Confidential

FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2015

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

[illegible] ELECTIONS
[illegible] FLORIDA

2016 JUN 20 PM 12:07

[illegible] RECORD
[illegible] SOTA COUNTY

PROCESSED

66074

LAST NAME — FIRST NAME — MIDDLE NAME:
Knight Thomas Michael

MAILING ADDRESS:
[redacted]

ADDRESS WITH HELD

CITY: [redacted] ZIP: [redacted] COUNTY: Sarasota

NAME OF AGENCY:
Sarasota County Sheriff's office

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Sheriff

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2015 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of June 16, 20 16 was $ 886,750.00

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 10,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attached	

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attached	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2015 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☑ I elect to file a copy of my 2015 federal income tax return and all W2's, schedules, and attachments
[If you check this box and attach a copy of your 2015 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
See Attached		

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☒ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate and complete.

STATE OF FLORIDA
COUNTY OF SARASOTA

Sworn to (or affirmed) and subscribed before me this 16TH day of June, 20 16 by Tom Knight.

CATHERINE R. FOWLER
Commission # FF 184600
Expires January 14, 2018
Bonded Thru Troy Fain Insurance 800-385-7019

(Signature of Notary Public--State of Florida)

CATHERINE R FOWLER
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced _____

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature _____ Date _____

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS – FORM 6
THOMAS M. KNIGHT

Totals as of ~~July 1, 2016~~ June 16, 2016

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ASSETS	Value
Real Property	
	$ 505,000
(primary residence)	
8560 Amberjack Circle Cape Haze, FL (investment property)	$ 136,500 (65% ownership)
Securities/Investments	
Wells Fargo Brokerage Accounts	$ 290,000
Hartford Deferred Compensation	$ 62,000
FRS DROP (cash-out value)	$ 275,000
Stock-Prudential Insurance	$ 1,500
Florida pre-paid college fund	$ 7,000
Savings account – Wells Fargo	$ 18,000
Vehicles	
2012 Honda Civic	$ 9,000
2007 Saturn Vue	$ 4,000
2015 Mazda Miata	$ 23,000
2000 Key West boat & trailer	$ 4,000
Household effects	$ 15,000
TOTAL ASSETS	**$1,350,000**

LIABILITIES	Balance	
Primary mortgage - SunTrust Bank P.O. Box 79041 Baltimore, MD 21279-0041 Property address: [redacted]	$ 193,500	
Secondary mortgage - Nationstar P.O. Box 619063 Dallas, TX 75251-9063 Property Address: 8561 Amberjack Circle, Cape Haze, FL	$ 239,000	
Property address:		
Auto loan 1 - Bank of America P.O. Box 45224 Jacksonville, FL 32232-5224	$ 5,250	
Auto loan 2 - Bank of America P.O. Box 45224 Jacksonville, FL 32232-5224	$ 21,000	
Credit Card – Barclay Mastercard	$ 4,500	
TOTAL LIABILITIES		**$ 463,250**
NET WORTH		**$ 886,750**

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2015 **FEDERAL INCOME TAX SUMMARY** PAGE 1

THOMAS M AND [redacted] KNIGHT

	2015	2014	DIFF
INCOME			
WAGES, SALARIES, TIPS, ETC	208,692	206,235	2,457
INTEREST INCOME	0	1	-1
DIVIDEND INCOME	269	759	-490
BUSINESS INCOME	0	-2,530	2,530
CAPITAL GAIN OR LOSS	27,612	2,048	25,564
FORM 4797 GAINS OR LOSSES	-17,065	0	-17,065
RENT, ROYALTY, PARTNERSHIP, SCORP, TRUST	30,865	-27,560	58,425
TOTAL INCOME	250,373	178,953	71,420
ADJUSTMENTS TO INCOME			
TOTAL ADJUSTMENTS	0	0	0
ADJUSTED GROSS INCOME	250,373	178,953	71,420
ITEMIZED DEDUCTIONS			
TAXES	5,609	5,686	-77
INTEREST	6,812	7,374	-562
CONTRIBUTIONS	18,875	5,813	13,062
TOTAL ITEMIZED DEDUCTIONS	31,296	18,873	12,423
TAX COMPUTATION			
STANDARD DEDUCTION	12,600	12,400	200
LARGER OF ITEMIZED OR STANDARD DEDUCTION	31,296	18,873	12,423
INCOME PRIOR TO EXEMPTION DEDUCTION	219,077	160,080	58,997
EXEMPTION DEDUCTION	16,000	15,800	200
TAXABLE INCOME	203,077	144,280	58,797
TAX BEFORE CREDITS	40,315	27,552	12,763
CREDITS			
FOREIGN TAX CREDIT	2	0	2
EDUCATION CREDITS	0	78	-78
TOTAL CREDITS	2	78	-76
TAX AFTER CREDITS	40,313	27,474	12,839
OTHER TAXES			
HEALTH CARE: INDIVIDUAL RESPONSIBILITY	0	1,587	-1,587
OTHER TAXES	14	0	14
TOTAL TAX	40,327	29,061	11,266
PAYMENTS			
FEDERAL INCOME TAX WITHHELD	34,960	35,653	-693
AMERICAN OPPORTUNITY CREDIT	0	52	-52
TOTAL PAYMENTS	34,960	35,705	-745
REFUND OR AMOUNT DUE			
AMOUNT OVERPAID	0	6,644	-6,644
AMOUNT REFUNDED TO YOU	0	6,644	-6,644
AMOUNT YOU OWE	5,367	0	5,367
TAX RATES			
MARGINAL TAX RATE	28.0%	25.0%	3.0%
EFFECTIVE TAX RATE	19.9%	20.1%	-0.2%

2016 JUN 20 PM 12:08

...ELECTIONS
...FLORIDA
2016 JUN 20 PM 12:08
...RECORD
...A COUNTY

2015 Individual Return prepared by:

ROBINSON, HANKS, YOUNG, AND ROBERTS, P.A.
133 S. HARBOR DRIVE
VENICE, FL 34285

THOMAS M and [redacted] KNIGHT

2015

FEDERAL FILING INSTRUCTIONS

THOMAS M AND [redacted] KNIGHT

2016 JUN 20 PM 12:08

ELECTRONICALLY FILED:

FORM 1040 - 2015 U.S. INDIVIDUAL INCOME TAX RETURN

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879 - IRS E-FILE SIGNATURE AUTHORIZATION.

SIGNATURE:

BOTH SPOUSES MUST SIGN AND DATE THE FOLLOWING FORMS:

FORM 8879 - IRS E-FILE SIGNATURE AUTHORIZATION.

FORM 8283: APPRAISER MUST COMPLETE AND SIGN PART III.
FORM 8283: CHARITY MUST COMPLETE AND SIGN PART IV.

RETURN SIGNED FORMS TO OUR OFFICE:

ALL SIGNED FORMS MUST BE RETURNED TO OUR OFFICE BEFORE YOUR RETURN CAN BE ELECTRONICALLY FILED.

FORM TO FILE:

FORM 1040-V - 2015 PAYMENT VOUCHER

PAYMENT:

THERE IS A BALANCE DUE OF $5,367. MAKE YOUR CHECK PAYABLE TO THE "UNITED STATES TREASURY". WRITE YOUR SOCIAL SECURITY NUMBER, DAYTIME PHONE NUMBER, AND "2015 FORM 1040" ON THE CHECK. DO NOT ATTACH THE CHECK TO FORM 1040-V. INSTEAD, PLACE IT LOOSE IN THE ENVELOPE AND ALSO ENCLOSE FORM 1040-V.

