

Form **1120S****U.S. Income Tax Return for an S Corporation**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.  
Information about Form 1120S and its separate instructions is at [www.irs.gov/form1120s](http://www.irs.gov/form1120s).

**2015**

For calendar year 2015 or tax year beginning , 2015, ending

<b>A</b> S election effective date 02/11/96	<b>TYPE OR PRINT</b>	Name <b>DALE'S PROPERTIES &amp; INVESTMENTS, INC.</b>	<b>D</b> Employer identification number 65-0639916
<b>B</b> Business activity code number (see Instrs) 531120		Number, street, and room or suite no. If a P.O. box, see instructions. 5604 NW 108thth Terr.	<b>E</b> Date incorporated 02/11/96
<b>C</b> Check if Schedule M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code Pompano Beach FL 33076	<b>F</b> Total assets (see instructions) \$ 1,693,041.

**G** Is the corporation electing to be an S corporation beginning with this tax year? Yes ☐ No ☒ If 'Yes,' attach Form 2553 if not already filed

**H** Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change  
(4) ☐ Amended return (5) ☐ S election termination or revocation

**I** Enter the number of shareholders who were shareholders during any part of the tax year . . . . . 1**Caution.** Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

<b>INCOME</b>	<b>1 a</b> Gross receipts or sales . . . . .	<b>1 a</b>	
	<b>b</b> Returns and allowances . . . . .	<b>1 b</b>	
	<b>c</b> Balance. Subtract line 1b from line 1a . . . . .	<b>1 c</b>	
	<b>2</b> Cost of goods sold (attach Form 1125-A) . . . . .	<b>2</b>	
	<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b>	
	<b>4</b> Net gain (loss) from Form 4797, line 17 (attach Form 4797) . . . . .	<b>4</b>	
<b>5</b> Other income (loss) (see instrs — att statement) . . . . .	<b>5</b>	107,980.	
<b>6</b> <b>Total income (loss).</b> Add lines 3 through 5. . . . .	<b>6</b>	107,980.	
<b>DEDUCTIONS SEE INSTRUCTIONS</b>	<b>7</b> Compensation of officers (see instructions - attach Form 1125-E) . . . . .	<b>7</b>	
	<b>8</b> Salaries and wages (less employment credits) . . . . .	<b>8</b>	
	<b>9</b> Repairs and maintenance . . . . .	<b>9</b>	34,334.
	<b>10</b> Bad debts . . . . .	<b>10</b>	0.
	<b>11</b> Rents . . . . .	<b>11</b>	
	<b>12</b> Taxes and licenses . . . . .	<b>12</b>	20,234.
	<b>13</b> Interest . . . . .	<b>13</b>	
	<b>14</b> Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562) . . . . .	<b>14</b>	56,197.
	<b>15</b> Depletion ( <b>Do not deduct oil and gas depletion.</b> ) . . . . .	<b>15</b>	
	<b>16</b> Advertising . . . . .	<b>16</b>	
	<b>17</b> Pension, profit-sharing, etc, plans . . . . .	<b>17</b>	
<b>18</b> Employee benefit programs . . . . .	<b>18</b>		
<b>19</b> Other deductions (attach statement) . . . . .	<b>19</b>		
<b>20</b> <b>Total deductions.</b> Add lines 7 through 19 . . . . .	<b>20</b>	110,765.	
<b>21</b> <b>Ordinary business income (loss).</b> Subtract line 20 from line 6 . . . . .	<b>21</b>	-2,785.	
<b>TAX AND PAYMENTS</b>	<b>22 a</b> Excess net passive income or LIFO recapture tax (see instructions) . . . . .	<b>22 a</b>	
	<b>b</b> Tax from Schedule D (Form 1120S) . . . . .	<b>22 b</b>	
	<b>c</b> Add lines 22a and 22b (see instructions for additional taxes) . . . . .	<b>22 c</b>	
	<b>23 a</b> 2015 estimated tax payments and 2014 overpayment credited to 2015 . . . . .	<b>23 a</b>	
	<b>b</b> Tax deposited with Form 7004 . . . . .	<b>23 b</b>	0.
	<b>c</b> Credit for federal tax paid on fuels (attach Form 4136) . . . . .	<b>23 c</b>	
	<b>d</b> Add lines 23a through 23c . . . . .	<b>23 d</b>	0.
	<b>24</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . .	<b>24</b>	
	<b>25</b> <b>Amount owed.</b> If line 23d is smaller than the total of lines 22c and 24, enter amount owed . . . . .	<b>25</b>	0.
	<b>26</b> <b>Overpayment.</b> If line 23d is larger than the total of lines 22c and 24, enter amount overpaid . . . . .	<b>26</b>	
<b>27</b> Enter amount from line 26 <b>Credited to 2016 estimated tax</b> . . . . .	<b>27</b>		

**Sign Here**

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title **President**

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature **John A Partica** Date **08/27/16** Check ☐ if self-employed PTIN **P00234749**

Firm's name **DRJ 1040 NV, INC.** Firm's EIN **27-0819416**

Firm's address **5303 East Twain Ave #156** Phone no. **(888) 677-9445**

**Las Vegas NV 89122**

**BAA For Paperwork Reduction Act Notice, see separate instructions.**

SPSA0112 08/13/15

Form **1120S** (2015)



**Schedule B Other Information** (see instructions)

					Yes	No
1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____						
2 See the instructions and enter the:						
a Business activity. ▶ <u>Real Estate</u> b Product or service. ▶ <u>Residential</u>						
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation . . . . .						X
4 At the end of the tax year, did the corporation:						
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below . . . . .						X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100% Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below . . . . .						X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum % Owned in Profit, Loss, or Capital		
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? . . . . .						X
If "Yes," complete lines (i) and (ii) below.						
(i) Total shares of restricted stock . . . . . ▶ _____						
(ii) Total shares of non-restricted stock . . . . . ▶ _____						
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? . . . . .						X
If "Yes," complete lines (i) and (ii) below.						
(i) Total shares of stock outstanding at the end of the tax year . . . . . ▶ _____						
(ii) Total shares of stock outstanding if all instruments were executed . . . . . ▶ _____						
6 Has this corporation filed, or is it required to file, <b>Form 8918</b> , Material Advisor Disclosure Statement, to provide information on any reportable transaction? . . . . .						X
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . . . <input type="checkbox"/> If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.						
8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) . . . . . ▶ \$ _____						
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year. . . . . \$ _____						
10 Does the corporation satisfy both of the following conditions?						
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000 . . . . .						
b The corporation's total assets at the end of the tax year were less than \$250,000 . . . . .						X
If "Yes," the corporation is not required to complete Schedules L and M-1.						
11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? . . . . .						X
If "Yes," enter the amount of principal reduction \$ _____						
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions . . . . .						X
13 a Did the corporation make any payments in 2015 that would require it to file Form(s) 1099? . . . . .						X
b If "Yes," did the corporation file or will it file required Forms 1099? . . . . .						

Form 1120S (2015)



**Schedule K Shareholders' Pro Rata Share Items****Total amount**

<b>Income (Loss)</b>	1	Ordinary business income (loss) (page 1, line 21)	1	-2,785.
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss)	3a	
	b	Expenses from other rental activities (attach statement)	3b	
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Interest income	4	
	5	Dividends: a Ordinary dividends	5a	
	b	Qualified dividends	5b	
	6	Royalties	6	
	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b	Collectibles (28%) gain (loss)	8b	
	c	Unrecaptured section 1250 gain (attach statement)	8c	
	9	Net section 1231 gain (loss) (attach Form 4797)	9	
	10	Other income (loss) (see instructions) . . . . . Type ▶	10	
<b>Deductions</b>	11	Section 179 deduction (attach Form 4562)	11	
	12a	Charitable contributions	12a	
	b	Investment interest expense	12b	
	c	Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c (2)	
	d	Other deductions (see instructions) . . . Type ▶	12d	
<b>Credits</b>	13a	Low-income housing credit (section 42(j)(5))	13a	
	b	Low-income housing credit (other)	13b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d	Other rental real estate credits (see instrs) Type ▶	13d	
	e	Other rental credits (see instrs) Type ▶	13e	
	f	Biofuel producer credit (attach Form 6478)	13f	
	g	Other credits (see instructions) . . . . . Type ▶	13g	
<b>Foreign Transactions</b>	14a	Name of country or U.S. possession ▶		
	b	Gross income from all sources	14b	
	c	Gross income sourced at shareholder level	14c	
		Foreign gross income sourced at corporate level		
	d	Passive category	14d	
	e	General category	14e	
	f	Other (attach statement)	14f	
		Deductions allocated and apportioned at shareholder level		
	g	Interest expense	14g	
	h	Other	14h	
		Deductions allocated and apportioned at corporate level to foreign source income		
	i	Passive category	14i	
	j	General category	14j	
	k	Other (attach statement)	14k	
	Other information			
l	Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l		
m	Reduction in taxes available for credit (attach statement)	14m		
n	Other foreign tax information (attach statement)			
<b>Alternative Minimum Tax (AMT) Items</b>	15a	Post-1986 depreciation adjustment	15a	0.
	b	Adjusted gain or loss	15b	
	c	Depletion (other than oil and gas)	15c	
	d	Oil, gas, and geothermal properties — gross income	15d	
	e	Oil, gas, and geothermal properties — deductions	15e	
	f	Other AMT items (attach statement)	15f	
<b>Items Affecting Shareholder Basis</b>	16a	Tax-exempt interest income	16a	
	b	Other tax-exempt income	16b	
	c	Nondeductible expenses	16c	
	d	Distributions (attach stmt if required) (see instrs)	16d	
	e	Repayment of loans from shareholders	16e	







**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return****Note.** The corporation may be required to file Schedule M-3 (see instructions)

<b>1</b> Net income (loss) per books . . . . .	-2,785.	<b>5</b> Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
<b>2</b> Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		<b>a</b> Tax-exempt interest \$	
<b>3</b> Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14l (itemize):		<b>6</b> Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize):	
<b>a</b> Depreciation . . . . \$		<b>a</b> Depreciation . . \$	
<b>b</b> Travel and entertainment \$		<b>7</b> Add lines 5 and 6 . . . . .	
<b>4</b> Add lines 1 through 3 . . . . .	-2,785.	<b>8</b> Income (loss) (Schedule K, ln 18). Ln 4 less ln 7 . .	-2,785.

**Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)**

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
<b>1</b> Balance at beginning of tax year . . . . .	-24,110.		
<b>2</b> Ordinary income from page 1, line 21 . . . . .			
<b>3</b> Other additions . . . . .			
<b>4</b> Loss from page 1, line 21 . . . . .	2,785.		
<b>5</b> Other reductions . . . . .			
<b>6</b> Combine lines 1 through 5 . . . . .	-26,895.		
<b>7</b> Distributions other than dividend distributions . . . . .			
<b>8</b> Balance at end of tax year. Subtract line 7 from line 6 . . . . .	-26,895.		

SPSA0134 08/13/15

Form 1120S (2015)



**Schedule K-1**  
**(Form 1120S)**

Department of the Treasury  
Internal Revenue Service

**2015**

For calendar year 2015, or tax  
year beginning \_\_\_\_\_, 2015  
ending \_\_\_\_\_, 2015

☐ Final K-1

☐ Amended K-1

671113  
OMB No. 1545-0123

**Shareholder's Share of Income, Deductions, Credits, etc.** ▶ See page 2 of form and separate instructions.

<b>Part I Information About the Corporation</b>	
<b>A</b> Corporation's employer identification number	65-0639916
<b>B</b> Corporation's name, address, city, state, and ZIP code	DALE'S PROPERTIES & INVESTMENTS, INC. 5604 NW 108thth Terr. Pompano Beach, FL 33076
<b>C</b> IRS Center where corporation filed return	Cincinnati, OH 45999-0013
<b>Part II Information About the Shareholder</b>	
<b>D</b> Shareholder's identifying number	592-12-5349
<b>E</b> Shareholder's name, address, city, state, and ZIP code	Dale Saunders 4351 NW 101st Dr Pompano Beach, FL 33065
<b>F</b> Shareholder's percentage of stock ownership for tax year. . . . .	100.00000 %

<b>Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items</b>			
<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	-2,785.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		<b>A</b>	0.
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
<b>12</b>	Other deductions		
		<b>17</b>	Other information

\*See attached statement for additional information.



