

**CHERRY, LIGHT AND RIDLEY**

1117 65TH DR  
LUBBOCK, TX 79412  
Phone: (806) 747-2542  
Fax: (806) 745-2543

June 2, 2016

MAX A and PATRICIA D QUATTROMANI  
7637 NUTHATCH CIRCLE  
PARKER, CO 80134

I have prepared your 2015 federal income tax return based on the information you provided. Please review the enclosed copy, then sign the IRS e-file Signature Authorization Form 8879 and return it to me. When I receive the signed authorization, I will e-file your return.

You will receive a federal refund check in the amount of \$2,763 in the mail.

You can check the status of your federal tax refund by using "Where's My Refund?", an interactive tool available on [www.irs.gov](http://www.irs.gov) or by using the "IRS2Go" smartphone application. You can also call the IRS TeleTax System at (800) 829-4477 or the IRS Refund Hotline at (800) 829-1954. When using any of these options, you will need the following information:

The first social security number shown on the federal return  
Your filing status (Married-Filing Joint Return)  
The exact amount of the refund shown on your federal return (\$2,763)

If you have any questions about your return(s) or about your tax situation during the year, please do not hesitate to call me at (806) 747-2542. I appreciate this opportunity to serve you.

Sincerely,

SCOTT CHERRY  
CHERRY, LIGHT AND RIDLEY

Your marginal federal tax rate ('tax bracket') for 2015 was 28%.  
Your average federal tax rate for 2015 was 21%.

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. This is not a tax return.

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at [www.irs.gov/form8879](http://www.irs.gov/form8879).**2015**

Submission Identification Number (SID)

7593082016104016q6sn

Taxpayer's name

MAX A QUATTROMANI

Social security number

302-70-4723

Spouse's name

PATRICIA D QUATTROMANI

Spouse's social security number

510-96-2958

**Part I Tax Return Information—Tax Year Ending December 31, 2015 (Whole Dollars Only)**

<b>1</b>	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) . . . . .	<b>1</b>	210,305
<b>2</b>	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12) . . . . .	<b>2</b>	38,634
<b>3</b>	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7) . . . . .	<b>3</b>	40,444
<b>4</b>	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a) . . . . .	<b>4</b>	2,763
<b>5</b>	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14) . . . . .	<b>5</b>	0

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2015, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

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

☒ I authorize CHERRY, LIGHT AND RIDLEY to enter or generate my PIN 34889  
ERO firm name  
as my signature on my tax year 2015 electronically filed income tax return.

Enter five digits, but do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

☒ I authorize CHERRY, LIGHT AND RIDLEY to enter or generate my PIN 65991  
ERO firm name  
as my signature on my tax year 2015 electronically filed income tax return.

Enter five digits, but do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ 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.

75930845017

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2015 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ SCOTT CHERRY Date ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning _____, ending _____			See separate instructions.
Your first name <b>MAX</b>	M.I. <b>A</b>	Last name <b>QUATTROMANI</b>	Suffix _____
If a joint return, spouse's first name <b>PATRICIA</b>			Suffix _____
Home address (number and street). If you have a P.O. box, see instructions. <b>7637 NUTHATCH CIRCLE</b>			Apt. no. _____
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>PARKER CO 80134</b>			<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name _____	Foreign province/state/county _____	Foreign postal code _____	

**Filing Status**

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here.

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

First name

Last name

SSN

**Exemptions**

6a ☒ Yourself. If someone can claim you as a dependent, **do not** check box 6a

6b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
SOPHIE	QUATTROMANI	651-26-1337	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed

3

Boxes checked on 6a and 6b

2

No. of children on 6c who:

• lived with you

0

• did not live with you due to divorce or separation (see instructions)