WHEN TO FILE:

ON OR BEFORE APRIL 18, 2016.

WHERE TO FILE:

INTERNAL REVENUE SERVICE
P.O. BOX 1214
CHARLOTTE, NC 28201-1214

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

► Do not send to the IRS. This is not a tax return.
► Keep this form for your records.
► Information about Form 8879 and its instructions is at *www.irs.gov/form8879*.

OMB No 1545-0074

2015

Submission Identification Number (SID) ►

2016 JUN 20 PM 12:08

Taxpayer's name | Social security number

THOMAS M KNIGHT

Spouse's name | Spouse's social security number

[redacted] KNIGHT

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

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	250,373.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	40,327.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	34,960.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040 SS, Part I, line 13a)	4	
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	5,367.

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

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

Taxpayer's PIN: check one box only

[X] I authorize ROBINSON, HANKS, YOUNG, AND ROBERTS, P.A. to enter or generate my PIN _____
ERO firm name — Enter five digits, but do not enter all zeros

as my signature on my tax year 2015 electronically filed income tax return.

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

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

[X] I authorize ROBINSON, HANKS, YOUNG, AND ROBERTS, P.A. to enter or generate my PIN _____
ERO firm name — Enter five digits, but do not enter all zeros

as my signature on my tax year 2015 electronically filed income tax return.

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

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only – continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

_____
Do not enter all zeros

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

ERO's signature ► _____ Date ► _____

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

Form **8453**

Department of the Treasury
Internal Revenue Service

U.S. Individual Income Tax Transmittal for an IRS *e-file* Return

For the year January 1-December 31, 2015
► See instructions.
► Information about Form 8453 and its instructions is available at www.irs.gov/form8453.

OMB No 1545 0074

2015

2015 JUL 20 11:12:06

FLORIDA

SARASOTA COUNTY

Please print or type.

PRINT CLEARLY

Your first name and initial: THOMAS M KNIGHT	Last name	Your social security number
If a joint return, spouse's first name and initial: [redacted] KNIGHT	Last name	Spouse's social security number
Home address (number and street) If you have a P.O. box, see instructions	Apt. no.	▲ **Important!** ▲ You must enter your SSN(s) above.
City, town or post office, state, and ZIP code (if a foreign address, also complete spaces below)		
Foreign country name	Foreign province/state/county Foreign postal code	

FILE THIS FORM ONLY IF YOU ARE ATTACHING ONE OR MORE OF THE FOLLOWING FORMS OR SUPPORTING DOCUMENTS.

Check the applicable box(es) to identify the attachments.

- [ ] Form 1098-C, Contributions of Motor Vehicles, Boats, and Airplanes (or equivalent contemporaneous written acknowledgement)
- [ ] Form 2848, Power of Attorney and Declaration of Representative (or POA that states the agent is granted authority to sign the return)
- [ ] Form 3115, Application for Change in Accounting Method
- [ ] Form 3468 – attach a copy of the first page of NPS Form 10-168, Historic Preservation Certification Application (Part 2 – Description of Rehabilitation), with an indication that it was received by the Department of the Interior or the State Historic Preservation Officer, together with proof that the building is a certified historic structure (or that such status has been requested)
- [ ] Form 4136 – attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller or a certificate from the provider identifying the product as renewable diesel and, if applicable, a statement from the reseller
- [ ] Form 5713, International Boycott Report
- [X] Form 8283, Noncash Charitable Contributions, Section A (if any statement or qualified appraisal is required), or Section B, Donated Property, and any related attachments (including any qualified appraisal or partnership Form 8283)
- [ ] Form 8332, Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent (or certain pages from a divorce decree or separation agreement, that went into effect after 1984 and before 2009) (see instructions)
- [ ] Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities
- [ ] Form 8864 – attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller or a certificate from the provider identifying the product as renewable diesel and, if applicable, a statement from the reseller
- [ ] Form 8885 – Health Coverage Tax Credit, and all required attachments
- [ ] Form 8949, Sales and Other Dispositions of Capital Assets (or a statement with the same information), if you elect not to report your transactions electronically on Form 8949

DO NOT SIGN THIS FORM.

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

Form **8453** (2015)

MAIL FORM 8453 AND ATTACHMENTS TO:
INTERNAL REVENUE SERVICE
ATTN: SHIPPING AND RECEIVING, 0254
RECEIPT AND CONTROL BRANCH
AUSTIN, TX 73344-0254

FDIA5901L 10/20/15

FILE ONLY IF YOU ARE MAKING A PAYMENT WITH FORM 1040. RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO THE "UNITED STATES TREASURY." PLEASE WRITE YOUR SOCIAL SECURITY NUMBER, DAYTIME PHONE NUMBER, AND " 2015 FORM 1040" ON YOUR CHECK OR MONEY ORDER. PLEASE DO NOT SEND CASH. ENCLOSE, BUT DO NOT STAPLE OR ATTACH, YOUR PAYMENT WITH THIS VOUCHER.

2016 JUN 20 PM 12:08

RECORD
COUNTY

MAKE YOUR CHECK PAYABLE TO THE "UNITED STATES TREASURY" AND MAIL FORM 1040-V PAYMENTS TO:

INTERNAL REVENUE SERVICE
P.O. BOX 1214
CHARLOTTE, NC 28201-1214

Form 1040-V (2015)

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service (99)

2015

Form 1040-V Payment Voucher

- Use this voucher when making a payment with Form 1040.
- Do not staple this voucher or your payment to Form 1040.
- Make your check or money order payable to the 'United States Treasury.'
- Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	5,367.

FDA8501L 08/25/15 1030

THOMAS M & [redacted] KNIGHT

INTERNAL REVENUE SERVICE
P.O. BOX 1214
CHARLOTTE NC 28201-1214

[redacted]

Department of the Treasury — Internal Revenue Service (99)

Form 1040 U.S. Individual Income Tax Return 2015

OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

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	Your social security number
THOMAS M	KNIGHT	[redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
[redacted]	KNIGHT	

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Home address (number and street). If you have a P.O. box, see instructions. Apt. no.

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

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

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

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

Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above & 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

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) ✓ if child under age 17 qualifying for child tax credit (see instructions)
[redacted]		DAUGHTER	
		DAUGHTER	

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

Boxes checked on 6a and 6b: 2
No. of children on 6c who:
• lived with you: 2
• did not live with you due to divorce or separation (see instructions):
Dependents on 6c not entered above:
Add numbers on lines above ▶: 4

d Total number of exemptions claimed

Income

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

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	208,692.
8a	**Taxable** interest. Attach Schedule B if required		8a	
b	**Tax-exempt** interest. **Do not** include on line 8a. STMT 3	8b 35.		
9a	Ordinary dividends. Attach Schedule B if required		9a	269.
b	Qualified dividends	9b 68.		
10	Taxable refunds, credits, or offsets of state and local income taxes		10	
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	27,612.
14	Other gains or (losses). Attach Form 4797		14	-17,065.
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	30,865.
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	250,373.

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		
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	0.
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	250,373.

Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	250,373.
	39a	Check if: [ ] You were born before January 2, 1951, [ ] Blind. [ ] Spouse was born before January 2, 1951, [ ] Blind. Total boxes checked ▶ 39a			
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b			
Standard Deduction for — • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,300 Married filing jointly or Qualifying widow(er), $12,600 Head of household, $9,250	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	31,296.
	41	Subtract line 40 from line 38		41	219,077.
	42	Exemptions. If line 38 is $154,950 or less, multiply $4,000 by the number on line 6d. Otherwise, see instrs		42	16,000.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	203,077.
	44	Tax (see instructions). Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ]		44	40,315.
	45	Alternative minimum tax (see instructions). Attach Form 6251		45	0.
	46	Excess advance premium tax credit repayment. Attach Form 8962		46	
	47	Add lines 44, 45, and 46 ▶		47	40,315.
	48	Foreign tax credit. Attach Form 1116 if required	2.		
	49	Credit for child and dependent care expenses. Attach Form 2441			
	50	Education credits from Form 8863, line 19			
	51	Retirement savings contributions credit. Attach Form 8880			
	52	Child tax credit. Attach Schedule 8812, if required			
	53	Residential energy credits. Attach Form 5695			
	54	Other crs from Form: a [ ] 3800 b [ ] 8801 c [ ]			
	55	Add lines 48 through 54. These are your total credits		55	2.
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶		56	40,313.
Other Taxes	57	Self-employment tax. Attach Schedule SE		57	
	58	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919		58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59	
	60a	Household employment taxes from Schedule H		60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage [X]		61	
	62	Taxes from: a [ ] Form 8959 b [X] Form 8960 c [ ] Instrs; enter code(s)		62	14.
	63	Add lines 56 through 62. This is your total tax ▶		63	40,327.
Payments If you have a qualifying child, attach Schedule EIC.	64	Federal income tax withheld from Forms W-2 and 1099	34,960.		
	65	2015 estimated tax payments and amount applied from 2014 return			
	66a	Earned income credit (EIC)			
	b	Nontaxable combat pay election ▶ 66b			
	67	Additional child tax credit. Attach Schedule 8812			
	68	American opportunity credit from Form 8863, line 8			
	69	Net premium tax credit. Attach Form 8962			
	70	Amount paid with request for extension to file			
	71	Excess social security and tier 1 RRTA tax withheld			
	72	Credit for federal tax on fuels. Attach Form 4136			
	73	Credits from Form: a [ ] 2439 b [ ] Reserved c [ ] 8885 d [ ]			
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶		74	34,960.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid		75	
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ [ ]		76a	
Direct deposit? See instructions.	b	▶ Routing number ▶ c Type: [ ] Checking [ ] Savings			
	d	▶ Account number			
	77	Amount of line 75 you want applied to your 2016 estimated tax ▶ 77			
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶		78	5,367.
	79	Estimated tax penalty (see instructions) 79			

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [ ] No

Designee's name ▶ ERIC ROBINSON Phone no ▶ 941-488-7794 Personal identification number (PIN) ▶ [redacted]

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

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

Your signature	Date	Your occupation	Daytime phone number
		LAW ENFORCEMENT	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation [redacted]	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
ERIC ROBINSON		3/04/16		P00530910

Firm's name ▶ ROBINSON, HANKS, YOUNG, AND ROBERTS, P.A.

Firm's address ▶ 133 S. HARBOR DRIVE, VENICE, FL 34285

Firm's EIN ▶ 204861134

Phone no. 9414887794

2016 JUN 20 PM 12:08 SARASOTA COUNTY

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

OMB No 1545-0074

2015

Attachment Sequence No. 07

Name(s) shown on Form 1040

THOMAS M AND [redacted] KNIGHT

2016 JUN 20 PM 12: 08

Your social security number

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040, line 38	2		
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	0.
Taxes You Paid	5	State and local **(check only one box):**			
	a	☐ Income taxes, **or**	5	2,129.	
	b	☒ General sales taxes			
	6	Real estate taxes (see instructions)	6	3,480.	
	7	Personal property taxes	7		
	8	Other taxes. List type and amount ►	8		
	9	Add lines 5 through 8		9	5,609.
Interest You Paid	10	Home mtg interest and points reported to you on Form 1098 SEE ST 4	10	6,812.	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11		
Note. Your mortgage interest deduction may be limited (see instructions).	12	Points not reported to you on Form 1098. See instrs for spcl rules	12		
	13	Mortgage insurance premiums (see instructions)	13		
	14	Investment interest. Attach Form 4952 if required. (See instrs.)	14		
	15	Add lines 10 through 14		15	6,812.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of $250 or more, see instrs SEE STATEMENT 5	16	7,475.	
If you made a gift and got a benefit for it, see instructions.	17	Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	17	11,400.	
	18	Carryover from prior year	18		
	19	Add lines 16 through 18		19	18,875.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	0.
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21		
	22	Tax preparation fees	22		
	23	Other expenses — investment, safe deposit box, etc. List type and amount ►	23		
	24	Add lines 21 through 23	24		
	25	Enter amount from Form 1040, line 38 25			
	26	Multiply line 25 by 2% (.02)	26		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	0.
Other Miscellaneous Deductions	28	Other — from list in instructions. List type and amount ►		28	0.
Total Itemized Deductions	29	Is Form 1040, line 38, over $154,950? ☐ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. ☒ Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		29	31,296.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ► ☐			

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/schedd.
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2015

Attachment Sequence No. 12

Name(s) shown on return

THOMAS M AND [redacted] KNIGHT

2016 JUN 20 PM 12:08

Your social security number

► [redacted]

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)
1a 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	6,450.	6,450.		
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	6	
7 **Net short-term capital gain or (loss).** 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	7	

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)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	17,612.	12,316.		5,296.
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11 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	11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	21,780.
13 Capital gain distributions. See the instrs SEE ST 6	13	536.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	14	
15 **Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then go to Part III on the back	15	27,612.

Part III Summary

SUPERVISOR OF ELECTIONS
DUVAL COUNTY, FLORIDA
2016 JUN 20 PM 12:08
DUVAL COUNTY

16 Combine lines 7 and 15 and enter the result • If line 16 is a **gain,** enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a **loss,** skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.	16	27,612.
17 Are lines 15 and 16 **both** gains? [X] **Yes.** Go to line 18. [ ] **No.** Skip lines 18 through 21, and go to line 22.		
18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** in the instructions ►	18	0.
19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions ►	19	
20 Are lines 18 and 19 **both** zero or blank? [X] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). **Do not** complete lines 21 and 22 below. [ ] **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Do not** complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of: • The loss on line 16 or • ($3,000), or if married filing separately, ($1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers.	21	
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? [ ] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). [ ] **No.** Complete the rest of Form 1040 or Form 1040NR.		

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*.

