FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2016

FLORIDA COMMISSION ON ETHICS
JUN 29 2017
RECEIVED

FOR OFFICE USE ONLY:

**********AUTO**MIXED AADC 323 T8 P1 96 1380
Thomas Michael Knight
Sheriff
Sarasota County
Elected Constitutional Officer
PO Box 4115
Sarasota, FL 34230-4115

CONFIDENTIAL

PROCESSED

ID Code
ID No. 66074
Conf. Code C
Knight, Thomas Michael

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, 2016 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 27, 20 17 was $ 1,054,100.00.

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 $ 15,000.00

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

(Continued on reverse side)

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 2016 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 2016 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2016 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			

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.

Thomas M. Knight

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Sarasota

Sworn to (or affirmed) and subscribed before me this 27th day of June, 2017 by Thomas M. Knight

Oralia F. Rushing

(Signature of Notary Public--State of Florida)

Oralia F. Rushing

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

Personally Known X

Type of Identification Produced

ORALIA F. RUSHING
Commission # FF 235726
Expires July 8, 2019
Bonded Thru Troy Fain Insurance 800-385-7019

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

ASSETS	Value
Real Property	
[redacted] (primary residence)	$ 750,000
[redacted] (investment property)	$ 169,000 (75% ownership)
Securities/Investments	
Wells Fargo Brokerage Accounts	$ 205,000
Hartford Deferred Compensation	$ 92,000
FRS DROP (cash-out value)	$ 377,000
Stock-Prudential Insurance	$ 1,500
Savings account – Wells Fargo	$ 10,000
Vehicles	
2012 Honda Civic	$ 7,000
2014 GMC Acadia	$ 27,000
2000 Key West boat	$ 13,000
Household effects	$ 15,000
TOTAL ASSETS	**$1,666,500**

LIABILITIES	Balance
Primary mortgage – BB&T	$ 416,000

BB&T Mortgage Payment Center
PO Box 580022
Charlotte, NC 28258-0022
Property address:
216 S. Park Blvd, Venice, FL

Secondary mortgage - Nationstar $ 177,000 (75%)
P.O. Box 619063
Dallas, TX 75251-9063
Property Address:
8561 Amberjack Circle, Cape Haze, FL

Auto loan 1 - Bank of America $ 2,400
P.O. Box 45224
Jacksonville, FL 32232-5224

Auto loan 2 - Bank of America $ 17,000
P.O. Box 45224
Jacksonville, FL 32232-5224

TOTAL LIABILITIES **$ 612,400**

NET WORTH **$1,054,100**

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

► Don't send to the IRS. This isn't 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

2016

Submission Identification Number (SID) ▶

Taxpayer's name
THOMAS M KNIGHT

Social security number
[redacted]

Spouse's name
[redacted] KNIGHT

Spouse's social security number
[redacted]

Part I Tax Return Information – Tax Year Ending December 31, 2016 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	224,294.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	41,405.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	41,469.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	64.
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

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, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow 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 [redacted]
ERO firm name
Enter five digits, but don't enter all zeros

as my signature on my tax year 2016 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2016 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 [redacted]
ERO firm name
Enter five digits, but don't enter all zeros

as my signature on my tax year 2016 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2016 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. 59714[redacted]
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 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 **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ► _____ Date ► _____

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

Form **1040** Department of the Treasury — Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2016** OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

For the year Jan. 1 - Dec. 31, 2016, or other tax year beginning , 2016, ending , 20 — See separate instructions.

Your first name and initial: THOMAS M — Last name: KNIGHT — Your social security number: [redacted]

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

Home address (number and street). If you have a P.O. box, see instructions. [redacted] — 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). [redacted]

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**
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

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]	KNIGHT	[redacted]	DAUGHTER	☐
[redacted]	KNIGHT		DAUGHTER	☐
				☐
				☐

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

d Total number of exemptions claimed 4

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	235,979.
8a	**Taxable** interest. Attach Schedule B if required	8a	22.
b	**Tax-exempt** interest. **Do not** include on line 8a . . STMT 3 . . 8b 493.		
9a	Ordinary dividends. Attach Schedule B if required	9a	907.
b	Qualified dividends . . . . 9b 808.		
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	4,329.
14	Other gains or (losses). Attach Form 4797	14	274.
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	-17,217.
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	224,294.

