 of your tax return
INATIO					'			on page	
ROBERT F. &	AMY S. O'R	JURKE							
Use a separate Form 1116	for each category of inc	ome listed belov	w. See Categories	s of Income ir	the instructions	. Check only one	box on eac	h Form	n 1116. Report all
amounts in U.S. dollars exe	cept where specified in l	Part II below.	-						
<b>a</b> Passive category	rincome <b>c</b>	Section 901	(j) income		e 🔄 Lump	o-sum distributio	ns		
<b>b</b> X General category	income d	Certain inco	me re-sourced by t	treaty					
f Resident of (name of cou									
Note: If you paid taxes	• •	•	-			-	ou paid ta:	ces to	
more than one foreign									
Part I Taxable Inc	come or Loss From	Sources Outs							
				Foreign Cou	ntry or U.S. Po				Total
			A OTHER		В	С	-	(Add	cols. A, B, and C.)
	the foreign country		COUNTRIE	c					
			COONIKIE	3					
<b>1a</b> Gross income from s									
and of the type check	ed above:								
								a	
<b>b</b> Check if line 1a is cor	nnensation for nersona	l services as						a	
	tal compensation from a								
	id you used an alternati								
determine its source									
Deductions and losses	,	uctions.):						-	
	(••••••	,-							
	elated to the income o								
( ,	er deductions <b>not defin</b> i								
	ictions or standard ded	-	16,9	43					
	ach statement)		10,5	13.					
			16,9	43					
			10,5	<u>-</u> J•					
			853,7	06					
	~			000					
•	3e e 3f								
<ul><li>g Multiply line 3c by line</li><li>4 Pro rata share of inte</li></ul>									
	est (use the Worksheet	for							
	est in the instructions)	101							
• •	,								
<ul><li>b Other interest expens</li><li>5 Losses from foreign s</li></ul>									
<ul><li><b>5</b> Losses from foreign :</li><li><b>6</b> Add lines 2, 3g, 4a, 4</li></ul>								3	
7 Subtract line 6 from lin		ere and on line f	15. page 2	I		1		7	
	Taxes Paid or A		10, page 2						
Credit is claimed			Foreig	n taxes paid	or accrued				
for taxes (you must	In forei	gn currency	-			In U.S. dolla	ars		
abaak ana)							(r) Ot		(s) Total foreign
(h) X Paid	Taxes withheld at sour	ce on:	(n) Other foreign	Taxe	s withheld at sou	irce on:	foreig		taxes paid or
(h) X Paid (i) Accrued			taxes paid or				taxes pa	id or	accrued (add cols.
	vidends (I) Rents and royalties	(m) Interest	accrued	(0) Dividends	(p) Rents and royalties	(q) Interest	accru	эq	(o) through (r))
A									
В									
С									
8 Add lines A through C	, column (s). Enter the	total here and	on line 9, page 2				Ì	▶ 8	
	Reduction Act Notic								Form <b>1116</b> (2017)

711501 12-21-17

	n 1116 (2017) ROBERT F. & AMY S. O'ROURKE				Pag	ge <b>2</b>
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		-		
10	Carryback or carryover (attach datailed computation)	10				
10	Carryback or carryover (attach detailed computation)	10		-		
44	Add lines 9 and 10	11				
	Add lines 9 and 10	<b>+ + +</b>				
12	Reduction in foreign taxes	12				
13	Taxes reclassified under high tax kickout	13				
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14		
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	15				
16	Adjustments to line 15	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				
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39.					
	Estates and trusts: Enter your taxable income without the deduction for your					
	exemption	18				
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see i	nstruct	tions.			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19		
20	Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the	e total o	of Form 1040NR, lines			
	42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the tota	l of For	rm 990-T, lines 36, 37,			
	and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42			20	69,38	2.
	Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instr	uctions	S.			
21	Multiply line 20 by line 19 (maximum amount of credit)			21		
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 the	rough 2	27 and enter this			
				22		
-	art IV Summary of Credits From Separate Parts III			_	1	
23	Credit for taxes on passive category income			_		
	Credit for taxes on general category income	24		_		
	Credit for taxes on certain income re-sourced by treaty	25		_		
	Credit for taxes on lump-sum distributions			_		
27	Add lines 23 through 26			27	-	-
	Enter the smaller of line 20 or line 27			28	4	4.
	Reduction of credit for international boycott operations			29		
30	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 4					
	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a		🕨	30		4.
					Form <b>1116</b> (2	2017)

				Foreign <sup>•</sup>	Tax Cre	dit		-	ON	IB No. 1545-0121
orm	<b>D</b>				state, or Trus				4	2017
Department of the Trea	surv		Atta	ch to Form 1040	), 1040NR, 104	41, or 990-T.			At	
Department of the Trea Internal Revenue Servio	e (99)	Go to	www.irs.gov	/Form1116 for i	instructions a					equence No. 19
lame						l	dentifying numb	er as shown o	on page	1 of your tax return
ROBERT F.	ъ аму	S. 0'R	JURKE							
				w. See Categorie	s of Income in	the instructions.	. Check only one	box on each	n Form	1116. Report all
mounts in U.S. do				Subgene			· · · · · · · · · · · · · · · · · · ·			
N X Passive of	ategory incom	e c	Section 901	l(j) income		e 📃 Lump	-sum distributio	ons		
General G	ategory incom	e d	Certain inco	ome re-sourced by	treaty					
			~~~~~							
Resident of (nam										
•	-	-	-	. possession, use			-	ou paid tax	es to	
				separate columr side the United S						
					Foreign Coun					Total
				Α		B	C		(Add c	ols. A, B, and C.)
Enter the n	ame of the fo	oreign country	or U.S.	OTHER					(	
				COUNTRIE	S					
a Gross income										
and of the typ	e checked abov	ve:								
				3	13.			1	a	313
<b>b</b> Check if line	•	•								
		pensation from a								
		used an alternati	ve basis to							
eductions and	source (see ins	,							-	
	105565 (040									
		to the income of								
•	,	ctions <b>not defin</b> i								
		or standard dedu	-	16,9	43.					
		tement)								
				16,9	43.					
		9			23.					
e Gross income				853,7	06.					
f Divide line 3d	by line 3e			.00	073					
g Multiply line 3	Sc by line 3f				12.					
Pro rata share	e of interest exp	pense:								
a Home mortga	ge interest (us	e the Worksheet	for							
-	-	he instructions)								
<b>b</b> Other interest										
	oreign sources			l	10					1.0
	g, 4a, 4b, and 5				12.			6	-	12
		inter the result h		15, page 2				🕨 7		301
Credit is claime	<u> </u>			Foreir	gn taxes paid (	or accrued				
for taxes		In forei	gn currency	10101			In U.S. dolla	ars		
(you must check one)			5.1 5411 6110 y				0.0. 0010			
(h) X Paid	Taxes withheld at source on: (n) Other foreign Taxes withheld at source on:		rce on:			(s) Total foreign taxes paid or				
(h) X Paid	d			taxes paid or				taxes pai		accrued (add cols
(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) Dividends	(p) Rents and royalties	(q) Interest	accrue	d	(o) through (r))
12/31/17	1	,			44.					44
-										
						1				
; ;										44.

#### Form 1116 (2017) ROBERT F. & AMY S. O'ROURKE

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	44.		
<b>0</b> Carryback or carryover (attach detailed computation)	10			
1 Add lines 9 and 10	11	44.		
2 Reduction in foreign taxes	12			
<b>3</b> Taxes reclassified under high tax kickout	13			
4 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	44
5 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	15	301.	-	
6 Adjustments to line 15	16			
7 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	301.		
8 Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39.				
Estates and trusts: Enter your taxable income without the deduction for your				
exemption SEE STATEMENT 22	18	296,212.		
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see in	structions			
<b>9</b> Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	.0010
<b>D</b> Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the				
42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total	of Form 99	90-T, lines 36, 37,		<u> </u>
			20	69,382
Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instru	uctions.			- 4
1 Multiply line 20 by line 19 (maximum amount of credit)			21	71
2 Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 thr				
amount on line 28. Otherwise, complete the appropriate line in Part IV Part IV Summary of Credits From Separate Parts III			22	44
3 Credit for taxes on passive category income	23			
4 Credit for taxes on general category income	24			
5 Credit for taxes on certain income re-sourced by treaty	25			
	26			
7 Add lines 23 through 26			27	
B Enter the smaller of line 20 or line 27			28	
9 Reduction of credit for international boycott operations			29	
• Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 48	3;			

711511 12-21-17

Form	2441	
	ent of the Treasur Revenue Service	y (99)

Name(s) shown on return

## **Child and Dependent Care Expenses**

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

Go to www.irs.gov/Form2441 for instructions and the

latest information.



Your social security number

ROBERT F. & AMY	S. O'ROURK	E				
		o Provided the Care - $\gamma$	ou must comp	lete this part.	-	
(If you have mor	re than two care provide	ers, see the instructions.)				
1 (a) Care provider's name	(number, stre	(b) Address eet, apt. no., city, state, and ZIF	P code)	(c) Identifying nu (SSN or EIN)		(d) Amount paid
						16,852.
				-		
	Did you receive dependent care be			Complete only Part II be Complete Part III on pag		xt.
nstructions for Form 1040, li	ne 60a, or Form 1040N		f you do, you ca	n't file Form 1040A. Fo	or detai	ls, see the
	•	ent Care Expenses				
2 Information about your		you have more than two quali	lying persons, s			(c) Qualified expenses you
First	<b>(a)</b> Qualifying pe	Irson's name Last		(b) Qualifying per social security nu		incurred and paid in 2017 for the person listed in column (a)
MOLLY H		O'ROURKE				16,852.
HENRY J		O'ROURKE				0.
	mn (c) of line 2 <b>Don't</b> e	enter more than \$3,000 for one	aualifying perso	on or \$6,000		
		II, enter the amount from line 3			3	6,000.
					4	6,000. 176,006.
		d income (if you or your spous			-	
<b>U</b> , <b>I</b> ,		the amount from line 4			5	61,284.
6 Enter the smallest of line	34  or  5				6	6,000.
7 Enter the amount from Fe					-	
line 22; or Form 1040NR			7	366,455.		
		/ that applies to the amount on	·····	,	-	
If line 7 is:		If line 7 is:				
Over o	ut not Decimal ver amount	is <u>Over over</u>	Decimal amount i	<u>s</u>		
0 - 15 15,000 - 17	5,000 .35 7,000 .34	\$29,000 - 31,000 31,000 - 33,000	.27 .26			
17,000 - 19		33,000 - 35,000	.25		8	x.20
19,000 - 21		35,000 - 37,000	.24			
21,000 - 23 23,000 - 25		37,000 - 39,000 39,000 - 41,000	.23 .22			
25,000 - 27 27,000 - 29		41,000 - 43,000 43,000 - No limit	.21 .20			
1,5 ,5	imal amount on line 8. I	f you paid 2016 expenses in 20	J17, see			1 200
					9	1,200.
10 Tax liability limit. Enter th		ຒຠຠຬຑຬຎຒ	ا <u>مر ا در ۱</u>	73,208.		
			·····			
line 49; Form 1040A, line	-	Enter the smaller of line 9 or ne 47			11	1,200.
		ne 47 <b>/our tax return instructions.</b>				Form <b>2441</b> (2017

	m 2441 (2017) ROBERT F. & AMY S. O'ROURKE art III Dependent Care Benefits				Page 2
	Enter the total amount of <b>dependent care benefits</b> you received in 2017. Amount		received as an		
12	employee should be shown in box 10 of your Form(s) W-2. Don't include amounts				
	box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you	•	•		
	dependent care assistance program from your sole proprietorship or partnership			12	
13	Enter the amount, if any, you carried over from 2016 and used in 2017 during the	arace r	period. See instructions	13	
10					
14	Enter the amount, if any, you forfeited or carried forward to 2018. See instructions			14 (	)
15	Combine lines 12 through 14. See instructions			15	
		1	I		
16	Enter the total amount of <b>qualified expenses</b> incurred in 2017 for the care of				
	the qualifying person(s)	16		-	
17	Enter the smaller of line 15 or 16	17		-	
18	Enter your earned income. See instructions	18			
	Enter the amount shown below that applies to you.				
	<ul> <li>If married filing jointly, enter your spouse's earned income (if you or your )</li> </ul>				
	spouse was a student or was disabled, see the instructions for line 5).				
	If married filing separately, see instructions.	19			
	• All others, enter the amount from line 18.				
20	Enter the <b>smallest</b> of line 17, 18, or 19	20			
	Enter \$5,000 (\$2,500 if married filing separately <b>and</b> you were required to enter				
	your spouse's earned income on line 19)	21			
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040.		go to line 25.)		
	<b>No.</b> Enter -0		<b>o</b> ,		
	Yes. Enter the amount here			22	
23	Subtract line 22 from line 15	23			
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this an	nount o	on the appropriate		
	line(s) of your return. See instructions			24	
25	Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 2				
	or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or le	ss, ent	er -0 Form		
	1040A filers: Enter the smaller of line 20 or line 21			25	
26	Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If	zero o	r less, enter -0 Also,		
	include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted li	ine nex	t to Form 1040, line 7,		
	or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from lin	ie 15. A	Also, include this		
	amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"			26	
	To claim the child and dependent car	e credi	ł		
	complete lines 27 through 31 below.	0 01 0 01	•,		
27	Enter \$3,000 (\$6,000 if two or more qualifying persons)			27	
	Enter \$3,000 (\$6,000 if two or more qualifying persons)				
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the	e amou	Int from line 25	28	
20	Subtract line 20 from line 27. If zero or loss other May constitution the surdit. Free	ation '	f you paid 2016		
29	Subtract line 28 from line 27. If zero or less, <b>stop.</b> You can't take the credit. <b>Excep</b>		, ,		
	expenses in 2017, see the instructions for line 9			29	

30 Complete line 2 on page 1 of this form. Don't include in column (c) any benefits shown on line 28			
above. Then, add the amounts in column (c) and enter the total here	L	30	Ĺ

31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and		
	complete lines 4 through 11	31	

Form 2441 (2017)

713752 11-29-17

## **General Business Credit**

► Go to www.irs.gov/Form3800 for instructions and the latest information.

► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Sequence Identifying number

OMB No. 1545-0895

22

RC	BERT F. & AMY S. O'ROURKE		
Pa	art I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)		
	(See instructions and complete Part(s) III before Parts I and II)		
1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2017. See instructions	3	
4	Carryforward of general business credit to 2017. Enter the amount from line 2 of Part III with		
	box C checked. See instructions for statement to attach	4	
5	Carryback of general business credit from 2018. Enter the amount from line 2 of Part III with		
	box D checked	5	
	Add lines 1, 3, 4, and 5	6	
Pa	art II Allowable Credit		
7	Regular tax before credits:		
	<ul> <li>Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or</li> </ul>		
	the sum of the amounts from Form 1040NR, lines 42 and 44		<u> </u>
	Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the	7	69,382.
	applicable line of your return		
	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G,		
	lines 1a and 1b; or the amount from the applicable line of your return		
8	Alternative minimum tax:		
	<ul> <li>Individuals. Enter the amount from Form 6251, line 35</li> </ul>		2 070
	Corporations. Enter the amount from Form 4626, line 14	8	3,870.
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56		
9	Add lines 7 and 8	9	73,252.
10 a	a Foreign tax credit 10a 44.		
	Certain allowable credits (see instructions)		
	Add lines 10a and 10b	10c	1,244.
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	72,008.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-		
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see instructions) 13 10,785.		
14	Tentative minimum tax:		
	Individuals. Enter the amount from Form 6251, line 33		
	Corporations. Enter the amount from Form 4626, line 12		
	Estates and trusts. Enter the amount from Schedule I		
	(Form 1041), line 54		
15	Enter the greater of line 13 or line 14	15	73,208.
40	Outble differentiate dit literate autors of		0.
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	0.
17	Enter the <b>smaller</b> of line 6 or line 16	17	0.
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,		
	or reorganization.		
LH/	A For Paperwork Reduction Act Notice, see separate instructions.		Form <b>3800</b> (2017)

For	m 3800 (2017)		Page <b>2</b>
	<b>art II</b> Allowable Credit (Continued) e: If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line :	26	
NOL		20.	
18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked		
24	Enter the applicable passive activity credit allowed for 2017. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	61,223.
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	61,223.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32 4,759.		
33	Enter the applicable passive activity credits allowed for 2017. See instructions	33	4,759.
34	Carryforward of business credit to 2017. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2018. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	4,759.
37	Enter the <b>smaller</b> of line 29 or line 36	37	4,759.
~~			
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36,		
	see instructions) as indicated below or on the applicable line of your return.		
	Individuals. Form 1040, line 54, or Form 1040NR, line 51		
	Corporations. Form 1120, Schedule J, Part I, line 5c		
	Estates and trusts. Form 1041, Schedule G, line 2b	38	4,759.
			Form <b>3800</b> (2017)

Form **3800** (2017)

	3800 (2017)			Page 3
				Identifying number
	t III General Business Credits or Eligible Small Business Credits	5 (500	instructions)	
-	blete a separate Part III for each box checked below (see instructions).	9 (500		
ï	General Business Credit From a Non-Passive Activity <b>E</b> Reserv	٥d		
Ì	X     General Business Credit From a Passive Activity     F     Reserv			
			Business Credit Carryfor	wards
	General Business Credit Carrybacks H			Wardo
	f you are filing more than one Part III with box A or B checked, complete and attach fi		additional Part III combini	ng amounts from all
				·
	(a) Description of credit			
e ea	: On any line where the credit is from more than one source, a separate Part III is need ich pass through entity.	ed	<b>(b)</b> If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
	Reserved	1b		
	Increasing research activities (Form 6765)	1c		
	Low-income housing (Form 8586, Part I only)	1d		
	Disabled access (Form 8826) (see instructions for limitation)	1e		
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
	Indian employment (Form 8845)	1g		
	Orphan drug (Form 8820)	1h		
	New markets (Form 8874)	1i		
	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation)	1k		
	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
I	Low sulfur diesel fuel production (Form 8896)	1m		
	Distilled spirits (Form 8906)	1n		
	Nonconventional source fuel (carryforward only)	10		
	Energy efficient home (Form 8908)	1p		
	Energy efficient appliance (carryforward only)	1q		
	Alternative motor vehicle (Form 8910)	1r		
	Alternative fuel vehicle refueling property (Form 8911)	1s		
	Enhanced oil recovery credit (Form 8830)	1t		
	Mine rescue team training (Form 8923)	1u		
	Agricultural chemicals security (carryforward only)	1v		
1	Employer differential wage payments (Form 8932)	1w		
	Carbon dioxide sequestration (Form 8933)	1x		
	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
	Qualified plug-in electric vehicle (carryforward only)	1z		
а	Employee retention (Form 5884-A)	<b>1</b> aa		
b	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
z	Other. Oil and gas production from marginal wells (Form 8904) and certain			
	other credits (see instructions)	1zz		0.
	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0.
	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
	Investment (Form 3468, Part III) (attach Form 3468)	4a		
	Work opportunity (Form 5884)	4b		
	Biofuel producer (Form 6478)	4c		
	Low-income housing (Form 8586, Part II)	4d		
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
	Employer social security and Medicare taxes paid on certain employee	A.6		4,751.
	tips (Form 8846)	4f		+,/JI.
	Qualified railroad track maintenance (Form 8900)	4g 4b		
	Small employer health insurance premiums (Form 8941)	4h		8.
	Increasing research activities (Form 6765) STMT 24	4i		0.
	Reserved	4j		
	Other	4z		4,759.
	Add lines 4a through 4z and enter here and on the applicable line of Part II	5 6		4,759.
	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	0		Form <b>3800</b> (2017)

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#### Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return.

	OMB No. 1545-0184
	2017
	ZU 17
	Attachment Sequence No. 27
Ide	entifying number

1

► Go to www.irs.gov/Form4797 for instructions and the latest information.