OMB No. 1545-0074

2015

Attachment Sequence No. 13

Name(s) shown on return

THOMAS M AND [redacted] KNIGHT

2016 JUN 20 PM 12:08

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 2015 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

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

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

A 8560 AMBERJACK CIRCLE, CAPE HAZE, FL 33946

B

C

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

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

Income: / Properties:		A	B	C
3 Rents received	3	13,500.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	150.		
8 Commissions	8	1,335.		
9 Insurance	9	545.		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc (see instructions)	12	7,353.		
13 Other interest	13			
14 Repairs	14	5,673.		
15 Supplies	15			
16 Taxes	16	2,388.		
17 Utilities	17	67.		
18 Depreciation expense or depletion	18	10,908.		
19 Other (list) ► SEE STM 7	19	8,683.		
20 Total expenses. Add lines 5 through 19	20	37,102.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-23,602. X .7500 = -17,702.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22			

23a Total of all amounts reported on line 3 for all rental properties	23a	13,500.	
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c	7,353.	
d Total of all amounts reported on line 18 for all properties	23d	10,908.	
e Total of all amounts reported on line 20 for all properties	23e	37,102.	
24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses	24		
25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26		

Name(s) shown on return. Do not enter name and social security number if shown on Page 1 | Your social security number

THOMAS M AND [redacted] KNIGHT

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. [X] 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	[redacted]	S		65-0782210	
B	PYA: BASIS CARRYOVER	S		65-0782210	
C	UNREIMBURSED EXPENSES	S		65-0782210	
D					

	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					161,283.
B			121,745.		
C			8,673.		
D					
29a Totals					161,283.
b Totals			130,418.		

30	Add columns (g) and (j) of line 29a	30	161,283.
31	Add columns (f), (h), and (i) of line 29b	31	-130,418.
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	30,865.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
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	30,865.
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	

Form **1116**

Department of the Treasury Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

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

► Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

OMB No 1545-0121

2015

Attachment Sequence No 19

Name

THOMAS M AND [redacted] KNIGHT

ID no. as shown on page 1 of your tax return

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

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

f Resident of (name of country) ►

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

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

	Foreign Country or U.S. Possession A	B	C	Total (Add columns A, B, and C.)	
g Enter the name of the foreign country or U.S. possession ►	VARIOUS				
1a Gross income from sources within country shown above and of the type checked above (see instructions): SEE STATEMENT 8	805.			1a	805.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ► ☐					
Deductions and losses *(Caution: See instructions):*					
2 Expenses **definitely related** to the income on line 1a (attach statement)					
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction (see instructions)	5,609.				
b Other deductions (attach statement)					
c Add lines 3a and 3b	5,609.				
d Gross foreign source income (see instructions)	805.				
e Gross income from all sources (see instructions)	408,068.				
f Divide line 3d by line 3e (see instructions)	0.001973				
g Multiply line 3c by line 3f	11.				
4 Pro rata share of interest expense (see instructions):					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	11.			6	11.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ►				7	794.

Part II Foreign Taxes Paid or Accrued (see instructions)

COUNTRY	Credit is claimed for taxes (you must check one) (h) ☒ Paid (i) ☐ Accrued	Foreign taxes paid or accrued: In foreign currency — Taxes withheld at source on: (j) Date paid or accrued	(k) Dividends	(l) Rents & royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars — Taxes withheld at source on: (o) Dividends	(p) Rents & royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add columns (o) through (r))
A							2.				2.
B											
C											

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ►	8	2.

2016 JUN 20 PM 12:08
[illegible] COUNTY
[illegible] FLORIDA

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	2.	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	2.	
12	Reduction in foreign taxes (see instructions)	12		
13	Taxes reclassified under high tax kickout (see instructions)	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14 2.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	15	794.	
16	Adjustments to line 15 (see instructions)	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	794.	
18	**Individuals:** Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. **Estates and trusts:** Enter your taxable income without the deduction for your exemption	18	219,077.	
	Caution: *If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.*			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter '1'			19 0.0036
20	**Individuals:** Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37			20 40,315.
	Caution: *If you are completing line 20 for separate category e (lump-sum distributions), see instructions.*			
21	Multiply line 20 by line 19 (maximum amount of credit)			21 145.
22	Enter the **smaller** of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions)			22 2.

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

23	Credit for taxes on passive category income	23		
24	Credit for taxes on general category income	24		
25	Credit for taxes on certain income re-sourced by treaty	25		
26	Credit for taxes on lump-sum distributions	26		
27	Add lines 23 through 26			27
28	Enter the **smaller** of line 20 or line 27			28 2.
29	Reduction of credit for international boycott operations. See instructions for line 12			29
30	Subtract line 29 from line 28. This is your **foreign tax credit.** Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a			30 2.

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

ALTERNATIVE MINIMUM TAX
Foreign Tax Credit

(Individual, Estate, or Trust)

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

► Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

OMB No 1545-0121

2015

Attachment Sequence No 19

Name

THOMAS M AND [redacted] KNIGHT

ID no. as shown on page 1 of your tax return

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

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

f Resident of (name of country) ►

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

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

	Foreign Country or U.S. Possession A	B	C	Total (Add columns A, B, and C.)
g Enter the name of the foreign country or U.S. possession ►	VARIOUS			
1a Gross income from sources within country shown above and of the type checked above (see instructions): SEE STATEMENT 9	805.			1a 805.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ► [ ]				
Deductions and losses *(Caution: See instructions):*				
2 Expenses **definitely related** to the income on line 1a (attach statement)				
3 Pro rata share of other deductions **not definitely related:**				
a Certain itemized deductions or standard deduction (see instructions)				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income (see instructions)	805.			
e Gross income from all sources (see instructions)	408,068.			
f Divide line 3d by line 3e (see instructions)	0.001973			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ►				7 805.

Part II Foreign Taxes Paid or Accrued (see instructions)

COUNTRY	Credit is claimed for taxes (you must check one) (h) [X] Paid (i) [ ] Accrued	Foreign taxes paid or accrued: In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add columns (o) through (r))
	(j) Date paid or accrued	(k) Dividends	(l) Rents & royalties	(m) Interest		(o) Dividends	(p) Rents & royalties	(q) Interest		
A						2.				2.
B										
C										

8 **Add lines A through C, column (s). Enter the total here and on line 9, page 2** ► 8 2.

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RECORD
A COUNTY

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	2.	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	2.	
12	Reduction in foreign taxes (see instructions)	12		
13	Taxes reclassified under high tax kickout (see instructions)	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14 2.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	15	805.	
16	Adjustments to line 15 (see instructions)	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	805.	
18	**Individuals:** Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. **Estates and trusts:** Enter your taxable income without the deduction for your exemption	18	179,475.	
	Caution: *If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.*			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19 0.0045
20	**Individuals:** Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37			20 23,272.
	Caution: *If you are completing line 20 for separate category e (lump-sum distributions), see instructions.*			
21	Multiply line 20 by line 19 (maximum amount of credit)			21 105.
22	Enter the **smaller** of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions)			22 2.

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

23	Credit for taxes on passive category income	23		
24	Credit for taxes on general category income	24		
25	Credit for taxes on certain income re-sourced by treaty	25		
26	Credit for taxes on lump-sum distributions	26		
27	Add lines 23 through 26			27
28	Enter the **smaller** of line 20 or line 27			28 2.
29	Reduction of credit for international boycott operations. See instructions for line 12			29
30	Subtract line 29 from line 28. This is your **foreign tax credit.** Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a			30 2.

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

► Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

OMB No 1545-0184

2015

Attachment Sequence No 27

Name(s) shown on return

2016 JUN 20 PM 12:08

Identifying number

THOMAS M AND [redacted] KNIGHT

1 Enter the gross proceeds from sales or exchanges reported to you for 2015 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) 1

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

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
FROM K-1						-17,065.