This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

	Code	Report on
<b>1 Ordinary business income (loss).</b> Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:		
Passive loss		See the Shareholder's Instructions
Passive income		Schedule E, line 28, column (g)
Nonpassive loss		Schedule E, line 28, column (h)
Nonpassive income		Schedule E, line 28, column (i)
<b>2 Net rental real estate income (loss)</b>		See the Shareholder's Instructions
<b>3 Other net rental income (loss)</b>		
Net income		Schedule E, line 28, column (g)
Net loss		See the Shareholder's Instructions
<b>4 Interest income</b>		Form 1040, line 8a
<b>5a Ordinary dividends</b>		Form 1040, line 9a
<b>5b Qualified dividends</b>		Form 1040, line 9b
<b>6 Royalties</b>		Schedule E, line 4
<b>7 Net short-term capital gain (loss)</b>		Schedule D, line 5
<b>8a Net long-term capital gain (loss)</b>		Schedule D, line 12
<b>8b Collectibles (28%) gain (loss)</b>		28% Rate Gain Worksheet, line 4 (Schedule D instructions)
<b>8c Unrecaptured section 1250 gain</b>		See the Shareholder's Instructions
<b>9 Net section 1231 gain (loss)</b>		See the Shareholder's Instructions
<b>10 Other income (loss)</b>		
Code		
A Other portfolio income (loss)		See the Shareholder's Instructions
B Involuntary conversions		See the Shareholder's Instructions
C Sec. 1256 contracts and straddles		Form 6781, line 1
D Mining exploration costs recapture		See Pub 535
E Other income (loss)		See the Shareholder's Instructions
<b>11 Section 179 deduction</b>		See the Shareholder's Instructions
<b>12 Other deductions</b>		
A Cash contributions (50%)		See the Shareholder's Instructions
B Cash contributions (30%)		
C Noncash contributions (50%)		
D Noncash contributions (30%)		
E Capital gain property to a 50% organization (30%)		
F Capital gain property (20%)		
G Contributions (100%)		
H Investment interest expense		Form 4952, line 1
I Deductions — royalty income		Schedule E, line 19
J Section 59(e)(2) expenditures		See the Shareholder's Instructions
K Deductions — portfolio (2% floor)		Schedule A, line 23
L Deductions — portfolio (other)		Schedule A, line 28
M Preproductive period expenses		See the Shareholder's Instructions
N Commercial revitalization deduction from rental real estate activities		See Form 8582 instructions
O Reforestation expense deduction		See the Shareholder's Instructions
P Domestic production activities information		See Form 8903 instructions
Q Qualified production activities income		Form 8903, line 7b
R Employer's Form W-2 wages		Form 8903, line 17
S Other deductions		See the Shareholder's Instructions
<b>13 Credits</b>		
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings		See the Shareholder's Instructions
B Low-income housing credit (other) from pre-2008 buildings		
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings		
D Low-income housing credit (other) from post-2007 buildings		
E Qualified rehabilitation expenditures (rental real estate)		
F Other rental real estate credits		
G Other rental credits		
H Undistributed capital gains credit		Form 1040, line 73, box a
I Biofuel producer credit		
J Work opportunity credit		
K Disabled access credit		See the Shareholder's Instructions
L Empowerment zone employment credit		
M Credit for increasing research activities		
<b>14 Foreign transactions</b>		
A Name of country or U.S. possession		Form 1116, Part I
B Gross income from all sources		
C Gross income sourced at shareholder level		
Foreign gross income sourced at corporate level		
D Passive category		Form 1116, Part I
E General category		
F Other		
Deductions allocated and apportioned at shareholder level		
G Interest expense		Form 1116, Part I
H Other		Form 1116, Part I
Deductions allocated and apportioned at corporate level to foreign source income		
I Passive category		Form 1116, Part I
J General category		
K Other		
Other information		
L Total foreign taxes paid		Form 1116, Part II
M Total foreign taxes accrued		Form 1116, Part II
N Reduction in taxes available for credit		Form 1116, line 12
O Foreign trading gross receipts		Form 8873
P Extraterritorial income exclusion		Form 8873
Q Other foreign transactions		See the Shareholder's Instructions
<b>15 Alternative minimum tax (AMT) items</b>		
A Post-1986 depreciation adjustment		
B Adjusted gain or loss		See the Shareholder's Instructions and the instructions for Form 6251
C Depletion (other than oil & gas)		
D Oil, gas, & geothermal — gross income		
E Oil, gas, & geothermal — deductions		
F Other AMT items		
<b>16 Items affecting shareholder basis</b>		
A Tax-exempt interest income		Form 1040, line 8b
B Other tax-exempt income		
C Nondeductible expenses		See the Shareholder's Instructions
D Distributions		
E Repayment of loans from shareholders		
<b>17 Other information</b>		
A Investment income		Form 4952, line 4a
B Investment expenses		Form 4952, line 5
C Qualified rehabilitation expenditures (other than rental real estate)		See the Shareholder's Instructions
D Basis of energy property		See the Shareholder's Instructions
E Recapture of low-income housing credit (section 42(j)(5))		Form 8611, line 8
F Recapture of low-income housing credit (other)		Form 8611, line 8
G Recapture of investment credit		See Form 4255
H Recapture of other credits		See the Shareholder's Instructions
I Look-back interest — completed long-term contracts		See Form 8897
J Look-back interest — income forecast method		See Form 8866
K Dispositions of property with section 179 deductions		
L Recapture of section 179 deduction		
M Section 453(l)(3) information		
N Section 453A(c) information		
O Section 1260(b) information		
P Interest allocable to production expenditures		See the Shareholder's Instructions
Q CCF nonqualified withdrawals		
R Depletion information — oil and gas		
S Reserved		
T Section 108(i) information		
U Net investment income		
V Other information		



Form **4562****Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury  
Internal Revenue Service

(99)

Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).**2015**Attachment  
Sequence No. **179**

Name(s) shown on return

DALE'S PROPERTIES &amp; INVESTMENTS, INC.

Business or activity to which this form relates

Identifying number

65-0639916

Form 1120S Line 21

**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	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

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	15,818.
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	01/15	316,954.	39 yrs	MM	S/L	40,379.

**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	56,197.
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	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDI20812 10/27/15

Form **4562** (2015)



**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A — Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No									24 b If 'Yes,' is the evidence written? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .								25		
26 Property used more than 50% in a qualified business use:										
27 Property used 50% or less in a qualified business use:										
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .								28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								29		

**Section B — Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles) . . . . .						
31 Total commuting miles driven during the year . . . . .						
32 Total other personal (noncommuting) miles driven . . . . .						
33 Total miles driven during the year. Add lines 30 through 32 . . . . .						
	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours? . . . . .						
35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .						
36 Is another vehicle available for personal use? . . . . .						

**Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
39 Do you treat all use of vehicles by employees as personal use? . . . . .		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2015 tax year (see instructions):					
43 Amortization of costs that began before your 2015 tax year . . . . .					43
44 Total. Add amounts in column (f). See the instructions for where to report . . . . .					44



**Application for Automatic Extension of Time To File Certain  
Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

► File a separate application for each return.

► Information about Form 7004 and its separate instructions is at [www.irs.gov/form7004](http://www.irs.gov/form7004).**Print  
or  
Type**

Name

Identifying number

DALE'S PROPERTIES &amp; INVESTMENTS, INC.

65-0639916

Number, street, and room or suite number. (If P.O. box, see instructions.)

5604 NW 108thth Terr.

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).

Pompano Beach

FL 33076

**Note.** File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form.**Part I Automatic 5-Month Extension****1 a** Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate other than a bankruptcy estate)	04
Form 8804	31	Form 1041 (trust)	05

**Part II Automatic 6-Month Extension****b** Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8612	28
Form 1120-C	34	Form 8613	29
Form 1120-F	15	Form 8725	30
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36

**2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐**3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐  
If checked, attach a statement, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.**Part III All Filers Must Complete This Part****4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐**5 a** The application is for calendar year 20 15, or tax year beginning \_\_\_\_\_, 20 \_\_, and ending \_\_\_\_\_, 20 \_\_**b Short tax year.** If this tax year is less than 12 months, check the reason:☐ Change in accounting period☐ Consolidated return to be filed☐ Initial return☐ Final return☐ Other (see instructions — attach explanation)**6** Tentative total tax 6 0.**7** Total payments and credits (see instructions) 7 0.**8** Balance due. Subtract line 7 from line 6 (see instructions) 8 0.**BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**Form **7004** (Rev 12-2012)



Name

DALE'S PROPERTIES &amp; INVESTMENTS, INC.

Social Security Number

65-0639916

**Prepare Form 7004 for Electronic Filing**Extension accepted (will be blanked if extension not previously transmitted) ..... ☒**Signature of Officer**

Officer's Name .....

Officer's Title .....

Signature Date .....

**Electronic Funds Withdrawal - Amount paid with Form 7004****NOTE** - A Practitioner PIN is required for Form 7004 efile if using electronic funds withdrawal

Enter the payment date to withdraw tax payment .....

**Practitioner PIN information for Form 7004****NOTE** - A Practitioner PIN is required for Form 7004 efile if using electronic funds withdrawal

Please indicate how the Officer PIN is entered into the program.

Officer entered PIN ..... ☐ERO entered Officer's PIN ..... ☐

ERO's Practitioner PIN (EFIN followed by any 5 numbers) ..... EFIN ..... Self-Select PIN .....

**ERO Declaration:** I certify that the above numeric entry is my PIN, which is my signature to authorize submission of the electronic application for extension and electronic funds withdrawal for the corporation indicated above. I confirm that I am submitting application for extension in accordance with the requirements of the Practitioner PIN method and Publications 4163, *Modernized e-File Information for Authorized IRS e-file Providers*, and 3112, *IRS e-file Application and Participation*.

**Perjury Statement:** Under penalties of perjury, I declare that I have been authorized by the above taxpayer to make this authorization and that I have examined a copy of the taxpayer's electronic extension (Form 7004) for the tax period indicated above and to the best of my knowledge and belief, it is true, correct, and complete.

**Consent to disclosure:** I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

**Electronic Funds Withdrawal Consent (if applicable):** I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's Federal taxes owed on Form 7004, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution 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 certify that I have the authority to execute this consent on behalf of the organization. I am signing this Disclosure Consent by entering my self-selected PIN below.**

Date .....

Officer's PIN (enter any 5 numbers) .....



Form **8879-S****IRS e-file Signature Authorization for Form 1120S**

OMB No. 1545-0123

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-S and its instructions is at [www.irs.gov/form8879s](http://www.irs.gov/form8879s).**2015**Department of the Treasury  
Internal Revenue Service

For calendar year 2015, or tax year beginning \_\_\_\_\_, 2015, ending \_\_\_\_\_.

Name of corporation

Employer identification number

DALE'S PROPERTIES &amp; INVESTMENTS, INC.

65-0639916

**Part I Tax Return Information (Whole dollars only)**

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c) . . . . .	1	
2	Gross profit (Form 1120S, line 3) . . . . .	2	
3	Ordinary business income (loss) (Form 1120S, line 21) . . . . .	3	-2,785.
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2) . . . . .	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18) . . . . .	5	-2,785.

**Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)**

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2015 electronic income tax return and accompanying schedules and statements 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 shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's 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 electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 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 have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☐ I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature  
ERO firm name do not enter all zeros  
on the corporation's 2015 electronically filed income tax return.

☒ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2015 electronically filed income tax return.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_ Title ▶ President**Part III Certification and Authentication**ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN . . . . . 88334082045  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 3112, IRS e-file Application and Participation, and Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 08/27/16

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

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-S (2015)



**S Corporation Information Worksheet****2015**

► Keep for your records

**Part I – Identifying Information**

Employer Identification Number . . . 65-0639916 Date Incorporated . . . . . 02/11/1996  
Name . . . . . DALE'S PROPERTIES & INVESTMENTS, INC.  
Doing Business As . . . . . \_\_\_\_\_  
Address . . . . . 5604 NW 108th Terr.  
City . . . . . Pompano Beach State FL ZIP Code 33076  
  
Foreign Province/State \_\_\_\_\_ Foreign Postal Code . . . \_\_\_\_\_  
Foreign Code . . . . . \_\_\_\_\_ Foreign Country . . . \_\_\_\_\_  
  
Telephone Number . . . . . \_\_\_\_\_ Extension . . . . . \_\_\_\_\_  
Fax Number . . . . . \_\_\_\_\_ E-Mail Address . . . . . \_\_\_\_\_  
Tax Shelter Registration Number . . . . . \_\_\_\_\_

☐ Eligible for qualified disaster area tax relief benefits**Part II – Tax Year and Filing Information**

☒ Calendar year  
☐ Fiscal year — Ending month . . . . . \_\_\_\_\_  
☐ Short year — Beginning date . . . . . \_\_\_\_\_ Ending date . . . . . \_\_\_\_\_  
  
☒ Enrolled in the Electronic Federal Tax Payment System (EFTPS)  
IRS Service Center where S Corporation return is filed . . . . . Cincinnati, OH 45999-0013

**Part III – 2015 1120S Corporation Estimated Tax Paid**

Amount of 2014 overpayment credited to 2015 estimated tax . . . . .			
Payment Quarters	Due Date	Date Paid	Amount Paid
First Quarter Payment . . . . .	04/15/15		
Second Quarter Payment . . . . .	06/15/15		
Third Quarter Payment . . . . .	09/15/15		
Fourth Quarter Payment . . . . .	12/15/15		
Additional Payment 1			
Additional Payment 2			
Additional Payment 3			
Additional Payment 4			

**Part IV – K-1 Information****K-1 Rounding Options**

- ☒ Distribute the rounding difference to shareholder with the largest percentage.  
☐ Distribute the rounding difference among shareholders.  
☐ Do not distribute the rounding difference to any shareholder.