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	224,294.

	38	Amount from line 37 (adjusted gross income)	38	224,294.
Tax and Credits	39a	Check if: ☐ You were born before January 2, 1952, ☐ Blind. ☐ Spouse was born before January 2, 1952, ☐ 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, $9,300	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	13,372.
	41	Subtract line 40 from line 38	41	210,922.
	42	Exemptions. If line 38 is $155,650 or less, multiply $4,050 by the number on line 6d. Otherwise, see instrs	42	16,200.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	194,722.
	44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 c ☐ b ☐ Form 4972	44	41,402.
	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	41,402.
	48	Foreign tax credit. Attach Form 1116 if required		
	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	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ►	56	41,402.
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 ☒	61	
	62	Taxes from: a ☒ Form 8959 b ☐ Form 8960 c ☐ Instrs; enter code(s)	62	3.
	63	Add lines 56 through 62. This is your **total tax** ►	63	41,405.
Payments If you have a qualifying child, attach Schedule EIC.	64	Federal income tax withheld from Forms W-2 and 1099	64	41,469.
	65	2016 estimated tax payments and amount applied from 2015 return	65	
	66a	**Earned income credit (EIC)**	66a	
	b	Nontaxable combat pay election ► 66b		
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
	73	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ►	74	41,469.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**	75	64.
	76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here. ► ☐	76a	64.
Direct deposit? See instructions.	b	► Routing number [redacted] ► c Type: ☒ Checking ☐ Savings		
	d	► Account number [redacted]		
	77	Amount of line 75 you want applied to your 2017 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	
	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)? ☒ **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 accurately list all amounts and sources of income I received during the tax year. 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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		MRKTNG CONSULTANT	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ERIC ROBINSON		3/23/17		P00530910

Firm's name ► ROBINSON, HANKS, YOUNG, AND ROBERTS, P.A. Firm's EIN ► 204861134

Firm's address ► 133 S. HARBOR DRIVE VENICE, FL 34285 Phone no. 9414887794

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

2016

Attachment Sequence No. **07**

Name(s) shown on Form 1040: THOMAS M AND [redacted] KNIGHT

Your social security number: [redacted]

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% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) 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	1,933.	
	b	☒ General sales taxes			
	6	Real estate taxes (see instructions)	6	2,793.	
	7	Personal property taxes	7		
	8	Other taxes. List type and amount ►	8		
	9	Add lines 5 through 8		9	4,726.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098 SEE ST. 4	10	4,058.	
	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 instructions for special rules	12		
	13	Mortgage insurance premiums (see instructions)	13		
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14		
	15	Add lines 10 through 14		15	4,058.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of $250 or more, see instructions. SEE STATEMENT 5	16	4,088.	
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 SEE STATEMENT 6	17	500.	
	18	Carryover from prior year	18		
	19	Add lines 16 through 18		19	4,588.
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 ► WELLS FARGO FEES 536.	23	536.	
	24	Add lines 21 through 23	24	536.	
	25	Enter amount from Form 1040, line 38 ..... 25 224,294.			
	26	Multiply line 25 by 2% (0.02)	26	4,486.	
	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 $155,650? ☐ 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	13,372.
	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/scheduled.*
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2016

Attachment Sequence No. 12

Name(s) shown on return

THOMAS M AND [redacted] KNIGHT

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	176,016.	172,421.		3,595.
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	63,020.	61,279.		1,741.
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	5,336.

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	14,435.	15,689.		-1,254.
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	10,913.	10,666.		247.
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked	505,000.	60,500.	-444,500.	