3 Gain, if any, from Form 4684, line 39	3	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6 Gain, if any, from line 32, from other than casualty or theft	6	
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	-17,065.
Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8 Nonrecaptured net section 1231 losses from prior years (see instructions)	8	
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7	11	-17,065.
12 Gain, if any, from line 7 or amount from line 8, if applicable	12	
13 Gain, if any, from line 31	13	
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17 Combine lines 10 through 16	17	-17,065.
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from 'Form 4797, line 18a.' See instructions	18a	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	-17,065.

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax — Individuals

► Information about Form 6251 and its separate instructions is at *www.irs.gov/form6251*.
► **Attach to Form 1040 or Form 1040NR.**

OMB No. 1545-0074

2015

Attachment Sequence No. **32**

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

THOMAS M AND [redacted] KNIGHT

2016 JUN 20 PM 12:08

Your social security number

[redacted]

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	219,077.
2	Medical and dental. If you or your spouse was 65 or older, enter the **smaller** 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	5,609.
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 $154,950 or less, enter -0-. Otherwise, see instructions	6	
7	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	-45,216.
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	5.
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	**Alternative minimum taxable income.** Combine lines 1 through 27. (If married filing separately and line 28 is more than $246,250, see instructions.)	28	179,475.

Part II Alternative Minimum Tax (AMT)

29 Exemption. (If you were under age 24 at the end of 2015, see instructions.)

IF your filing status is	AND line 28 is not over	THEN enter on line 29
Single or head of household	$119,200	$53,600
Married filing jointly or qualifying widow(er)	158,900	83,400
Married filing separately	79,450	41,700

If line 28 is **over** the amount shown above for your filing status, see instructions. → 29: 78,256.

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	101,219.
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. • **All others:** If line 30 is $185,400 or less ($92,700 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract $3,708 ($1,854 if married filing separately) from the result.	31	23,272.
32	Alternative minimum tax foreign tax credit (see instructions)	32	2.
33	Tentative minimum tax. Subtract line 32 from line 31	33	23,270.
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	40,313.
35	**AMT.** Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0.

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.

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MARICOPA COUNTY

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	101,219.
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	27,680.
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the **smaller** 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	27,680.
40	Enter the **smaller** of line 36 or line 39	40	27,680.
41	Subtract line 40 from line 36	41	73,539.
42	If line 41 is $185,400 or less ($92,700 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract $3,708 ($1,854 if married filing separately) from the result	42	19,120.
43	Enter: • $74,900 if married filing jointly or qualifying widow(er), • $37,450 if single or married filing separately, or • $50,200 if head of household.	43	74,900.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	175,397.
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	0.
46	Enter the **smaller** of line 36 or line 37	46	27,680.
47	Enter the **smaller** of line 45 or line 46. This amount is taxed at 0%	47	
48	Subtract line 47 from line 46	48	27,680.
49	Enter: • $413,200 if single • $232,425 if married filing separately • $464,850 if married filing jointly or qualifying widow(er) • $439,000 if head of household	49	464,850.
50	Enter the amount from line 45	50	
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51	175,397.
52	Add line 50 and line 51	52	175,397.
53	Subtract line 52 from line 49. If zero or less, enter -0-	53	289,453.
54	Enter the smaller of line 48 or line 53	54	27,680.
55	Multiply line 54 by 15% (.15)	55	4,152.
56	Add lines 47 and 54 **If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.**	56	27,680.
57	Subtract line 56 from line 46	57	
58	Multiply line 57 by 20% (.20) **If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.**	58	
59	Add lines 41, 56, and 57	59	
60	Subtract line 59 from line 36	60	
61	Multiply line 60 by 25% (.25)	61	
62	Add lines 42, 55, 58, and 61	62	23,272.
63	If line 36 is $185,400 or less ($92,700 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract $3,708 ($1,854 if married filing separately) from the result	63	26,317.
64	Enter the **smaller** 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	23,272.

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

Net Investment Income Tax – Individuals, Estates, and Trusts

▶ Attach to your tax return.

▶ Information about Form 8960 and its separate instructions is at *www.irs.gov/form8960*.

OMB No. 1545-2227

2015

Attachment Sequence No. 72

Name(s) shown on your tax return

THOMAS M AND [redacted] KNIGHT

Your social security number or EIN

2016 JUN 20 PM 12:09
ELECTIONS
FLORIDA
BOARD
COUNTY

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	
2	Ordinary dividends (see instructions)			2	269.
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	30,865.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	-30,865.		
c	Combine lines 4a and 4b			4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	10,547.		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	17,065.		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	27,612.
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	27,881.

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	27,881.
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	250,373.		
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	373.		
16	Enter the smaller of line 12 or line 15			16	373.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). **Enter here and include on your tax return** (see instructions)			17	14.
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). **Enter here and include on your tax return** (see instructions)			21	

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

Passive Activity Loss Limitations

► See separate instructions.
► Attach to Form 1040 or Form 1041.
► Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

OMB No 1545-1008

2015

Attachment Sequence No. **88**

Name(s) shown on return

THOMAS M AND [redacted] KNIGHT

Identifying number

Part I 2015 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	-17,702.	
c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	-124,463.	
d	Combine lines 1a, 1b, and 1c			1d -142,165.

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

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 -142,165.

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			5 142,165.
6	Enter $150,000. If married filing separately, see instructions	6	150,000.	
7	Enter modified adjusted gross income, but not less than zero (see instrs)	7	250,373.	
	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	
16	**Total losses allowed from all passive activities for 2015.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	

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

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

Name of activity	Current year (a) Net income (line 1a)	Current year (b) Net loss (line 1b)	Prior years (c) Unallowed loss (line 1c)	Overall gain or loss (d) Gain	Overall gain or loss (e) Loss
RESIDENTIAL CONDOMINIUM		17,702.	124,463.		142,165.
Total. Enter on Form 8582, lines 1a, 1b, and 1c ►		17,702.	124,463.		

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 (a) Net income (line 3a)	Current year (b) Net loss (line 3b)	Prior years (c) Unallowed loss (line 3c)	Overall gain or loss (d) Gain	Overall gain or loss (e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c ►					

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
RESIDENTIAL CONDOMINIUM	SCH E LN 22	142,165.	1.000000	142,165.
Total ►		142,165.	1.00	142,165.

Worksheet 6 — Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
RESIDENTIAL CONDOMINIUM	SCH E LN 22	142,165.	142,165.	0.
Total		142,165.	142,165.	0.

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

	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Name of activity					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total		0.	1.00	0.	0.
Name of activity					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total		0.	1.00	0.	0.

Name(s) shown on your income tax return | Identifying number

THOMAS M AND [redacted] KNIGHT

Section B. Donated Property Over $5,000 (Except Publicly Traded Securities) — Complete this section for one item (or one group of similar items) for which you claimed a deduction of more than $5,000 per item or group (except contributions of publicly traded securities reported in Section A). Provide a separate form for each property donated unless it is part of a group of similar items. An appraisal is generally required for property listed in Section B. See instructions.

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Part I Information on Donated Property — To be completed by the taxpayer and/or the appraiser.

4 Check the box that describes the type of property donated:

a	☐	Art* (contribution of $20,000 or more)	d	☐	Art* (contribution of less than $20,000)	g	☐	Collectibles**
b	☐	Qualified Conservation Contribution	e	☒	Other Real Estate	h	☐	Intellectual Property
c	☐	Equipment	f	☐	Securities	i	☐	Vehicles
j	☐	Other						

*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects

**Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above

Note. In certain cases, you must attach a qualified appraisal of the property. See instructions.