**Print Schedules K-1 with tax return?**

- ☒ Yes  
☐ No

**Include page 2 of Schedules K-1 (codes and descriptions) with tax return?**

- ☒ Yes  
☐ No



**Part V – Electronic Filing Information****Electronic Filing:**

- ☒ Check this box to file the federal return electronically  
☐ Check this box to file the state(s) electronically

\* Select the state or states to file electronically. (Multiple states can be entered)

State(s) *

- ☐ File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Practitioner PIN program:**

- ☒ Check this box to sign this return electronically using the Practitioner PIN  
☐ ERO entered PIN

Officer's PIN (enter any 5 numbers) . . . . . 82045

Date PIN entered . . . . . 03/12/2016

**Information required for Electronic Filing:**

Officer's Name . . . . . Dale Saunders

Officer's Name for EF . . . . . Dale Saunders

QuickZoom to the Electronic Filing Information Worksheet . . . . . ▶

**Electronic Filing of Extensions:**

- ☒ Check this box to file federal **Form 7004** (application for extension of time to file return) electronically  
☐ Check this box to file the state extension(s) electronically:

(CT, FL, LA, MA, MD, NJ, NY, PA, TN & TX Extensions: UT Extension Payment )

\* Select the state or states to file electronically. (Multiple states can be entered)

State(s) *

**Electronic Filing of Estimated Payments:**

- ☐ Check this box to file the state estimated payments electronically

\* Select the estimated quarterly payment to file electronically. (Multiple quarters can be entered)

State(s) *

**Electronic Filing of Amended Return:**

- ☐ Check this box to file a federal **amended return** electronically  
☐ Check this box to file the state and/or city amended return(s) electronically

\* Select the state and/or city amended return(s) to file electronically.

State/City *

- ☐ File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically



**Part VI – Direct Deposit or Electronic Funds Withdrawal Information**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does client want to use <b>direct deposit</b> of any <b>federal tax refund</b> ?
<input type="checkbox"/>	<input type="checkbox"/>	Does client want to use <b>electronic funds withdrawal</b> of <b>federal balance due</b> (EF only)?
<input type="checkbox"/>	<input type="checkbox"/>	Does client want to use <b>electronic funds withdrawal</b> of <b>Form 7004 balance due</b> (EF only)?
<input type="checkbox"/>	<input type="checkbox"/>	Use <b>electronic funds withdrawal</b> of <b>amended return balance due</b> (EF only)?

If any options selected above, enter information below, **(Review transferred information for accuracy)**

**Bank Information**

Name of Financial Institution (optional) . . . \_\_\_\_\_

Check the appropriate box . . . . . ☐ Checking ☐ Savings

Routing number . . . . . \_\_\_\_\_

Account number . . . . . \_\_\_\_\_

**Payment Information**

Enter the payment date to withdraw tax payment . . . . . \_\_\_\_\_

Balance due amount from this return . . . . . \_\_\_\_\_

Enter an amount to withdraw tax payment . . . . . \_\_\_\_\_

If partial payment is made, the remaining balance due . . . . . \_\_\_\_\_

**QuickZoom** here to Form 1120S, Pages 1 and 2 . . . . . ►

**QuickZoom** here to Schedule K-1 Worksheet . . . . . ►

**QuickZoom** here to Client Status . . . . . ►

spsw3501.SCR 09/18/15



Name DALE'S PROPERTIES & INVESTMENTS, INC.		Employer Identification No. 65-0639916
1	Accounting . . . . .	1
2	Amortization . . . . .	2
3	Automobile and truck expense . . . . .	3
4	Bank charges . . . . .	4
5	Cleaning . . . . .	5
6	Commissions . . . . .	6
7	Computer services and supplies . . . . .	7
8	Credit and collection costs . . . . .	8
9	Delivery and freight . . . . .	9
10	Discounts . . . . .	10
11	Dues and subscriptions . . . . .	11
12	Equipment rent . . . . .	12
13	Gifts . . . . .	13
14	Insurance . . . . .	14
15	Janitorial . . . . .	15
16	Laundry and cleaning . . . . .	16
17	Legal and professional . . . . .	17
18 a	Meals and entertainment, subject to 50% limit	18 a
b	Meals and entertainment, subject to 80% limit	b
c	Meals and entertainment, allowed at 100%	c
d	Less disallowed	d
e	Meals and entertainment, net	18 e
19	Miscellaneous . . . . .	19
20	Office expense . . . . .	20
21	Outside services/independent contractors . . . . .	21
22	Parking fees and tolls . . . . .	22
23	Permits and fees . . . . .	23
24	Postage . . . . .	24
25	Printing . . . . .	25
26	Security . . . . .	26
27	Supplies . . . . .	27
28	Telephone . . . . .	28
29	Tools . . . . .	29
30	Training/continuing education . . . . .	30
31	Travel . . . . .	31
32	Uniforms . . . . .	32
33	Utilities . . . . .	33
34	Total farm expenses (Schedule F, Line 33) . . . . .	34
35	Other (itemize): Pest control	35
36	Total to Form 1120S, page 1, line 19 . . . . .	36



► Keep for your records

Name  
DALE'S PROPERTIES & INVESTMENTS, INC.

Employer Identification No.  
65-0639916

Income Items:	Description	Per Books	Per Tax Return	Difference (Book - Tax)
<i>Permanent items (tax-exempt income):</i>				
Tax-exempt interest — in state:				
	Direct Entry From K-1s			
	Tax-exempt interest — out of state			
	Life insurance proceeds			
	Other permanent income items:			
	Gain (Loss) on disposition of Section 179 assets			
	Alcohol used as fuel credit included in income			
<i>Timing (temporary) items:</i>				
	Unearned rent income			
	Unearned income			
	Gain on sale of assets			
	Installment sale income			
	Fuels tax credit included in income			
	Other timing income items:			
	Total			
<i>Expense Items:</i>				
Description				
<i>Permanent items (nondeductible expenses):</i>				
	Disallowed meals and entertainment			
	Employment credits wage reduction			
	Federal underpayment penalty			
	State underpayment penalty			
	Other fines and penalties			
	Officers' life insurance premiums			
	Interest paid to carry tax-exempt investments			
	Payroll Taxes for Employer SS Tax on Tips Credit			
	Employee benefit reduction credit from Form 8845			
	Small employer pension plan startup costs credit from Form 8881			
	Credit for Small Employer Health Ins Premiums from Form 8941			
	Other expenses related to tax-exempt income			
	Other permanent expense items:			
	Lease inclusion amount - enter as a negative			
<i>Timing (temporary) items:</i>				
	Depreciation and Section 179 expense		56,197.	
	Amortization			
	Depletion other than oil and gas			
	Loss on sale of assets			
	Organizational costs			
	Bad debt expense		0.	
	Prepaid expenses			
	Other timing expense items:			
	Total		56,197.	



► Keep for your records

2015

Name as Shown on Return DALE'S PROPERTIES & INVESTMENTS, INC.	Employer Identification No. 65-0639916
--	---

### Analysis of Retained Earnings Accounts

Description	Accumulated adjustments account	Other adjustments account	Shareholders' undistributed taxable income	Accumulated tax/book timing differences	Retained earnings while a C Corporation	Total
Balance at beginning of year . . .	-24110					-24110
<b>Ordinary income (loss) . . .</b>	<b>-2785</b>					
Schedule K additions (Income/Gains):  						
Schedule K reductions (Losses/Deductions):  						
Income — Tax exempt . . . . .						
Deductions — Exempt related . . . . .						
Schedule M-1 additions:  						
Schedule M-1 reductions:  						
Net adjustment for year . . . . .	-2785					
Net income(loss) per books . . .						-2785
Subtotal . . . . .	-26895					-26895
AAA without net negative adj. . . .	-24110					
Distributions . . . . .						
Dividends . . . . .						
Balance at end of tax year . . . .	-26895					-26895



## 2015

65-0639916

[illegible]

Page 1 of 1



## 2015

► Tax Year 2015  
► Keep for your records

65-0639916

[illegible]

Page 1 of 1



► Keep for your records.

Name of Corporation <b>DALE'S PROPERTIES &amp; INVESTMENTS, INC.</b>				Employer Identification Number <b>65-0639916</b>		
Ordinary Income (Loss)	2015		2014		Difference 2015- 2014	
	Amount	% of Total Income	Amount	% of Total Income	Amount	%
<b>1 a</b> Gross receipts or sales . . . . .			207,628.		-207,628.	-100.00
<b>b</b> Less returns and allowances . . . . .						
<b>c</b> Net receipts . . . . . ►			207,628.		-207,628.	-100.00
<b>2</b> Cost of goods sold (Form 1125-A) . . . . .						
<b>3</b> Gross profit . . . . . ►			207,628.		-207,628.	-100.00
<b>4</b> Net gain or loss (Form 4797) . . . . .						
<b>5</b> Other income . . . . .	107,980.				107,980.	
<b>6</b> Total income (loss) . . . . . ►	107,980.	100.00	207,628.	100.00	-99,648.	-47.99
<b>Deductions</b>						
<b>7</b> Compensation of officers . . . . .		0.00		0.00		
<b>8</b> Salaries and wages (less employment credits) . . . . .		0.00		0.00		
<b>9</b> Repairs and maintenance . . . . .	34,334.	31.80	29,773.	14.34	4,561.	15.32
<b>10</b> Bad debts . . . . .	0.	0.00	3,100.	1.49	-3,100.	-100.00
<b>11</b> Rents . . . . .		0.00		0.00		
<b>12</b> Taxes and licenses . . . . .	20,234.	18.74	18,012.	8.68	2,222.	12.34
<b>13</b> Interest . . . . .		0.00		0.00		
<b>14 a</b> Depreciation (Form 4562) . . . . .	56,197.	52.04	29,091.	14.01	27,106.	93.18
<b>b</b> Depreciation on Schedule A and elsewhere . . . . .		0.00		0.00		
<b>c</b> Net depreciation . . . . .	56,197.	52.04	29,091.	14.01	27,106.	93.18
<b>15</b> Depletion (not oil and gas) . . . . .		0.00		0.00		
<b>16</b> Advertising . . . . .		0.00		0.00		
<b>17</b> Pension, profit-sharing, etc, plans . . . . .		0.00		0.00		
<b>18</b> Employee benefit programs . . . . .		0.00		0.00		
<b>19</b> Other deductions . . . . .		0.00	48,936.	23.57	-48,936.	-100.00
<b>20</b> Total deductions . . . . . ►	110,765.	102.58	128,912.	62.09	-18,147.	-14.08
<b>21</b> Ordinary income (loss) from trade/business . . . . . ►	-2,785.	-2.58	78,716.	37.91	-81,501.	-103.54
<b>Tax</b>						
<b>22 a</b> Excess net passive income tax or LIFO recapture . . . . .		0.00		0.00		
<b>b</b> Tax from Schedule D . . . . .		0.00		0.00		
Additional taxes . . . . .		0.00		0.00		
<b>c</b> Total tax . . . . . ►		0.00		0.00		
<b>Tax Payments and Credits</b>						
<b>23 d</b> Total payments and credits . . . . .	0.	0.00	0.	0.00	0.	
<b>24</b> Estimated tax penalty . . . . .		0.00		0.00		
<b>25</b> Tax due . . . . .	0.	0.00	0.	0.00	0.	
<b>26</b> Overpayment . . . . .	0.	0.00	0.	0.00	0.	
<b>Schedule K Items:</b>						
<b>Income (Loss)</b>	2015		2014		Difference 2015 - 2014	
					Amount	%
<b>1</b> Ordinary business income (loss) . . . . .	-2,785.		78,716.		-81,501.	-103.54
<b>2</b> Net rental real estate income (loss) . . . . .						
<b>3</b> Other net rental income (loss) . . . . .						
<b>4</b> Interest income . . . . .						
<b>5 a</b> Dividends — ordinary . . . . .						
<b>b</b> Dividends — qualified . . . . .						
<b>6</b> Royalty income . . . . .						
<b>7</b> Net short-term capital gain (loss) . . . . .						
<b>8</b> Net long-term capital gain (loss) . . . . .						
<b>9</b> Net gain (loss) under section 1231 . . . . .						
<b>10</b> Other income (loss) . . . . .						

SPSW4912 05/14/15



**Schedule K Items (continued):****Deductions**

	2015	2014	Difference 2015 - 2014	
			Amount	%
11 Section 179 expense deduction . . . . .				
12a Charitable contributions . . . . .				
b Interest expense on investment debts . . . . .				
c Section 59(e)(2) expenditures . . . . .				
d Other deductions . . . . .				

**Credits**

13a Low-income housing credit (section 42(j)(5)) . . . . .				
b Low-income housing credit (other) . . . . .				
c Qualified rehabilitation expenditures (rental real estate) . . . . .				
d Other rental real estate credits . . . . .				
e Other rental credits . . . . .				
f Credit for alcohol used as fuel . . . . .				
g Other credits . . . . .				

**Foreign Taxes**

14b Gross income from all sources . . . . .				
c Gross income sourced at shareholder level . . . . .				
<i>Foreign gross income sourced at corporate level:</i>				
d Passive . . . . .				
e Listed categories . . . . .				
f General limitation . . . . .				
<i>Deductions allocated and apportioned at shareholder level:</i>				
g Interest expense . . . . .				
h Other . . . . .				
<i>Deductions allocated and apportioned at corporate level to foreign source income:</i>				
i Passive . . . . .				
j Listed categories . . . . .				
k General limitation . . . . .				
l Foreign taxes paid or accrued . . . . .				
m Reduction in taxes available for credit . . . . .				

**Alternative Minimum Tax (AMT) Items**

15a Post-1986 depreciation adjustment . . . . .	0.	0.	0.	
b Adjusted gain or loss . . . . .				
c Depletion (other than oil and gas) . . . . .				
d Oil, gas, and geothermal properties — gross income . . . . .				
e Oil, gas, and geothermal properties — deductions . . . . .				
f Other AMT items . . . . .				

**Items Affecting Shareholder Basis**

16a Tax-exempt interest income . . . . .				
b Other tax-exempt income . . . . .				
c Nondeductible expenses . . . . .				
d Property distributions . . . . .				
e Repayment of loans from shareholders . . . . .				