#### ROBERT F. & AMY S. O'ROURKE

1 Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S

(or substitute statement) that you are including on line 2, 10, or 20

# Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	<b>(C)</b> Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, plu improvement expense of	us is and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
CA	MPR II LIMITED							46.
IM	PERIAL ARMS LLC							112,724.
3	Gain, if any, from Form 4684, line 39	)					3	
4	Section 1231 gain from installment						4	
5	Section 1231 gain or (loss) from like						5	
6	Gain, if any, from line 32, from other						6	
7	Combine lines 2 through 6. Enter the						7	112,770.
	Partnerships (except electing larg instructions for Form 1065, Schedul below. Individuals, partners, S corporatio from line 7 on line 11 below and skip 1231 losses, or they were recapture the Schedule D filed with your return							
8	Nonrecaptured net section 1231 los		8					
9	Subtract line 8 from line 7. If zero or line 9 is more than zero, enter the ar capital gain on the Schedule D filed	nount from line 8	on line 12 belo	w and enter the ga			9	
	Capital Valle OF LIFE SCHEQUE D LIFE	with your feturi.	OCC INSTRUCTION	3			1 21	

Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not includ	ed on lines 11 tł	nrough 16 (include pro	perty held 1 ye	ear or less):				
ST	ANTON STREET								
TEC	CHNOLOGY GROUP INC								
* _ 7	VARIOUS EQUIPMENT		04/01/17	0.	37,850.	37,85	52.		-2.
11	Loss, if any, from line 7						11	(	)
12	Gain, if any, from line 7 or amount fro	om line 8, if appl	icable				12		
13									
14	4 Net gain or (loss) from Form 4684, lines 31 and 38a								
15									
16									
17	Combine lines 10 through 16						17		-2.
18	For all except individual returns, ente	er the amount fro	om line 17 on the app	ropriate line of	your return and sl	kip lines			
	a and b below. For individual returns	, complete lines	a and b below:						
а	If the loss on line 11 includes a loss f	rom Form 4684	, line 35, column (b)(ii)	, enter that par	t of the loss here.	Enter			
	the part of the loss from income-proc	ducing property	on Schedule A (Form	1040), line 28,	and the part of th	e loss			
	from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a."								
	See instructions								
b	Redetermine the gain or (loss) on line	e 17 excluding th	ne loss, if any, on line	18a. Enter here	e and on				
	Form 1040, line 14						18b		-2.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2017)

<ul> <li>lines 19A throug</li> <li>Gross sales price (I</li> <li>Cost or other bas</li> <li>Depreciation (or of</li> <li>Adjusted basis. S</li> <li>Total gain. Subtriple</li> <li>If section 1245 p</li> <li>a Depreciation allo</li> <li>b Enter the smalle</li> <li>if section 1250 p</li> <li>was used, enter -0- subject to section 2</li> <li>a Additional deprecia</li> <li>b Applicable perce of line 24 or line 3</li> <li>c Subtract line 26a and 26</li> <li>d Additional deprecia</li> <li>e Enter the smalle</li> <li>f Section 291 amo</li> <li>g Add lines 26b, 26</li> <li>'if section 1252 pro dispose of farmland</li> <li>b Line 27a multiplied</li> <li>c Enter the smalle</li> <li>f section 1254 p</li> <li>a Intangible drilling a for development of mining exploration</li> <li>b Enter the smalle</li> <li>f section 1254 p</li> <li>a Intangible drilling a for development of mining exploration</li> <li>b Enter the smalle</li> <li>f section 1255 p</li> <li>a Applicable perce from income unco</li> <li>b Enter the smalle</li> </ul>	e (Note: See line 1 before completing.) basis plus expense of sale or depletion) allowed or allowable s. Subtract line 22 from line 21 btract line 23 from line 20 5 property: Illowed or allowable from line 22 Iller of line 24 or 25a 0 property: If straight line depreciation -0- on line 26g, except for a corporation	► 20 21 22 23 24	Property A	Property	B	Property	c	Property I
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<ul> <li>b Applicable perce of line 24 or line 26 property or line 26 lines 26d and 26</li> <li>d Additional deprecia</li> <li>e Enter the smalle</li> <li>f Section 291 among g Add lines 26b, 26</li> <li>If section 1252 prodispose of farmland a partnership (other a Soil, water, and I</li> <li>b Line 27a multiplied</li> <li>c Enter the smalle</li> <li>If section 1254 prodispose of farmland for development of mining exploration</li> <li>b Enter the smalle</li> <li>f section 1255 prodispose of partnership (a thermal for development of mining exploration</li> <li>b Enter the smalle</li> <li>b Enter the smalle</li> <li>c Enter the smalle</li> <li>f section 1255 prodispose of partnership</li> <li>a Applicable percent of partnership</li> <li>c Enter the smalle</li> </ul>	n 291.							
<ul> <li>of line 24 or line 3</li> <li>c Subtract line 26a property or line 3 lines 26d and 26</li> <li>d Additional deprecia</li> <li>e Enter the smalle</li> <li>f Section 291 amore 3</li> <li>g Add lines 26b, 267</li> <li>If section 1252 prodispose of farmlan a partnership (other a Soil, water, and I b Line 27a multiplied c Enter the smalle</li> <li>a Intangible drilling a for development of mining exploration</li> <li>b Enter the smalle</li> <li>f section 1255 graves a Applicable perce from income und</li> <li>b Enter the smalle</li> <li>ummary of Part</li> </ul>	ciation after 1975. See instructions	26a						
property or line 2 lines 26d and 26 d Additional deprecia e Enter the smalle f Section 291 amo g Add lines 26b, 26 if section 1252 pro dispose of farmlan a partnership (othe a Soil, water, and I b Line 27a multiplied c Enter the smalle b If section 1254 p a Intangible drilling a for development of mining exploration b Enter the smalle from income und b Enter the smalle b Enter the smalle b Enter the smalle ummary of Part	centage multiplied by the <b>smaller</b> le 26a. See instructions	26b						
<ul> <li>e Enter the smalle</li> <li>f Section 291 amo</li> <li>g Add lines 26b, 26</li> <li>If section 1252 prodispose of farmlant</li> <li>a partnership (other a Soil, water, and I</li> <li>b Line 27a multiplied</li> <li>c Enter the smalle</li> <li>a Intangible drilling a for development of mining exploration</li> <li>b Enter the smalle</li> <li>a Applicable perce from income und</li> <li>b Enter the smalle</li> <li>ummary of Part</li> </ul>		26c						
<ul> <li>f Section 291 amorging Add lines 26b, 20</li> <li>If section 1252 prodispose of farmlan, a partnership (othera soil, water, and I b Line 27a multiplied</li> <li>c Enter the smalle</li> <li>If section 1254 prodispose of a Intangible drilling a for development of mining exploration</li> <li>b Enter the smalle</li> <li>If section 1255 prodispose of a Applicable perce from income und</li> <li>b Enter the smalle</li> <li>ummary of Part</li> </ul>	ciation after 1969 and before 1976	26d						
<ul> <li>g Add lines 26b, 26</li> <li>If section 1252 prodispose of farmland a partnership (othe a Soil, water, and I</li> <li>b Line 27a multiplied</li> <li>c Enter the smalle</li> <li>If section 1254 participation</li> <li>b Enter the smalle</li> <li>If section 1254 participation</li> <li>b Enter the smalle</li> <li>If section 1255 participation</li> <li>b Enter the smalle</li> <li>p Enter the smalle</li> </ul>	ller of line 26c or 26d	26e						
<ul> <li>If section 1252 prodispose of farmland a partnership (othe a Soil, water, and I</li> <li>b Line 27a multiplied</li> <li>c Enter the smalle</li> <li>3 If section 1254 partnership (othe a name the smalle</li> <li>a Intangible drilling a for development of mining exploration</li> <li>b Enter the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>c If section 1255 partnership (a name the smalle</li> <li>d name the smalle</li> </ul>	nount (corporations only)	26f 26g						
<ul> <li>b Line 27a multiplied</li> <li>c Enter the smalle</li> <li>if section 1254 g</li> <li>a Intangible drilling a for development of mining exploration</li> <li>b Enter the smalle</li> <li>if section 1255 g</li> <li>a Applicable perce from income und</li> <li>b Enter the smalle</li> <li>ummary of Part</li> </ul>	property: Skip this section if you didn't and or if this form is being completed for ther than an electing large partnership). d land clearing expenses							
<ul> <li>c Enter the smalle</li> <li>If section 1254 g</li> <li>a Intangible drilling a for development of mining exploration</li> <li>b Enter the smalle</li> <li>If section 1255 g</li> <li>a Applicable perce from income und</li> <li>b Enter the smalle</li> <li>ummary of Part</li> </ul>	ied by applicable percentage	27a						
If section 1254 g a Intangible drilling a for development of mining exploration b Enter the smalle If section 1255 g a Applicable perce from income und b Enter the smalle ummary of Part		270 27c						
If section 1255 p a Applicable perce from income und b Enter the smalle ummary of Par		28a						
<ul> <li>a Applicable percerer from income und</li> <li>b Enter the smalle</li> <li>ummary of Part</li> </ul>	ller of line 24 or 28a	28b						
ummary of Part	<b>5 property:</b> centage of payments excluded nder section 126. See instructions	29a						
	ller of line 24 or 29a. See instructions	29b						
	art III Gains. Complete property of	columns	A through D throug	h line 29b before	going	to line 30.		
	all properties. Add property columns						30	
Add property col	columns A through D, lines 25b, 26g,	27c, 28b	o, and 29b. Enter he	ere and on line 13			31	
Subtract line 31	1 from line 30. Enter the portion from	n casualty	y or theft on Form 4	684, line 33. Ente	r the p	portion		
	n casualty or theft on Form 4797, line						32	
-	pture Amounts Under Section structions)	ons 179	and 280F(b)(2)	When Busin	ess l	Jse Drops to	o 50% o	or Less
						(a) Sectio 179	n	(b) Sectior 280F(b)(2)
Section 179 exp		wahle in	prior years		33			

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

•••			
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	
7180	12 01-12-18		
	39		

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2017.04030 O'ROURKE, ROBERT F

Form 4797 (2017)

SV2020\_2

# **Alternative Minimum Tax - Individuals**

► Go to www.irs.gov/Form6251 for instructions and the latest information. Attach to Form 1040 or Form 1040NR.



Your social security number

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

R	DBERT F. & AMY S. O'ROURKE		
Ρ	art I Alternative Minimum Taxable Income		
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	300,126.
		L 1	
2	Reserved for future use	2	
3	Taxes from Schedule A (Form 1040), line 9	3	8,263.
	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	8,644.
	If Form 1040, line 38, is \$156,900 or less, enter -0 Otherwise, see instructions	6	-1,580.
	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	7,285.
	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
	Qualified small business stock, see instructions	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss) <b>SEE STATEMENT 25</b>	19	-595.
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
	Research and experimental costs (difference between regular tax and AMT)	24	
	Income from certain installment sales before January 1, 1987	25	
	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is		
	more than \$249,450, see instructions.)	28	322,143.
Ρ	art II Alternative Minimum Tax (AMT)		
29	Exemption. (If you were under age 24 at the end of 2017, see instructions.)		
	IF your filing status is AND line 28 is not over THEN enter on line 29		
	Single or head of household \$120,700 \$54,300		
	Married filing jointly or qualifying widow(er) 160,900 84,500		
	Married filing separately 80,450 42,250 STMT 26	29	44,189.
	If line 28 is over the amount shown above for your filing status, see instructions.		
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	277,954.
31	● If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.		
	• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends		
	on Form 1040, line 9b; <b>or</b> 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 page 2 and enter the amount from line 64 here. • All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by	31	73,252.
	26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing		
	separately) from the result.		
	Alternative minimum tax foreign tax credit (see instructions)	32	44.
33	Tentative minimum tax. Subtract line 32 from line 31	33	73,208.
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any		
	foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure		
	that tax without using Schedule J before completing this line (see instructions)	34	69,338.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45	35	3,870.

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Form 6251 (2017)

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Foi	m 6251 (2017) ROBERT F. & AMY S. O'ROURKE		Page <b>2</b>
Ρ	art 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 Works	heet 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	277,954.
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	6,301.
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	6,301.
40	Enter the smaller of line 36 or line 39		6,301.
	Subtract line 40 from line 36		271,653.
42	If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise		-
	multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	42	72,307.
43	Enter:		
	• \$75,900 if married filing jointly or qualifying widow(er),		
	• \$37,950 if single or married filing separately, or	43	75,900.
	• \$50,800 if head of household.		· · ·
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for		
	Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either		
	worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you		
	are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	282,485.
45	Subtract line 44 from line 43. If zero or less, enter -0-		0.
	Enter the <b>smaller</b> of line 36 or line 37		6,301.
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	0.
	Subtract line 47 from line 46	48	6,301.
	Enter:		
	• \$418,400 if single		
	<ul> <li>\$235,350 if married filing separately</li> <li>\$470,700 if married filing jointly or gualifying widow(er)</li> </ul>	49	470,700.
	<ul> <li>\$470,700 if married filing jointly or qualifying widow(er)</li> <li>\$444,550 if head of household</li> </ul>		-
50	Enter the amount from line 45	50	0.
	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies		
	(as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the		
	amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or Form 2555-EZ,		
	see instructions for the amount to enter	51	282,485.
52	Add line 50 and line 51		282,485.
	Subtract line 52 from line 49. If zero or less, enter -0-		188,215.
	Enter the smaller of line 48 or line 53		6,301.
	Multiply line 54 by 15% (0.15)		945.
	Add lines 47 and 54	56	6,301.
	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.		
57	Subtract line 56 from line 46	57	0.
58	Multiply line 57 by 20% (0.20)	► 58	
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		
59	Add lines 41, 56, and 57	59	
60	Subtract line 59 from line 36		
	Multiply line 60 by 25% (0.25)	► 61	
	Add lines 42, 55, 58, and 61	62	73,252.
	If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26).		-
-	Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	63	74,071.
64	Enter the <b>smaller</b> of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter		·
_	this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	. 64	73,252.
719	591 01-11-18		Form <b>6251</b> (2017)

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41 2017.04030 O'ROURKE, ROBERT F

SV2020\_2

#### ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Social Security Number

Name(s)

#### ROBERT F. & AMY S. O'ROURKE

ROBER	T F. & AMY S. O ROURKE								
Form									
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment		
K1-	IMPERIAL ARMS LLC 100%								
	DISPOSITION								
	* REGULAR INCOME	-548.							
	* AMT NET INCOME	-548.							
4797	CAMPR II LIMITED								
	* REGULAR INCOME	46.							
	* AMT NET INCOME	46.							
4797	IMPERIAL ARMS LLC								
	* REGULAR INCOME	112,724.							
	* AMT NET INCOME	112,724.							
K1-	CAMPR II LIMITED								
KT-	* REGULAR INCOME	18,631.							
	* AMT NET INCOME	18,631.							
		_ ,							
K1-	PEPPERTREE SQUARE, LTD								
	* REGULAR INCOME	32,611.							
	AMT ADJUSTMENTS	-595.			-595.				
	* AMT NET INCOME	32,016.			-595.				
	** TOTAL ADJ & PREF **				-595.				
	TOTAL ADO & FREF				- 595.				

	I		ERNATIVE MINIMUM TAX				l	OMB No. 1545-0121		
Form <b>1116</b>			-	state, or Trus				(	047	
Form		Atta	ch to Form 1040		-			_	<u>2017</u>	
Department of the Treasu Internal Revenue Service	(99)		/Form1116 for i			Att Se	achment quence No. <b>19</b>			
Name		/ WWW.II 5.907				dentifying numb	er as shown of			
ROBERT F.	& AMY S. O'R	JUBKE								
	1116 for each category of inc		N SAA Ooto maria	flore-root in	the instructions	Check only one	hoy on each	Eorm	1116 Report all	
	ars except where specified in		N. See Categories	s of income III		Oneck only one	DUX UII CAU		r r io. Neport all	
	tegory income 🛛 🕻 🗌	Section 901	(j) income		e 📃 Lump	-sum distributio	ns			
<b>b</b> X General ca	tegory income <b>d</b>	Certain inco	me re-sourced by t	treaty						
	of country)  UNITE									
	axes to only one foreign c	-	-			-	ou paid tax	es to		
	reign country or U.S. pose le Income or Loss From									
				Foreign Coun		-			Total	
			Α		B	C		(Add o	ols. A, B, and C.)	
g Enter the na	me of the foreign country	orUS	OTHER			<b>U</b>			<u>513. A, D, and O.)</u>	
-			COUNTRIE	s						
	from sources within country s									
	checked above:									
							1	а		
<b>b</b> Check if line 1a	is compensation for persona	l services as								
an employee, y	our total compensation from	all sources is								
\$250,000 or m	ore, and you used an alternati	ve basis to								
determine its s	ource (see instructions)									
Deductions and le	osses (Caution: See instr	uctions.):								
2 Expenses defin (attach stateme	nitely related to the income o ent)	n line 1a								
	of other deductions not defin									
a Certain itemize	d deductions or standard ded	uction	9	04.						
<b>b</b> Other deduction	ns (attach statement)									
c Add lines 3a an			9	04.						
<b>d</b> Gross foreign s	source income									
			853,7							
f Divide line 3d b	• • • • • • • • • • • • • • • • • • • •		.00	000						
	by line 3f						_			
	of interest expense:	£								
	e interest (use the Worksheet									
	e Interest in the instructions)									
<ul><li>b Other interest e</li><li>5 Losses from fo</li></ul>										
<ul><li>5 Losses from fo</li><li>6 Add lines 2, 3g</li></ul>							6			
	rom line 1a. Enter the result h	ere and on line .	15. nage 2			I	▶ 7			
	ign Taxes Paid or A									
Credit is claimed	-		Foreig	n taxes paid	or accrued					
for taxes (you must	In fore	gn currency				In U.S. dolla	ars			
abaak ana)			(n) Other				(r) Oth	er	(s) Total foreign	
(h) X Paid (i) Accrued	Taxes withheld at sour	ce on:	(n) Other foreign	Taxes	withheld at sou	rce on:	foreig		taxes paid or	
Ö (i) Accrued			taxes paid or				taxes pai		accrued (add cols.	
(j) Date paid or accrued	(k) Dividends (I) Rents and royalties	(m) Interest	accrued	(0) Dividends	(p) Rents and royalties	(q) Interest	accrue	u	(o) through (r))	
A B										
В								$\square$		
С								$\rightarrow \downarrow$		
	ough C, column (s). Enter the						🕨	8		
LHA For Paperw	ork Reduction Act Notic	e, see instruc	tions.					F	orm <b>1116</b> (2017)	

711501 12-21-17

#### ALTERNATIVE MINIMUM TAX

	art III Figuring the Credit			Page 2
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		
10	Carryback or carryover (attach detailed computation)	10		
10			_	
11	Add lines 9 and 10	11		
••				
12	Reduction in foreign taxes	12		
13	Taxes reclassified under high tax kickout	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit		. 14	
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	15		
16	Adjustments to line 15	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		
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39.			
	Estates and trusts: Enter your taxable income without the deduction for your			
	exemption	18		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see in	nstructions.		
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"		19	
20	Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the	total of Form 1040NR, lines		
	42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total			
	and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42		20	
	Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instru-			
	Multiply line 20 by line 19 (maximum amount of credit)		21	
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 thr	-		
	amount on line 28. Otherwise, complete the appropriate line in Part IV		22	
	art IV Summary of Credits From Separate Parts III			
	Credit for taxes on passive category income	23	_	
	Credit for taxes on general category income	24		
	Credit for taxes on certain income re-sourced by treaty	25		
	Credit for taxes on lump-sum distributions	26	- 07	
	Add lines 23 through 26		27 28	44.