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	
13 Capital gain distributions. See the instrs	13	
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	-1,007.

Part III Summary

16 Combine lines 7 and 15 and enter the result ..... **16** 4,329.

- 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.

17 Are lines 15 and 16 **both** gains?

☐ **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**

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?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** 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)

..... **21**

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

☒ **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.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Information about Form 8949 and its separate instructions is at *www.irs.gov/form8949.*
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2016

Attachment Sequence No. **12A**

Name(s) shown on return

THOMAS M AND [redacted] KNIGHT

SSN or taxpayer identification number

[redacted]

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

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

- [ ] **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [X] **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- [ ] **(C)** Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 shares XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
ENTERPRISE PRODUCTS PARTNERS LP	12/17/15	VARIOUS	25,305.	24,729.			576.
PLAINS ALL AMERICAN PIPELINE	VARIOUS	VARIOUS	26,057.	24,452.			1,605.
SHELL MIDSTREAM PARTNERS	12/17/15	4/07/16	11,658.	12,098.			-440.
2 **Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) ►			63,020.	61,279.		0.	1,741.

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

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

THOMAS M AND [redacted] KNIGHT [redacted]

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

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

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

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

- [ ] **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [X] **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- [ ] **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 shares XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
PACE INTERNATIONAL EQUITY	VARIOUS	2/25/16	880.	728.			152.
PACE INTERNATIONAL EMERGING EQUITY MARKE	VARIOUS	2/25/16	43.	48.			-5.
PACE LARGE GROWTH EQUITY	VARIOUS	2/25/16	479.	283.			196.
PACE LARGE EQUITY	VARIOUS	2/25/16	688.	453.			235.
PACE GLOBAL FIXED INCOME	VARIOUS	2/25/16	608.	666.			-58.
PACE SMALL/MEDIUM GROWTH EQUITY	7/08/09	2/25/16	99.	73.			26.
PACE SMALL /MEDIUM VALUE EQUITY	VARIOUS	2/25/16	155.	98.			57.
PACE STRATEGIC FIXED INCOME	VARIOUS	2/25/16	1,128.	1,198.			-70.
PACE GLOBAL REAL ESTATE	VARIOUS	2/25/16	251.	201.			50.
PACE HIGH YIELD INVESTMENT CLASS	VARIOUS	2/25/16	242.	280.			-38.
PACE INTERMEDIATE FIXED INCOME	VARIOUS	VARIOUS	1,677.	1,649.			28.
PACE GLOBAL FIXED INCOME	VARIOUS	VARIOUS	953.	1,051.			-98.
PACE STRAGIC FIXED INCOME	VARIOUS	VARIOUS	3,710.	3,938.			-228.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ►			10,913.	10,666.		0.	247.

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

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

THOMAS M AND [redacted] KNIGHT | [redacted]

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

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

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

1 (a) Description of property (Example: 100 shares XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
WELLS FARGO	9/25/97	7/21/16	505,000.	60,500.	EH	-444,500.	0.
2 **Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ►			505,000.	60,500.		-444,500.	0.

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

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)
► Attach to Form 1040, 1040NR, or Form 1041.
► Information about Schedule E and its separate instructions is at *www.irs.gov/schedulee.*

OMB No. 1545-0074

2016

Attachment Sequence No. 13

Name(s) shown on return: THOMAS M AND [redacted] KNIGHT

Your social security number: [redacted]

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 2016 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	15,000.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	540.		
10 Legal and other professional fees	10			
11 Management fees	11	1,500.		
12 Mortgage interest paid to banks, etc (see instructions)	12	7,762.		
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	2,591.		
17 Utilities	17			
18 Depreciation expense or depletion	18	10,911.		
19 Other (list) ► SEE STM 7	19	8,260.		
20 Total expenses. Add lines 5 through 19	20	31,564.		
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	-16,564. X .7500 = -12,423.		
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	15,000.	
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	7,762.	
d Total of all amounts reported on line 18 for all properties	23d	10,911.	
e Total of all amounts reported on line 20 for all properties	23e	31,564.	
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 [redacted]