1

Dependents on 6c not entered above

0

Add numbers on lines above

3

<b>Income</b>  <b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b>  If you did not get a W-2, see instructions.	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	192,761
	8a	Taxable interest. Attach Schedule B if required	8a	
	b	Tax-exempt interest. <b>Do not</b> include on line 8a	8b	
	9a	Ordinary dividends. Attach Schedule B if required	9a	
	b	Qualified dividends	9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	IRA distributions	15a	
	b	Taxable amount	15b	
	16a	Pensions and annuities	16a	
	b	Taxable amount	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	18,844
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits	20a	
	b	Taxable amount	20b	0
	21	Other income. List type and amount	21	
	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	211,605
	<b>Adjusted Gross Income</b>	23	Educator expenses	23
24		Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25		Health savings account deduction. Attach Form 8889	25	1,300
26		Moving expenses. Attach Form 3903	26	
27		Deductible part of self-employment tax. Attach Schedule SE	27	
28		Self-employed SEP, SIMPLE, and qualified plans	28	
29		Self-employed health insurance deduction	29	
30		Penalty on early withdrawal of savings	30	
31a		Alimony paid	31a	
b		Recipient's SSN	31b	
32		IRA deduction	32	
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35	36	1,300	
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b>	37	210,305	

<b>Tax and Credits</b>	<b>38</b>	Amount from line 37 (adjusted gross income).	<b>38</b>	210,305
	<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1951, <input type="checkbox"/> <b>Blind.</b> <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1951, <input type="checkbox"/> <b>Blind.</b> Total boxes checked <b>39a</b>		
	<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here. <b>39b</b>		
<b>Standard Deduction for—</b>  • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.  • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,250	<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	14,083
	<b>41</b>	Subtract line 40 from line 38	<b>41</b>	196,222
	<b>42</b>	<b>Exemptions.</b> If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	<b>42</b>	12,000
	<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	184,222
	<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	38,634
	<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
	<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
	<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	38,634
	<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
	<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
	<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
	<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
	<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
	<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
	<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	
	<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	38,634
<b>Other Taxes</b>	<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
	<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
	<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
	<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
	<b>60b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
	<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
	<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
	<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	38,634
<b>Payments</b>	<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	40,444
	<b>65</b>	2015 estimated tax payments and amount applied from 2014 return	<b>65</b>	953
	<b>66a</b>	<b>Earned income credit (EIC)</b>	<b>66a</b>	
	<b>b</b>	Nontaxable combat pay election <b>66b</b>		
	<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
	<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
	<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
	<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
	<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
	<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
	<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
	<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	41,397
<b>Refund</b>	<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	2,763
	<b>76a</b>	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here.	<b>76a</b>	2,763
	<b>b</b>	Routing number XXXXXXXXXX <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number XXXXXXXXXXXXXXXXXXXX		
	<b>77</b>	Amount of line 75 you want <b>applied to your 2016 estimated tax</b>	<b>77</b>	
<b>Amount You Owe</b>	<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>	0
	<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> <b>Yes.</b> Complete below. <input type="checkbox"/> <b>No</b>			
	Designee's name <b>SCOTT CHERRY</b>	Phone no. <b>(806) 747-2542</b>	Personal identification number (PIN) <b>45017</b>	
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation <b>Web Developer</b>	Daytime phone number
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupation <b>Manager</b>
				If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SCOTT CHERRY</b>	Preparer's signature <b>SCOTT CHERRY</b>	Date <b>6/2/2016</b>	Check <input type="checkbox"/> if self-employed
			Check <input type="checkbox"/> if self-employed	PTIN <b>P00118737</b>
	Firm's name <b>CHERRY, LIGHT AND RIDLEY</b>		Firm's EIN <b>75-2898506</b>	
	Firm's address <b>1117 65TH DR, LUBBOCK, TX 79412</b>		Phone no. <b>(806) 747-2542</b>	

**SCHEDULE A**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

OMB No. 1545-0074

**2015**

Attachment  
Sequence No. **07**

Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).  
Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