	Enter the <b>smaller</b> of line 20 or line 27 Reduction of credit for international boycott operations			44.
	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 4		29	
30	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a		▶ 30	44.
				Form <b>1116</b> (2017)

			ALT	ERNATIVE					014	D No. 1545 0101
Form <b>1116</b>				Foreign						B No. 1545-0121
Form	)		<b>N</b>	(Individual, Estate, or Trust)						2017
Department of the Treasu Internal Revenue Service	ry (99)	► Go to		h to Form 1040, 1040NR, 1041, or 990-T. /Form1116 for instructions and the latest information.						achment quence No. 19
Name						l	dentifying numb	<b>er</b> as shown o	n page 1	of your tax return
ROBERT F.	& AMY	S. O'R	OURKE							
Use a separate Form	1116 for eac	h category of inc	ome listed belov	w. See Categories	s of Income in	the instructions.	. Check only one	box on each	Form <sup>2</sup>	1116. Report all
amounts in U.S. dolla			_	-						
	tegory incom		Section 901	(,,		e 🔄 Lump	o-sum distributio	ns		
<b>b</b> General cat	tegory incom	e d	Certain inco	me re-sourced by t	treaty					
f Resident of (name										
Note: If you paid t	-	-	-	-			-	ou paid taxe	es to	
more than one for Part I Taxab				separate column ide the United \$						
					Foreign Coun					Total
				Α		В	С		(Add co	ols. A, B, and C.)
g Enter the nar	ne of the fo	oreign country	or U.S.	OTHER						
possession			►	COUNTRIE	S					
1a Gross income f	rom sources	within country s	hown above							
and of the type	checked abo	ve:								
				2	01					201
h Chaoli if line to	ia aamnanaa	tion for paraona		3	91.			12	4	391.
<b>b</b> Check if line 1a	•	pensation from a								
		used an alternati								
determine its so										
Deductions and lo	osses (Cau	tion: See instru	uctions.):						1	
2 Expenses defin	itelv related	to the income of	n line 1a							
(attach stateme	nt)							_		
		ctions not defini	-	0	04.					
<ul><li>a Certain itemized</li><li>b Other deduction</li></ul>				9	04.					
<ul> <li>b Other deduction</li> <li>c Add lines 3a an</li> </ul>				9	04.					
d Gross foreign s					23.					
e Gross income f				853,7						
f Divide line 3d b					073					
g Multiply line 3c	by line 3f				1.					
4 Pro rata share of	of interest exp	pense:								
<b>a</b> Home mortgage			for							
0.0		he instructions)						_		
<b>b</b> Other interest e	• • • • • • • • • • • • • • • • • • • •									
<ul><li>5 Losses from for</li><li>6 Add lines 2, 3g,</li></ul>					1.			6	1	1.
7 Subtract line 6 fr				15, page 2			1	▶ 7	+	390.
		s Paid or Ad								
Credit is claimed for taxes				Foreig	n taxes paid	or accrued				
(you must		In forei	gn currency	1			In U.S. dolla	ars		
> check one)	τ	with bold at a -		(n) Other	<b></b>		r00.007	(r) Othe		(s) Total foreign
(h) $X$ Paid (i) Accrued Taxes withheld at source on:			foreign taxes paid or	Taxes	withheld at sou	rce on:	foreign taxes paic		taxes paid or accrued (add cols.	
G (i) Accrued (j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) Dividends	(p) Rents and royalties	(g) Interest	accrue		(o) through (r))
A12/31/17				44.	··· royalties	(4)		-+	44.	
B									$\rightarrow$	
c										
8 Add lines A thro	ugh C, colun	nn (s). Enter the	total here and	on line 9, page 2					8	44.
LHA For Paperw	ork Reduc	tion Act Notic	e, see instruc	tions.					F	orm <b>1116</b> (2017)

711501 12-21-17

# ALTERNATIVE MINIMUM TAX

Ρ	art 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	44.	-	
0	Carryback or carryover (attach detailed computation)	10			
1	Add lines 9 and 10	11	44.	-	
2	Reduction in foreign taxes	12		-	
3	Taxes reclassified under high tax kickout	13			
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	44.
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	15	390.	-	
16	Adjustments to line 15	16			
	Adjustments to line 15				
	(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	390.		
18	<b>Individuals:</b> Enter the amount from Form 1040, line 41; or Form 1040NR, line 39.				
	Estates and trusts: Enter your taxable income without the deduction for your		210 217		
	exemption SEE STATEMENT 27	18	319,217.		
	<b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see in Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	.00122
	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	• • • • • • • • • • • • • • • • • • • •
20	42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total				
			J-1, IIIIes 30, 37,	20	73,252.
	<b>Caution:</b> If you are completing line 20 for separate category <b>e</b> (lump-sum distributions), see instru			20	, , , , , , , , , , , , , , , , , , , ,
21	Multiply line 20 by line 19 (maximum amount of credit)			21	89.
	Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 thr				
_	amount on line 28. Otherwise, complete the appropriate line in Part IV	-	•	22	44.
Ρ	art IV Summary of Credits From Separate Parts III			1 1	
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			
6	Credit for taxes on lump-sum distributions	26			
	Add lines 23 through 26			27	
8	Enter the smaller of line 20 or line 27			28	
a	Reduction of credit for international boycott operations			29	
-0	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 48	3;			

711511 12-21-17

SCHEDULE	н
(Form 1040)	

# Household Employment Taxes

(For Social Security

OMB No. 1545-1971

Department of the Treasur Internal Revenue Service (	
Name of employer	

(FOTM 1040) (FOTSOCIAL Security, Medicare, Withheid Income, and Federal Onemployment (FOTA) Taxes)							
Department of the Treasury Internal Revenue Service (99)         Attach to Form 1040, 1040NR, 1040-SS, or 1041.           Go to www.irs.gov/ScheduleH for instructions and the latest information.			Attachment Sequence				
Name of employer			Social security number				
ROBERT F. O'ROURKE		Employer	identificatior	numbe			
Calendar year taxpayers	having no household employees in 2017 don't have to complete this form for 2017.						

Did you pay any one household employee cash wages of \$2,000 or more in 2017? (If any household employee was your spouse, your child Α under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

Χ

Yes. Skip lines B and C and go to line 1. No. Go to line B.

В Did you withhold federal income tax during 2017 for any household employee?



Yes. Skip line C and go to line 7. No. Go to line C.

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2016 or 2017 to all household employees? С (Don't count cash wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.)

No.
<b>V</b>

- Stop. Don't file this schedule.
- Yes. Skip lines 1-9 and go to line 10.

#### Social Security, Medicare, and Federal Income Taxes Part I

1	Total cash wages subject to social security tax 1 16,852.		
2	Social security tax. Multiply line 1 by 12.4% (0.124)	2	2,090.
3	Total cash wages subject to Medicare tax 3 16,852.		
4	Medicare tax. Multiply line 3 by 2.9% (0.029)	4	489.
5	Total cash wages subject to Additional Medicare Tax withholding		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6	
7	Federal income tax withheld, if any	7	
8	Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8	2,579.
9	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2016 or 2017 to all household employe	es?	

(Don't count cash wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.)

No. Stop. Include the amount from line 8 above on Form 1040, line 60a. If you're not required to file Form 1040, see the line 9 instructions.

X Yes. Go to line 10.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Schedule H (Form 1040) 2017

710351 11-28-17

		OBERT F. O nemployment (F									Page <b>2</b>
Part I		nemployment (r								Yes	No
<b>10</b> Did	you pay unemploy	ment contributions t	o only one state? If	you paid cont	tributions to a cre	dit reduction state	Ż			165	
	instructions and c								10	Х	
<b>11</b> Did	you pay all state u	nemployment contril							11		X
12 Wer	e all wages that ar	e taxable for FUTA t	ax also taxable for y	our state's un	employment tax?				12		X
		" <b>Yes</b> " box on <b>all</b> the									
lf	you checked the	"No" box on any of t	he lines above, skip	-	-	on B.					
		··· ·		Section A				_			
<b>13</b> Nan	ne of the state whe	ere you paid unemplo	syment contribution:	s	•						
<b>1</b> 4 Con	tributions paid to y	your state unemploy	ment fund		14						
		ect to FUTA tax					1	5			
16 FUT	A tax. Multiply line	e 15 by 0.6% (0.006)	Enter the result he	re. skip Sectio	on B. and go to lin	e 25	····   1				
				Section B				<u>- 1</u>			
17 Con	plete all columns	below that apply (if y	ou need more spac	e, see instruc	tions):						
(a)	(b)	(e State expe	c) rience rate	(d) State	(e)	(f)		(g)		(h) ntributio	
Name of	Taxable wages (as defined in state act)	per	iod	experience	Multiply col. (b) by 0.054	Multiply col. (b) by col. (d)	from	act col. (f) 1 col. (e). 10 or less,	pa	id to sta	ate
state		From	То	rate				ter -0		fund	
mv	16 500			0540							
TX	16,582.			.0540							
				1							
<b>18</b> Tota	als	тота	L CONTR.	91	L0.						
<b>19</b> Add	columns (g) and (l	h) of line 18 LATE	CONTR.	91	LO. 19		0.				
<b>20</b> Tota	al cash wages subj	ect to FUTA tax (see	the line 15 instructi	ions)			2	<u>o                                     </u>		7,0	<u>00.</u> 20.
		% (0.060)						1		4	20.
<b>22</b> Mul	tiply line 20 by 5.49	% (0.054)			22		8.				
		ne 19 or line 22				ATEMENT	4.8				
		nployment contributi					<b>V</b>			3	40.
	instructions and c	neck nere) ne 23 from line 21. Er	tor the regult here a	and as to line			<u>X</u> 2				80.
		sehold Employr			23		Z	<u>+  </u>			00.
		n line 8. If you checke		line C of pag	le 1. enter -0-		2	5		2,5	79.
		and line 25						1		2,6	59.
	you required to file										
X	Yes. Stop. Includ	le the amount from li	ne 26 above on For	m 1040, line 6	0a. <b>Don't</b> compl	ete Part IV below.					
	/	ve to complete Part									
Part I		nd Signature -		only if require	d. See the line 27	instructions.		t., room, or sui	te no		
Aug 655 (11	amber and sireey of F.O		5 Su CCI aUUI 555				Ap	., 10011, 01 Su	ite filo.		
City, town	or post office, state, and	ZIP code									
	· · ·										

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's s	gnature		Date	
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN self- employed
Preparer Use Only	Firm's name		· · · · ·	Firm's EIN
	Firm's address			Phone no.

09161010 149481 SV2020

Depart	4952 ment of the Treasury Revenue Service (99)		OMB No. 1545-0191 <b>2017</b> Attachment Sequence No. 51		
Nam	e(s) shown on return				Identifying number
ROE	BERT F. & AN	AY S. O'ROURKE			
Pa	rt I Total Inves	stment Interest Expense		1	
1	Investment interest e	expense paid or accrued in 2017 (see instructions)	SEE STATEMENT 29	1	28,204.
2	Disallowed investme	nt interest expense from 2016 Form 4952, line 7		2	7,285.
3	Total investment inf	erest expense. Add lines 1 and 2		3	35,489.
Pa	rt II Net Invest	ment Income	1 1		
4a		property held for investment (excluding any net ition of property held for investment) <b>STMT</b> 30	4a 70,189.		
b	Qualified dividends in	ncluded on line 4a	4b 6,301.		
с	Subtract line 4b from	ı line 4a		4c	63,888.
d	Net gain from the dis	position of property held for investment	_4d	-	
е	Enter the <b>smaller</b> of	line 4d or your net capital gain from the disposition			
	of property held for in	nvestment (see instructions)	4e		
f	Subtract line 4e from	line 4d		4f	
g		m lines 4b and 4e that you elect to include in investment in		4g	
h		Add lines 4c, 4f, and 4g		4h	63,888.
5	Investment expenses	s (see instructions)	SEE STATEMENT 31	5	9,554.
6	Net investment inco	me. Subtract line 5 from line 4h. If zero or less, enter -0-		6	54,334.
Pa		t Interest Expense Deduction			
7		nt interest expense to be carried forward to 2018. Subtract		-	0.
	If zero or less, enter -	0-		7	0.
8		expense deduction. Enter the smaller of line 3 or 6. See	instructions STMT 32	8	35,489.
LHA	For Paperwork Re	eduction Act Notice, see separate instructions.			Form <b>4952</b> (2017)

718901 09-27-17

#### ALTERNATIVE MINIMUM TAX

	<b>1059</b> Investment Interest Expense Deduction			L	OMB No. 1545-0191		
Form	4952	-	-			2017	
Depart	ment of the Treasury	Go to www.irs.gov/Form4952 fo		information.			
	Revenue Service (99)	Attach to your ta	x return.			Sequence No. 51	
Nam	e(s) shown on return					Identifying number	
ROF	SERT F. & AI	MY S. O'ROURKE					
Pa		stment Interest Expense					
		•					
1	Investment interest e	expense paid or accrued in 2017 (see instructions)	SEE	STATEMENT 33	1	28,204.	
2	Disallowed investme	ent interest expense from 2016 Form 4952, line 7			2		
3	Total investment in	terest expense. Add lines 1 and 2			3	28,204.	
Pa		tment Income			<u> </u>		
4a	Gross income from p	property held for investment (excluding any net					
	gain from the dispos	sition of property held for investment)	4a	70,189.	1		
				C 201			
b	Qualified dividends i	ncluded on line 4a	4b	6,301.			
c	Subtract line 4b fron	n line 4a			4c	63,888.	
Ŭ							
d	Net gain from the dis	sposition of property held for investment	4d				
е		line 4d or your net capital gain from the disposition					
	of property held for i	investment (see instructions)	4e				
	Subtract line 4e from	a line 1d			4f		
•	Subtract line 4e non	n inte 40					
g	Enter the amount fro	om lines 4b and 4e that you elect to include in investme	ent income				
	(see instructions)	- 			4g		
						<pre>c2 000</pre>	
h	Investment income.	Add lines 4c, 4f, and 4g			4h	63,888.	
5	Investment expense	s (see instructions)			5	910.	
6		ome. Subtract line 5 from line 4h. If zero or less, enter	-0-		6	62,978.	
Pa	rt III   Investmer	nt Interest Expense Deduction			r	1	
7	Disallowed investme	ent interest expense to be carried forward to 2018. Sub	tract line 6 fr	rom line 3			
•		-0-			7	0.	
	-						
8		t expense deduction. Enter the smaller of line 3 or 6.	See instruct	ions	8	28,204.	
LHA	For Paperwork R	eduction Act Notice, see separate instructions.				Form <b>4952</b> (2017)	
		REGULAR FORM 4952, LINE	8			35,489.	
		LESS RECOMPUTED FORM 4952		E 8		28,204.	
		L, LINE 8		7,285.			

718901 09-27-17

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

OMB No. 1545-2227

Attachment Sequence No. 72

L

Attach to your tax return.

Department of the Treasury Internal Revenue Service (99)

~		/=				
► Go	to www.irs.	gov/Form8960	for instru	uctions and	the latest	information.

Name	(s) shown on your tax return		Your s	ocial se	curity number or EIN
	ERT F. & AMY S. O'ROURKE				
Par	t I Investment Income Section 6013(g) election (see instructions)				
	Section 6013(h) election (see instructions)				
	Regulations section 1.1411-10(g) election (s	see instru	ctions)		
1	Taxable interest (see instructions)			1	54,447. 13,490.
2	Ordinary dividends (see instructions)			2	13,490.
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,				
	etc. (see instructions)	4a	64,230.		
b	Adjustment for net income or loss derived in the ordinary course of				
	a non-section 1411 trade or business (see instructions) <b>STATEMENT</b> 34	4b			
с	Combine lines 4a and 4b			4c	64,230.
5a	Net gain or loss from disposition of property (see instructions)	5a	-3,002.		
b	Net gain or loss from disposition of property that is not subject to				
	net investment income tax (see instructions)	5b	2.		
с	Adjustment from disposition of partnership interest or S corporation				
	stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	-3,000.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions) $\dots$			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	129,167.
Par	II Investment Expenses Allocable to Investment Income and	Modific			
9a	Investment interest expenses (see instructions)	9a	35,489.		
b	State, local, and foreign income tax (see instructions)	9b			
С	Miscellaneous investment expenses (see instructions)	9c	9,548.		
d	Add lines 9a, 9b, and 9c			9d	45,037.
10	Additional modifications (see instructions)			10	45 005
11	Total deductions and modifications. Add lines 9d and 10			11	45,037.
Par					
12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals compl				04 120
	17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-			12	84,130.
	Individuals:		266 455		
13	Modified adjusted gross income (see instructions)	13	366,455.	-	
14	Threshold based on filing status (see instructions)	14	250,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	116,455.		0/ 120
16	Enter the smaller of line 12 or line 15	•••••		16	84,130.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter her			47	3,197.
	include on your tax return (see instructions) Estates and Trusts:			17	5,15/.
10-		18a			
18a ⊾	Net investment income (line 12 above)	108			
b		18b			
	deductions under section 642(c) (see instructions) Undistributed net investment income. Subtract line 18b from 18a (see	401			
с		18c			
19a	instructions). If zero or less, enter -0-	18c			
b	Adjusted gross income (see instructions) Highest tax bracket for estates and trusts for the year (see	154			
b	instructions)	19b			
с	Subtract line 19b from line 19a. If zero or less, enter -0-	19D			
20	Enter the smaller of line 18c or line 19c			20	
20	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). E				
	and include on your tax return (see instructions)			21	
LHA	For Paperwork Reduction Act Notice, see your tax return instructions.				Form <b>8960</b> (2017)

723121 12-22-17

# Lines 5a-5d - Net Gains and Losses Worksheet

Keep for Your Records

	5a-50 - Net Gains and Losses worksheet	(A) Capital gains/(losses) Form 1040, Line 13, or Form 1041, Line 4	<b>(B)</b> Ordinary gains/(losses) Form 1040, Line 14, or Form 1041, Line 7	Total of columns (A) + (B)
1.	Beginning Net Gains and Losses	<u> </u>	-2.	Enter this amount on line 5a - 3 , 0 0 2 .
2. (a)	Gains and Losses excluded from Net Investment Income, use c Enter net gains from the disposition of property used in a	urrent year amounts for line	es 2a-2g and 2i.	
	non-section 1411 trade or business (enter as negative			
	amounts):			
	Name of Trade or Business Amount			
		[()	()	
(b)	Enter net losses from the disposition of property used in a			
	non-section 1411 trade or business (enter as positive			
	amounts):			
	Name of Trade or Business         Amount           SEE         STATEMENT         35		2.	
	SEE SIAIEMENI 55		2.	
(c)	Enter net losses from a former passive activity (FPA) allowed			
	by reason of section 469(f)(1)(A)			
(d)	Gains recognized in the current year for payments received			
	on an installment sale obligation or private annuity for the			
	disposition of property used in a non-section 1411 trade or business			
(e)	Enter the net gain attributable to the net unrealized	[()		
(-)	appreciation (NUA) in employer securities	()		
(f)	In the case of a QEF (other than a QEF held in a section 1411			
	trade or business) with respect to which a section			
	1.1411-10(g) election is not in effect, enter the amount			
	treated as long-term capital gain for regular income tax purposes under section 1293(a)(1)(B)			
(g)	Enter any other gains and losses included in net investment	\)		
	income that are not otherwise reported on Form 8960 and			
	any other gains and losses excluded from net investment			
	income reported on line 5a (enter excluded gains as a			
(b)	negative number and excluded losses as a positive number) Enter the amount reported on line 2(i) of this worksheet from			
(h)	your prior tax year return calculations. Enter as a positive no.			