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(e)** on line 28 and attach **Form 6198**. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered 'Yes,' see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	ENTERPRISE PRODUCT PARTNERS LP	P		76-0568219	
B	PLAINS ALL AMERICAN PIPELINE LP.	P		76-0582150	
C	KNIGHT MARKETING ASSOCIATES, INC	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					
B					
C			17,217.		
D					
29a Totals					
b Totals			17,217.		

30	Add columns (g) and (j) of line 29a	30	
31	Add columns (f), (h), and (i) of line 29b	31	-17,217.
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	-17,217.

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	-17,217.
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

2016

Attachment Sequence No. **19**

Name: THOMAS M AND [redacted] KNIGHT

ID no. as shown on page 1 of your tax return: [redacted]

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): DIVIDENDS	17.			1a 17.
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)	4,726.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	4,726.			
d Gross foreign source income (see instructions)	17.			
e Gross income from all sources (see instructions)	665,681.			
f Divide line 3d by line 3e (see instructions)	0.000026			
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 17.

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											
B											
C											

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

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		
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11		
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	
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	17.		
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	17.		
18	**Individuals:** Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. **Estates and trusts:** Enter your taxable income without the deduction for your exemption	18	210,922.		
	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	0.0001
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, 37, and 39			20	41,402.
	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	4.
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	

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	
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 41a ▶			30	

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

2016

Attachment Sequence No. **27**

Name(s) shown on return

THOMAS M AND [redacted] KNIGHT

Identifying number [redacted]

1 Enter the gross proceeds from sales or exchanges reported to you for 2016 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						274.

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	274.
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 didn't 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	17,065.
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	0.

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	
12 Gain, if any, from line 7 or amount from line 8, if applicable	12	274.
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	274.
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	274.

Form **8959**

Department of the Treasury
Internal Revenue Service

Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions.
► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
► Information about Form 8959 and its instructions is at *www.irs.gov/form8959.*

OMB No. 1545-0074

2016

Attachment Sequence No. 71

Name(s) shown on return

THOMAS M AND [redacted] KNIGHT

Your social security number

[redacted]

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	250,279.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	250,279.	
5	Enter the following amount for your filing status: Married filing jointly ... $250,000 Married filing separately ... $125,000 Single, Head of household, or Qualifying widow(er) ... $200,000	5	250,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-			6 279.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II			7 3.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status: Married filing jointly ... $250,000 Married filing separately ... $125,000 Single, Head of household, or Qualifying widow(er) ... $200,000	9		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-			12
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III			13

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly ... $250,000 Married filing separately ... $125,000 Single, Head of household, or Qualifying widow(er) ... $200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-			16
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV			17

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V	18	3.

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	3,629.	
20	Enter the amount from line 1	20	250,279.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,629.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages			22
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)			23
24	**Total Additional Medicare Tax withholding.** Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)			24

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

2016

Attachment Sequence No. **88**

Name(s) shown on return: THOMAS M AND [redacted] KNIGHT

Identifying number: [redacted]

Part I 2016 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	-12,423.	
c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	-142,165.	
d	Combine lines 1a, 1b, and 1c			1d -154,588.
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	-1,615.	
c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c		
d	Combine lines 3a, 3b, and 3c			3d -1,615.
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 -156,203.

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			5 154,588.
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	224,294.	
	Note: *If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.*			
8	Subtract line 7 from line 6	8		
9	Multiply line 8 by 50% (0.5). **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 2016.** 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.*

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		12,423.	142,165.		154,588.
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶		12,423.	142,165.		

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
ENTERPRISE PRODUCT PARTNERS L		737.			737.
PLAINS ALL AMERICAN PIPELINE		878.			878.
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶		1,615.			