5	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If tangible property was donated, give a brief summary of the overall physical condition of the property at the time of the gift	(c) Appraised fair market value
A	11080 GRAFTON AVENUE		11,400.
B			
C			
D			

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	See instructions (h) Amount claimed as a deduction	See instructions (i) Date of contribution
A		PURCHASE				
B						
C						
D						

Part II Taxpayer (Donor) Statement – List each item included in Part I above that the appraisal identifies as having a value of $500 or less. See instructions.

I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than $500 (per item).

Enter identifying letter from Part I and describe the specific item. See instructions. ►

Signature of taxpayer (donor) ► Date ►

Part III Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). In addition, I understand that I may be subject to a penalty under section 6695A if I know, or reasonably should know, that my appraisal is to be used in connection with a return or claim for refund and a substantial or gross valuation misstatement results from my appraisal. I affirm that I have not been barred from presenting evidence or testimony by the Office of Professional Responsibility.

Sign Here Signature ► Title ► Date ►

Business address (including room or suite no.) | Identifying number

230 S TAMIAMI TRAIL

City or town | State | ZIP code

VENICE, FL 34285

Part IV Donee Acknowledgment – To be completed by the charitable organization.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date ► 12/30/15

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file Form 8282, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? ► ☐ Yes ☐ No

Name of charitable organization (donee) | Employer identification number

GULF COAST COMMUNITY FOUNDATION | 59-1052433

Address (number, street, and room or suite no.) | City or town | State | ZIP code

601 TAMIAMI TRAIL S | VENICE, FL 34285

Authorized signature | Title | Date

THOMAS M AND [redacted] KNIGHT

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STATEMENT 1
FORM 1040
WAGE SCHEDULE

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI-CARE	STATE W/H	LOCAL W/H
SARASOTA COUNTY SHERIFF'S OFFICE	128,190.	27,130.	7,347.	2,066.		
TOTAL	128,190.	27,130.	7,347.	2,066.	0.	0.

SPOUSE - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI-CARE	STATE W/H	LOCAL W/H
[redacted]	50,538.	4,806.	3,133.	733.		
	29,964.	3,024.	1,858.	434.		
TOTAL	80,502.	7,830.	4,991.	1,167.		0.
GRAND TOTAL	208,692.	34,960.	12,338.	3,233.	0.	0.

STATEMENT 2
FORM 1040
IRA DISTRIBUTION SCHEDULE

SPOUSE - PAYER	TOTAL RECEIVED	TAXABLE AMOUNT	FEDERAL W/H	STATE W/H
UBS FINANCIAL SERVICES INC		0.		
GRAND TOTAL	0.	0.	0.	0.

STATEMENT 3
FORM 1040, LINE 8B
TAX-EXEMPT INTEREST

PAYER	IN-STATE MUNICIPAL BONDS	PRIVATE ACTIVITY BONDS	TOTAL
WELLS FARGO			35.
TOTAL	0.	0.	35.

STATEMENT 4
SCHEDULE A, LINE 10
HOME MORTGAGE INTEREST REPORTED ON FORM 1098

SUNTRUST MORTGAGE, INC	$ 6,812.
TOTAL	$ 6,812.

THOMAS M AND [redacted] KNIGHT

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STATEMENT 5
SCHEDULE A, LINE 16
CONTRIBUTIONS BY CASH OR CHECK

CHARITABLE CONTRIBUTIONS FROM K-1	$ 7,475.
TOTAL	$ 7,475.

STATEMENT 6
SCHEDULE D, LINE 13
CAPITAL GAIN DISTRIBUTIONS

UBS FINANCIAL	$ 536.
TOTAL	$ 536.

STATEMENT 7
SCHEDULE E, LINE 19 - 8560 AMBERJACK CIRCLE
OTHER RENTAL AND ROYALTY EXPENSES

ASSOCIATION DUES	$ 8,673.
BANK FEES	10.
TOTAL	$ 8,683.

STATEMENT 8
FORM 1116, LINE 1A - GENERAL CATEGORY INCOME
GROSS INCOME FROM SOURCES OUTSIDE U.S.

DIVIDENDS	201.
FOREIGN SOURCE QUALIFIED DIVIDENDS	68.
FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS	536.
TOTAL	$ 805.

STATEMENT 9
FORM 1116, LINE 1A - GENERAL CATEGORY INCOME (AMT)
GROSS INCOME FROM SOURCES OUTSIDE U.S.

DIVIDENDS	201.
FOREIGN SOURCE QUALIFIED DIVIDENDS	68.
FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS	536.
TOTAL	$ 805.

THOMAS M AND [redacted] KNIGHT

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FORM 1040, LINE 9A
DIVIDEND INCOME

UBS FINANCIAL	269.
TOTAL	269.

FORM 1040, LINE 9B
QUALIFIED DIVIDENDS

UBS FINANCIAL	68.
TOTAL	68.

DEDUCTION FOR EXEMPTIONS WORKSHEET (FORM 1040, LINE 42)

1. $4,000 PER EXEMPTION ON FORM 1040, LINE 6D		16,000.
2. ENTER AMOUNT FROM FORM 1040, LINE 38	250,373.	
3. THRESHOLD FOR YOUR FILING STATUS	309,900.	
4. SUBTRACT LINE 3 FROM LINE 2	0.	
5. IS LINE 4 MORE THAN $122,500 ($61,250 IF MFS)?		
YES. ENTER -0- ON FORM 1040, LINE 42. DO NOT COMPLETE THE REST OF THIS WORKSHEET.		
NO. DIVIDE LINE 4 BY $2,500 ($1,250 IF MFS)		
6. MULTIPLY LINE 5 BY 2% (.02)		
7. MULTIPLY LINE 1 BY LINE 6		
8. DEDUCTION FOR EXEMPTIONS (SUBTRACT LINE 7 FROM LINE 1)		16,000.

THOMAS M AND [redacted] KNIGHT

ELECTIONS
FLORIDA
2016 JUN 20 PM 12:09
TAX COUNTY

QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WORKSHEET (FORM 1040, LINE 44)