**Other Information**

17a Investment income . . . . .				
b Investment expenses . . . . .				
c Dividend distributions paid from E & P . . . . .				
d Income (loss) . . . . .	-2,785.	78,716.	-81,501.	-103.54



# S Corporation Five Year Tax History

2015

► Keep for your records

Name as Shown on Return				Employer Identification No.	
DALE'S PROPERTIES & INVESTMENTS, INC.				65-0639916	
	2011	2012	2013	2014	2015
1 Gross receipts . . . . .			99,989.	207,628.	
2 Cost of sales . . . . .					
3 Gross profit . . . . .			99,989.	207,628.	
4 Net 4797 gain (loss) . . . . .					
5 Other income (loss) . . . . .					107,980.
6 Total income (loss) . . . . .			99,989.	207,628.	107,980.
7 Salaries . . . . .					
8 Depreciation . . . . .			47,923.	29,091.	56,197.
9 Other deductions . . . . .			154,892.	99,821.	54,568.
10 Total deductions . . . . .			-202,815.	-128,912.	-110,765.
11 Business income . . . . .			-102,826.	78,716.	-2,785.
12 Passive investment income . . . . .					
13 Passive investment expense . . . . .					
14 Net passive investment income . . . . .					
15 Excess net passive income tax . . . . .					
16 Tax from Schedule D . . . . .					
17 Additional taxes . . . . .					
18 Tax liability . . . . .					



# IRS e-file Authentication Statement

2015

► Keep for your records

Name(s) Shown on Return <b>DALE'S PROPERTIES &amp; INVESTMENTS, INC.</b>	Employer ID Number <b>65-0639916</b>
---	---

## A – Practitioner PIN Authorization

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer(s) entered PIN(s) . . . . .	<input checked="" type="checkbox"/>
ERO entered Officer's PIN . . . . .	<input type="checkbox"/>

## B – Signature of Electronic Return Originator

### ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the corporation. If the corporation 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 corporation. 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.

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

ERO's PIN (EFIN followed by any 5 numbers) . . . . .	EFIN	883340	Self-Select PIN	82045
--	------	--------	-----------------	-------

## C – Signature of Officer

### Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2015 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

### Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) and acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

### Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's Federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution 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 am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN . . . . .	82045
Date . . . . .	03/12/2016



**Electronic Filing Information Worksheet**

► Keep for your records

**2015**

Name(s) shown on return

DALE'S PROPERTIES &amp; INVESTMENTS, INC.

Identifying number

65-0639916

**Part I – State Electronic Filing:**Check this box to force state only filing for all states selected to be filed electronically ☐**Part II – Electronic Return Originator Information**

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)

enter the EFIN for the ERO that is responsible for this return . . . . . ► 883340

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)

enter a PIN for the ERO that is responsible for filing return . . . . . ►

ERO Name

John A Partica Jr

ERO Electronic Filers Identification Number (EFIN)

883340

ERO Address

2175 W Southern Ave Lot 159

ERO Employer Identification Number

27-0819416

City

Apache Junction

State

AZ

ZIP Code

85120

ERO Social Security Number or PTIN

Country

**Part III – Paid Preparer Information**

Firm Name

DRJ 1040 NV, INC.

Preparer Social Security Number or PTIN

P00234749

Preparer Name

John A Partica

Employer Identification Number

27-0819416

Address

5303 East Twain Ave #156

Phone Number

(888) 677-9445

Fax Number

(888) 677-9445

City

Las Vegas

State

NV

ZIP Code

89122

Country

Preparer E-mail Address

**Part IV – Amended Returns**

Enter the payment date to withdraw tax payment . . . . . ►

Amount you are paying with the amended return . . . . . ►

☐ Check this box to file another federal amended return electronically☐ File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically☐ Check this box to file another state and/or city amended return electronically

\* Select the state and/or city amended return(s) to file electronically.

State/City *	
<input type="checkbox"/>	California State S Corporation
<input type="checkbox"/>	Georgia State S Corporation
<input type="checkbox"/>	Maryland State S Corporation
<input type="checkbox"/>	Massachusetts State S Corporation
<input type="checkbox"/>	Michigan Business Tax
<input type="checkbox"/>	New Jersey State S Corporation
<input type="checkbox"/>	New Jersey State Fiscal S Corporation
<input type="checkbox"/>	New Jersey State Corporation
<input type="checkbox"/>	New Jersey State Fiscal Corporation
<input type="checkbox"/>	New York State S Corporation
<input type="checkbox"/>	New York State Corporation
<input type="checkbox"/>	New York City Corporation
<input type="checkbox"/>	North Carolina State S Corporation
<input type="checkbox"/>	STMT

**Part V – Name Control**

Name Control, enter here to override default . . . . . DALE



Form 1120S, Page 1, Line 5

**Other Income (Loss)**

6 month rental @ \$4500.00=	27,000.
FTL (MUD)	80,980.
Total	107,980.

Schedule K Reconciliation

**Pro Rata Share Items**

Lines 1 thru 18

Shareholder	-1- Ordinary Income	-15a- Deprec. Adjust.	-18- Total Income		
Dale Saunders (100.00%)	-2,785	0	-2,785		
Total	<u>-2,785</u>	<u>0</u>	<u>-2,785</u>		

**Supporting Statement of:**

Two Year Comparison/Line 10 - prior year

Description	Amount
EVICTIION COSTS	3,100.
Total	<u>3,100.</u>

DO NOT FILE



Electronic Info Wks  
Amended Returns

<input type="checkbox"/>	<u>Pennsylvania State S Corporation</u>
<input type="checkbox"/>	<u>Tennessee State Corporation</u>
<input type="checkbox"/>	<u>Vermont State S Corporation</u>
<input type="checkbox"/>	<u>Virginia State S Corporation</u>
<input type="checkbox"/>	<u>West Virginia State S Corporation</u>
<input type="checkbox"/>	<u>Wisconsin Non-Combined Corporation</u>
<input type="checkbox"/>	<u>Wisconsin State S Corporation</u>

DO NOT FILE

## Form 1120S p1-2: Income Tax Return for an S Corporation

**Taxes and Licenses Smart Worksheet**

A	State franchise or income taxes	150.
B	Local property taxes	20,084.
C 1	Payroll taxes	
2	Less: Credit from Form 8846	
D	Other miscellaneous taxes	
E	Licenses	
F	Built-In Gains tax allocated to ordinary income — <b>SEE TAX HELP</b>	
	Click here → Enter amount from tax allocation wks here	

## Form 1120S p1-2: Income Tax Return for an S Corporation

**Depreciation Smart Worksheet**

A	To enter assets, <b>QuickZoom</b> to Asset Entry Worksheet	→
B	To view a calculated report of all depreciation information, <b>QuickZoom</b> to Depreciation Reports	→
C	<b>QuickZoom</b> to Form 4562	→
	Total Depreciation	56,197.
	Depreciation claimed on Form 1125-A and elsewhere on return.	

## Form 1120S p3-5: Income Tax Return for an S Corporation

**Schedule M-1 Smart Worksheet**

To use optional M-1 items worksheet, **QuickZoom** here →  
 Program will complete Schedule M-1, lines 2 through 8, from entries on M-1 items worksheet.

**Computed Net Income (Loss) per books**

A	Income (loss) per return from Schedule K, line 18	-2,785.
B	Income item tax/book differences from M-1 items worksheet	
C	Expense item tax/book differences from M-1 items worksheet	
D	Net tax/book differences (combine lines B and C)	
E	Computed net income (loss) per books (combine lines A and D)	-2,785.
F	Use amount on line E for Schedule M-1, line 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

## Form 7004: Application for Automatic Extension

**Filing Address Smart Worksheet**

Minimum information needed to determine filing address:

Enter two letter state abbreviation for location of principal business, office, or agency. . . . . **FL**

If this return is for a Corporation, an S Corporation, or a Partnership then, are total assets at the end of the tax year \$10 million or more? (If Fiduciary, answer 'No') . . . . ☐ Yes ☒ No

Send Form 7004 to: Filed electronically - do not mail

Cincinnati, OH 45999-0045



August 27, 2016

Dale Saunders  
4351 NW 101St Dr  
Pompano Beach, FL 33065

Dear Dale Saunders,

Enclosed is your 2015 Schedule K-1 (Form 1120S), Shareholder's Share of Income, Credits, Deductions, etc., which has been filed with the 2015 Form 1120S U.S. Income Tax Return for an S Corporation for DALE'S PROPERTIES & INVESTMENTS, INC..

The amounts reported to you on lines 1-17 of the Schedule K-1 (Form 1120S), Shareholder's Share of Income, Credits, Deductions, etc., represent your share of income, credits, deductions, and other information to be reported on the appropriate lines of your tax return. The IRS uses codes on some lines of the Schedule K-1 to identify the item and provide reporting information. These codes are identified on page 2 of the K-1.

Should you have any questions regarding this information, please do not hesitate to call.

Sincerely,

DALE'S PROPERTIES & INVESTMENTS, INC.  
5604 NW 108th Terr.  
Pompano Beach, FL 33076

## Schedule M-1 Items Worksheet

**Schedule M-1 Display Options Smart Worksheet**

Display book and tax return amounts on Schedule M-1 . . . . . ☐

Display only difference amounts on Schedule M-1 . . . . . ☒ X

## Schedule M-1 Items Worksheet

**Book Depreciation and Amortization Options Smart Worksheet**

Are depreciation and amortization for book purposes the same  
as depreciation and amortization for tax purposes? ☐ Yes ☒ No

If No, enter book amounts below. . . . . ☐

## Schedule M-1 Items Worksheet

**Computed Net Income (Loss) Per Books Smart Worksheet**

A	Income(loss) per return (Schedule K, line 18) . . . . .	-2,785.
B	Income item tax/book differences . . . . .	
C	Expense item tax/book differences . . . . .	
D	Net tax/book differences (combine lines B and C) . . . . .	
E	Computed net income (loss) per books (combine lines A and D) . . . . .	-2,785.

## Schedule M-2 / Retained Earnings Wks

**Schedule M-2/Retained Earnings Memo Smart Worksheet****E&P memo information:**

A Dividends paid out of E&P . . . . .

B Ending balance in Earnings and Profits account . . . . .

**Retained Earnings memo information:**

C	Beginning balance in Retained Earnings from Schedule L, Line 24, column b . . . . .	-24,110.
D	Plus Net Income (Loss) . . . . .	-2,785.
E	Less Dividends and Distributions . . . . .	
F	Ending balance in Retained Earnings to Schedule L, Line 24, column d . . . . .	-26,895.
G	Distributions in excess of Retained Earnings . . . . .	



Form **1120S****U.S. Income Tax Return for an S Corporation**

OMB No. 1545-0123

**2016**Department of the Treasury  
Internal Revenue Service▶ Do not file this form unless the corporation has filed or is  
attaching Form 2553 to elect to be an S corporation.▶ Information about Form 1120S and its separate instructions is at [www.irs.gov/form1120s](http://www.irs.gov/form1120s).

For calendar year 2016 or tax year beginning , and ending

A Selection effective date <b>02/11/1996</b>	Name <b>DALE'S PROPERTIES &amp; INVESTMENTS, INC.</b>	D Employer identification number <b>65-0639916</b>
B Business activity code number (see instructions) <b>531120</b>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>250 WEST SUNRISE BOULEVARD</b>	E Date incorporated <b>02/11/1996</b>
C Check if Sch. M-3 attached <input type="checkbox"/>	City or town, state or province, country, and ZIP or foreign postal code <b>FORT LAUDERDALE, FL 33311</b>	F Total assets (see instructions) <b>\$ 2,825,101.</b>

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filedH Check if: (1) ☐ Final return (2) ☐ Name change (3) ☒ Address change (4) ☐ Amended return (5) ☐ S election termination or revocationI Enter the number of shareholders who were shareholders during any part of the tax year **1****Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.**

Income	1 a Gross receipts or sales	b Return and allowances	c Bal. Subtract line 1b from line 1a	1c	
	2 Cost of goods sold (attach Form 1125-A)			2	
	3 Gross profit. Subtract line 2 from line 1c			3	
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4	
	5 Other income (loss) (attach statement)			5	
	6 Total income (loss). Add lines 3 through 5			6	
Deductions (See instructions for limitations)	7 Compensation of officers (see instrs. - attach Form 1125-E)			7	
	8 Salaries and wages (less employment credits)			8	
	9 Repairs and maintenance			9	
	10 Bad debts			10	
	11 Rents			11	
	12 Taxes and licenses	STATEMENT 1		12	9,433.
	13 Interest			13	13,519.
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14	2,220.
	15 Depletion (Do not deduct oil and gas depletion.)			15	
	16 Advertising			16	
	17 Pension, profit-sharing, etc., plans			17	
	18 Employee benefit programs			18	
	19 Other deductions (attach statement)	STATEMENT 2		19	563.
	20 Total deductions. Add lines 7 through 19			20	25,735.
	21 Ordinary business income (loss). Subtract line 20 from line 6			21	-25,735.
Tax and Payments	22 a Excess net passive income or LIFO recapture tax (see instructions)	22a		22c	
	b Tax from Schedule D (Form 1120S)	22b			
	c Add lines 22a and 22b				
	23 a 2016 estimated tax payments and 2015 overpayment credited to 2016	23a		23d	
	b Tax deposited with Form 7004	23b			
	c Credit for federal tax paid on fuels (attach Form 4136)	23c			
	d Add lines 23a through 23c				
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached			24	
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25	
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26	
	27 Enter amount from line 26 Credited to 2017 estimated tax		Refunded	27	

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

Sign Here

Signature of officer

Date

PRESIDENT

Title

May the IRS discuss this return with the preparer shown below (see instr.)?