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	154,588.	0.989661	154,588.
ENTERPRISE PRODUCT PARTNERS LP	SCH E LN 28	737.	0.004718	737.
PLAINS ALL AMERICAN PIPELINE LP.	SCH E LN 28	878.	0.005621	878.
Total ▶		156,203.	1.00	156,203.

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	154,588.	154,588.	0.
ENTERPRISE PRODUCT PARTNERS LP	SCH E LN 28	737.	737.	0.
PLAINS ALL AMERICAN PIPELINE LP.	SCH E LN 28	878.	878.	0.
Total ►		156,203.	156,203.	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.

THOMAS M AND [redacted] KNIGHT [redacted]

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	132,422.	28,282.	7,347.	2,127.		
TOTAL	132,422.	28,282.	7,347.	2,127.	0.	0.

SPOUSE - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI-CARE	STATE W/H	LOCAL W/H
KNIGHT MARKETING INC	103,557.	13,187.	6,421.	1,502.		
TOTAL	103,557.	13,187.	6,421.	1,502.		0.
GRAND TOTAL	235,979.	41,469.	13,768.	3,629.	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 MUNICIPAL BONDS
WELLS FARGO			493.
TOTAL	0.	0.	493.

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

BB&T	$ 486.
SUNTRUST MORTGAGE, INC	3,572.
TOTAL	$ 4,058.

THOMAS M AND [redacted] KNIGHT [redacted]

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

.....	$ 4,088.
TOTAL	$ 4,088.

STATEMENT 6
SCHEDULE A, LINE 17
CONTRIBUTIONS OTHER THAN CASH

.....	$ 500.
TOTAL	$ 500.

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

ASSOCIATION DUES.....	$ 8,260.
TOTAL	$ 8,260.

THOMAS M AND [redacted] KNIGHT [redacted]

FORM 1040, LINE 8A
INTEREST INCOME

ENTERPRISE PRODUCT PARTNERS LP	2.
PLAINS ALL AMERICAN PIPELINE LP.	11.
WELLS FARGO INVESTMENTS, LLC	9.
TOTAL	22.

FORM 1040, LINE 9A
DIVIDEND INCOME

UBS FINANCIAL	17.
UBS FINANCIAL SERVICES INC	66.
WELLS FARGO	824.
TOTAL	907.

FORM 1040, LINE 9B
QUALIFIED DIVIDENDS

WELLS FARGO	808.
TOTAL	808.

QTP DISTRIBUTION WORKSHEET

	TAXPAYER
1. TOTAL DISTRIBUTED EARNINGS FROM QTP'S	2,095.
2. ADJUSTED EDUCATION EXPENSES ALLOCATED TO QTP'S	4,028.
3. TOTAL AMOUNT OF QTP'S DISTRIBUTED	4,028.
4. QTP FACTOR (DIVIDE LINE 2 BY LINE 3)	1.0000
5. NONTAXABLE AMOUNT OF QTP EARNINGS (LINE 1 X LINE 4)	2,095.
6. TAXABLE AMOUNT OF QTP EARNINGS (SUBTRACT LINE 5 FROM LINE 1)	0.
7. TAXABLE ROLLOVERS	0.
8. TAXABLE AMOUNT OF ALL QTP'S (ADD LINE 6 AND 7)	0.

THOMAS M AND [redacted] KNIGHT [redacted]

DEDUCTION FOR EXEMPTIONS WORKSHEET (FORM 1040, LINE 42)

1. $4,050 PER EXEMPTION ON FORM 1040, LINE 6D		16,200.
2. ENTER AMOUNT FROM FORM 1040, LINE 38	224,294.	
3. THRESHOLD FOR YOUR FILING STATUS	311,300.	
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)		16,200.