(i)	If you do not have a capital loss carryover to next year, then			
	skip this line and go to line 2(j). Otherwise, enter the lesser of			
	(i)(1) or (i)(2) as a negative number	(0.)		
	(i)(1) If the sum of the amounts reported on lines 2(a)-2(h)			
	and line 3(d), column (A), is greater than zero, enter that amount here. Otherwise, enter -0- on line 2(i) and go to			
	line 2(j)			
	OR			
	(i)(2) The amount of capital loss carried over to next			
	year (Schedule D (Form 1040), line 16, less the amount			
	allowed as a current deduction on Schedule D (Form 1040), line 21) entered as a positive number $1,026,320$ .			
				Enter this amount on line 5b
(j)	Sum of lines 2(a)-2(i)		2.	2.
				Enter this amount on line 5c
3.	Adjustment for Gains and Losses attributable to the			
	disposition of interests in partnerships and S corporations			Enter this amount on line Ed
Add lin	nes 1, 2(j) and 3	-3,000.	0.	Enter this amount on line 5d $-3,000$ .
723261 04-				

52

#### Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet

#### Keep for Your Records

Part I - Application of Section 67 to Deductions Properly Allocable to Inves	tment Income	
<ol> <li>Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deduction limitations (Description and Form 8960 line number where they'll be reported):         <ul> <li><u>Description</u></li> <li><u>Line</u></li> <li><u>Amount</u></li> <li>(a)</li> <li><u>SEE</u> <u>STATEMENT</u> <u>36</u></li> <li>(b)</li> </ul> </li> <li>Enter the total of all items listed in line 1</li> <li>Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040),</li> </ol>	 212,973.	
line 27)		4. 8,644.
4. Enter the lesser of the total reported on line 2 or line 3		4. 0,044.
Part II - Application of Section 67 Limitation to Specific Deductions		
(A) Reenter the amounts and descriptions from Part I, line 1.	(B) IF line 3 is less than line 2, THEN divide line 3 by line 2 AND enter the amount in column (B). IF amounts reported on Part I, lines 2 and 4 are equal, THEN enter 1.00 in column (B).	<b>(C)</b> Multiply the individual amounts in column (A) by the amount in column (B).
(a) <u>SEE STATEMENT 37</u> (b)	X	=
Individuals - Use the amounts in column (C) on Part III, line 1, to determine the allowable after the application of the section 68 limitation.         Estates or trusts - Enter the amounts in column (C) in the appropriate location III or IV of this worksheet.	e amount of these deductions that	

#### Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet continued

Keep for Your Records

1.	t III - Application of Section 68 to deductions	property an	locable to investm	ent in		Only)	
	Enter the amount of Miscellaneous Itemized Deduction		allocable to				
	investment income from column (C) of Part II:						
	Description	Line	Amount				
	(a) SEE STATEMENT 38		Amount				
	(b)						
2	Enter the amount of state, local, and foreign income t		proporty				
2.				0			
2	allocable to investment income			2			
3.	Enter the amounts of other Itemized Deductions subj						
	and properly allocable to investment income before a						
	limitations (Description and Form 8960 line number w		• • •				
	Description	Line	Amount				
	(a) FROM K-1 - CAMPR II	9C	0.0.4				
	(b) LIMITED		904.				
4.	Enter the total deductions properly allocable to invest	ment income	e subject to the section	n 68 lin	nitation. Enter	0 540	
	the sum of lines 1 through 3					4. 9,548	<u>s.</u>
5.	Enter the amount of total itemized deductions reported	ed on Form 1	040	5	66,329.		
6.	Enter all other itemized deductions allowed but not su	ubject to the	section 68				
	deduction limitation:						
	(a) Investment Interest Expense		35,489.				
	(b) Casualty Losses (other than losses described in						
	section 165(c)(1))						
	(c) Medical Expenses						
	(d) Gambling Losses						
	(e) Total of lines 6(a) through 6(d)			6e	35,489.		
7.	Subtract line 6e from line 5					7. 30,840	).
						8. 9,548	3.
		,				<i>(</i>	
Т	This is the amount of itemized deductions that a and 68 deduction limitations. Use Part IV of this						
	on Form 8960, lines 9 and 10.	wombhoot to					
<b>D</b> -	t IV - Reconciliation of Schedule A Deduction	s to Earm 9	960. lines 9 and 10				
Par	TV - Reconclitation of Schedule A Deductions			D (Indi	viduals Only)		
Par	TV - Neconciliation of Schedule A Deduction			0 (Indi			
Par	TY - Reconciliation of Schedule A Deduction			•	(B)		
Par	TY - Reconciliation of Schedule A Deduction			If	(B) • Part III, line 8 is less		
Par	TY - Neconciliation of Schedule A Deduction			I	(B)	(C)	
Par	TY - Reconciliation of Schedule A Deduction			II T	<b>(B)</b> F Part III, line 8 is less than Part III, line 4,	<b>(C)</b> Multiply the individu	ual
Par	TY - Reconciliation of Schedule A Deduction			II T	(B) Part III, line 8 is less than Part III, line 4, HEN divide line 8 by		
Par				II T a	(B) Part III, line 8 is less than Part III, line 4, HEN divide line 8 by ine 4 AND enter the mount in column (B). IF the amounts	Multiply the individu amounts in colum (A) by the amount	ın in
Par				II T a	(B) Part III, line 8 is less than Part III, line 4, HEN divide line 8 by ine 4 AND enter the mount in column (B). IF the amounts reported on Part III,	Multiply the individu amounts in colum (A) by the amount i column (B). Enter	in in r
Par				II T a	(B) Part III, line 8 is less than Part III, line 4, HEN divide line 8 by ine 4 AND enter the mount in column (B). IF the amounts reported on Part III, lines 4 and 8 are	Multiply the individu amounts in colum (A) by the amount i column (B). Enter these amounts in th	in in r he
Par	(A)			II T a	(B) Part III, line 8 is less than Part III, line 4, HEN divide line 8 by ine 4 AND enter the mount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter	Multiply the individu amounts in colum (A) by the amount column (B). Enter these amounts in th appropriate locatio	in in r he on
	(A) Reenter the amounts and descriptions	from Part III,		II T a	(B) Part III, line 8 is less than Part III, line 4, HEN divide line 8 by ine 4 AND enter the mount in column (B). IF the amounts reported on Part III, lines 4 and 8 are	Multiply the individu amounts in colum (A) by the amount i column (B). Enter these amounts in th	in in r he on
Mis	(A)Reenter the amounts and descriptions cellaneous Itemized Deductions properly allocable	from Part III,		II T a	(B) Part III, line 8 is less than Part III, line 4, HEN divide line 8 by ine 4 AND enter the mount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter	Multiply the individu amounts in colum (A) by the amount column (B). Enter these amounts in th appropriate locatio	in in r he on
Mis	(A) Reenter the amounts and descriptions cellaneous Itemized Deductions properly allocable stment income:	from Part III, <b>to</b>	lines 1 - 3.	II T a	(B) Part III, line 8 is less than Part III, line 4, HEN divide line 8 by ine 4 AND enter the mount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter	Multiply the individu amounts in colum (A) by the amount column (B). Enter these amounts in th appropriate locatio	in in r he on
Mis	(A) Reenter the amounts and descriptions cellaneous Itemized Deductions properly allocable stment income:	from Part III,		II T a	(B) F Part III, line 8 is less than Part III, line 4, HEN divide line 8 by ine 4 AND enter the mount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).	Multiply the individu amounts in colum (A) by the amount column (B). Enter these amounts in th appropriate locatio	in in r he on
Mis	(A) Reenter the amounts and descriptions cellaneous Itemized Deductions properly allocable stment income: (a) <u>SEE STATEMENT</u> 39	from Part III, to Line	lines 1 - 3. <u>Amount</u>	II T a 	(B) Part III, line 8 is less than Part III, line 4, HEN divide line 8 by ine 4 AND enter the mount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter	Multiply the individu amounts in colum (A) by the amount column (B). Enter these amounts in th appropriate locatio	in in r he on
Mis inve 1.	(A) <u>Reenter the amounts and descriptions</u> cellaneous Itemized Deductions properly allocable stment income: (a) <u>SEE STATEMENT 39</u> (b)	from Part III, to Line	lines 1 - 3. <u>Amount</u>	II T a - X X	(B) F Part III, line 8 is less than Part III, line 4, HEN divide line 8 by ine 4 AND enter the mount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).	Multiply the individu amounts in colum (A) by the amount column (B). Enter these amounts in th appropriate locatio	in in r he on
Mis inve 1. 2.	(A)           Reenter the amounts and descriptions           cellaneous Itemized Deductions properly allocable           stment income:           (a)         SEE           SEE         STATEMENT           (b)	from Part III, to Line	lines 1 - 3. <u>Amount</u>	II T a 	(B) F Part III, line 8 is less than Part III, line 4, HEN divide line 8 by ine 4 AND enter the mount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).	Multiply the individu amounts in colum (A) by the amount column (B). Enter these amounts in th appropriate locatio	in in r he on
Mis inve 1. 2. Iten	(A)           Reenter the amounts and descriptions           cellaneous Itemized Deductions properly allocable           stment income:           (a)         SEE           SEE         STATEMENT           (b)           State, local, and foreign income taxes	from Part III, to Line	lines 1 - 3. <u>Amount</u>	II T a - X X	(B) F Part III, line 8 is less than Part III, line 4, HEN divide line 8 by ine 4 AND enter the mount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).	Multiply the individu amounts in colum (A) by the amount column (B). Enter these amounts in th appropriate locatio	in in r he on
Mis inve 1. 2. Iten 3 of	(A)           Reenter the amounts and descriptions           cellaneous Itemized Deductions properly allocable           stment income:           (a)         SEE           STATEMENT         39           (b)	from Part III, to Line	lines 1 - 3. <u>Amount</u>	II T a - X X	(B) F Part III, line 8 is less than Part III, line 4, HEN divide line 8 by ine 4 AND enter the mount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).	Multiply the individu amounts in colum (A) by the amount column (B). Enter these amounts in th appropriate locatio	in in r he on
Mis inve 1. 2. Iten	(A) Reenter the amounts and descriptions cellaneous Itemized Deductions properly allocable stment income: (a) <u>SEE STATEMENT 39</u> (b) State, local, and foreign income taxes bized Deductions Subject to Section 68 included on Part III: (a) <u>FROM K-1 - CAMPR II</u>	from Part III, to Line Line Line	lines 1 - 3. <u>Amount</u>	II T a X X X X	(B) Part III, line 8 is less than Part III, line 4, HEN divide line 8 by ine 4 AND enter the mount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).	Multiply the individu amounts in column (A) by the amount i column (B). Enter these amounts in th appropriate locatio on lines 9 and 10	nn r he on ).
Mis inve 1. 2. Iten 3 of	(A)           Reenter the amounts and descriptions           cellaneous Itemized Deductions properly allocable           stment income:           (a)         SEE           STATEMENT         39           (b)	from Part III, to Line	lines 1 - 3. <u>Amount</u>	II T a X X X X	(B) F Part III, line 8 is less than Part III, line 4, HEN divide line 8 by ine 4 AND enter the mount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).	Multiply the individu amounts in colum (A) by the amount column (B). Enter these amounts in th appropriate locatio	nn r he on ).

723252 01-10-18

Form <b>6781</b>
Department of the Treasury Internal Revenue Service
Name(s) shown on tax return

# Gains and Losses From Section 1256 Contracts and Straddles

Go to www.irs.gov/Form6781 for the latest information. Attach to your tax return.

OMB No. 1545-0644 Attachment Sequence No. 82 Identifying number

ROBERT F. & AMY S.	O ' ROURKE									
Check all applicable boxes <b>A</b>	Mixed straddle ele						Mixed strac			
(see instructions). B Part I Section 1256 Cont	Straddle-by-strado		n elect	ion			Net sectior	1256 con	racts lo	ss election
Tarti Section 1250 Cont		Market								
(a) Identification	on of account			(b)	(Loss)		(c)	Gain		
1 FROM K-1 - CAMPI	R II LIMITE	D						879		
		I							_	
2 Add the amounts on line 1 in co						)		879	_	070
3 Net gain or (loss). Combine line									3 4	879.
<ul><li>4 Form 1099-B adjustments. See</li><li>5 Combine lines 3 and 4</li></ul>									5	879.
Note: If line 5 shows a net gain, instructions.										• • • •
6 If you have a net section 1256 of	contracts loss and ch	ecked box D ab	oove, e	enter tl	ne amo	ount of le	oss to be			
carried back. Enter the loss as a									6	0.00
7 Combine lines 5 and 6									7	879.
8 Short-term capital gain or (los or on Form 8949 (see instructio									в	352.
9 Long-term capital gain or (los										5521
D or on Form 8949 (see instruct	tions)								9	527.
Part II Gains and Losses		Attach a sepa	arate s	statem	ent list	ing each	n straddle an	d its comp	onents.	
Section A - Losses From S	traddles									
(a) Description of property (c) Date closed out o sold Mo. Day Y	(d) Gross or sales price	(e) Cost or other basis plus expens of sale	S		(f) Loss column e than (c differen Otherwi enter -	(e) is ), enter ce. se,	(g) Unrecog gain on offs position	etting		) Recognized loss. If column (f) is more than (g), enter difference. therwise, enter -0-
10	_									
11 a Enter the short-term portion of Form 8949 (see instructions) b Enter the long-term portion of I Form 8949 (see instructions)	losses from line 10, c		and in	nclude	on line	e 11 of S	chedule D o	r on <b>1</b>	1a ( 1b (	)
Section B - Gains From Str										
(a) Description of property	(b) Date entered into or acquired (c) Date closed out or sold Mo. Day Yr.	(d) Gross sa	ales price (e) Cost or other basis plus expense of sale				(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-			
12										
<ul> <li><b>13 a</b> Enter the short-term portion of Form 8949 (see instructions)</li> <li><b>b</b> Enter the long-term portion of g Form 8949 (see instructions)</li> </ul>	gains from line 12, co	lumn (f), here ar	nd incl	lude o	n line <sup>-</sup>	1 of Scl	hedule D or (	<u>1</u> on	3a 3b	
Part III Unrecognized Gai	ns From Position	ns Held on L	ast l	Day o	of Ta	x Year	<ul> <li>Memo Er</li> </ul>	try Only (s		,
(a) Description	n of property		(b) [ Mo.	Date acq Day	uired Yr.	on last b	market value usiness day of ax year	(d) Cost or o as adji		(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0-
14										
	A Deducer A 199			-						
719701 11-02-17 LHA For Paperwor	rk Reduction Act No	τιce, see instru	uction: 55							Form <b>6781</b> (2017)

Form <b>8582</b>	) -
Department of the Treasur	y
Internal Revenue Service	(99)

# Passive Activity Loss Limitations ► See separate instructions.

Attach to Form 1040 or Form 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 L Attachment Sequence No. 88

Na	ame	(s)	sh	lowr	ו on	re	turi	n
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Name(s) shown on return					Identifying number		
<b>Ъ</b> О							
	BERT F. & AMY S. O'ROURKE art I 2017 Passive Activity Loss Caution: Complete Worksheets 1, 2	and	2 boforo completing Dort I				
	Intal Real Estate Activities With Active Participation (For the definition of active p ectal Allowance for Rental Real Estate Activities in the instructions.)	articip	ation, see				
•							
1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a		-			
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	()				
С	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()				
d	Combine lines 1a, 1b, and 1c			1d			
Cor	nmercial Revitalization Deductions From Rental Real Estate Activities						
2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a	()				
b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	  ()				
c	Add lines 2a and 2b			2c	()		
All	Other Passive Activities						
3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	164,012.				
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	( 548.)				
с	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c					
d	Combine lines 3a, 3b, and 3c			3d	163,464.		
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include thi						
	losses are allowed, including any prior year unallowed losses entered on line 1c, 2	b, or 3	c. Report the losses on				
	the forms and schedules normally used			4	163,464.		
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.						
	<ul> <li>Line 2c is a loss (and line 1d is zero or more), skip Part</li> </ul>	ll and	go to Part III.				
	<ul> <li>Line 3d is a loss (and lines 1d and 2c are zero or more)</li> </ul>	, skip F	Parts II and III and go to lin	e 15.			
	ution: If your filing status is married filing separately and you lived with your spouse	e at an	y time during the year, <b>do</b>	not c	omplete		
	rt II or Part III. Instead, go to line 15.	A	- Deutieinetien				
Pa	art II Special Allowance for Rental Real Estate Activities With		•				
_	Note: Enter all numbers in Part II as positive amounts. See instructions for		•	-	<u> </u>		
-	Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4 Enter \$150,000. If married filing separately, see instructions			5			
6		7		1			
7	Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and	-					
	9, enter -0- on line 10. Otherwise, go to line 8.						
8	Subtract line 7 from line 6	8					
9	Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing set		v see instructions	9			
10	Enter the smaller of line 5 or line 9		•	10			
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.				I		
Pa	art III Special Allowance for Commercial Revitalization Deduct	ions	From Rental Real E	state	Activities		
	Note: Enter all numbers in Part III as positive amounts. See the example fo						
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separatel	y, see	instructions	11			
12	Enter the loss from line 4	12					
13	Reduce line 12 by the amount on line 10	13					
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14					
Pa	art IV Total Losses Allowed			. <u>.</u>	1		
15	Add the income, if any, on lines 1a and 3a and enter the total			15			
16	Total losses allowed from all passive activities for 2017. Add lines 10, 14, and						
	to find out how to report the losses on your tax return			16			
LHA	A 719761 10-13-17 For Paperwork Reduction Act Notice, see instructions.				Form <b>8582</b> (2017)		

56			
2017.04030	O'ROURKE,	ROBERT	F

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Worksheet 1 - 1 of 1 offit 0502, Lines 12			10110113.)		I		
Name of activity	Current year Prior years		ears	Overall gain or loss			
	(a) Net income (line 1a)		et loss e 1b)	(c) Unallo loss (line		(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a,      1b, and 1c							
Worksheet 2 - For Form 8582, Lines 2a	a and 2b (See in	structio	ns.)				
Name of activity	(a) Current ( deductions (li		unallo	(b) Prior y wed deducti	vear ions (line 2b)	(c)	Overall loss
Total. Enter on Form 8582, lines 2a and 2b							
Worksheet 3 - For Form 8582, Lines 3a	<b>a, 3b, and 3c</b> (S	ee instru	uctions.)				
Name of activity	Currer	nt year		Prior ye	ears	Overall g	gain or loss
	(a) Net income (line 3a)		et loss e 3b)	(c) Unallo loss (line		(d) Gain	(e) Loss
	SEE ATTAC	HED S'	TATEM	ENT FOI	R WORKS	HEET 3	
Total. Enter on Form 8582, lines 3a,	164 012		-548.				
3b, and 3c Worksheet 4 - Use this worksheet if an	<u>164,012.</u>			22 lino 10	or 14 (6)	oo inotruoti	
Worksheet 4 - Ose this worksheet if a			0111 050		0114 (5)	ee instructi	
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) L	-oss	(b) Ra		c) Special allowance	(d) Subtract column (c) from column (a)
Total							
Worksheet 5 - Allocation of Unallowed	Losses (See in	structior	าร.)				
Name of activity	Form or sche and line nun to be reporte (see instruct	nedule mber ted on (a)		.oss	(b) Ra	atio	(c) Unallowed loss
	I						
Total		►					
719762 10-13-17		57					Form <b>8582</b> (2017)

Form	8582-CR
(Rev.	January 2012)

Department of the Treasury Internal Revenue Service

Name(s) shown on return

# **Passive Activity Credit Limitations**

OMB No. 1545-1034

See separate instructions.

► Attach to Form 1040 or 1041.