☒ Yes ☐ No

Print/Type preparer's name <b>EDWARD F. SMITH III, JD</b>	Preparer's signature 	Date <b>1/26/17</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01086155</b>
Firm's name <b>MORRISON, BROWN, ARGIZ &amp; FARRA, LLC</b>	Firm's EIN <b>01-0720052</b>	Phone no. <b>(561) 909-2100</b>		
Firm's address <b>225 NE MIZNER BLVD., SUITE 685 BOCA RATON, FL 33432</b>				

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form **1120S** (2016)



Schedule B Other Information (see instructions)					Yes	No
1 Check accounting method: (a) <input checked="" type="checkbox"/> Cash (b) <input type="checkbox"/> Accrual (c) <input type="checkbox"/> Other (specify) _____						
2 See the instructions and enter the:						
(a) Business activity <b>REAL ESTATE</b> (b) Product or service <b>RESIDENT &amp; COMMERC</b>						
3 At any time during the tax year, was any shareholder in the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation					X	
4 At the end of the tax year, did the corporation:						
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below					X	
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%. Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below					X	
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital		
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? _____					X	
If "yes" complete lines (i) and (ii) below						
(i) Total shares of restricted stock _____						
(ii) Total shares of non-restricted stock _____						
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? _____					X	
If "yes" complete lines (i) and (ii) below						
(i) Total shares of stock outstanding at the end of the tax year _____						
(ii) Total shares of stock outstanding if all instruments were executed _____						
6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide info. on any reportable transaction? ...					X	
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/>						
If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.						
8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years _____					\$	
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year _____					\$	
10 Does the corporation satisfy both of the following conditions?						
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000 _____					X	
b The corporation's total assets at the end of the tax year were less than \$250,000 _____						
If "Yes," the corporation is not required to complete Schedules L and M-1						
11 During the tax year, did the corporation have any non-shareholder debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? _____					X	
If "Yes," enter the amount of principal reduction _____					\$	
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions _____					X	
13a Did the corporation make any payments in 2016 that would require it to file Form(s) 1099? _____					X	
b If "Yes," did the corporation file or will it file all required Forms 1099? _____						

Form 1120S (2016)



Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21) .....	1	-25,735.
	2 Net rental real estate income (loss) (attach Form 8825) .....	2	133,849.
	3a Other gross rental income (loss) ..... 3a		
	b Expenses from other rental activities (attach statement) ..... 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a .....	3c	
	4 Interest income .....	4	
	5 Dividends: a Ordinary dividends .....	5a	
	b Qualified dividends ..... 5b		
	6 Royalties .....	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S)) .....	7	
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S)) .....	8a	
	b Collectibles (28%) gain (loss) ..... 8b		
	c Unrecaptured section 1250 gain (attach statement) ..... 8c		
	9 Net section 1231 gain (loss) (attach Form 4797) .....	9	
	10 Other income (loss) (see instructions) Type ▶	10	
	11 Section 179 deduction (attach Form 4562) .....	11	
	12a Charitable contributions .....	12a	
	b Investment interest expense .....	12b	
	c Section 59(e)(2) expenditures (1) Type ▶		
	(2) Amount ▶	12c(2)	
Credits	d Other deductions (see instructions) Type ▶	12d	
	13a Low-income housing credit (section 42(j)(5)) .....	13a	
	b Low-income housing credit (other) .....	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468) .....	13c	
	d Other rental real estate credits (see instructions) Type ▶	13d	
	e Other rental credits (see instructions) Type ▶	13e	
	f Biofuel producer credit (attach Form 6478) .....	13f	
Foreign Transactions	g Other credits (see instructions) Type ▶	13g	
	14a Name of country or U.S. possession ▶	14b	
	b Gross income from all sources .....	14c	
	c Gross income sourced at shareholder level .....		
	Foreign gross income sourced at corporate level .....	14d	
	d Passive category .....	14e	
	e General category .....	14f	
	f Other (attach statement) .....		
	Deductions allocated and apportioned at shareholder level .....	14g	
	g Interest expense .....	14h	
	h Other .....		
	Deductions allocated and apportioned at corporate level to foreign source income .....	14i	
	i Passive category .....	14j	
	j General category .....	14k	
k Other (attach statement) .....			
Other information .....	14l		
l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued .....	14m		
m Reduction in taxes available for credit (attach statement) .....			
n Other foreign tax information (attach statement) .....			
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment .....	15a	343.
	b Adjusted gain or loss .....	15b	
	c Depletion (other than oil and gas) .....	15c	
	d Oil, gas, and geothermal properties - gross income .....	15d	
	e Oil, gas, and geothermal properties - deductions .....	15e	
	f Other AMT items (attach statement) .....	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income .....	16a	
	b Other tax-exempt income .....	16b	
	c Nondeductible expenses .....	16c	
	d Distributions (attach statement if required) .....	16d	
	e Repayment of loans from shareholders .....	16e	



Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount
Other Information	17a	Investment income	
	17b	Investment expenses	
	17c	Dividend distributions paid from accumulated earnings and profits	
		Other items and amounts (attach statement)	
Reconciliation	18	Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14i	108,114.

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)		
1	Cash		103,255.		465,349.		
2 a	Trade notes and accounts receivable						
b	Less allowance for bad debts						
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities						
6	Other current assets (att. stmt.)						
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (att. stmt.)						
10 a	Buildings and other depreciable assets	1,645,983.		1,693,557.			
b	Less accumulated depreciation	56,197.	1,589,786.	148,305.	1,545,252.		
11 a	Depletable assets						
b	Less accumulated depletion				242,000.		
12	Land (net of any amortization)						
13 a	Intangible assets (amortizable only)						
b	Less accumulated amortization				572,500.		
14	Other assets (att. stmt.)	STATEMENT 4			2,825,101.		
15	Total assets		1,693,041.				
Liabilities and Shareholders' Equity							
16	Accounts payable						
17	Mortgages, notes, bonds payable in less than 1 year				47,577.		
18	Other current liabilities (att. stmt.)	STATEMENT 5					
19	Loans from shareholders				187,942.		
20	Mortgages, notes, bonds payable in 1 year or more						
21	Other liabilities (att. stmt.)				1,000.		
22	Capital stock		1,000.		2,507,363.		
23	Additional paid-in capital		1,718,936.		81,219.		
24	Retained earnings	STATEMENT 6	-26,895.				
25	Adjustments to shareholders' equity (att. stmt.)						
26	Less cost of treasury stock		( )		( )		
27	Total liabilities and shareholders' equity		1,693,041.		2,825,101.		

JWA

Form 1120S (2016)



**Schedule M-1****Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note: The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books	108,114.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): a Tax-exempt interest \$	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):			
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize): a Depreciation \$ b Travel and entertainment \$		6 Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize): a Depreciation \$	
4 Add lines 1 through 3	108,114.	7 Add lines 5 and 6	
		8 Income (loss) (Schedule K, line 18). Line 4 less line 7	108,114.

**Schedule M-2****Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)**

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	-26,895.		
2 Ordinary income from page 1, line 21			
3 Other additions <b>STATEMENT 7</b>	133,849.		
4 Loss from page 1, line 21	(25,735.)		
5 Other reductions	( )	( )	
6 Combine lines 1 through 5	81,219.		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	81,219.		

JWA

Form 1120S (2016)

# Rental Real Estate Income and Expenses of a Partnership or an S Corporation

OMB No. 1545-1186

▶ See instructions on page 2.  
▶ Attach to Form 1065, Form 1065-B, or Form 1120S.

Name **DALE'S PROPERTIES & INVESTMENTS, INC.** Employer identification number **65 0639916**

1 Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties.

Physical address of each property - street, city, state, ZIP code	Type - Enter code 1-8; see page 2 for list	Fair Rental Days	Personal Use Days
<b>A</b> 100 NW 8 STREET FORT LAUDERDALE, FL 33311	2	365	
<b>B</b> 2070 BRAMAN AVENUE FORT MYERS, FL 33901	2	365	
<b>C</b> 300 W SUNRISE BOULEVARD FORT LAUDERDALE, FL 33311	4	365	
<b>D</b>			

	Properties			
	A	B	C	D
<b>Rental Real Estate Income</b>				
2 Gross rents	2 85,637.	133,765.	153,679.	
<b>Rental Real Estate Expenses</b>				
3 Advertising	3			
4 Auto and travel	4			
5 Cleaning and maintenance	5 3,863.	2,520.	6,124.	
6 Commissions	6			
7 Insurance	7 6,382.	5,830.	19,423.	
8 Legal and other professional fees	8 650.	2,910.	1,500.	
9 Interest	9			
10 Repairs	10 24,605.	18,600.	17,827.	
11 Taxes	11 11,289.	17,192.		
12 Utilities	12 5,374.	7,378.	7,292.	
13 Wages and salaries	13			
14 Depreciation (see instructions)	14 14,236.	11,945.	26,620.	
15 Other (list) ▶ <b>STMT 8</b>	15 9,731.	14,424.		
<b>SEE STATEMENT 9</b>			3,517.	
<b>SEE STATEMENT 10</b>				
16 Total expenses for each property. Add lines 3 through 15	16 76,130.	80,799.	82,303.	
17 Income or (Loss) from each property. Subtract line 16 from line 2	17 9,507.	52,966.	71,376.	
18a Total gross rents. Add gross rents from line 2, columns A through H	18a		373,081.	
b Total expenses. Add total expenses from line 16, columns A through H	18b		( 239,232.)	
19 Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities	19			
20a Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1)	20a			
b Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:				
(1) Name	(2) Employer identification number			
21 Net rental real estate income (loss). Combine lines 18a through 20a. Enter the result here and on:	21		133,849.	
• Form 1065 or 1120S: Schedule K, line 2, or				
• Form 1065-B: Part I, line 4				



1 Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.				
	Physical address of each property - street, city, state, ZIP code	Type - Enter code 1-8; see below for list	Fair Rental Days	Personal Use Days
E				
F				
G				
H				

		Properties			
		E	F	G	H
<b>Rental Real Estate Income</b>					
2	Gross rents	2			
<b>Rental Real Estate Expenses</b>					
3	Advertising	3			
4	Auto and travel	4			
5	Cleaning and maintenance	5			
6	Commissions	6			
7	Insurance	7			
8	Legal and other professional fees	8			
9	Interest	9			
10	Repairs	10			
11	Taxes	11			
12	Utilities	12			
13	Wages and salaries	13			
14	Depreciation (see instructions)	14			
15	Other (list) ▶	15			
16	Total expenses for each property. Add lines 3 through 15	16			
17	Income or (Loss) from each property. Subtract line 16 from line 2	17			

**Allowable Codes for Type of Property**

- 1 - Single Family Residence
- 2 - Multi-Family Residence
- 3 - Vacation or Short-Term Rental
- 4 - Commercial
- 5 - Land
- 6 - Royalties
- 7 - Self-Rental
- 8 - Other (include description with the code on Form 8825 or on a separate statement)

Form 8825 (12-2010)

JWA

Form

**4562****Depreciation and Amortization**  
(Including Information on Listed Property) OTHER

OMB No. 1545-0172

**2016**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

Business or activity to which this form relates

Identifying number

DALE'S PROPERTIES &amp; INVESTMENTS, INC.

OTHER DEPRECIATION

65-0639916

**Part I** Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	501.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

## Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	1,647.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		501.	7 YRS.	HY	200DB	72.
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	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	

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

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

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

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	2,220.
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	

816251 12-21-16 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2016)

8

10530922 795691 153690.001

2016.04020 DALE'S PROPERTIES &amp; INVESTM 153690\_1

CAM # 18-0003

Exhibit 3

Page 39 of 74



**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes <input type="checkbox"/> No <input type="checkbox"/>		24b If "Yes," is the evidence written?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25			
26 Property used more than 50% in a qualified business use:											
		%									
		%									
		%									
27 Property used 50% or less in a qualified business use:											
		%				S/L -					
		%				S/L -					
		%				S/L -					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1										29	

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	Yes <input type="checkbox"/> No <input type="checkbox"/>
39 Do you treat all use of vehicles by employees as personal use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	Yes <input type="checkbox"/> No <input type="checkbox"/>
41 Do you meet the requirements concerning qualified automobile demonstration use?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year:					
43 Amortization of costs that began before your 2016 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Form 4562 (2016)

2016 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
13	COMPUTERS	05/15/15	200DB	5.00		HXL17	3,388.				3,388.	678.		1,084.	1,762.
14	FURNITURE	05/15/15	200DB	7.00		HXL17	2,300.				2,300.	329.		563.	892.
20	DESK	01/15/16	200DB	7.00		HXL19C	1,002.			501.	501.			573.	72.
	* TOTAL OTHER DEPRECIATION						6,690.			501.	6,189.	1,007.		2,220.	2,726.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						5,688.		0.	0.	5,688.	1,007.			2,654.
	ACQUISITIONS						1,002.		0.	501.	501.	0.			72.
	DISPOSITIONS						0.		0.	0.	0.	0.			0.
	ENDING BALANCE						6,690.		0.	501.	6,189.	1,007.			2,726.