MAX A and PATRICIA D QUATTROMANI

302-70-4723

<b>Caution:</b> Do not include expenses reimbursed or paid by others.				
<b>Medical and Dental Expenses</b>	<b>1</b> Medical and dental expenses (see instructions)	<b>1</b>		
	<b>2</b> Enter amount from Form 1040, line 38 . . . <b>2</b> 210,305			
	<b>3</b> Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead . . .	<b>3</b>	21,031	
	<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	<b>4</b>		0
<b>Taxes You Paid</b>	<b>5</b> State and local (check only one box):			
	a <input checked="" type="checkbox"/> Income taxes, or	<b>5</b>	12,484	
	b <input type="checkbox"/> General sales taxes			
	<b>6</b> Real estate taxes (see instructions)	<b>6</b>		
	<b>7</b> Personal property taxes	<b>7</b>		
	<b>8</b> Other taxes. List type and amount ▶	<b>8</b>		
	<b>9</b> Add lines 5 through 8	<b>9</b>		12,484
	<b>10</b> Home mortgage interest and points reported to you on Form 1098	<b>10</b>		
<b>Interest You Paid</b>	<b>11</b> Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	<b>11</b>		
	Name _____			
	Address _____			
	TIN _____	<b>12</b>		
	<b>12</b> Points not reported to you on Form 1098. See instructions for special rules	<b>12</b>		
	<b>13</b> Mortgage insurance premiums (see instructions)	<b>13</b>		
	<b>14</b> Investment interest. Attach Form 4952 if required. (See instructions.)	<b>14</b>		
	<b>15</b> Add lines 10 through 14	<b>15</b>		0
<b>Gifts to Charity</b>	<b>16</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions	<b>16</b>	1,099	
	<b>17</b> Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	<b>17</b>	500	
	<b>18</b> Carryover from prior year	<b>18</b>		
	<b>19</b> Add lines 16 through 18	<b>19</b>		1,599
<b>Casualty and Theft Losses</b>	<b>20</b> Casualty or theft loss(es). Attach Form 4684. (See instructions.)	<b>20</b>		
<b>Job Expenses and Certain Miscellaneous Deductions</b>	<b>21</b> Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	<b>21</b>		
	<b>22</b> Tax preparation fees	<b>22</b>		
	<b>23</b> Other expenses—investment, safe deposit box, etc. List type and amount ▶	<b>23</b>		
	<b>24</b> Add lines 21 through 23	<b>24</b>	0	
	<b>25</b> Enter amount from Form 1040, line 38 . . . <b>25</b> 210,305			
	<b>26</b> Multiply line 25 by 2% (.02)	<b>26</b>	4,206	
	<b>27</b> Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	<b>27</b>		0
	<b>Other Miscellaneous Deductions</b>	<b>28</b> Other—from list in instructions. List type and amount ▶	<b>28</b>	
<b>Total Itemized Deductions</b>	<b>29</b> Is Form 1040, line 38, over \$154,950?			
	<input type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
	<input checked="" type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			14,083
	<b>30</b> If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . . <input type="checkbox"/>			

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

MAX A and PATRICIA D QUATTROMANI

Your social security number

302-70-4723

**Caution.** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations** **Note:** If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (e) on line 28 and attach **Form 6198**. See instructions.**27** Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

<b>28</b>	(a) Name	(b) Enter <b>P</b> for partnership; <b>S</b> for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
<b>A</b>	QOPPA, LLC	S	<input type="checkbox"/>	46-5229163	<input type="checkbox"/>
<b>B</b>			<input type="checkbox"/>		<input type="checkbox"/>
<b>C</b>			<input type="checkbox"/>		<input type="checkbox"/>
<b>D</b>			<input type="checkbox"/>		<input type="checkbox"/>

Passive Income and Loss				Nonpassive Income and Loss					
(f) Passive loss allowed (attach <b>Form 8582</b> if required)		(g) Passive income from <b>Schedule K-1</b>		(h) Nonpassive loss from <b>Schedule K-1</b>		(i) Section 179 expense deduction from <b>Form 4562</b>		(j) Nonpassive income from <b>Schedule K-1</b>	
<b>A</b>						3,700		22,544	
<b>B</b>									
<b>C</b>									
<b>D</b>									
<b>29 a Totals</b>								22,544	
<b>b Totals</b>						3,700			
<b>30</b>	Add columns (g) and (j) of line 29a . . . . .						<b>30</b>	22,544	
<b>31</b>	Add columns (f), (h), and (i) of line 29b . . . . .						<b>31</b>	( 3,700 )	
<b>32</b>	<b>Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31. Enter the result here and include in the total on line 41 below . . . . .						<b>32</b>	18,844	