Attachment Sequence No. 89

Identifying number

	ROBERT	F.	&	AMY	s.	O'ROURKE
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	<u>BERT F. &amp; AMY S. O'ROURI</u>	KE			
Pa	rt I Passive Activity Credits				
	Caution: If you have credits from a publi	cly traded partnership, see Pu	blicly Traded Partners	hips (PTPs) in the ins	tructions.
Cradi	ts From Rental Real Estate Activities With Active F	Participation (Other Than Behabili	tation Credite and		
	Income Housing Credits) (See Lines 1a through 1c		tation ofcuits and		
1a	Credits from Worksheet 1, column (a)		1a		
b	Prior year unallowed credits from Worksheet 1, co	lumn (b)	1b		
С					
	bilitation Credits From Rental Real Estate Activitie				
Befor	e 1990 (or From Pass-Through Interests Acquired	Before 1990) (See Lines 2a throu	igh 2c in the instruction	S.)	
2a	Credits from Worksheet 2, column (a)		<u>2</u> a		
b	Prior year unallowed credits from Worksheet 2, co	lumn (b)	2b		
	Add Bass Os and Ob				
LOW-I	Income Housing Credits for Property Placed in Ser	VICE AILER 1969 (See Lines 38 thr	ough ac in the instruction	JIIS.)	
3a	Credits from Worksheet 3, column (a)		3a		
b	Prior year unallowed credits from Worksheet 3, co				
c				3c	
All Ot	ther Passive Activity Credits (See Lines 4a through	4c in the instructions.)			
4a	Credits from Worksheet 4, column (a)		4a	4,759.	
b	Prior year unallowed credits from Worksheet 4, co				
с				4c	4,759.
5	Add lines 1c, 2c, 3c, and 4c				4,759.
6	Enter the tax attributable to net passive income (se				47,204.
7	Subtract line 6 from line 5. If line 6 is more than o	r equal to line 5, enter -0- and see	instructions	7	0.
Note	If your filing status is married filing separatel		se at any time during	the year,	
	do not complete Part II, III, or IV. Instead, go				
Pa	rt II Special Allowance for Rental			cipation	
	Note: Complete this part only if you hav				
8	Enter the smaller of line 1c or line 7				
9	Enter \$150,000. If married filing separately, see in:				
10	Enter modified adjusted gross income, but not less	, , ,			
	If line 10 is equal to or more than line 9, skip lines				
	· · · · · · · · · ·				
11 12	Multiply line 11 by 50% (.50). <b>Do not</b> enter more	than \$25,000. If married			
12			12		
13a	filing separately, see instructions Enter the amount, if any, from line 10 of				
154	Form 8582	13a			
b	Enter the amount, if any, from line 14 of				
5	Form 8582	13b			
с	Add lines 13a and 13b		13c		
-					
14	Subtract line 13c from line 12		14		
15	Enter the tax attributable to the amount on line 14			15	
16	Enter the smaller of line 8 or line 15				

LHA For Paperwork Reduction Act Notice, see instructions. 719771 04-01-17

Part I	Housing Credits for Property Placed in Service Before 1990 (or Acquired Before 1990)		Activities and I Pass-Through I	_ow-Inc nterests	Page ome S
	Note: Complete this part only if you have an amount on line 2c. Otherwise, go to F	Part IV.			
7 Ente	er the amount from line 7			17	
	er the amount from line 16			18	
Sub	tract line 18 from line 17. If zero, enter -0- here and on lines 30 and 36, and then go to Part V $_{\rm max}$			19	
	er the <b>smaller</b> of line 2c or line 19			20	
Ente	er \$250,000. If married filing separately, see instructions to find	I I			
	if you can skip lines 21 through 26	21			
	er modified adjusted gross income, but not less than zero. (See instructions for line 10.) If line				
	s equal to or more than line 21, skip lines 23 through 29 and enter -0- on line 30	22			
	tract line 22 from line 21	23			
	tiply line 23 by 50% (.50). Do not enter more than \$25,000. If married				
	g separately, see instructions	24			
	er the amount, if any, from line 10 of				
	m 8582 25a				
	er the amount, if any, from line 14 of	-			
	m 8582 <b>25b</b>				
	I lines 25a and 25b	25c			
	tract line 25c from line 24				
Ente	er the tax attributable to the amount on line 26 (see instructions)	20			
	er the amount, if any, from line 18				
				20	
Sub	tract line 28 from line 27			29	
Ente	er the <b>smaller</b> of line 20 or line 29			30	
art l	V Special Allowance for Low-Income Housing Credits for Prope	rty Plac	ed in Service A		9
	Note: Complete this part only if you have an amount on line 3c. Otherwise, go to F	-			
	Note: Complete this part only if you have an amount on line Sc. Otherwise, go to r	art v.			
lf v	ou completed Part III, enter the amount from line 19. Otherwise, subtract line 16 from line 7			31	
	$r_{\rm m}$ arount from line 30			32	
	tract line 32 from line 31. If zero, enter -O- here and on line 36			32	
Sub					
	er the <b>smaller</b> of line 3c or line 33			34	
Tax	attributable to the remaining special allowance (see instructions)			35	
Ent	pr the emellow of line 24 or line 25			26	
	er the <b>smaller</b> of line 34 or line 35			36	
art V	Passive Activity Credit Allowed				
Pas	ssive Activity Credit Allowed. Add lines 6, 16, 30, and 36. See instructions to find out how	to report the	allowed credit on		
	r tax return and how to allocate allowed and unallowed credits if you have more than one credit of	-			
	vity. If you have any credits from a publicly traded partnership, see <b>Publicly Traded Partner</b> s			37	4,759
art V				· ·	•
	ou disposed of your entire interest in a passive activity or former passive activity in a fully taxable				
elec	t to increase your basis in credit property used in that activity by the unallowed credit that reduc	ed vour basi	s in the		

property, check this box. See instructions 39 Name of passive activity disposed of  $\blacktriangleright$ 

Description of the credit property for which the election is being made  $\blacktriangleright$ 40

Amount of unallowed credit that reduced your basis in the property <u>41</u>

Form 8582-CR (Rev. 01-2012)

▶\$

719772 04-01-17

Form <b>8582</b>
Department of the Treasury

Internal Revenue Service (99)

# ALTERNATIVE MINIMUM TAX

Passive Activity Loss Limitations ► See separate instructions.

Attach to Form 1040 or Form 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008
2017
<b>ZU 1</b>
Attachment Sequence No. 88

Name(s) shown on return

RO	BERT F. & AMY S. O'ROURKE				
Pa	rt I 2017 Passive Activity Loss Caution: Complete Worksheets 1, 2	, and 3	B before completing Part I.		
Ren	tal Real Estate Activities With Active Participation (For the definition of active participation)	articip	ation, see		
Spe	cial Allowance for Rental Real Estate Activities in the instructions.)				
1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a			
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	( )		
~	Prior years' unallowed losses (enter the amount from Worksheet		,		
C	1, column (c))	1c	( )		
d	Combine lines 1a, 1b, and 1c			1d	
Con	mercial Revitalization Deductions From Rental Real Estate Activities				
2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a	()		
	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()		
	Add lines 2a and 2b	<u></u>		2c	()
All C	ther Passive Activities				
3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	163,417.		
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	( 548.)		
с	Prior years' unallowed losses (enter the amount from Worksheet 3,				
	column (c))	3c	()		162.960
<u>d</u>	Combine lines 3a, 3b, and 3c Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include thi			3d	162,869.
-	losses are allowed, including any prior year unallowed losses entered on line 1c, 2				
	the forms and schedules normally used	4	162,869.		
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.			4	102,009.
	<ul> <li>Line 2c is a loss (and line 1d is zero or more), skip Part</li> </ul>	ll and	ao to Part III		
	<ul> <li>Line 3d is a loss (and lines 1d and 2c are zero or more),</li> </ul>			e 15	
	<b>ution:</b> If your filing status is married filing separately and you lived with your spouse t II or Part III. Instead, go to line 15.		Ŭ		omplete
Pa	rt II Special Allowance for Rental Real Estate Activities With	Activ	e Participation		
	Note: Enter all numbers in Part II as positive amounts. See instructions for	an exa	ample.		
5	Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4			5	
6	Enter \$150,000. If married filing separately, see instructions	6			
7	Enter modified adjusted gross income, but not less than zero (see instructions)	7			
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and				
	9, enter -0- on line 10. Otherwise, go to line 8.				
8	Subtract line 7 from line 6	8			
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing sep	paratel	y, see instructions	9	
10	Enter the <b>smaller</b> of line 5 or line 9			10	
Pa	If line 2c is a loss, go to Part III. Otherwise, go to line 15. <b>rt III</b> Special Allowance for Commercial Revitalization Deduct			state	Activities
	Note: Enter all numbers in Part III as positive amounts. See the example fo				<u> </u>
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately			11	ļ
12	Enter the loss from line 4	12			
13	Reduce line 12 by the amount on line 10	13	<u> </u>		
Pa	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 <b>rt IV</b> Total Losses Allowed			14	<u> </u>
15	Add the income, if any, on lines 1a and 3a and enter the total			15	
16	Total losses allowed from all passive activities for 2017. Add lines 10, 14, and				
	to find out how to report the losses on your tax return			16	
LHA	719761 10-13-17 For Paperwork Reduction Act Notice, see instructions.				Form <b>8582</b> (2017)

60 2017.04030 O'ROURKE, ROBERT F

#### ALTERNATIVE MINIMUM TAX

#### Form 8582 (2017) ROBERT F. & AMY S. O'ROURKE

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a	<b>a, 1b, and 1c</b> (S	See instr	uctions.)							
Name of activity	Curre	ent year		Prior ye	ears		Overal	in or loss		
	(a) Net income (line 1a)		et loss e 1b)	(c) Unalle loss (line		(	d) Gain		(e) Loss	
Total. Enter on Form 8582, lines 1a,										
1b, and 1c										
Worksheet 2 - For Form 8582, Lines 2a	· · · · · · · · · · · · · · · · · · ·		ns.)							
Name of activity	(a) Current deductions (I		unallo	(b) Prior y wed deduct		2b)	(0	:) 0\	verall loss	
			_							
			_			_				
Total. Enter on Form 8582, lines 2a										
and 2b Worksheet 3 - For Form 8582, Lines 3a	b 3b and 3c (S	Soo instr	Luctions )							
Worksheet 0 - 1 of 1 offit 0002, Lines of			10110115.)							
	Curre	nt year		Prior ye	ears		Overal	l ga	jain or loss	
Name of activity	(a) Net income	(b) N	et loss	(c) Unall	owed					
	(line 3a)		e 3b)	loss (lin		(	(d) Gain (e) Lo		(e) Loss	
	SEE ATTA	CHED	STATE	MENT F	OR WO	RKS	HEET	3		
Total. Enter on Form 8582, lines 3a,										
3b, and 3c 📃 🕨 🕨	163,417.		-548.							
Worksheet 4 - Use this worksheet if an	n amount is sho	wn on F	Form 858	32, line 10	) or 14	(See	e instruc	tior	າຣ.)	
	Form or schedule								(d) Subtract	
Name of activity	and line number to be reported on	(a)	Loss	(b) Ra	tio		) Special Iowance		column (c)	
	(see instructions)					a	lowance		from column (a)	
	•									
Total	<b>&gt;</b>									
Worksheet 5 - Allocation of Unallowed	Losses (See ir	nstructio	ns.)		_					
	Form or sch	edule								
Name of activity	and line nu		(a) I	LOSS	(b	o) Rat	io	(c)	Unallowed loss	
-	to be report (see instruc							• • •		
	1									
Total										
719762 10-13-17							I		Form <b>8582</b> (2017)	
		C 1								

# **Employee Business Expenses**

Attach to Form 1040 or Form 1040NR.

Department of the Treasury Internal Revenue Service (99) Your name

Go to www.irs.gov/Form2106 for instructions and the latest information.

Occupation in which you incurred expenses

Attachment Sequence No. 129 Social security number

OMB No. 1545-0074

ROBERT F. O'ROURKE

MEMB OF US CONGRESS

#### Part I Employee Business Expenses and Reimbursements

St	ep 1 Enter Your Expenses		Column A Other Than Meals and Entertainment	<b>Column B</b> Meals and Entertainment
	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b>	1		
3	involve overnight travel or commuting to and from work	2 3		
4	Business expenses not included on lines 1 through 3. Don't include meals and entertainment <u>SEE STATEMENT</u> 45	4	3,000.	
5	Meals and entertainment expenses (see instructions)	5		
6	Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	3,000.	

Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

#### Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that weren't reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L"			
in box 12 of your Form W-2 (see instructions)	7		

#### Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8	Subtract line 7 from line 6. If zero or less, enter -0 However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	3,000.		
	<b>Note:</b> If <b>both columns</b> of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.				
9	In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	9	3,000.		
10	Add the amounts on line 9 of both columns and enter the total here. Also, enter the (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces re artists, fee-basis state or local government officials, and individuals with disabilities: special rules on where to enter the total.)	ne tota	I on Schedule A s, qualified performing	10	3,000.
LH	A For Paperwork Reduction Act Notice, see your tax return instructions.				Form <b>2106</b> (2017)

#### Form 2106 (2017) ROBERT F. O'ROURKE

Section A - General Information (You must complete this section if you are claiming whick expenses).       (a) Vehicle       (b) Vehicle         11       Enter the date the vehicle was placed in service       11       12       miles       miles         13       Buttenes miles included on line 12       13       miles       miles       miles         14       Percent of builds was placed line 12 by line 12       14       51       miles       miles         16       Commuting miles included on line 12       16       miles       miles       miles         17       Other miles. Add lines 13 and 16 and subtract the total from line 12       17       miles       miles         18       Was your valicle available for personal use during off-duty hours?       Ves       No         20       Do you have evidence to support your deduction?       Ves       No         21       If "is "is the evidence writter?       Yes       No         32       Gasoline 0, repars. which is instructions for Part II to find out whether to complete this section C is addition of the cavaliable for personal use?       Yes       No         33       Gasoline 0, repars. which is must corn only or deduction?       24       Is addition of the cavaliable for personal use       is addition of the cavaliable for personal use       is addition of the cavaliable for personal use       is		n 2106 (2017) ROBERT F. O'ROUF Irt II Vehicle Expenses	KE							Page <b>2</b>
11     Enter the date the whickle was placed in service     11       12     Total miles the whickle was driven during 2017     12       13     miles     miles       14     Durines miles included on line 12     14       15     wrange daily roundting communing distance     15       16     miles     miles       17     Other miles. Addines 13 and 16 and subtract the total from line 12     17       19     Do you (or your spouse) have another vehicle available for personal use?     Yes       20     Jou (or your spouse) have another vehicle available for personal use?     Yes       21     if "Yes," is the evidence to support your deduction?     Yes       22     Multiply line 13 by 53.5 (0.535). Enter the result here and nine 1     22       23     Section 2 - Actual Expenses     (a) Vehicle       24     vehicle rentals     (b) Vehicle       23     Statust the 24b from line 24a     (b) Vehicle       24     vehicle rentals     (a) Vehicle       24     vehicle rentals     (b) Vehicle       25     Value of mylory provided vehicle (applies on) if 100% of annual lease value was included on from W2-see instructions)     24a       24     Vehicle and special allowance (see instructions)     24a       25     Value of mylory 24b     24b       26     (a) Vehic	Sect		nis se	ction if you are claiming vehicle exp	enses.)		(a) Vehicle		(b) Vehicl	e
12     Total miss the vehicle was driven during 2017     12     mites     mites       13     Burness miss included on line 12     14     95     5       14     Pecent of business use. Divide line 13 by line 12     14     95     75       15     Average daily roundtip commuting distance     16     mites     miles       16     Commuting miles included on line 12     16     miles     miles       17     Other miles. Acid lines 13 and 16 and subtrat the total from line 12     17     miles     miles       18     Was your vehicle available for personal use?     Yes     No       20     Do you (or your spouse) have another vehicle available for personal use?     Yes     No       21     If "It "ss," is the avidence written?     Yes     No       22     Do you (or your spouse) have another vehicle available for personal use?     Yes     No       23     If "It "ss," is the avidence written?     Yes     No       24     Wattiget method     It may the state st				, , ,			(u) termere		(10) 1011101	
13       Balances miles included on line 12       13       miles       miles         14       Percent of business use. Divide line 13 by line 12       15       miles       miles         14       Percent of business use. Divide line 13 by line 12       15       miles       miles         15       miles       miles       miles       miles         16       Commuting miles included on line 12       17       miles       miles         17       Other miles. Addiness 3 and 16 and subtract the total from line 12       17       miles       miles         18       Was your vehicle available for personal use during off-duty hours?       Ves       No         20       Do you (or your spouse) have another vehicle available for personal use?       Ves       No         20       Do you have evidence to support your deduction?       Ves       No         21       If Yes,' is the evidence written?       Ves       No         22       Section 2. Actual Expenses       (a) Vehicle       24         23       adoine, oil, repairs, while insurance, etc.       23       24         24       while entructions       24       (b) Vehicle       24         24       advillence and associal actual write and actual write anot actual write and actual write and actual write ano							miles			miles
14       Peccent of business use, Divide line 13 by line 12       14       15       initias       initias </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td>						1				
15       Average daily roundtrip commuting distance       15       miles       miles       miles         16       Commuting miles included on line 12       16       miles       miles       miles         17       miles       miles       miles       miles       miles         18       Was your vehicle available for personal use during off-duty hours?       Image: Commuting miles       Image: Commuting miles       Image: Commuting miles         19       Do you (or your spouse) have another vehicle available for personal use?       Image: Commuting miles       Image: Comm										
16       Commuting miles included on line 12       17       miles						1				
17       Other miles. Add lines 13 and 16 and subtract the total from line 12       17       miles       miles         18       Was your vehicle available for personal use during off duty hours?       Yes       No         19       Do you (or your spouse) have another vehicle available for personal use?       Yes       No         20       Do you have evidence to support your deduction?       Yes       No         21       If "Yes," is the evidence written?       Yes       No         22       Multiply line 13 by 53.55 (0.535). Enter the result here and on line 1       22         23       Section C - Actual Expenses       (a) Vehicle       (b) Vehicle         24       Vehicle rentals       24       24       24         25       Value of mount (see instructions)       24       24       24         26										
18       Was your vehicle available for personal use during off-duty hours?       Yes       No         19       Do you (or your spouse) have another vehicle available for personal use?       Yes       No         20       Do you have evidence to support your deduction?       Yes       No         21       If 'Yes, 'is the evidence written?       Yes       No         22       Section B - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)       22         23       Gasoline, oil, repairs, vehicle instructions or Part II to find out whether to complete this section or Section C.)       22         24       Vehicle       (a) Vehicle       (b) Vehicle         23       Gasoline, oil, repairs, vehicle insurance, etc.       23       24         24       Vehicle entratis       24e       24e       24e         25       Value of employer-provided vehicle (applies only if 100% of annual lease value was included on form W2-see instructions)       25       26         26       Add lines 27 and 28. Enter total here and on int if 27       28       28       28         29       Add lines 27 and 28. Enter total here and on on int if 29       28       28       29         27       Multipy line 26 by the percentage on 114 if 27       28       28       28       28										
19 Do you (or your spouse) have another vehicle available for personal use? Yes   20 Do you have evidence to support your deduction? Yes   21 If "Yes," is the evidence written? Yes   22 Multiply line 13 by 53.56 (0.535). Enter the result here and on line 1 22   23 Section 8 - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)   24 Multiply line 13 by 53.56 (0.535). Enter the result here and on line 1   25 Section C - Actual Expenses   24 a vehicle rentals   24 b inclusion amount (see instructions)   24 Vehicle   25 Value of employeer provide vehicle (applies on line 248, complete was included on for PmW 2-see instructions)   25 Value of employeer provide vehicle (applies on line 23, 240, and 25, complete this section only if you owned the vehicle and are completing Section C for the vehicle.)   26 Add lines 23, 240, and 25   27 Multiply line 20 by the percentage on in 14   28 On line 1   29 Add lines 27 and 28. Enter total here and on line 1   30 Enter section 179 deduction and special allowance (see instructions) if you claimed the section and special allowance (see instructions) if you claimed the section 179 deduction and special allowance (see instructions) if you claimed the section only if you owned the vehicle and are completing Section C for the vehicle.)   30 Enter the applicable line table see instructions if you claimed the section and special allowance (see instructions) if you claimed the section and special allowance is instruct									Ves	
20       Do you have evidence to support your deduction?       Yes       No         21       If "Yes," is the evidence written?       Yes       No         22       Multiply line 13 by 53.5c (0.53b). Enter the result here and on line 1       22         23       Gasoline, oil, repairs, vehicle instructions       (a) Vehicle       (b) Vehicle         24       a Vehicle rentals       24a       (b) Vehicle       (c) Vehicle         24       a Vehicle rentals       24a       (c) Vehicle       (c) Vehicle         25       Value of mount (see instructions)       24b       (c) Vehicle       (c) Vehicle         25       Value of monitor 24a       26c       (c) Vehicle       (c) Vehicle       (c) Vehicle         26       27       Multiply line 26 by the percentage on In 14       27       (c) Vehicle       (c) Vehicle       (c) Vehicle         28       24.2       (c) Vehicle       (c) Vehicle <td< th=""><th>10</th><th>was your vehicle available for personal use o</th><th>uni</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	10	was your vehicle available for personal use o	uni							
21       If 'Yes,' is the evidence written?       Yes       No         Section B - Standard Milesge Rate (See the instructions for Part II to find out whether to complete this section or Section C.)       2         23       Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1       22         Section C - Actual Expenses       (a) Vehicle       (b) Vehicle         23       Gasoline, oil, repairs, vehicle insurance, etc.       23         24       a Vehicle remains       24a         b Inclusion amount (see instructions)       24b       24c         25       Value of employer provide vehicle (applets only if 100% of annual lease value was included on Form W2-see instructions)       25         26       Add lines 27, act, and 25       26         27       Multiply line 26 by the percentage on In 14       27         28       Control (see instructions)       28         29       Add lines 27, and 28. Enter total here and on line 1       29         30       Control (see instructions)       31         31       Section C for the vehicle.)       30         32       Enter cost or other basis (see instructions)       31         33       Section C or other basis (see instructions)       32         32       Enter deprecitation enthod and pecentage on lina 31       alowance	19	Do you (or your spouse) have another vehicle	e ava	ilable for personal use?					Yes	No
Section B - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)         22 Muttiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1         22         Section C - Actual Expenses         (a) Vehicle         23         24         24         24         24         24         244         244         Colspan="2">Colspan="2">244         Colspan="2">244         Colspan="2">Colspan="2">244         Colspan="2">Colspan="2">244         Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colspan="2">Colspan="2"Colspan="2"Colspan="2"Co	20	Do you have evidence to support your deduc	ction	?					Yes	No
Section B - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)         22 Muttiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1         22         Section C - Actual Expenses         (a) Vehicle         23         24         24         24         24         24         244         244         Colspan="2">Colspan="2">244         Colspan="2">244         Colspan="2">Colspan="2">244         Colspan="2">Colspan="2">244         Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colspan="2">Colspan="2"Colspan="2"Colspan="2"Co	21	If "Yes," is the evidence written?							Yes	No
22     Multiply line 13 by 53.5c (0.535). Enter the result here and on line 1     22       23     Gasoline, oil, repars, vehicle insurance, etc.     23     23       24 a Vehicle rentals     24a     24a       binctison amount (see instructions)     24b     24c       25     Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W2-see instructions)     25       26     Add lines 23, 24c, and 25     26       27     Multiply line 26 by the percentage on 14     27       28     28     26       29     Add lines 27 and 28. Enter total here and on line 1     29       Section D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)       30     1       31     allowance (see instructions)       32     1       33     Enter depreciation method and percentage (see instructions)       34     35       34     36       35     Add lines 31 and 34       36     31       36     31       37     Multiply line 36 by the percentage on line 37, enter the and an on special allowance)       36     36       37     Multiply line 36 by the percentage on line 37, enter the and an on special allowance)       38     Enter the amplicable limit explained in the lin										
Section C - Actual Expenses       (a) Vehicle       (b) Vehicle         23 Gasoline, oil, repairs, vehicle instructions)       24a            24 a Vehicle rentals       24a             b Inclusion amount (see instructions)       24b             25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W2-see instructions)       25            26 Add lines 27 and 28. Enter total here and on line 1       27		<b>~</b>					T	Ť.		