628111 04-01-16

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



2016 DEPRECIATION AND AMORTIZATION REPORT

COMMERCIAL - 300 W SUNRISE BOULEVARD

R- 3

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
5	BUILDING	05/15/15	SL	39.00		MM17	940,500.				940,500.	10,767.		24,115.	34,882.
6	LAND	05/15/15	L				104,500.				104,500.			0.	
7	IMPROVEMENTS	05/15/15	150DB	15.00		HY17	26,367.				26,367.	1,318.		2,505.	3,823.
	* TOTAL RENTAL DEPRECIATION						1,071,367.				1,071,367.	12,085.		26,620.	38,705.

625111 04-01-16

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2016 DEPRECIATION AND AMORTIZATION REPORT

MULTI-FAMILY RESIDENCE - 100 NW 8 STRE

R- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	BUILDING	12/28/11	SL	27.50	MM	17	391,500.				391,500.	42,756.		14,236.	56,992.
2	LAND	12/28/11	L				43,500.				43,500.			0.	
	* TOTAL RENTAL DEPRECIATION						435,000.				435,000.	42,756.		14,236.	56,992.

628111 04-01-16

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



2016 DEPRECIATION AND AMORTIZATION REPORT

MULTI-FAMILY RESIDENCE - 2070 BRAMAN A

R- 2

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
3	BUILDING	06/23/09	SL	27.50	MM	17	328,500.				328,500.	37,436.		11,945.	49,381.
4	LAND	06/23/09	L				36,500.				36,500.			0.	
	* TOTAL RENTAL DEPRECIATION						365,000.				365,000.	37,436.		11,945.	49,381.

628111 04-01-16

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Dale's Properties & Investments, Inc.  
250 West Sunrise Boulevard  
Fort Lauderdale, FL 33311

Employer Identification Number: 65-0639916

For the Year Ending December 31, 2016

Dale's Properties & Investments, Inc. is making the de minimis  
safe harbor election under Reg. Sec. 1.263(a)-1(f).



FORM 1120S	TAXES AND LICENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
PROPERTY TAXES		9,433.	
TOTAL TO FORM 1120S, PAGE 1, LINE 12		9,433.	

FORM 1120S	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
INSURANCE EXPENSE		563.	
TOTAL TO FORM 1120S, PAGE 1, LINE 19		563.	

SCHEDULE K	NET RENTAL REAL ESTATE INCOME (LOSS)	STATEMENT	3
DESCRIPTION	INCOME	EXPENSES	NET AMOUNT
COMMERCIAL - 300 W SUNRISE BOULEVARD	153,679.	82,303.	71,376.
MULTI-FAMILY RESIDENCE - 100 NW 8 STREET	85,637.	76,130.	9,507.
MULTI-FAMILY RESIDENCE - 2070 BRAMAN AVENUE	133,765.	80,799.	52,966.
TOTAL NET AMOUNT TO SCHEDULE K, LINE 2	373,081.	239,232.	133,849.

SCHEDULE L	OTHER ASSETS	STATEMENT	4
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
INVESTMENT REAL ESTATE		572,500.	
TOTAL TO SCHEDULE L, LINE 14		572,500.	

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT	5
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
DUE TO - DALE'S WHEELS AND TIRES, INC		47,577.	
TOTAL TO SCHEDULE L, LINE 18		47,577.	

SCHEDULE L	ANALYSIS OF TOTAL RETAINED EARNINGS PER BOOKS	STATEMENT	6
DESCRIPTION	AMOUNT		
BALANCE AT BEGINNING OF YEAR	-26,895.		
NET INCOME PER BOOKS	108,114.		
DISTRIBUTIONS	0.		
OTHER INCREASES (DECREASES)			
BALANCE AT END OF YEAR - SCHEDULE L, LINE 24, COLUMN (D)	81,219.		

SCHEDULE M-2	ACCUMULATED ADJUSTMENTS ACCOUNT - OTHER ADDITIONS	STATEMENT	7
DESCRIPTION	AMOUNT		
NET RENTAL REAL ESTATE INCOME	133,849.		
TOTAL TO SCHEDULE M-2, LINE 3 - COLUMN (A)	133,849.		

OTHER RENTAL EXPENSES	STATEMENT	8
-----------------------	-----------	---

## MULTI-FAMILY RESIDENCE

PROPERTY: 100 NW 8 STREET  
LOCATION: 100 NW 8 STREET, FORT LAUDERDALE, FL 33311

DESCRIPTION	AMOUNT
BANK CHARGES	34.
LICENSES AND PERMITS	364.
MANAGEMENT FEES	8,000.
SMALL APPLIANCES	1,333.
TOTAL TO RENTAL SCHEDULE, LINE 15	9,731.



## OTHER RENTAL EXPENSES

STATEMENT 9

## MULTI-FAMILY RESIDENCE

PROPERTY: 2070 BRAMAN AVENUE

LOCATION: 2070 BRAMAN AVENUE, FORT MYERS, FL 33901

## DESCRIPTION

## AMOUNT

BANK CHARGES

51.

LICENSES AND PERMITS

50.

OFFICE SUPPLIES

862.

MANAGEMENT FEES

13,000.

SMALL APPLIANCES

461.

TOTAL TO RENTAL SCHEDULE, LINE 15

14,424.

## OTHER RENTAL EXPENSES

STATEMENT 10

## COMMERCIAL

PROPERTY: 300 W SUNRISE BOULEVARD

LOCATION: 300 W SUNRISE BOULEVARD, FORT LAUDERDALE, FL 33311

## DESCRIPTION

## AMOUNT

BANK CHARGES

68.

INTERNET AND TELEPHONE

3,228.

OFFICE SUPPLIES

221.

TOTAL TO RENTAL SCHEDULE, LINE 15

3,517.

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
13	COMPUTERS	051515	150DB	5.00	3,388.	508.	1,084.	864.	220.
14	FURNITURE	051515	150DB	7.00	2,300.	246.	563.	440.	123.
20	DESK	011516	200DB	7.00	1,002.	0.	573.	573.	0.
1	BUILDING	122811	SL	27.50	391,500.	57,539.	14,236.	14,236.	0.
3	BUILDING	062309	SL	27.50	328,500.	78,143.	11,945.	11,945.	0.
5	BUILDING	051515	SL	39.00	940,500.	15,072.	24,115.	24,115.	0.
7	IMPROVEMENTS	051515	150DB	15.00	26,367.	1,318.	2,505.	2,505.	0.
	TOTALS				1,693,557.	152,826.	55,021.	54,678.	343.
	MACRS AMT ADJUSTMENT							343.	

628104  
04-01-'16



Schedule K-1  
(Form 1120S)

Department of the Treasury  
Internal Revenue Service

For calendar year 2016, or tax  
year beginning \_\_\_\_\_  
ending \_\_\_\_\_

# 2016

Final K-1

☐ Amended K-1

OMB No. 1545-0123

**Part III** Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items

[illegible]

## Part I Information About the Corporation

A Corporation's employer identification number  
65-0639916

B Corporation's name, address, city, state, and ZIP code

DALE'S PROPERTIES & INVESTMENTS, INC.  
250 WEST SUNRISE BOULEVARD  
FORT LAUDERDALE, FL 33311

C IRS Center where corporation filed return  
E-FILE

## Part II Information About the Shareholder

D Shareholder's identifying number  
592-12-5349

E Shareholder's name, address, city, state and ZIP code

DALE SAUNDERS  
5604 NW 108 TERRACE  
CORAL SPRINGS, FL 33076

F Shareholder's percentage of stock ownership for tax year ..... 100.000000%

For IRS Use Only

\*See attached statement for additional information.

# Schedule of Activities

For calendar year 2016, or tax year beginning \_\_\_\_\_, 2016, and ending \_\_\_\_\_.

Name: **DALE'S PROPERTIES & INVESTMENTS, INC.**

I.D. Number: **65-0639916**

For: **DALE SAUNDERS**

**592-12-5349**

Description of Activity	Activity Number	100% Disposed	Publicly Traded Partnership	Type Code *	Description
	1			2	100 NW 8 STREET
	2			2	2070 BRAMAN AVENUE
	3			4	300 W SUNRISE BOULEVARD
					Activity - 1      Activity - 2      Activity - 3
Ordinary business income (loss)					
Net rental real estate income (loss)					9,507.      52,966.      71,376.
Other net rental income (loss)					
Interest income					
Dividends - Ordinary dividends					
- Qualified dividends					
Royalties					
Net short-term capital gain (loss)					
Net long-term capital gain (loss)					
- Collectibles (28%) gain (loss)					
- Unrecaptured Section 1250 gain					
Net section 1231 gain (loss)					
Other portfolio income					
Section 1256 contracts and straddles					
Other income					
Section 179 deduction					
Charitable contributions					
Portfolio deductions					
Investment interest expense					
Section 59(e)(2) expenditures					
Other deductions					
Net earnings from self-employment					
Gross farming or fishing income					
Gross nonfarm income					
LIH credit - Section 42(j)(5) partnerships					
- Other					
Qualified rehabilitation expenditures related to rental real estate					
Other rental credits					
Credits related to other rental activities					
Recapture of LIH credit - Section 42(j)(5) partnerships					
- Other					
Other credits					
Post-1986 depreciation adjustment					
Adjusted gain or loss					
Portion of adjusted gain/loss allocable to short-term gain/loss					
Portion of adjusted gain/loss allocable to long-term gain/loss					
Portion of adjusted gain/loss allocable to section 1231 gain/loss					
Depletion (other than oil and gas)					
Oil, gas and geothermal properties - gross income					
Oil, gas and geothermal properties - deductions					
Other AMT items					
Investment income					
Investment expenses					

- \* 1 - Single Family Residence      5 - Land  
 2 - Multi-Family Residence      6 - Royalties  
 3 - Vacation or Short-Term Rental      7 - Self-Rental  
 4 - Commercial      8 - Other

625001 04-01-16



**Application for Automatic Extension of Time To File Certain  
Business Income Tax, Information, and Other Returns**  
▶ File a separate application for each return.

OMB No. 1545-0233

▶ Information about Form 7004 and its separate instructions is at [www.irs.gov/form7004](http://www.irs.gov/form7004).

<b>Print or Type</b>	Name	Identifying number
	DALE'S PROPERTIES & INVESTMENTS, INC.	65-0639916
	Number, street, and room or suite no. (If P.O. box, see instructions.)	
	250 WEST SUNRISE BOULEVARD	
	City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).	
	FORT LAUDERDALE, FL 33311	

**Note:** File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form.

**Part I Automatic Extension for C Corporations With Tax Years Ending December 31.** See instructions.

1a Enter the form code for the return listed below that this application is for

Application Is For:	Form Code	Application Is For:	Form Code
Form 1120	12	Form 1120-ND (section 4951 taxes)	20
Form 1120-C	34	Form 1120-PC	21
Form 1120-F	15	Form 1120-POL	22
Form 1120-FSC	16	Form 1120-REIT	23
Form 1120-H	17	Form 1120-RIC	24
Form 1120-L	18	Form 1120-SF	26
Form 1120-ND	19		

**Part II Automatic Extension for Certain Estates and Trusts.** See instructions.

b Enter the form code for the return listed below that this application is for

Application Is For:	Form Code	Application Is For:	Form Code
Form 1041 (estate other than a bankruptcy estate)	04	Form 1041 (trust)	05

**Part III Automatic Extension for Entities Not Using Part I, II, or IV.** See instructions.

c Enter the form code for the return listed below that this application is for

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065	09	Form 1120-SF	26
Form 1065-B	10	Form 3520-A	27
Form 1066	11	Form 8612	28
Form 1120	12	Form 8613	29
Form 1120-C	34	Form 8725	30
Form 1120-F	15	Form 8804	31
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36

**Part IV Automatic Extension for C Corporations With Tax Years Ending June 30.** See instructions.

d Enter the form code for the return listed below that this application is for

Application Is For:	Form Code	Application Is For:	Form Code
Form 1120	12	Form 1120-ND (section 4951 taxes)	20
Form 1120-C	34	Form 1120-PC	21
Form 1120-F	15	Form 1120-POL	22
Form 1120-FSC	16	Form 1120-REIT	23
Form 1120-H	17	Form 1120-RIC	24
Form 1120-L	18	Form 1120-SF	26
Form 1120-ND	19		

**Part V All Filers Must Complete This Part**

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐  
If checked, attach a statement listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐
- 5a The application is for calendar year 2016, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- b **Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (see instructions - attach explanation)
- |   |   |    |
|---|---|----|
| 6 Tentative total tax   | 6 | 0. |
| 7 Total payments and credits (see instructions)               | 7 | 0. |
| 8 Balance due. Subtract line 7 from line 6 (see instructions) | 8 | 0. |

Form 7004 (Rev. 12-2016)



For the year Jan. 1–Dec. 31, 2014, or other tax year beginning \_\_\_\_\_, 2014, ending \_\_\_\_\_, 20

See separate instructions.