THOMAS M AND [redacted] KNIGHT [redacted]

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

1.	ENTER THE AMOUNT FROM FORM 1040, LINE 43		194,722.
2.	ENTER THE AMOUNT FROM FORM 1040, LINE 9B	808.	
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	0.	
4.	ADD LINES 2 AND 3	808.	
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.		808.
7.	SUBTRACT LINE 6 FROM LINE 1. IF ZERO OR LESS, ENTER ZERO.		193,914.
8.	ENTER: $37,650 IF SINGLE OR MARRIED FILING SEPARATELY, $75,300 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER), $50,400 IF HEAD OF HOUSEHOLD		75,300.
9.	ENTER THE SMALLER OF LINE 1 OR LINE 8		75,300.
10.	ENTER THE SMALLER OF LINE 7 OR LINE 9		75,300.
11.	SUBTRACT LINE 10 FROM LINE 9. THIS AMOUNT IS TAXED AT 0%		0.
12.	ENTER THE SMALLER OF LINE 1 OR LINE 6		808.
13.	ENTER THE AMOUNT FROM LINE 11		0.
14.	SUBTRACT LINE 13 FROM LINE 12		808.
15.	ENTER: $415,050 IF SINGLE, $233,475 IF MARRIED FILING SEPARATELY, $466,950 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER), $441,000 IF HEAD OF HOUSEHOLD.		466,950.
16.	ENTER THE SMALLER OF LINE 1 OR LINE 15		194,722.
17.	ADD LINES 7 AND 11		193,914.
18.	SUBTRACT LINE 17 FROM LINE 16. IF ZERO OR LESS, ENTER ZERO.		808.
19.	ENTER THE SMALLER OF LINE 14 OR LINE 18		808.
20.	MULTIPLY LINE 19 BY 15% (.15)		121.
21.	ADD LINES 11 AND 19		808.
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)		41,281.
25.	ADD LINES 20, 23, AND 24		41,402.
26.	FIGURE THE TAX ON THE AMOUNT ON LINE 1. (USE THE TAX TABLE OR TAX COMPUTATION WORKSHEET)		41,508.
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		41,402.

FEDERAL INCOME TAX WITHHELD

SARASOTA COUNTY SHERIFF'S OFFICE		28,282.
KNIGHT MARKETING INC		13,187.
	TOTAL	41,469.

THOMAS M AND [redacted] KNIGHT [redacted]

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	224,294.
TAX-EXEMPT INTEREST	493.
NONTAXABLE COMBAT PAY	0.
NONTAXABLE SOCIAL SECURITY BENEFITS	0.
NONTAXABLE PENSIONS	0.
NONTAXABLE IRAS	0.
PRIOR YEAR REFUNDABLE CREDITS (REFUNDABLE PORTION ONLY)	0.
ADDITIONAL NONTAXABLE AMOUNTS	0.
TOTAL AVAILABLE INCOME (NOT LESS THAN ZERO)	224,787.
NUMBER OF EXEMPTIONS	4.
1. STATE GENERAL SALES TAXES PER TABLES	1,657.
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.	276.
7. STATE AND LOCAL GENERAL SALES TAXES (ADD LINES 1 AND 6)	1,933.
8. SALES TAXES PAID ON VEHICLES, BOATS, ETC.	0.
9. SALES TAX DEDUCTION WHEN USING TABLES (ADD LINES 7 AND 8)	1,933.

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	1,933.
5. GREATER OF SALES TAXES PAID OR TABLE AMOUNT	1,933.

ITEMIZED DEDUCTIONS WORKSHEET (SCHEDULE A, LINE 29)

1. ADD AMOUNTS ON SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28		13,372.
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		13,372.
4. MULTIPLY LINE 3 ABOVE BY 80% (.80)	10,698.	
5. ENTER AMOUNT FROM FORM 1040, LINE 38	224,294.	
6. THRESHOLD BASED ON FILING STATUS ($311,300 IF MFJ/QW, $285,350 IF HH, $259,400 IF S, $155,650 IF MFS)	311,300.	
7. SUBTRACT LINE 6 FROM LINE 5	-87,006.	
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 [redacted]