Section C - Actual Expenses       (a) Vehicle       (b) Vehicle         23 Gasoline, oil, repairs, vehicle instructions)       24a            24 a Vehicle rentals       24a             b Inclusion amount (see instructions)       24b             25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W2-see instructions)       25            26 Add lines 27 and 28. Enter total here and on line 1       27	22	Multiply line 13 by 53.5¢ (0.535). Enter the re	sult l	nere and on line 1				22		
23       Gasoline, oil, repairs, vehicle insurance, etc.       23								( <b>b</b> ) Ve	hicle	
24 a Vehicle rentals       24 a         b Inclusion amount (see instructions)       24 b         c Subtract line 24b from line 24a       24c         25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W2-see instructions)       25         26 Add lines 23, 24c, and 25       26         27 Multiply line 26 by the percentage on In 14       27         29 Add lines 27, and 28. Enter total here and on line 1       29         Section D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)         30 Enter cost or other basis (see instructions) if you owned the vehicle and are completing Section C for the vehicle.)         31 Enter section 179 deduction and special allowance (see instructions) if you calimed the section 179 deduction or special allowance)       31         32 Enter depreciation method and percentage on line 33 (see instructions) in 32 by the percentage on line 33 (see instructions)       32         33 Enter depreciation interventions       34         34 Multiply line 32 by the percentage on line 33 (and the section 179 deduction or special allowance)       33         34 Multiply line 32 by the percentage on line 33 (and the section s)       34         35	23	Gasoline, oil, repairs, vehicle insurance, etc.	23							
c Subtract line 24b from line 24a       24c         25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W2-see instructions)       25         26 Add lines 23, 24c, and 25       26         27 Multiply line 26 by the percentage on In 14       27         28 Depreciation (see instructions)       28         29 Add lines 27 and 28. Enter total here and on line 1       29         29 Section D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)         30 Enter cost or other basis (see instructions)       30         31 Enter section 179 deduction and special allowance (see instructions)       31         32 Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)       32         33       34         34 Multiply line 32 by the percentage on line 33 (see instructions)       34         34 Multiply line 32 by the percentage on line 33 (see instructions)       34         35       35         36       36         37       36         38       36         39       36         30       35         31       36         32       33         33       35         34       36     <										
c Subtract line 24b from line 24a       24c         25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W2-see instructions)       25         26 Add lines 23, 24c, and 25       26         27 Multiply line 26 by the percentage on In 14       27         28 Add lines 27 and 28. Enter total here and on line 1       28         29 Add lines 27 and 28. Enter total here and on line 1       29         29 Exection D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)         30       30         31 Enter cost or other basis (see instructions)       31         32 Multiply line 30 by line 14 (see instructions)       32         33 Enter depreciation method and special allowance (see instructions)       32         34       35         35 Add lines 31 and 34       35         36 Lines 31 and 34       35         37 Multiply line 36 by the percentage on line 14       37         38 Enter the applicable limit explained in the line 36 instructions       36         36       36         37       36	b	Inclusion amount (see instructions)	24b							
25       Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W2-see instructions)       25         26       Add lines 23, 24c, and 25       26         27       Multiply line 26 by the percentage on In 14       27         28       Add lines 27, and 28. Enter total here and on line 1       28         29       Add lines 27 and 28. Enter total here and on line 1       29         Section D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)       (a) Vehicle         30       Enter cost or other basis (see instructions) if you owned the vehicle and are completing Section C for the vehicle.)       30         31       Enter cost or other basis (see instructions) if you claimed the section 179 deduction or special allowance (see instructions) if you claimed the section 179 deduction or special allowance)       31         32       Enter depreciation method and percentage (see instructions) if you claimed the section 179 deduction or special allowance)       32         33       Enter depreciation method and percentage (see instructions) in a 34       35         34       Multiply line 32 by the percentage on line 33 (see instructions) in the 36 instructions in the as 66 instructions in the in as 66 inftruction in the in as 66 inftruction in			24c							
only if 100% of annual lease value was included on Form W-2-see instructions)       25         26       Add lines 23, 24c, and 25       26         27       Multiply line 26 by the percentage on In 14       27         28       Add lines 27 and 28. Enter total here and on line 1       28         29       Add lines 27 and 28. Enter total here and on line 1       29         Section D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)       (a) Vehicle         30       (a) Vehicle       (b) Vehicle         30       30       (a) Vehicle         30       31       31         31       allowance (see instructions) if you claimed the section 179 deduction or special allowance)       32         33       33       33         34       Add lines 31 and 34         35       34         36       35         37       36         38       Inter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this       37										
included on Form W-2-see instructions)       25         26       Add lines 23, 24c, and 25       26         27       Multiply line 26 by the percentage on In 14       27         29       Add lines 27 and 28. Enter total here and on line 1       28         29       Add lines 27 and 28. Enter total here and on line 1       29         30       28       28         31       Enter cost or other basis (see instructions)       30         31       Enter section 179 deduction and special allowance (see instructions)       31         31       Butiply line 30 by line 14 (see instructions) if you claimed the section 179 deduction or special allowance)       32         32       Multiply line 32 by the percentage on line 33 (see instructions)       34         34       Add lines 31 and 34       35         35       Add lines 31 and 34       35         36       Enter the applicable limit explained in the line 36 instructions)       36         37       Multiply line 36 by the percentage on line 14       37         38       Enter the smaller of line 35 or line 37.       37         39       Finter the son line 35 and 37, enter the amount from line 35. Also enter this       37										
27       Multiply line 26 by the percentage on In 14       27         28       Depreciation (see instructions)       28         29       Add lines 27 and 28. Enter total here and on line 1       29         Section D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)       (a) Vehicle         30       Enter cost or other basis (see instructions)       30         31       Enter section 179 deduction and special allowance (see instructions) if you claimed the section 179 deduction or special allowance)       31         32       Multiply line 30 by line 14 (see instructions) if you claimed the section 179 deduction or special allowance)       32         33       Enter depreciation method and percentage (see instructions)       34         34       Multiply line 32 by the percentage on line 33 (see instructions)       34         35       Add lines 31 and 34       35         36       Enter the applicable limit explained in the line 36 instructions       36         37       Multiply line 36 by the percentage on line 14       37         38       Enter the smaller of line 37, enter the amount from line 35. Also enter this       37			25							
27       Multiply line 26 by the percentage on In 14       27         28       Depreciation (see instructions)       28         29       Add lines 27 and 28. Enter total here and on line 1       29         Section D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)       (a) Vehicle         30       Enter cost or other basis (see instructions)       30         31       Enter section 179 deduction and special allowance (see instructions) if you claimed the section 179 deduction or special allowance)       31         32       Multiply line 30 by line 14 (see instructions) if you claimed the section 179 deduction or special allowance)       32         33       Enter depreciation method and percentage (see instructions)       34         34       Multiply line 32 by the percentage on line 33 (see instructions)       34         35       Add lines 31 and 34       35         36       Enter the applicable limit explained in the line 36 instructions       36         37       Multiply line 36 by the percentage on line 14       37         38       Enter the smaller of line 37, enter the amount from line 35. Also enter this       37	26	Add lines 23, 24c, and 25	26							
28       Depreciation (see instructions)       28         29       Add lines 27 and 28. Enter total here and on line 1       29         Section D - Depreciation of Vehicles (Use this section only if you woned the vehicle and are completing Section C for the vehicle.)         30       (a) Vehicle         30       (b) Vehicle         30       (a) Vehicle         30       (b) Vehicle         30       (c) Vehicle         31       (c) Vehicle         32       (c) Vehicle         33       (c) Vehicle         34       Multiply line 32 by the percentage on line 33 (see instructions)         34       (c) Vehicle         35       (c) Vehicle         36       (c) Vehicle         37       (c) Vehicle         38       Enter the applicable limit explained in the line 36 instructions       (c	27		27							
29       Add lines 27 and 28. Enter total here and on line 1       29         Section D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)       (a) Vehicle       (b) Vehicle         30       1       Inter section 179 deduction and special allowance (see instructions)       31       31         32       Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)       32       32         33       Enter depreciation method and percentage (see instructions)       33       33       33         34       Multiply line 32 by the percentage on line 33 (see instructions)       34       35       34         35       Add lines 31 and 34       35       36       36       37         37       Multiply line 36 by the percentage on line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this       37       37       37			28							
on line 1     29       Section D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)     (a) Vehicle       30     (a) Vehicle     (b) Vehicle       31     Enter cost or other basis (see instructions)     30       31     Enter section 179 deduction and special allowance (see instructions)     31       32     Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)     32       32     Enter depreciation method and percentage (see instructions)     32       34     Multiply line 32 by the percentage on line 33 (see instructions)     34       35     Add lines 31 and 34     35       36     Enter the applicable limit explained in the line 36 instructions     36       37     Multiply line 36 by the percentage on line 14     37       38     Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this     37										
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(a) Vehicle       (b) Vehicle         30	Sec		ectio	n only if you owned the vehicle	and are	completir	ng Section C for the	e vehi	cle.)	
30       Enter cost or other basis (see instructions)       30       Image: Cost of the table instructions if you claimed the section 179 deduction or special allowance)       31         32       Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)       32       Image: Cost of table instructions if you claimed the section 179 deduction or special allowance)       32         33       Enter depreciation method and percentage (see instructions)       33       Image: Cost of table instructions in a 34         34       Multiply line 32 by the percentage on line 33 (see instructions)       34       35         35       Add lines 31 and 34       35       Image: Cost of table instructions in the line 36 instructions in the line 36 instructions       36         37       Multiply line 35 by the percentage on line 14       37       Image: Cost of table instructions in the line 36 and 37, enter the amount from line 35. Also enter this       37										
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allowance (see instructions)       31         32       Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)       32         33       Enter depreciation method and percentage (see instructions)       33         34       Multiply line 32 by the percentage on line 33 (see instructions)       34         35       Add lines 31 and 34       35         36       Enter the applicable limit explained in the line 36 instructions       36         37       Multiply line 35 by the percentage on line 14       37         38       Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this       37										
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if you claimed the section 179 deduction       32         or special allowance)       32         33       Enter depreciation method and percentage (see instructions)       33         34       Multiply line 32 by the percentage on line 33 (see instructions)       34         35       Add lines 31 and 34       35         36       Enter the applicable limit explained in the line 36 instructions       36         37       Multiply line 36 by the percentage on line 14       37         38       Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this       37	32									
or special allowance)       32										
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(see instructions)       33       and an	33	. ,								
34       Multiply line 32 by the percentage on line 33 (see instructions)       34         35       Add lines 31 and 34       35         36       Enter the applicable limit explained in the line 36 instructions       36         37       Multiply line 36 by the percentage on line 14       37         38       Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this       37			33							
line 33 (see instructions)       34	34	,								
35       Add lines 31 and 34       35       Image: Construction of the second of the			34							
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in the line 36 instructions 36 36 and 37, enter the amount from line 35. Also enter this 36 and 37, enter the sector the										
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If you skipped lines 36 and 37, enter the amount from line 35. Also enter this	38									
amount from line 35. Also enter this	-									
	_		38							

Form **2106** (2017)

712002 01-05-18

#### U.S. and Foreign Source Income Summary

#### NAME

# ROBERT F. & AMY S. O'ROURKE

		_	FO	REIGN
INCOME TYPE	TOTAL	U.S.	GENERAL	PASSIVE
Compensation	173,901.	173,901.		
Dividends/Distributions STMT 47	13,490.	12,867.		62
Interest	54,447.	54,447.		
Capital Gains	458,987.	458,987.		
' Business/Profession				
Rent/Royalty	1.	1.		
State/Local Refunds				
Partnership/S Corporation	85,534.	85,534.		
Trust/Estate	,	,		
Other Income	67,346.	67,346.		
Gross Income	853,706.	853,083.		62
				02
Less:				
Section 911 Exclusion				
Capital Losses	461,987.	461,987.		
Capital Gains Tax Adjustment				31
Total Income - Form 1116	391,719.	391,096.		31
Deductions:				
	20,757.	20,757.		
Business/Profession Expenses	20,131.	20,131.		
Rent/Royalty Expenses	548.	548.		
Partnership/S Corporation Losses	540.	540.		
Trust/Estate Losses				
Capital Losses	2.	2.		
Non-capital Losses	۷.	۷.		
Individual Retirement Account				
Moving Expenses				
Self-employment Tax Deduction	3,957.	3,957.		
Self-employment Health Insurance				
Keogh Contributions				
Alimony				
Forfeited Interest				
Foreign Housing Deduction				
Other Adjustments				
Capital Gains Tax Adjustment				
Total Deductions	25,264.	25,264.		
Adjusted Gross Income	366,455.	365,832.		31
Less Itemized Deductions:				
Specifically Allocated	1,109.	1,109.		
Home Mortgage Interest	12,788.	12,788.		
Other Interest	35,489.	35,489.		
Ratably Allocated	16,943.	16,931.		1
Total Adjustments to Adjusted Gross Income	66,329.	66,317.		1
Taxable Income Before Exemptions	300,126.	299,515.		30

#### **Allocation of Itemized Deductions**

NAME					
ROBERT F. & AMY S.	O'ROURKE				
	Total Itemized	Itemized Deductions After Sec. 68		Form 1116	
	Deductions	Reduction	Specifically U.S.	Specifically Foreign	Ratable
Taxes	8,263.	7,860.			7,860.
Interest - Not Including Investment Interest	13,443.	12,788.	12,788.		
Contributions	1,166.	1,109.	1,109.		
Miscellaneous Deductions Subject to 2%	8,644.	8,223.			8,223.
Other Miscellaneous Deductions - Not Including Gambling Losses	904.	860.			860.
Foreign Adjustment					
Total Itemized Deductions Subject to Sec. 68	32,420.	30,840.			
Add Itemized Deductions Not Subject to Sec. 68:					
Medical/Dental					
Investment Interest	35,489.	35,489.	35,489.		
Casualty Losses					
Gambling Losses					
Qualified contributions					
Foreign Adjustment					
Total Itemized Deductions	67,909.				
Total Allowed on Schedule A		66,329.	49,386.		16,943.

727871 01-31-18

NAME

#### ROBERT F. & AMY S. O'ROURKE

#### Foreign Income Category

### PASSIVE INCOME

Regu	lar	2012	2013	2014	2015	2016	2017
1.	Foreign tax paid/accrued						44.
2.	FTC carryback to 2017						
	for amended returns						
3.	Reduction in foreign						
	taxes						
4.	Foreign tax available						44.
5.	Maximum credit allowable						71.
6.	Unused foreign tax ( + )						
	or excess of limit ( - )						-27.
7.	Foreign tax carryback						
8.	Foreign tax carryforward						
9.	Foreign tax or excess						
	limit remaining						-27.
	Total foreign taxes from all	available years to be ca	rried to next year				
			2007	2008	2009	2010	2011
1.	Foreign tax paid/accrued						
2.	FTC carryback to 2017						
	for amended returns						
3.	Reduction in foreign						
	taxes						
4.	Foreign tax available						
5.	Maximum credit allowable						
6.	Unused foreign tax ( + )						
	or excess of limit ( - )						
7.	Foreign tax carryback						
8.	Foreign tax carryforward						
9.	Foreign tax or excess						
	limit remaining						

727915 04-01-17

#### NAME

#### ROBERT F. & AMY S. O'ROURKE

#### Foreign Income Category

### PASSIVE INCOME

<u>AMT</u>		2012	2013	2014	2015	2016	2017
1.	Foreign tax paid/accrued						44.
2.	FTC carryback to 2017						
	for amended returns						
3.	Reduction in foreign						
	taxes						
4.	Foreign tax available						44.
5.	Maximum credit allowable						89.
6.	Unused foreign tax ( + )						
	or excess of limit ( - ) $\dots$						-45.