1.	ENTER THE AMOUNT FROM FORM 1040, LINE 43		203,077.
2.	ENTER THE AMOUNT FROM FORM 1040, LINE 9B	68.	
3.	ARE YOU FILING SCHEDULE D? [X] YES. ENTER THE SMALLER OF LINE 15 OR 16 OF SCHEDULE D, BUT DO NOT ENTER LESS THAN ZERO [ ] NO. ENTER THE AMOUNT FROM FORM 1040, LINE 13	27,612.	
4.	ADD LINES 2 AND 3	27,680.	
5.	IF YOU ARE CLAIMING INVESTMENT INTEREST EXPENSE ON FORM 4952, ENTER THE AMOUNT FROM LINE 4G OF THAT FORM. OTHERWISE ENTER ZERO.	0.	
6.	SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER ZERO.		27,680.
7.	SUBTRACT LINE 6 FROM LINE 1. IF ZERO OR LESS, ENTER ZERO.		175,397.
8.	ENTER: $37,450 IF SINGLE OR MARRIED FILING SEPARATELY, $74,900 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER), $50,200 IF HEAD OF HOUSEHOLD		74,900.
9.	ENTER THE SMALLER OF LINE 1 OR LINE 8		74,900.
10.	ENTER THE SMALLER OF LINE 7 OR LINE 9		74,900.
11.	SUBTRACT LINE 10 FROM LINE 9. THIS AMOUNT IS TAXED AT 0%		0.
12.	ENTER THE SMALLER OF LINE 1 OR LINE 6		27,680.
13.	ENTER THE AMOUNT FROM LINE 11		0.
14.	SUBTRACT LINE 13 FROM LINE 12		27,680.
15.	ENTER: $413,200 IF SINGLE, $232,425 IF MARRIED FILING SEPARATELY, $464,850 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER), $439,000 IF HEAD OF HOUSEHOLD.		464,850.
16.	ENTER THE SMALLER OF LINE 1 OR LINE 15		203,077.
17.	ADD LINES 7 AND 11		175,397.
18.	SUBTRACT LINE 17 FROM LINE 16. IF ZERO OR LESS, ENTER ZERO.		27,680.
19.	ENTER THE SMALLER OF LINE 14 OR LINE 18		27,680.
20.	MULTIPLY LINE 19 BY 15% (.15)		4,152.
21.	ADD LINES 11 AND 19		27,680.
22.	SUBTRACT LINE 21 FROM LINE 12		0.
23.	MULTIPLY LINE 22 BY 20% (.20)		0.
24.	FIGURE THE TAX ON THE AMOUNT ON LINE 7. (USE THE TAX TABLE OR TAX COMPUTATION WORKSHEET)		36,163.
25.	ADD LINES 20, 23, AND 24		40,315.
26.	FIGURE THE TAX ON THE AMOUNT ON LINE 1. (USE THE TAX TABLE OR TAX COMPUTATION WORKSHEET)		43,913.
27.	TAX ON ALL TAXABLE INCOME (INCLUDING CAPITAL GAIN DISTRIBUTIONS). ENTER THE SMALLER OF LINE 25 OR LINE 26 HERE AND ON FORM 1040, LINE 44		40,315.

FEDERAL INCOME TAX WITHHELD

SARASOTA COUNTY SHERIFF'S OFFICE	27,130.
[redacted]	4,806.
	3,024.
TOTAL	34,960.

THOMAS M AND [redacted] KNIGHT

ELECTIONS FLORIDA
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COUNTY

STATE AND LOCAL TAXES (SCHEDULE A, LINE 5)

STATE AND LOCAL SALES TAXES USING THE OPTIONAL SALES TAX TABLES

AVAILABLE INCOME:	
ADJUSTED GROSS INCOME PER FORM 1040	250,373.
TAX-EXEMPT INTEREST	35.
NONTAXABLE COMBAT PAY	0.
NONTAXABLE SOCIAL SECURITY BENEFITS	0.
NONTAXABLE PENSIONS	0.
NONTAXABLE IRAS	0.
PRIOR YEAR REFUNDABLE CREDITS (REFUNDABLE PORTION ONLY)	52.
ADDITIONAL NONTAXABLE AMOUNTS	0.
TOTAL AVAILABLE INCOME (NOT LESS THAN ZERO)	250,460.
NUMBER OF EXEMPTIONS	4.
1. STATE GENERAL SALES TAXES PER TABLES	1,825.
2. LOCAL GENERAL SALES TAXES PER TABLES FOR CERTAIN RESIDENTS OF AK, AZ, AR, CO, GA, IL, LA, MO, MS, NC, NY, SC, TN, UT, AND VA (BASED ON A RATE OF 1%)	0.
3. LOCAL GENERAL SALES TAX RATE	1.0000
4. IF LINE 2 IS ZERO, ENTER YOUR STATE GENERAL SALES TAX RATE. OTHERWISE, SKIP LINE 4 AND 5, AND GO TO LINE 6	6.0000
5. DIVIDE LINE 3 BY LINE 4	0.166667
6. LOCAL GENERAL SALES TAXES. IF LINE 2 IS ZERO, MULTIPLY LINE 1 BY LINE 5. OTHERWISE, MULTIPLY LINE 2 BY LINE 3.	304.
7. STATE AND LOCAL GENERAL SALES TAXES (ADD LINES 1 AND 6)	2,129.
8. SALES TAXES PAID ON VEHICLES, BOATS, ETC.	0.
9. SALES TAX DEDUCTION WHEN USING TABLES (ADD LINES 7 AND 8)	2,129.

STATE AND LOCAL SALES TAX DEDUCTION
(GREATER OF TAXES PAID OR TABLE AMOUNT)

1. GENERAL SALES TAXES PAID	0.
2. USE TAXES PAID	0.
3. TOTAL ACTUAL TAXES PAID (ADD LINES 1 AND 2)	0.
4. SALES TAXES USING TABLES	2,129.
5. GREATER OF SALES TAXES PAID OR TABLE AMOUNT	2,129.

ITEMIZED DEDUCTIONS WORKSHEET (SCHEDULE A, LINE 29)

1. ADD AMOUNTS ON SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28		31,296.
2. ADD AMOUNTS ON SCHEDULE A, LINES 4, 14, & 20, PLUS ANY GAMBLING LOSSES AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28		0.
3. SUBTRACT LINE 2 FROM LINE 1		31,296.
4. MULTIPLY LINE 3 ABOVE BY 80% (.80)	25,037.	
5. ENTER AMOUNT FROM FORM 1040, LINE 38	250,373.	
6. THRESHOLD BASED ON FILING STATUS ($309,900 IF MFJ/QW, $284,050 IF HH, $258,250 IF S, $154,950 IF MFS)	309,900.	
7. SUBTRACT LINE 6 FROM LINE 5	-59,527.	
8. MULTIPLY LINE 7 ABOVE BY 3% (.03)	0.	
9. ENTER THE SMALLER OF LINE 4 OR LINE 8		0.

THOMAS M AND [redacted] KNIGHT

ELECTIONS
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COUNTY

ITEMIZED DEDUCTIONS WORKSHEET (SCHEDULE A, LINE 29) (CONTINUED)

10. TOTAL ITEMIZED DEDUCTIONS (SUBTRACT LINE 9 FROM LINE 1)	31,296.

FORM 1116, PAGE 1, LINE 3D
GROSS FOREIGN SOURCE INCOME

CATEGORY OF INCOME - GENERAL

VARIOUS

DIVIDEND INCOME	$	201.
GROSS QUALIFYING DIVIDENDS		68.
GROSS CAPITAL GAIN DISTRIBUTIONS		536.
TOTAL	$	805.

FORM 1116, PAGE 1, LINE 3E
GROSS INCOME FROM ALL SOURCES

WAGES, SALARIES, TIPS, ETC.		208,692.
ORDINARY DIVIDENDS		269.
CAPITAL GAIN AND OTHER GAINS		27,699.
GROSS INCOME FROM SCHEDULE C, E AND F		10,125.
INCOME FROM PARTNERSHIP AND S-CORPORATION K-1'S		161,283.
TOTAL	$	408,068.

DISPOSITION OF PROPERTY (FORM 6251, LINE 17)

[redacted]	-45,216.
TOTAL ADJUSTED GAIN OR LOSS	-45,216.