Your first name and initial **Dale** Last name **Saunders** Your social security number **[REDACTED]**

If a joint return, spouse's first name and initial **Linda** Last name **Dupoux** Spouse's social security number **[REDACTED]**

Home address (number and street). If you have a P.O. box, see instructions. **4351 NW 101st Dr** Apt. no. **[REDACTED]**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Pompano Beach FL 33065**

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

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

**Filing Status**

1 ☐ Single

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

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

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. **[REDACTED]**

5 ☐ Qualifying widow(er) with dependent child

**Exemptions**

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

b ☒ 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)
<b>[REDACTED]</b>				
<b>[REDACTED]</b>				
<b>[REDACTED]</b>				

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

d Total number of exemptions claimed **[REDACTED]**

Boxes checked on 6a and 6b

No. of children on 6c who:

- ☒ lived with you
- ☐ did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above **[REDACTED]**

Add numbers on lines above **[REDACTED]**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **81,090.**

8a Taxable interest. Attach Schedule B if required **43.**

b Tax-exempt interest. Do not include on line 8a **8b 30,180.**

9a Ordinary dividends. Attach Schedule B if required **5,379.**

b Qualified dividends **9b 4,867.**

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

11 Alimony received

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

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

14 Other gains or (losses). Attach Form 4797

15a IRA distributions **15a** b Taxable amount

16a Pensions and annuities **16a** b Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **196,383.**

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits **20a** b Taxable amount

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** **407,785.**

**Adjusted Gross Income**

23 Educator expenses

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

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE **1,057.**

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN **[REDACTED]**

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35 **1,057.**

37 Subtract line 36 from line 22. This is your **adjusted gross income** **406,728.**



REV 05/19/15 PRO Form **1040** (2014)



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

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2014**

Attachment  
Sequence No. **08**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

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

Name(s) shown on return

Your social security number

Dale Saunders & Linda Dupoux

**Part I**

**Interest**

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

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

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

BOA

Kinder Morgan Energy Partners, LP

**Amount**

41.

2.

1

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

2

43.

3

4

43.

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

**Amount**

**Part II**

**Ordinary Dividends**

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

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

- 5 List name of payer ▶ Wells Fargo
- Wells Fargo
- Kinder Morgan Energy Partners, LP

5

2,985.

2,392.

2.

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

6

5,379.

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

**Part III**  
**Foreign Accounts and Trusts**

(See instructions on back.)

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

- 7a At any time during 2014, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .

Yes No

X

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

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

- 8 During 2014, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back . . . . .

X



**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2014**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor <b>Dale Saunders</b>		Social security number (SSN) <b>[REDACTED]</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>Tires</b>	<b>B</b> Enter code from instructions 4 4 1 3 0 0	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN), (see instr.) [REDACTED]	
<b>E</b> Business address (including suite or room no.) <b>4351 NW 101st Dr</b> City, town or post office, state, and ZIP code <b>Pompano Beach, FL 33065</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) <b>[REDACTED]</b>		
<b>G</b> Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 2014, check here <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>I</b> Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J</b> If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	<b>1</b>	<b>36,000.</b>
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	<b>36,000.</b>
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	<b>36,000.</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>	<b>36,000.</b>

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising	<b>8</b>		<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>		<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses	<b>23</b>	
<b>16</b> Interest: <b>SEE STMT</b>			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>	<b>6,211.</b>	<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities	<b>25</b>	
			<b>26</b> Wages (less employment credits)	<b>26</b>	
			<b>27a</b> Other expenses (from line 48)	<b>27a</b>	<b>15,600.</b>
			<b>b</b> Reserved for future use	<b>27b</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>28</b>	<b>21,811.</b>			
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>	<b>14,189.</b>			
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	<b>30</b>				
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	<b>14,189.</b>			
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			<b>32a</b> <input type="checkbox"/> All investment is at risk. <b>32b</b> <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

BAA

REV 01/08/15 PRO

Schedule C (Form 1040) 2014

CAM # 18-0003

Exhibit 3

Page 57 of 74



**Part III Cost of Goods Sold** (see instructions)

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)	
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b>
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>
<b>38</b>	Materials and supplies . . . . .	<b>38</b>
<b>39</b>	Other costs . . . . .	<b>39</b>
<b>40</b>	Add lines 35 through 39 . . . . .	<b>40</b>
<b>41</b>	Inventory at end of year . . . . .	<b>41</b>
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

<b>43</b>	When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
<b>44</b>	Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:
<b>a</b>	Business _____
<b>b</b>	Commuting (see instructions) _____
<b>c</b>	Other _____
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>47a</b>	Do you have evidence to support your deduction? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	If "Yes," is the evidence written? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

Out of pocket expenses for corporations . . . . .	15,600.
<b>48 Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b> 15,600.

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

Department of the Treasury  
Internal Revenue Service (99)

Name of proprietor

Linda Dupoux

**Net Profit From Business**

(Sole Proprietorship)

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

OMB No. 1545-0074

**2014**

Attachment  
Sequence No. **09A**

Social security number (SSN)

**Part I** General Information

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

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

**And You:**

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

**A** Principal business or profession, including product or service  
comission

**C** Business name. If no separate business name, leave blank.

**E** Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

4351 NW 101st Dr

City, town or post office, state, and ZIP code

Pompano Beach, FL 33065

**F** Did you make any payments in 2014 that would require you to file Form(s) 1099? (see the Schedule C instructions)

☐ Yes ☒ No

**G** If "Yes," did you or will you file required Forms 1099?

☐ Yes ☐ No

**Part II** Figure Your Net Profit

**1** Gross receipts. **Caution.** If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see *Statutory employees* in the instructions for Schedule C, line 1, and check here

☐

**1**

760.

**2** Total expenses (see page 2). If more than \$5,000, you must use Schedule C

**2**

**3** Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 and Schedule SE, line 2 (see instructions). (Statutory employees do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3

**3**

760.

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

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

**5** Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:

**a** Business **b** Commuting (see page 2) **c** Other

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

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

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

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



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

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at [www.irs.gov/scheduled](http://www.irs.gov/scheduled).  
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

**2014**Attachment  
Sequence No. **12**

Name(s) shown on return

Dale Saunders &amp; Linda Dupoux

Your social security number

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

See instructions for how to figure the amounts to enter on the lines below.

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

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

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

See instructions for how to figure the amounts to enter on the lines below.

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	1,440,637.	1,343,036.		97,601.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b> 12,340.
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .				<b>15</b> 109,941.

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

REV 11/26/14 PRO

Schedule D (Form 1040) 2014

**Part III Summary**

<b>16</b> Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	109,941.
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
<b>17</b> Are lines 15 and 16 <b>both</b> gains? <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b> Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions . . . ▶	<b>18</b>	
<b>19</b> Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions . . . ▶	<b>19</b>	46.
<b>20</b> Are lines 18 and 19 <b>both</b> zero or blank? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.  <input checked="" type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below.		
<b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of: • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) } . . . . .	<b>21</b>	( )
<b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.		



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

Social security number or taxpayer identification number

Dale Saunders &amp; Linda Dupoux

Before you check Box D, E, or F 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 may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

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

**Note.** You may aggregate all long-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 total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

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

- ☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)  
☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS  
☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Wells Fargo statement mixed	various	12/13/14	34,247.	33,656.			591.
	Wells Fargo statement mixed	various	12/31/14	1,406,390.	1,309,380.			97,010.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if <b>Box D</b> above is checked), line 9 (if <b>Box E</b> above is checked), or line 10 (if <b>Box F</b> above is checked) ▶				1,440,637.	1,343,036.			97,601.

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



**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**

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

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

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

OMB No. 1545-0074

**2014**

Attachment  
Sequence No. **13**

Name(s) shown on return

Dale Saunders & Linda Dupoux

Your social security number

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

**A** Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No  
**B** If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)					
<b>A</b>						
<b>B</b>						
<b>C</b>						
<b>1b</b>	Type of Property (from list below)	<b>2</b>	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	6			<b>A</b>		<input type="checkbox"/>
<b>B</b>				<b>B</b>		<input type="checkbox"/>
<b>C</b>				<b>C</b>		<input type="checkbox"/>

**Type of Property:**

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

Income:		Properties:	A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>			
<b>4</b>	Royalties received . . . . .	<b>4</b>	3 .		
<b>Expenses:</b>					
<b>5</b>	Advertising . . . . .	<b>5</b>			
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>			
<b>8</b>	Commissions . . . . .	<b>8</b>			
<b>9</b>	Insurance . . . . .	<b>9</b>			
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b>	Management fees . . . . .	<b>11</b>			
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b>	Other interest . . . . .	<b>13</b>			
<b>14</b>	Repairs . . . . .	<b>14</b>			
<b>15</b>	Supplies . . . . .	<b>15</b>			
<b>16</b>	Taxes . . . . .	<b>16</b>			
<b>17</b>	Utilities . . . . .	<b>17</b>			
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>			
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>	3 .		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	( ) ( ) ( )		
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>			
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>	3 .		
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>			
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>		3 .	
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( )		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>		3 .	

For Paperwork Reduction Act Notice, see the separate instructions.

BAA REV 12/31/14 PRO

Schedule E (Form 1040) 2014



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

Your social security number

Dale Saunders &amp; Linda Dupoux

**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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	Kinder Morgan Energy Partners, LP	P	<input type="checkbox"/>	76-0380342	<input type="checkbox"/>
B	PTP-Enterprisde Products Partners LP	P	<input type="checkbox"/>	76-0568219	<input type="checkbox"/>
C	PTP-Oneok Partners, LP	P	<input type="checkbox"/>	93-1120873	<input type="checkbox"/>
D	See line 28 information		<input type="checkbox"/>		<input type="checkbox"/>

Passive Income and Loss			Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A	0.				
B	0.				
C	0.				
D					196,380.
29a Totals					196,380.
b Totals	0.				
30 Add columns (g) and (j) of line 29a . . . . .				30	196,380.
31 Add columns (f), (h), and (i) of line 29b . . . . .				31	( 0. )
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below . . . . .				32	196,380.

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

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

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

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

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below . . . . .	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	196,383.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions) . . . . .	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules . . . . .	43	



**SCHEDULE SE**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Self-Employment Tax**► Information about Schedule SE and its separate instructions is at [www.irs.gov/schedulese](http://www.irs.gov/schedulese).

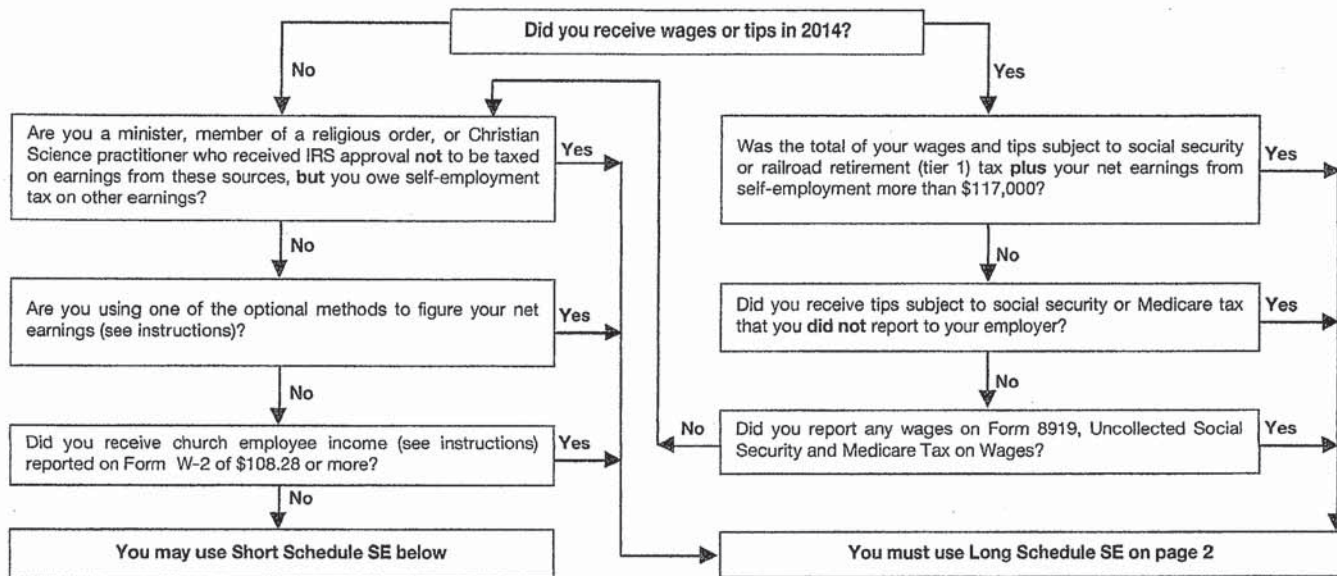
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2014**  
Attachment  
Sequence No. **17**

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

Dale Saunders

Social security number of person  
with self-employment income ►**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.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z . . . . .	<b>1b</b> ( )	
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	14,189.
<b>3</b> Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	14,189.
<b>4</b> Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; <b>do not</b> file this schedule unless you have an amount on line 1b . . . . . ►	<b>4</b>	13,104.
<b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
<b>5 Self-employment tax.</b> If the amount on line 4 is: <ul style="list-style-type: none"><li>• \$117,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b></li><li>• More than \$117,000, multiply line 4 by 2.9% (.029). Then, add \$14,508 to the result. Enter the total here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b> . . . . .</li></ul>	<b>5</b>	2,005.
<b>6 Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.50). Enter the result here and on <b>Form 1040, line 27, or Form 1040NR, line 27</b> . . . . .	<b>6</b>	1,003.

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

REV 10/29/14 PRO

Schedule SE (Form 1040) 2014



**SCHEDULE SE  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Self-Employment Tax**► Information about Schedule SE and its separate instructions is at [www.irs.gov/schedulese](http://www.irs.gov/schedulese).