7.	Foreign tax carryback						
8.	Foreign tax carryforward						
9.	Foreign tax or excess						
	limit remaining						-45.
	Total foreign taxes from all	available years to be ca	irried to next year				
	l otal foreign taxes from all	available years to be ca	irried to next year				
		available years to be ca	2007	2008	2009	2010	2011
1.	Foreign tax paid/accrued	available years to be ca	<b></b>				2011
1. 2.			<b></b>				2011
	Foreign tax paid/accrued FTC carryback to 2017		<b></b>				2011
	Foreign tax paid/accrued FTC carryback to 2017		<b></b>				2011
2.	Foreign tax paid/accrued FTC carryback to 2017 for amended returns Reduction in foreign taxes		2007				2011
2.	Foreign tax paid/accrued FTC carryback to 2017 for amended returns Reduction in foreign taxes Foreign tax available		2007				2011
2. 3.	Foreign tax paid/accrued FTC carryback to 2017 for amended returns Reduction in foreign taxes		2007				2011
2. 3. 4.	Foreign tax paid/accrued FTC carryback to 2017 for amended returns Reduction in foreign taxes Foreign tax available		2007				2011
2. 3. 4. 5.	Foreign tax paid/accrued FTC carryback to 2017 for amended returns Reduction in foreign taxes Foreign tax available Maximum credit allowable Unused foreign tax ( + ) or excess of limit ( - )		2007				2011
2. 3. 4. 5.	Foreign tax paid/accrued FTC carryback to 2017 for amended returns Reduction in foreign taxes Foreign tax available Maximum credit allowable Unused foreign tax ( + ) or excess of limit ( - ) Foreign tax carryback		2007				2011
2. 3. 4. 5. 6.	Foreign tax paid/accrued FTC carryback to 2017 for amended returns Reduction in foreign taxes Foreign tax available Maximum credit allowable Unused foreign tax ( + ) or excess of limit ( - )		2007				2011

Iimit remaining

727916 04-01-17

#### Foreign Tax Preference Items

#### NAME

#### ROBERT F. & AMY S. O'ROURKE

Alternative minimum tax deductions allocation:		904.
Other deductions not directly allocated		0.
Total alternative minimum tax adjustments		904.
Total foreign source income	623.	
Total gross income		
Ratio of foreign source income to gross income		.000730
Total foreign source deductions		1.

#### Total deductions allocated to foreign income class:

General limitation income	
Passive income	<u> </u>
Section 901(j) income	
Income re-sourced by treaty	

727941 04-01-17

FORM	MISCELLANEOUS INCOME	STATEMENT 1
DESC	CRIPTION	AMOUNT
EDUC	NCIL ON REGIONAL ECONOMIC EXPANSION AND CATIONAL DEVELOPMENT CORPORATI RLOTE'S INC.	53,364. 13,982.
TOTZ	AL TO FORM 1040, LINE 21	67,346.
FORM	4 1040 PERSONAL EXEMPTION WORKSHEET	STATEMENT 2
1.	IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMO BELOW FOR YOUR FILING STATUS? NO. STOP. MULTIPLY \$4,050 BY THE TOTAL NUMBER OF EXEM ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LI YES. CONTINUE	PTIONS CLAIMED
2. 3. 4.		MED 20,250. 6,455. 3,800.
5. 6.	SUBTRACT LINE 4 FROM LINE 3. IF THE RESULT IS MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATELY), STOP. ENTER -0- ON LINE 42 5 DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MARRIED FILING SEPARATELY). IF THE RESULT IS NOT A WHOLE NUMBER, INCREASE IT TO THE NEXT HIGHER	2,655.
7. 8.	WHOLE NUMBER (FOR EXAMPLE, INCREASE 0.0004 TO 1) MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL MULTIPLY LINE 2 BY LINE 7	22. 0.44 8,910.
9.	SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE	42. 11,340.

FORM 1040	WAGES RECEI	VED AND TAX	ES WITHHE	LD	STATI	EMENT 3
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S STANTON STREET TECHNOLOGY	11,690.				466.	109.
T HOUSE OF REP -MEMBER SERV	162,211.	24,805.			7,886.	2,478.
TOTALS	173,901.	24,805.			8,352.	2,587.

ROBERT F. & AMY S. O'ROURKE		
FORM 1040 QUALIFIED DIVIDENDS		STATEMENT 4
NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
MORGAN STANLEY & CO. INCORPORATED	5,253. 7,594.	2,406. 3,895.
TOTAL INCLUDED IN FORM 1040, LINE 9B		6,301.

#### ROBERT F. & AMY S. O'ROURKE

FORM 1040	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT 5
DESCRIPTION		AMOUNT
PRIOR YEAR OVER	PAYMENT APPLIED - JOINT	738.
TOTAL TO FORM 10	040, LINE 65	738.

SCHEDULE A CA	ASH CONTRIBUTIONS	5	STATEMENT 6
DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
LAS AMERICAS IMMIGRANT ADVOCACY CENTER		50.	
WILLIAM COLLEGE		100.	
ANNUNCIATION HOUSE		1,000.	
FROM K-1 - CAMPR II LIMITED		16.	
SUBTOTALS		1,166.	
TOTAL TO SCHEDULE A, LINE 16			1,166
	GE INTEREST AND F ORTED ON FORM 109		STATEMENT 7
REPO			STATEMENT 7 AMOUNT
REPO DESCRIPTION			
			AMOUNT
DESCRIPTION GUARDIAN MORTGAGE TOTAL TO SCHEDULE A, LINE 10	ORTED ON FORM 109	98	AMOUNT 13,443 13,443
DESCRIPTION GUARDIAN MORTGAGE TOTAL TO SCHEDULE A, LINE 10		98	AMOUNT 13,443
REPO DESCRIPTION GUARDIAN MORTGAGE TOTAL TO SCHEDULE A, LINE 10 SCHEDULE A INV	ORTED ON FORM 109	98	AMOUNT 13,443 13,443
REPO DESCRIPTION GUARDIAN MORTGAGE TOTAL TO SCHEDULE A, LINE 10 SCHEDULE A INV DESCRIPTION	ORTED ON FORM 109	98	AMOUNT 13,443 13,443 STATEMENT 8
DESCRIPTION GUARDIAN MORTGAGE TOTAL TO SCHEDULE A, LINE 10	ORTED ON FORM 109	98	AMOUNT 13,443 13,443 STATEMENT 8 AMOUNT

SCHE	DULE A ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 9
	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28.	67,909
2.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28 AND ANY QUALIFIED CONTRIBUTIONS	
3.	INCLUDED ON LINE 16. IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29.	35,489
	IF YES, SUBTRACT LINE 2 FROM LINE 1.	32,420
4.	MULTIPLY LINE 3 BY 80% (.80). 25,936	
5. 6.		•
0.	ENTER \$313,800 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$287,650 IF HEAD OF	
	HOUSEHOLD; \$261,500 IF SINGLE; OR \$156,900	
	IF MARRIED FILING SEPARATELY. 313,800.	•
7.	IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5?	
	IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A,	
	LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5. 52,655.	
8.	MULTIPLY LINE 7 BY 3% (.03). 1,580.	
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8.	1,580
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29.	66,329
SCHE	DULE A STATE AND LOCAL GENERAL SALES TAXES	STATEMENT 10

DESCRIPTION	AMOUNT
STATE SALES TAX LOCAL SALES TAX	2,612. 836.
TOTAL TO SCHEDULE A, LINE 5	3,448.

SC	HEDULE A GENERAL SALES TAX DEDUCTION WORKSHEET		STATEMENT	11
1	APPLICABLE TABLE. TEXAS IF, FOR ALL OF 2017, YOU LIVED ONLY IN CONNECTICUT,		2,6	12.
	THE DISTRICT OF COLUMBIA, INDIANA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, NEW JERSEY,			
	OR RHODE ISLAND, SKIP LINES 2 THROUGH 5, ENTER			
	-0- ON LINE 6, AND GO TO LINE 7. OTHERWISE, GO TO LINE 2.			
2	DID YOU LIVE IN ALASKA, ARIZONA, ARKANSAS,			
	COLORADO, GEORGIA, ILLINOIS, LOUISIANA,			
	MISSISSIPPI, MISSOURI, NEW YORK, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, UTAH, OR VIRGINIA			
	IN 2017?			
	IF NO, ENTER -0			
	IF YES, ENTER YOUR LOCAL GENERAL SALES TAXES FROM THE APPLICABLE TABLE.	0.		
3	DID YOUR LOCALITY IMPOSE A LOCAL GENERAL	••		
	SALES TAX IN 2017? RESIDENTS OF			
	CALIFORNIA AND NEVADA SEE INSTRUCTIONS. IF NO, SKIP LINES 3 THROUGH 5, ENTER			
	-0- ON LINE 6 AND GO TO LINE 7.			
	IF YES, ENTER YOUR LOCAL GENERAL SALES			
	TAX RATE, BUT OMIT THE PERCENTAGE SIGN. 2.00 EL PASO	000		
4	DID YOU ENTER -0- ON LINE 2 ABOVE?			
	IF NO, SKIP LINES 4 AND 5 AND GO TO LINE 6. IF YES, ENTER YOUR STATE GENERAL SALES			
	TAX RATE, BUT OMIT THE PERCENTAGE SIGN. 6.25	500		
5	DIVIDE LINE 3 BY LINE 4. ENTER THE RESULT AS			
6	A DECIMAL (ROUNDED TO AT LEAST THREE PLACES)32 DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, MULTIPLY LINE 2 BY LINE 3.	200		
	IF YES, MULTIPLY LINE 1 BY LINE 5.		8	36.
6A	ADD LINE 1 AND LINE 6.	_	3,4	48.
6в	PART-YEAR DAYS RATE.		1.000	000
6C	MULTIPLY LINE 6A BY LINE 6B.		3,4	48.
		_		
7	ENTER YOUR GENERAL SALES TAXES PAID ON SPECIFIED ITEMS, IF ANY.			
8	DEDUCTION FOR GENERAL SALES TAXES. ADD LINES 6C AND 7.			
	ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 5 AND CHEC	CK	~ 4	4.0
	BOX "B" ON THAT LINE.		3,4	48.

SCH	EDULE A QUALIFIED MORTGAGE INSURANCE PRE	MIUMS	STATEMENT 12
1.	ENTER THE TOTAL PREMIUMS YOU PAID IN 2017 FOR QUALIFIED MORTGAGE INSURANCE FOR A CONTRACT ISSUED AFTER DECEMBER 31, 2006		2,988.
2.	ENTER THE AMOUNT FROM FORM 1040, LINE 38 OR 1040NR, LINE 37	366,455.	
3.	ENTER \$100,000 (\$50,000 IF MARRIED FILING SEPARATELY)	100,000.	
4.	<pre>IS THE AMOUNT ON LINE 2 MORE THAN THE AMOUNT ON LINE 3? [ ] NO. YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 13. DO NOT COMPLETE THE REST OF THIS WORKSHEET. [X] YES. SUBTRACT LINE 3 FROM LINE 2. IF THE RESULT IS NOT A MULTIPLE OF \$1,000 (\$500 IF MARRIED FILING SEPARATELY), INCREASE IT TO THE NEXT MULTIPLE OF \$1,000 (\$500 IF MARRIED FILING SEPARATELY). FOR EXAMPLE, INCREASE \$425 TO \$1,000, INCREASE \$2,025 TO \$3,000; OR IF MARRIED FILING SEPARATELY, INCREASE \$423 TO \$500, INCREASE \$2,025 TO \$2,500, ETC.</pre>	267,000.	
5.	DIVIDE LINE 4 BY \$10,000 (\$5,000 IF MARRIED FILING SEP.). ENTER THE RESULT AS A DECIMAL. IF THE RESULT IS 1.0 OR MORE, ENTER 1.0		1.00
6.	MULTIPLY LINE 1 BY LINE 5		2,988.
7.	QUALIFIED MORTGAGE INSURANCE PREMIUMS DEDUCTION. SUBTRACT LINE 6 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 13	-	0.

SCHEDULE D	NET SHORT-TERM GAIN OR LOSS FROM FORMS 6252, 4684, 6781 AND 8824	STATEMENT 13
DESCRIPTION OF PROPERTY		GAIN OR LOSS
FORM 6781, PART I		352.
TOTAL TO SCHEDULE D, PA	RT I, LINE 4	352.

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SCHEDULE D NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824			STATEMENT 14
DESCRIPTION OF PROPE	RTY	GAIN OR LOSS	28% GAIN
FORM 6781, PART I FORM 4797		527. 112,770.	
TOTAL TO SCHEDULE D,	PART II, LINE 11	113,297.	

SCHEDULE D NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIAR	STATEMENT 15 IES
DESCRIPTION OF ACTIVITY	GAIN OR LOSS
CAMPR II LIMITED	225.
TOTAL TO SCHEDULE D, PART I, LINE 5	225.

SCHEDULE D	NET LONG-TERM GAIN OR LOSS PARTNERSHIPS, S CORPORATIONS, AND		STATEMENT 16
DESCRIPTION OF A	CTIVITY	GAIN OR LOSS	28% GAIN
CAMPR INVESTMENT CAMPR II LIMITED		21,485. 120,628.	
TOTAL TO SCHEDUL	E D, PART II, LINE 12	142,113.	

SCHEDULE D CAPITAL GAIN DISTRIBUTIONS	STATEMENT 17		
NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN	
MORGAN STANLEY & CO. INCORPORATED	7,359.		
TOTALS TO SCHEDULE D, LINE 13	7,359.		

SCH	EDULE D	CAPITAL LOSS CARRYOVER	STATEMENT 18
2. 3.	ENTER THE LOSS FRO COMBINE LINES 1 AN	ROM FORM 1040, LINE 41 M SCHEDULE D, LINE 21, AS A POSITIVE AMO D 2. IF ZERO OR LESS, ENTER -0- OF LINE 2 OR LINE 3	300,126. 3,000. 303,126. 3,000.
		M SCHEDULE D, LINE 7, AS A POSITIVE AMO ANY, FROM SCHEDULE D,	UNT 9,482.
	ADD LINES 4 AND 6 SHORT-TERM CAPITAL	LOSS CARRYOVER TO NEXT YEAR.	3,000.
	SUBTRACT LINE 7 FR	OM LINE 5. IF ZERO OR LESS, ENTER -0-	6,482.
		M SCHEDULE D, LINE 15, AS A POSITIVE AMO ANY, FROM SCHEDULE D,	OUNT 1,019,838.
11.		OM LINE 4. IF ZERO OR LESS,	
		1 LOSS CARRYOVER TO NEXT YEAR. ROM LINE 9. IF ZERO OR LESS, ENTER -0-	1,019,838.

SCHEDULE E	INCOME OR (	LOSS) FROM	PARTNERSHIPS	AND S	CORPS	STATEMENT 19

#### NAME

EMPLOYER ID NO.	ANY NOT AT RISK	X IF FRN	CODE	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	SEC. 179 DEDUCTION	NONPASSIVE INCOME
CAMPR INVE	STMEN	r paf	TNERS	SHIP				
			Р			0.		
CAMPR II L	IMITE	D						
			Р		18,631.			2,227.
STANTON ST	REET '	<b>FECHN</b>	IOLOGY	GROUP INC				
			S *					11,308.
IMPERIAL A	RMS L	LC						
			Р*	548.				
<u>PEPPERTREE</u>	SQUA	RE, I	TD					
			Р		32,611.			
TOTALS TO	SCH. 1	E, LN	r. 29	548.	51,242.	0.		13,535.
	* 1	ם ד יחדאיק	= סדת ש					

\* ENTIRE DISPOSITION OF ACTIVITY

SCHEDULE SE NON-FARM INCOME	STATEMENT 20
DESCRIPTION	AMOUNT
COUNCIL ON REGIONAL ECONOMIC EXPANSION AND EDUCATI	53,364.
TOTAL TO SCHEDULE SE, LINE 2	53,364.

SCHEDULE SE	NON-FARM INCOME	STATEMENT 21
DESCRIPTION		AMOUNT
CHARLOTE'S INC.		13,982.
TOTAL TO SCHEDULE SE, LINE	2	13,982.

FOR	M 1116 WORLDWIDE CAPITAL GAINS WORKSHEET FOR LINE 18	STATEMENT 22
1	ENTER THE AMOUNT FROM FORM 1040, LINE 41. IF YOU ARE A NONRESIDENT ALIEN, ENTER THE AMOUNT FROM FORM 1040NR, LINE 39	300,126
2	ENTER WORLDWIDE 28% GAINS	
3	MULTIPLY LINE 2 BY 0.2929	
4	ENTER WORLDWIDE 25% GAINS	
5	MULTIPLY LINE 4 BY 0.3687	
6	ENTER WORLDWIDE 20% GAINS AND QUALIFIED DIVIDENDS	
7	MULTIPLY LINE 6 BY 0.4949	
8	ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS	6,301.
9	MULTIPLY LINE 8 BY 0.6212	3,914.
10	ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS	
11	ADD LINES 3, 5, 7, 9 AND 10	3,914
12	SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116, LINE 18	296,212

FOR	M 2441 CREDIT LIMIT WORKSHEET	STATEMENT 2
1	ENTER THE AMOUNT FROM FORM 1040, LINE 47; FORM 1040A, LINE 30 OR FORM 1040NR, LINE 45	; 73,252
2	ENTER THE AMOUNT FROM FORM 1040, LINE 48, OR FORM 1040NR, LINE 46; FORM 1040A FILERS, ENTER -0-	44
3	SUBTRACT LINE 2 FROM LINE 1. ALSO ENTER THE AMOUNT ON FORM 24 LINE 10. BUT IF ZERO OR LESS, STOP; YOU CANNOT TAKE THE CREDI	

 79
 STATEMENT(S)
 22, 23

 2017.04030 O'ROURKE, ROBERT F
 SV2020\_2

FORM	4 3800 RESEARCH CREDIT LIMI	TATION	STATEMENT	24
CAN	IPR II LIMITED			
1	TAXABLE INCOME ATTRIBUTABLE TO THIS ACTIV	ITY 201,327.		
2	TAXABLE INCOME FROM FORM 1040, LINE 43	288,786.		
3	DIVIDE LINE 1 BY LINE 2	.697149446		
4	NET INCOME TAX FROM FORM 3800, LINE 11	72,008.		
5	TAX LIABILITY LIMITATION (LINE 3 X LINE 4)	)	50,2	200.
A	CURRENT YEAR CREDIT FROM PASSIVE ACT REPORTED ON LINE 1C	SHOWN ON 8582-CR		
в	REPORTED ON LINE 1C REPORTED ON LINE 4I 8. CREDIT CARRIED FORWARD FROM PRIOR YEAR(S) REPORTED ON LINE 1C REPORTED ON LINE 4I	8.		
С	TOTAL CREDITS	8.		
	CURRENT YEAR CREDIT (LESSER OF 5A OR 5 - 5	5B)		8.

FORM 6251

PASSIVE ACTIVITIES

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STATEMENT 25

		NET INCOM	IE (LOSS)	
NAME OF ACTIVITY	FORM	AMT	REGULAR	ADJUSTMENT
CAMPR II LIMITED CAMPR II LIMITED IMPERIAL ARMS LLC IMPERIAL ARMS LLC PEPPERTREE SQUARE, L'	FORM 4797 SCH E FORM 4797 SCH E TD SCH E	46. 18,631. 112,724. -548. 32,016.	46. 18,631. 112,724. -548. 32,611.	-595.