THOMAS M AND [redacted] KNIGHT

ELECTIONS
FLORIDA
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COUNTY

EXEMPTION WORKSHEET (FORM 6251, LINE 29)

1. ENTER $53,600 ($83,400 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER), $41,700 IF MARRIED FILING SEPARATELY.)		83,400.
2. ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FROM FORM 6251, LINE 28.	179,475.	
3. ENTER $119,200 ($158,900 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER), $79,450 IF MARRIED FILING SEPARATELY.)	158,900.	
4. SUBTRACT LINE 3 FROM LINE 2.	20,575.	
5. MULTIPLY LINE 4 BY 25% (.25).		5,144.
6. SUBTRACT LINE 5 FROM LINE 1. IF THIS FORM IS FOR A CHILD UNDER AGE 18, OR A FULL-TIME STUDENT UNDER AGE 24, GO TO LINE 7. OTHERWISE ENTER THIS AMOUNT ON FORM 6251, LINE 29 AND GO TO FORM 6251, LINE 30.		78,256.
7. CHILD'S MINIMUM EXEMPTION AMOUNT.		0.
8. ENTER THE CHILD'S EARNED INCOME, IF ANY.		0.
9. ADD LINES 7 AND 8.		0.
10. ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30.		0.

MODIFIED ADJUSTED GROSS INCOME (FORM 8582, LINE 7)

ADJUSTED GROSS INCOME	250,373.
PASSIVE ACTIVITY INCOME	0.
ALLOWED PASSIVE ACTIVITY LOSSES	0.
TAXABLE SOCIAL SECURITY INCOME	0.
IRA DEDUCTIONS	0.
SECTION 501(C)(18) DEDUCTIONS	0.
DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX	0.
SERIES EE U.S. SAVINGS BOND EXCLUSION	0.
ADDITIONAL EDUCATOR EXPENSES (COMPUTED WITHOUT EE EXCLUSION)	0.
EXCLUSION FOR ADOPTION RELATED EXPENSES	0.
STUDENT LOAN INTEREST DEDUCTION	0.
TUITION AND FEES DEDUCTION	0.
RENTAL REAL ESTATE LOSSES FROM REAL ESTATE PROFESSIONALS	0.
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	0.
TOTAL MODIFIED ADJUSTED GROSS INCOME	250,373.

LONG-TERM CAPITAL GAIN OR (LOSS) FROM K-1 (SCHEDULE D PART II)

KNIGHT MARKETING ASSOCIATES, INC - LONG-TERM CAPITAL GAIN	21,780.
TOTAL LONG-TERM CAPITAL GAIN (LOSS) FROM K-1	21,780.

THOMAS M AND [redacted] KNIGHT

ELECTIONS
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FORM 8960, LINE 4B
ADJUSTMENT FOR NON-SECTION 1411 BUSINESS

SCHEDULE E, PAGE 2.

	INCOME (LOSS) LINE 4A	NON-SEC. 1411 ADJUSTMENT LINE 4B
S-CORP #1: [redacted]		
NET INCOME (LOSS)	$ 30,865.	
ADJUSTMENT FOR NON-SECTION 1411 BUSINESS		$ -30,865.
K-1 SUBTOTAL	$ 30,865.	$ -30,865.
TOTAL	$ 30,865.	$ -30,865.

FORM 8960, LINE 5B
GAINS AND LOSSES EXCLUDED FROM NET INVESTMENT INCOME
SCHEDULE K-1 S-CORPORATIONS

	CAPITAL GAINS AND CAPITAL LOSSES	ORDINARY GAIN AND ORDINARY LOSSES
S CORPORATION #1: [redacted]		
GAINS AND LOSSES FROM SCHEDULE K-1		$ 17,065.
S CORPORATION SUBTOTAL	$ 0.	$ 17,065.
TOTAL	$ 0.	$ 17,065.

FORM 8960, LINE 13
MODIFIED ADJUSTED GROSS INCOME WORKSHEET

1.	ENTER YOUR ADJUSTED GROSS INCOME	$ 250,373.
2A.	FOREIGN EARNED INCOME EXCLUSION (FORM 2555, LINE 42)	0.
2B.	DEDUCTIONS REPORTED ON FORM 2555, LINE 44 ALLOCABLE TO YOUR FOREIGN EARNED INCOME EXCLUSION	0.
3.	ADJUSTMENTS FOR CERTAIN CFCS AND CERTAIN PFICS	0.
3A.	ADJUSTMENT FROM FORM 1041, K-1, CODE H (IF POSITIVE AMOUNT)	0.
4.	SUM OF LINES 1, 2A, 2B, 3, AND 3A	$ 250,373.

2015

FEDERAL K-1 RECONCILIATION WORKSHEET

THOMAS M AND [redacted] KNIGHT

[redacted]

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S CORPORATION NONPASSIVE	K-1 Input	Prior Year Unallowed At Risk Loss	Disallowed Due to At Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)						
Ordinary income (loss)	39,538.		PRIOR BASIS CARRYOVER INCLUDED IN K-1 INPUT COLUMN -8,673			
Rental real estate income (loss)						
Other rental income (loss)						
Section 59(e)(2) expenses						
Passive interest expense						
Guaranteed payments (nonpassive)						
Section 179 expense and carryover						
Disallowed section 179 expense						
Net income (loss)	39,538.					39,538.
First passive other						
Second passive other						
Cost depletion						
Percentage depletion						
Depletion carryover						
Disallowed due to 65% limitation						
Unreimbursed expenses (nonpassive)	-8,673.					-8,673.
Nonpassive other						
Total Schedule E (page 2)						30,865.
FORM 4797						
Section 1231 gain (loss)	-17,065.					-17,065.
4797 ordinary income						
SCHEDULE D						
Short-term capital gain (loss)						
Long-term capital gain (loss)	21,780.					21,780.
FORM 4952						
Investment interest expense						
Other net investment income						
SCHEDULE A						
Charitable contributions	7,475.					7,475.
Deductions related to portfolio income						
SCHEDULE B						
Interest income (banks, S&L, C/U, etc.)						
Interest income (U.S. bonds, T-bills, etc.)						
Ordinary dividends						
Tax-exempt interest (total muni-bonds)						
Tax-exempt interest (in-state bonds)						
FORM 6251						
Depreciation adjustment after 12/31/86	5.					5.
Adjusted gain or loss	-45,216.					-45,216.
Depreciation (pre-1987)						
Beneficiary's AMT adjustment						
Depletion						
Excess intangible drilling costs						
MISCELLANEOUS						
Net earnings from self employment (SE)						
Gross farming income (Sch. E, page 2)						
Royalties (Sch. E, page 1)						
Taxes on undistributed capital gains (1040)						
Credit for income tax withheld						
Estimated taxes credited from trust						
Credits						

*Carries to AMT at-risk/passive worksheets to compute Form 6251, line 18 or 19.

2015 FEDERAL DEPRECIATION SCHEDULE

THOMAS M AND [redacted] KNIGHT

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DEPR	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR
SCHEDULE E - RESIDENTIAL CONDOMINIUM																
BUILDINGS																
1	CONDOMINIUM	2/15/07		300,000							300,000	85,902	S/L MM	27.5	.03636	10,908
	TOTAL BUILDINGS			300,000		0	0	0	0	0	300,000	85,902				10,908
LAND																
2	LAND	2/15/07		54,207							54,207					0
	TOTAL LAND			54,207		0	0	0	0	0	54,207	0				0
	TOTAL DEPRECIATION			354,207		0	0	0	0	0	354,207	85,902				10,908
	GRAND TOTAL DEPRECIATION			354,207		0	0	0	0	0	354,207	85,902				10,908

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