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

<b>33</b>					(a) Name		(b) Employer identification number		
<b>A</b>									
<b>B</b>									
Passive Income and Loss					Nonpassive Income and Loss				
(c) Passive deduction or loss allowed (attach <b>Form 8582</b> if required)			(d) Passive income from <b>Schedule K-1</b>		(e) Deduction or loss from <b>Schedule K-1</b>		(f) Other income from <b>Schedule K-1</b>		
<b>A</b>									
<b>B</b>									
<b>34 a Totals</b>									
<b>b Totals</b>									
<b>35</b> Add columns (d) and (f) of line 34a					<b>35</b>				
<b>36</b> Add columns (c) and (e) of line 34b					<b>36</b>		(	)	
<b>37 Total estate and trust income or (loss).</b> Combine lines 35 and 36. Enter the result here and include in the total on line 41 below					<b>37</b>			0	

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from <b>Schedules Q</b> , line 2c (see instructions)		(d) Taxable income (net loss) from <b>Schedules Q</b> , line 1b		(e) Income from <b>Schedules Q</b> , line 3b	
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below						39	0

**Part V Summary**

<b>40</b>	Net farm rental income or (loss) from <b>Form 4835</b> . Also, complete line 42 below	<b>40</b>	
<b>41</b>	<b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	<b>41</b>	18,844
<b>42</b>	<b>Reconciliation of farming and fishing income.</b> Enter your <b>gross</b> farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	<b>42</b>	
<b>43</b>	<b>Reconciliation for real estate professionals.</b> If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	<b>43</b>	

**Health Savings Accounts (HSAs)**Information about Form 8889 and its separate instructions is available at [www.irs.gov/form8889](http://www.irs.gov/form8889).▶ **Attach to Form 1040 or Form 1040NR.**

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

MAX A QUATTROMANI

Social security number of HSA  
beneficiary. If both spouses have  
HSAs, see instructions ▶

302-70-4723

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2015 (see instructions) . . . . .	▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2015 (or those made on your behalf), including those made from January 1, 2016, through April 18, 2016, that were for 2015. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) . . . . .	2	1,300	
3	If you were under age 55 at the end of 2015, and on the first day of <b>every</b> month during 2015, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,350 (\$6,650 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3	6,650	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2015 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2015, also include any amount contributed to your spouse's Archer MSAs . . . . .	4		
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	6,650	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2015, see the instructions for the amount to enter . . . . .	6	6,650	
7	If you were age 55 or older at the end of 2015, married, and you or your spouse had family coverage under an HDHP at any time during 2015, enter your additional contribution amount (see instructions) . . . . .	7		
8	Add lines 6 and 7 . . . . .	8	6,650	
9	Employer contributions made to your HSAs for 2015 . . . . .	9		
10	Qualified HSA funding distributions . . . . .	10		
11	Add lines 9 and 10 . . . . .	11	0	
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12	6,650	
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25 . . . . .	13	1,300	
<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax (see instructions).				

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14 a	Total distributions you received in 2015 from all HSAs (see instructions) . . . . .	14a	2,121	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) . . . . .	14b		
c	Subtract line 14b from line 14a . . . . .	14c	2,121	
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15	2,121	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount . . . . .	16	0	
17 a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>			
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box . . . . .	17b		

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

Form **8889** (2015)

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>		
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>		
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount . . . . .	<b>20</b>		0
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box . . . . .	<b>21</b>		0



# Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2015

Attachment  
Sequence No. 179Department of the Treasury  
Internal Revenue Service

(99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Name(s) shown on return MAX A QUATTROMANI	Business or activity to which this form relates From K-1 (1120S): 01	Identifying number 302-70-4723
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**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
From Schedule K-1(s)			3,700
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	3,700
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	3,700
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	215,305
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	3,700
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

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

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,700
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2015)