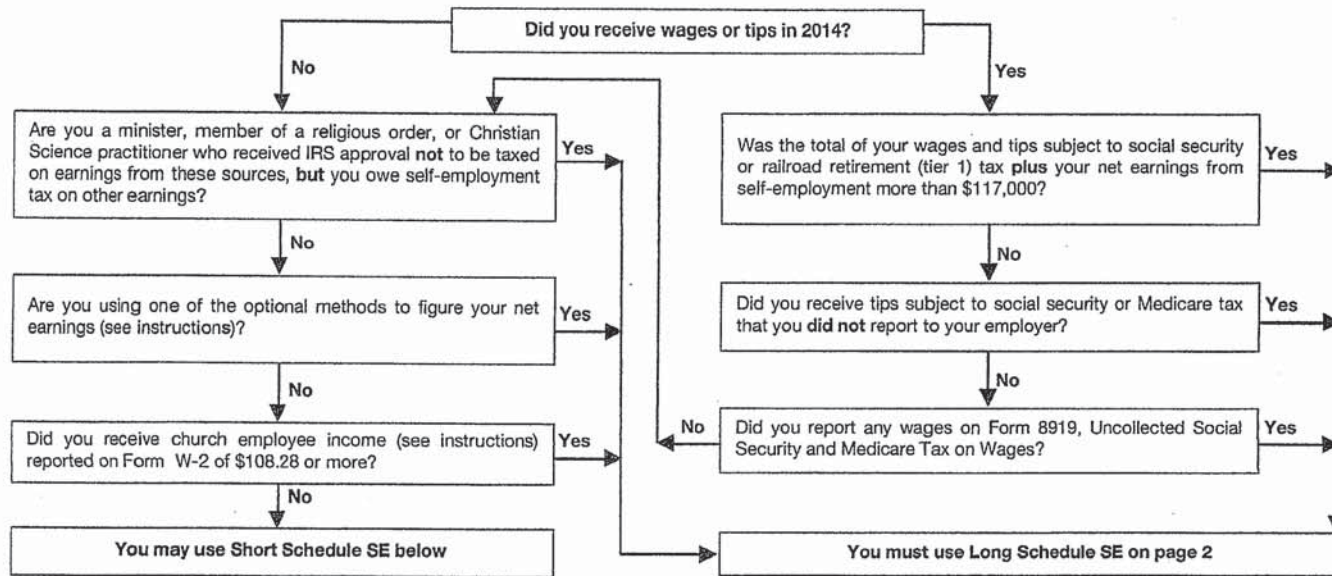
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2014**Attachment  
Sequence No. **17**

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

Linda Dupoux

Social security number of person  
with self-employment income ►**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.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z . . . . .	<b>1b</b> (	)
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	760.
<b>3</b> Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	760.
<b>4</b> Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b . . . . . ►	<b>4</b>	702.
<b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
<b>5 Self-employment tax.</b> If the amount on line 4 is: <ul style="list-style-type: none"><li>• \$117,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55</li><li>• More than \$117,000, multiply line 4 by 2.9% (.029). Then, add \$14,508 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55. . . . .</li></ul>	<b>5</b>	107.
<b>6 Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 . . . . .	<b>6</b>	54.

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

REV 10/29/14 PRO

Schedule SE (Form 1040) 2014



**Alternative Minimum Tax—Individuals**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)► Information about Form 6251 and its separate instructions is at [www.irs.gov/form6251](http://www.irs.gov/form6251).

► Attach to Form 1040 or Form 1040NR.

**2014**  
Attachment  
Sequence No. **32**

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

Your social security number

Dale Saunders &amp; Linda Dupoux

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

1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	406,728.
2 Medical and dental. If you or your spouse was 65 or older, enter the <b>smaller</b> of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3 Taxes from Schedule A (Form 1040), line 9	3	
4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5 Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6 If Form 1040, line 38, is \$152,525 or less, enter -0-. Otherwise, see instructions	6	( 0. )
7 Tax refund from Form 1040, line 10 or line 21	7	( )
8 Investment interest expense (difference between regular tax and AMT)	8	
9 Depletion (difference between regular tax and AMT)	9	
10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11 Alternative tax net operating loss deduction	11	( )
12 Interest from specified private activity bonds exempt from the regular tax	12	
13 Qualified small business stock (7% of gain excluded under section 1202)	13	0.
14 Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17 Disposition of property (difference between AMT and regular tax gain or loss)	17	0.
18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19 Passive activities (difference between AMT and regular tax income or loss)	19	0.
20 Loss limitations (difference between AMT and regular tax income or loss)	20	
21 Circulation costs (difference between regular tax and AMT)	21	
22 Long-term contracts (difference between AMT and regular tax income)	22	
23 Mining costs (difference between regular tax and AMT)	23	
24 Research and experimental costs (difference between regular tax and AMT)	24	
25 Income from certain installment sales before January 1, 1987	25	( )
26 Intangible drilling costs preference	26	
27 Other adjustments, including income-based related adjustments	27	
28 <b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$242,450, see instructions.)	28	406,728.

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

29 Exemption. (If you were under age 24 at the end of 2014, see instructions.)		
IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . .		
Single or head of household . . . \$117,300 . . . \$52,800		
Married filing jointly or qualifying widow(er) . . . 156,500 . . . 82,100		
Married filing separately . . . 78,250 . . . 41,050		
If line 28 is <b>over</b> 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	387,185.
31 • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. • <b>All others:</b> If line 30 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result.	31	89,842.
32 Alternative minimum tax foreign tax credit (see instructions)	32	318.
33 Tentative minimum tax. Subtract line 32 from line 31	33	89,524.
34 Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	84,116.
35 <b>AMT.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	5,408.



**Part III Tax Computation Using Maximum Capital Gains Rates**

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

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31 . . . . .	36	387,185.
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	114,762.
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	46.
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	114,808.
40	Enter the <b>smaller</b> of line 36 or line 39 . . . . .	40	114,808.
41	Subtract line 40 from line 36 . . . . .	41	272,377.
42	If line 41 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result . . . . . ▶	42	72,616.
43	Enter: <ul style="list-style-type: none"> <li>• \$73,800 if married filing jointly or qualifying widow(er),</li> <li>• \$36,900 if single or married filing separately, or</li> <li>• \$49,400 if head of household.</li> </ul>	43	73,800.
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	276,722.
45	Subtract line 44 from line 43. If zero or less, enter -0- . . . . .	45	0.
46	Enter the <b>smaller</b> of line 36 or line 37 . . . . .	46	114,762.
47	Enter the <b>smaller</b> of line 45 or line 46. This amount is taxed at 0% . . . . .	47	0.
48	Subtract line 47 from line 46 . . . . .	48	114,762.
49	Enter: <ul style="list-style-type: none"> <li>• \$406,750 if single</li> <li>• \$228,800 if married filing separately</li> <li>• \$457,600 if married filing jointly or qualifying widow(er)</li> <li>• \$432,200 if head of household</li> </ul>	49	457,600.
50	Enter the amount from line 45 . . . . .	50	0.
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter . . . . .	51	276,676.
52	Add line 50 and line 51 . . . . .	52	276,676.
53	Subtract line 52 from line 49. If zero or less, enter -0- . . . . .	53	180,924.
54	Enter the smaller of line 48 or line 53 . . . . .	54	114,762.
55	Multiply line 54 by 15% (.15) . . . . . ▶	55	17,214.
56	Add lines 47 and 54 . . . . .	56	114,762.
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% (.20) . . . . . ▶	58	0.
If line 58 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	387,139.
60	Subtract line 59 from line 36 . . . . .	60	46.
61	Multiply line 60 by 25% (.25) . . . . . ▶	61	12.
62	Add lines 42, 55, 58, and 61 . . . . .	62	89,842.
63	If line 36 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result . . . . .	63	104,762.
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	89,842.



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

OMB No. 1545-2227

**2014**Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 8960 and its separate instructions is at [www.irs.gov/form8960](http://www.irs.gov/form8960).Attachment  
Sequence No. **72**

Name(s) shown on your tax return

Your social security number or EIN

Dale Saunders &amp; Linda Dupoux

**Part I Investment Income**

- ☐ Section 6013(g) election (see instructions)  
☐ Section 6013(h) election (see instructions)  
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	43.
2	Ordinary dividends (see instructions)		2	5,379.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a 196,383.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b -196,380.		
c	Combine lines 4a and 4b		4c	3.
5a	Net gain or loss from disposition of property (see instructions)	5a 109,941.		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	109,941.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	115,366.

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

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

**Part III Tax Computation**

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13–17. Estates and trusts complete lines 18a–21. If zero or less, enter -0-	12	115,366.
<b>Individuals:</b>			
13	Modified adjusted gross income (see instructions)	13	406,728.
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	156,728.
16	Enter the smaller of line 12 or line 15	16	115,366.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). <b>Enter here and include on your tax return</b> (see instructions)	17	4,384.
<b>Estates and Trusts:</b>			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). <b>Enter here and include on your tax return</b> (see instructions)	21	



**Passive Activity Loss Limitations**

OMB No. 1545-1008

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at [www.irs.gov/form8582](http://www.irs.gov/form8582).**2014**Attachment  
Sequence No. **88**

Name(s) shown on return

Dale Saunders &amp; Linda Dupoux

Identifying number

**Part I 2014 Passive Activity Loss****Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)**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****c** Prior years unallowed losses (enter the amount from Worksheet 1, column (c))**1c****d** Combine lines 1a, 1b, and 1c**1d****Commercial 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**

0.

**b** Activities with net loss (enter the amount from Worksheet 3, column (b))**3b**

50.

**c** Prior years unallowed losses (enter the amount from Worksheet 3, column (c))**3c****d** Combine lines 3a, 3b, and 3c**3d**

-50.

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

-50.

If line 4 is a loss and:

• Line 1d is a loss, go to Part II.

• Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.

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

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.**5** Enter the **smaller** 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% (.5). **Do not** enter more than \$25,000. If married filing separately, see instructions**9****10** Enter the **smaller** of line 5 or line 9**10**

0.

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

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities****Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.**11** Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, 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****Part IV Total Losses Allowed****15** Add the income, if any, on lines 1a and 3a and enter the total**15**

0.

**16** **Total losses allowed from all passive activities for 2014.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return**16**

0.



**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.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c . . . . . ▶					

**Worksheet 2—For Form 8582, Lines 2a and 2b** (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b . . . . . ▶			

**Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Kinder Morgan Energy Partners, LP	0.	50.			50.
Total. Enter on Form 8582, lines 3a, 3b, and 3c . . . . . ▶	0.	50.			

**Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total . . . . . ▶			1.00		

**Worksheet 5—Allocation of Unallowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Kinder Morgan Energy Partners, LP	Various	50.	1.00000000	50.
Total . . . . . ▶		50.	1.00	50.



**Worksheet 6—Allowed Losses (See instructions.)**

**Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)**

REV 01/15/15 PRO

**Additional information from your 2014 Federal Tax Return****Schedule C (Tires): Profit or Loss from Business****Line 16a****Explanation Statement****Mortgage Interest on Form 1098**

Nationstar Mortgage loan #0611818576 Business DalesWheels

**Schedule E: Supplemental Income and Loss****Line 28: Income or Loss from Partnership and S corporations****Continuation Statement**

	Name	Code	F or e i g n	EIN	Not At Ris k	Passive Loss Allowed Amt	Passive Income Amt	Nonpassive Loss Amt	Sec 179 Expense Dedn Amt	Nonpassive Income Amt
D	Dale's Wheel's & Tires, Inc.	S		27-1032492						117,664.
E	Dale's Properties & Investments	S		65-0639916						78,716.
<b>Total</b>										196,380.



For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , 2015, ending , 20

See separate instructions.

Your first name and initial Last name  
 Dale Saunders  
 Your social security number [REDACTED]

If a joint return, spouse's first name and initial Last name  
 Linda Dupoux  
 Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.  
 5604 NW 108 Terr.  
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).  
 Coral Springs FL 33076

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

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

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

**Filing Status**

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

Check only one box.

**Exemptions**

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

**Boxes checked on 6a and 6b**  
 No. of children on 6c who:  
 • lived with you  
 • did not live with you due to divorce or separation (see instructions)  
 Dependents on 6c not entered above  
 Add numbers on lines above ▶

**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)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>

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

d Total number of exemptions claimed . . . . .

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . 7 87,870.  
 8a Taxable interest. Attach Schedule B if required . . . . . 8a 28.  
 b Tax-exempt interest. Do not include on line 8a . . . . . 8b  
 9a Ordinary dividends. Attach Schedule B if required . . . . . 9a 62,951.  
 b Qualified dividends . . . . . 9b 12,910.  
 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 . . . . . 12 149,622.  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13 -3,000.  
 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 . . . . . 17 174,964.  
 18 Farm income or (loss). Attach Schedule F . . . . . 18  
 19 Unemployment compensation . . . . . 19  
 20a Social security benefits . . . . . 20a b Taxable amount . . . . . 20b  
 21 Other income. List type and amount . . . . . 21  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 472,435.

**Adjusted Gross Income**

23 Educator expenses . . . . . 23  
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . . 24  
 25 Health savings account deduction. Attach Form 8889 . . . . . 25  
 26 Moving expenses. Attach Form 3903 . . . . . 26  
 27 Deductible part of self-employment tax. Attach Schedule SE . . . . . 27 9,413.  
 28 Self-employed SEP, SIMPLE, and qualified plans . . . . . 28  
 29 Self-employed health insurance deduction . . . . . 29  
 30 Penalty on early withdrawal of savings . . . . . 30  
 31a Alimony paid b Recipient's SSN ▶ . . . . . 31a  
 32 IRA deduction . . . . . 32  
 33 Student loan interest deduction . . . . . 33  
 34 Tuition and fees. Attach Form 8917 . . . . . 34  
 35 Domestic production activities deduction. Attach Form 8903 . . . . . 35  
 36 Add lines 23 through 35 . . . . . 36 9,413.  
 37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 463,022.