TOTAL TO FORM 6251, 1	LINE 19		-	-595.

FOF	RM 6251	EXEMPTION WORKSHEET	STATEMENT 26
1	MARRIED F	300 IF SINGLE OR HEAD OF HOUSEHOLD; \$84,500 I ILING JOINTLY OR QUALIFYING WIDOW(ER); \$42,25 D FILING SEPARATELY	
2		ALTERNATIVE MINIMUM TAXABLE INCOME	-
3	ENTER: \$120 \$160,900	RM 6251, LINE 28 322 ,700 IF SINGLE OR HEAD OF HOUSEHOLD; IF MARRIED FILING JOINTLY OR G WIDOW(ER); \$80,450 IF MARRIED	2,143.
	FILING SE	PARATELY 160	),900.
4	SUBTRACT LI ENTER -0-	NE 3 FROM LINE 2. IF ZERO OR LESS	L,243.
5 6	SUBTRACT LI ANY OF TH AGE 24 AP OTHERWISE	NE 4 BY 25% (.25) NE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0 E THREE CONDITIONS UNDER CERTAIN CHILDREN UND PLY TO YOU, COMPLETE LINES 7 THROUGH 10. , STOP HERE AND ENTER THIS AMOUNT ON FORM 625 AND GO TO FORM 6251, LINE 30	DER
7 8 9		MPTION AMOUNT FOR CERTAIN CHILDREN UNDER AGE EARNED INCOME, IF ANY AND 8	24
10		MALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6 AND GO TO FORM 6251, LINE 30	5251,

FORM	1116	AI	W	ORLDWIDE	CAPI	FOREIGN TAX TAL GAINS LINE 18	CREDIT	STATEMENT	27
1	ENTER	THE AMOUN	IT FROM FO	RM 6251,	LINE	28		322,	143.
2	ENTER	WORLDWIDE	25% GAIN	S					
3	MULTIF	PLY LINE 2	BY 0.107	1					
		WORLDWIDE JALIFIED D		S					
5	MULTIF	PLY LINE 4	BY 0.285	7					
•		WORLDWIDE JALIFIED D		S			6,301.		
7	MULTIF	PLY LINE 6	BY 0.464	3			2,926.		
-	-	WORLDWIDE JALIFIED D							
9	ADD LI	INES 3, 5,	7 AND 8					2,	926.
		ACT LINE 9 F HERE AND						319,	217.

SCHEDULE H WORKSHEET FOR CREDIT FOR LATE CONTRIBUTIONS	STATEMENT 28
1. ENTER THE AMOUNT FROM SCHEDULE H, LINE 22.	378.
2. ENTER THE AMOUNT FROM SCHEDULE H, LINE 19.	0.
3. SUBTRACT LINE 2 FROM LINE 1. IF ZERO OR LESS, ENTER -0	378.
4. ENTER TOTAL CONTRIBUTIONS PAID TO THE STATE(S) AFTER THE FORM 1040 DUE DATE.	910.
5. ENTER THE SMALLER OF LINE 3 OR 4.	378.
6. MULTIPLY LINE 5 BY .90 (90%).	340.
7. ADD LINES 2 AND 6.	340.
8. ENTER THE SMALLER OF LINE 1 OR 7.	340.

# 9. ARE YOU A CREDIT REDUCTION STATE? [] YES. ENTER THE AMOUNT FROM LINE 8 ABOVE, ON THE HOUSEHOLD EMPLOYERS IN A CREDIT REDUCTION STATE WORKSHEET, LINE 1. COMPLETE THAT WORKSHEET TO FIGURE THE AMOUNT TO ENTER ON SCHEDULE H, LINE 23. [X] NO. ENTER THE AMOUNT FROM LINE 8 ON SCHEDULE H, LINE 23.

FORM 4952	INVESTMENT	INTEREST	EXPEI	NSE	STATEMENT	29
DESCRIPTION				CURRENT	CARRYOVE	ł
DISALLOWED INVES FROM K-1 - CAMPR	TMENT INTEREST PRIOR	YEARS		28,204.	7,2	285.
TOTALS TO FORM 4	952, LINES 1 AND 2		_	28,204.	7,2	285.
FORM 4952	INCOME FROM PROPI	ERTY HELD	FOR I	INVESTMENT	STATEMENT	30
DESCRIPTION					AMOUNT	

INTEREST INCOME	54,447.
DIVIDEND INCOME	13,490.
CAMPR II LIMITED - ROYALTY	1.
CAMPR II LIMITED	2,251.
TOTAL TO FORM 4952, LINE 4A	70,189.

FORM 4952	INVESTMENT EXPENSES	STATEMENT 31
DESCRIPTION		AMOUNT

FROM - CAMPR II LIMITED SCHEDULE A DEDUCTIONS

TOTAL TO FORM 4952, LINE 5

6. 9,548.

9,554.

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FORM 4952 INVESTME	NT INTERES	r expense d	EDUCTION SUM	MARY ST	ATEMENT 32
NAME	FORM OR SCHEDULE	INVESTMENT INTEREST EXPENSE	INVESTMENT INTEREST EXPENSE C/O	DISALLOWED INVESTMENT INTEREST EXPENSE	ALLOWED INVESTMENT INTEREST EXPENSE
DISALLOWED INVESTMENT FROM K-1 - CAMPR II LI	SCH A SCH A	0. 28,204.	7,285.	0. 0.	7,285. 28,204.
TOTALS		28,204.	7,285.	0.	35,489.

FORM 4952AMT	INVESTMENT	INTEREST	EXPENSE	STATEMENT 33
DESCRIPTION			CURRENT	CARRYOVER
FROM K-1 - CAMPR II LIMITH AMT INVESTMENT INTEREST CA			28,204.	0.
TOTALS TO FORM 4952AMT, L	INES 1 AND 2	2	28,204.	0.

FORM 8960	TRADE OR BUSINESS INCOME	STATEMENT 34
INCOME SUBJECT TO NII STANTON STREET TECHNOLOGY	GROUP INC	11,308. -11,308.
AMOUNT TO FORM 8960, LINE	4B	0.

# FORM 8960NET LOSSES FROM DISPOSITION OF PROPERTY USEDSTATEMENT 35IN A NON-SECTION 1411 TRADE OR BUSINESS

NAME OF TRADE OR BUSINESS	AMOUNT
STANTON STREET TECHNOLOGY GROUP INC - VARIOUS EQUI	2.
TOTAL TO NET GAINS AND LOSSES WORKSHEET, LINE 2B	2.

FORM 8960 MISCELLANEOUS I ALLOCABLE TO INVES		D DEDUCTIONS PRO		STATEMENT 36
DESCRIPTION		I	JINE	AMOUNT
MORGAN STANLEY ADVISORY FEES FROM K-1 - CAMPR II LIMITED		-	9C 9C	1,253. 11,720.
TOTAL TO LINES 9 AND 10 WORKSHEET	, PART	I, LINE 1		12,973.
FORM 8960 MISCELLANEOUS ALLOCABLE TO INV		ED DEDUCTIONS PE T INCOME AFTER I		STATEMENT 37 N
DESCRIPTION	LINE	COLUMN A AMNT	RATIO	COLUMN C AMNT
MORGAN STANLEY ADVISORY FEES FROM K-1 - CAMPR II LIMITED	9C 9C	1,253. 11,720.		835. 7,809.
TOTAL TO LINES 9 & 10 WKST, PART	II	12,973.		8,644.

FORM 8960 MISCELLANEOUS ITEMIZED DEDUCTION ALLOCABLE TO INVESTMENT INCOME AFTER	-	STATEMENT 38
DESCRIPTION	LINE	AMOUNT
MORGAN STANLEY ADVISORY FEES FROM K-1 - CAMPR II LIMITED	9C 9C	835. 7,809.
TOTAL TO LINES 9 AND 10 WORKSHEET, PART III, LINE	L	8,644.

85 STATEMENT(S) 35, 36, 37, 38 2017.04030 O'ROURKE, ROBERT F SV2020\_2

#### FORM 8960 MISCELLANEOUS ITEMIZED DEDUCTIONS PROPERLY STA ALLOCABLE TO INVESTMENT INCOME

STATEMENT 39

DESCRIPTION	LINE	COLUMN A AMNT	RATIO	COLUMN C AMNT
MORGAN STANLEY ADVISORY FEES FROM K-1 - CAMPR II LIMITED	9C 9C		1.0000 1.0000	835. 7,809.
TOTAL TO LINES 9 & 10 WORKSHEET, PART IV, LINE 1		8,644.		8,644.

FORM 8582	OTHER P	PASSIV	E ACI	TIVITIE	S – WORKSHEET	3 STA	TEMENT 40
	CU	JRRENT	YEAF	ł	PRIOR YEAR UNALLOWED	OVERALL GA	IN OR LOSS
NAME OF ACTIVITY	NET IN	ICOME	NET	LOSS	LOSS	GAIN	LOSS
CAMPR II LIMITED IMPERIAL ARMS LLC PEPPERTREE SQUARE,		,677. ,724.		0. -548.		18,677. 112,176.	
LTD	32,	,611.		0.		32,611.	
TOTALS	164,	,012.		-548.		163,464.	
FORM 8582	SUM	ÍMARY	OF PA	ASSIVE 2	ACTIVITIES	STA	TEMENT 41
FORM 8582 R R E A NAME	SUM FORM OR SCHEDULE			PRIOR	NET	UNALLOWED	
R R E A NAME - CAMPR II LIMITED CAMPR II LIMITED IMPERIAL ARMS LLO IMPERIAL ARMS LLO PEPPERTREE	FORM OR SCHEDULE FORM 4797 SCH E CFORM 4797	GAIN/ 18, 112,	LOSS 46. 631. 724. 548.	PRIOR	NET /O GAIN/LOSS 46 18,631 112,724 -548	UNALLOWED LOSS	ALLOWED
R R E A NAME - CAMPR II LIMITED CAMPR II LIMITED IMPERIAL ARMS LLO IMPERIAL ARMS LLO	FORM OR SCHEDULE FORM 4797 SCH E CFORM 4797 CSCH E	GAIN/ 18, 112,	LOSS 46. 631. 724. 548. 611.	PRIOR	NET /O GAIN/LOSS 46 18,631 112,724	UNALLOWED LOSS	ALLOWED LOSS

TOTAL

548.

FORM 8	58	2-	CR
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OTHER PASSIVE ACTIVITY CREDITS WORKSHEET 4 STATEMENT 42

NAME OF ACTIVITY	FROM FORM	CURRENT YEAR CREDITS	PRIOR YEAR UNALLOWED CREDITS	TOTAL CREDITS
CAMPR II LIMITED	6765/3800, LINE 32	8.		8.
CAMPR II LIMITED	8846/3800, LINE 32	4,751.		4,751.
TOTALS		4,759.		4,759.

FORM 8582					IUM TAX 5 - WORKSHEET		TEMENT 43
	С	URRENI	YEAR		PRIOR YEAR UNALLOWED	OVERALL GA	IN OR LOSS
NAME OF ACTIVITY	NET IN	COME	NET	LOSS	LOSS	GAIN	LOSS
CAMPR II LIMITED IMPERIAL ARMS LLC PEPPERTREE SQUARE,		677. 724.		0. -548.		18,677. 112,176.	
LTD	32,	016.		0.		32,016.	
TOTALS	163,	417.		-548.		162,869.	
FORM 8582AMT	SUMMAR	Y OF P	ASSIV	E ACTI	IVITIES - AMT	STA	TEMENT 44
R R E A NAME	FORM OR SCHEDULE	GAIN/L		PRIOR EAR C/	NET /O GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
CAMPR II LIMITED CAMPR II LIMITED IMPERIAL ARMS LLC	SCH E FORM 4797		24.		46 18,631 112,724	•	
IMPERIAL ARMS LLC PEPPERTREE SQUARE, LTD	SCH E SCH E	-5 32,0	548. 016.		-548	•	548.
PEPPERTREE			16.		-548		548.
PEPPERTREE SQUARE, LTD	SCH E	32,0 162,8	016. 69.	RRENT	-548 32,016 		548.

FORM 2106/SBE	OTHER B	BUSINESS	EXPENSES	STATEMENT	45

MEMB OF US CONGRESS

DESCRIPTION	AMOUNT
TREAS REG 5E.274-8 TRAVEL EXPENSES	3,000.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	3,000.

CORM 1116U.S. AND FOREIGN SOURCE INCOME SUMMARYSTATEMENT 46TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS						
DESCRIPTION			I	NCOME	LOSS	
CAMPR II LIMITED STANTON STREET TECHN IMPERIAL ARMS LLC	OLOGY GROUP	INC		34,035. 11,308.	-548.	
PEPPERTREE SQUARE, LTD				40,191.	-540.	
TOTAL PARTNERSHIP/S-	CORPORATION	INCOME/LOSS	3	85,534.	-548.	
FORM 1116 U.S. AND FOREIGN SOURCE INCOME SUMMARY STATEMENT 47 FOREIGN QUALIFIED DIVIDENDS						
DESCRIPTION	TOTAL DIVIDEND	QUALIFIED DIVIDEND	REDUCTION PERCENT	DIVIDEND TO LINE 12	QUAL DIV A ADJUSTMENT	
MORGAN STANLEY & CO	623.	499.	.3788	313	3. 310.	
TOTALS	623.	499.		313	3. 310.	

## **Tentative Credit for Prior Year Minimum Tax**

Social security number

#### ROBERT F. & AMY S. O'ROURKE

Name(s)

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

1	Combine lines 1, 6 and 10 of your 2017 Form 6251	1	298,546.
	Enter adjustments and preferences treated as exclusion items	2	24,192.
	Minimum tax credit net operating loss deduction	3	( )
4	Combine lines 1, 2, and 3. If more than zero OR you filed Form 2555 for 2017, go to line 5. If zero or less		
	AND you did not file Form 2555 for 2017, enter -0- here and on line 15 and go to Part II.	4	322,738.
5	Enter: \$84,500 if married filing jointly or qualifying widow(er) for 2017; \$54,300 if single or head of household for		
	2017; or \$42,250 if married filing separately for 2017	5	84,500.
6	Enter: \$160,900 if married filing jointly or qualifying widow(er) for 2017; \$120,700 if single or head of household		
	for 2017; or \$80,450 if married filing separately for 2017	6	160,900.
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	161,838.
8	Multiply line 7 by 25% (.25)	8	40,460.
9	Subtract line 8 from line 5. If zero or less, enter -0-	9	44,040.
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II	10	278,698.
11	• If you filed Form 2555 for 2017, enter the amount from line 6 of the Foreign Earned Income Tax Worksheet.		
	• If for 2017 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified		
	dividends on Form 1040, line 9b; or had a gain on both lines 15 and 16 of Schedule D (Form 1040), complete		
	Part III and enter the amount from line 55 here.		
	• All others: If line 10 is \$187,800 or less (\$93,900 or less if married filing separately for 2017), multiply line 10		
	by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,756 (\$1,878 if married filing separately		
	for 2017) from the result	11	73,460.
12	Minimum tax foreign tax credit on exclusion items	12	44.
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	73,416.
14	Enter the amount from your 2017 Form 6251, line 34	14	69,338.
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	4,078.
Ρ	art II Tentative Minimum Tax Credit		
40	Enter the employed from view 2017 Form 6261 line 25	16	3,870.
	Enter the amount from your 2017 Form 6251, line 35	16 17	4,078.
	Enter the amount from line 15 above	17	-208.
	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18 19	-200.
	<b>2017 minimum tax credit carryforward.</b> Enter the amount from your 2017 Form 8801, line 26	19 20	
	Enter the 2017 unallowed qualified electric vehicle credit	20	-208.
21	Tentative minimum tax credit for 2018. Combine lines 18, 19, and 20	21	200•
Lin	es 22 through 26 do not apply.		

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SV2020\_2

Part III	T F. & AMY S. O'ROURKE Tax Computation Using Maximum Capital Gains Rates		Page
	er the amount from line 10. If you filed Form 2555 or 2555-EZ for 2017, enter		
	amount from line 3 of the worksheet in the instructions	27	278,698.
	er the amount from line 6 of your 2017 Qualified Dividends and Capital		•
	n Tax Worksheet, or the amount from line 13 of your 2017 Schedule D Tax		
	rksheet	28	6,301.
	ou figured your 2017 tax using the 2017 Qualified Dividends and		
Cap	pital Gain Tax Worksheet, skip line 29 and enter the amount from		
line	28 on line 30. Otherwise, go to line 29.		
9 Ente	er the amount from line 19 of your 2017 Schedule D (Form 1040)	29	
0 Add	l lines 28 and 29, and enter the smaller of that result or the amount		
fron	n line 10 of your 2017 Schedule D Tax Worksheet	30	<u> </u>
1 Ente	er the <b>smaller</b> of line 27 or line 30	31	6,301
	tract line 31 from line 27	32	272,397
13 If lir	ne 32 is \$187,800 or less (\$93,900 or less if married filing separately for 2017), multiply line		
32 k	by 26% (.26). Otherwise, multiply line 32 by 28% (.28) and subtract \$3,756 (\$1,878 if married		
filin	g separately for 2017) from the result.	33	72,515.
4 Ente	er:		
• 9	\$75,900 if married filing jointly or qualifying widow(er) for 2017,		
	\$37,950 if single or married filing separately for 2017, or		
	50,800 if head of household for 2017.	34	75,900
	er the amount from line 7 of your 2017 Qualified Dividends and Capital		
	n Tax Worksheet, or the amount from line 14 of your 2017 Schedule D Tax		
	rksheet, whichever applies. If you did not complete either worksheet, enter		000 405
	amount from 2017 Form 1040, line 43; but not less than -0-	35	282,485
	ptract line 35 from line 34. If zero or less, enter -0-	36	0
	er the smaller of line 27 or line 28	37	6,301
	er the <b>smaller</b> of line 36 or line 37	38	<u> </u>
	vtract line 38 from line 37	39	0,301
<b>10</b> Ente			
	\$418,400 if single		
	235,350 if married filing separately		
	470,700 if married filing jointly or qualifying widow(er)	40	470 700
	\$44,550 if head of household	40	470,700
Ento	er the amount from line 36	41	
	er the amount from line 7 of your 2017 Qualified Dividends and Capital		
	n Tax Worksheet or the amount from line 19 of the Schedule D Tax		
	rksheet, whichever applies (as figured for the regular tax). If you did not		
	nplete either worksheet for the regular tax, enter the amount from 2017	42	282,485.
	n 1040, line 43; but not less than -0 I lines 41 and 42	43	282,485
	I lines 41 and 42 stract line 43 from line 40, but not less than -0-	44	188,215
	er the smaller of line 39 or line 44	45	6,301
		46	945
	tiply line 45 by 15% (.15)  I lines 38 and 45	47	6,301
	nes 47 and 28 are the same, skip lines 48 through 52 and go to line 53. Otherwise, go to line 48.	4/	0,001
		48	
	tiply line 48 by 20% (.20)	49	
	ne 29 is zero or blank, skip lines 50 through 52 and go to line 53. Otherwise, go to line 50.		
	I lines 32, 47, and 48	50	
	stract line 50 from line 27	51	
	tiply line 51 by 25% (.25)	52	
	I lines 33, 46, 49, and 52	53	73,460
	ne 27 is \$187,800 or less (\$93,900 or less if married filing separately for 2017), multiply line 27 by 26% (.26).		,200
	erwise, multiply line 27 by 28% (.28) and subtract \$3,756 (\$1,878 if married filing separately for 2017)		
	n the result.	54	74,279.
	er the smaller of line 53 or line 54 here and on line 11. If you filed Form 2555 or 2555-EZ for 2017, do not		,
	er this amount on line 11. Instead, enter it on line 4 of the worksheet.	55	73,460.
			, 1001