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

10. TOTAL ITEMIZED DEDUCTIONS (SUBTRACT LINE 9 FROM LINE 1)	13,372.

SALE OF HOME - GAIN (OR LOSS), EXCLUSION, AND TAXABLE GAIN

PART 1 - GAIN (OR LOSS) ON SALE	
1. SELLING PRICE OF HOME	505,000.
2. SELLING EXPENSES	33,849.
3. SUBTRACT LINE 2 FROM LINE 1.	471,151.
4. ADJUSTED BASIS OF HOME SOLD	60,500.
5. GAIN OR (LOSS) ON THE SALE. SUBTRACT LINE 4 FROM LINE 3.	410,651.
PART 2 - EXCLUSION AND TAXABLE GAIN	
6. ENTER ANY DEPRECIATION ALLOWED OR ALLOWABLE ON THE PROPERTY FOR PERIODS AFTER MAY 6, 1997.	0.
7. SUBTRACT LINE 6 FROM LINE 5.	410,651.
8. AGGREGATE NUMBER OF DAYS OF NONQUALIFIED USE AFTER 12/31/2008 IF LINE 8 IS ZERO, SKIP TO LINE 12 AND ENTER THE AMOUNT FROM LINE 7 ON LINE 12.	0.
9. NUMBER OF DAYS TAXPAYER OWNED THE PROPERTY	
10. DIVIDE THE AMOUNT ON LINE 8 BY THE AMOUNT ON LINE 9.	
11. GAIN ALLOCATED TO NONQUALIFIED USE. (LINE 7 MULTIPLIED BY LINE 10	
12. GAIN ELIGIBLE FOR EXCLUSION. SUBTRACT LINE 11 FROM LINE 7.	410,651.
13. MAXIMUM EXCLUSION. IF QUALIFIED FOR A REDUCED EXCLUSION, ENTER THE EXCLUSION FROM THE REDUCED EXCLUSION WORKSHEET, LINE 7. IF NOT QUALIFIED TO EXCLUDE GAIN, ENTER 0.	500,000.
14. EXCLUSION. ENTER THE SMALLER OF LINE 12 OR LINE 13. * IF YOU ARE REPORTING GAIN FROM THE SALE ON THE INSTALLMENT METHOD, ENTER THIS AMOUNT ON LINE 15 OF FORM 6252.	410,651.
15. TAXABLE GAIN. SUBTRACT LINE 14 FROM LINE 5. REPORT IT ON SCHEDULE D (FORM 1040). * IF THE AMOUNT ON THIS LINE IS ZERO, DO NOT REPORT THE SALE OR EXCLUSION ON YOUR TAX RETURN.	0.
16. ENTER THE SMALLER OF LINE 6 OR LINE 15. ENTER THIS AMOUNT ON LINE 12 OF THE UNRECAPTURED SECTION 1250 GAIN WORKSHEET.	0.

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

CATEGORY OF INCOME - GENERAL

VARIOUS	
DIVIDEND INCOME	$ 17.
TOTAL	$ 17.

THOMAS M AND [redacted] KNIGHT [redacted]

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

WAGES, SALARIES, TIPS, ETC	235,979.
TAXABLE INTEREST	22.
ORDINARY DIVIDENDS	907.
CAPITAL GAIN AND OTHER GAINS	417,523.
GROSS INCOME FROM SCHEDULE C, E AND F	11,250.
TOTAL	$ 665,681.

MODIFIED ADJUSTED GROSS INCOME (FORM 8582, LINE 7)

ADJUSTED GROSS INCOME	224,294.
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	224,294.

2016 **FEDERAL K-1 RECONCILIATION WORKSHEET** PAGE 1

THOMAS M AND [redacted] KNIGHT [redacted]

ENTERPRISE PRODUCT PARTNERS LP
76-0568219

PARTNERSHIP PASSIVE	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)	-737.					
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)	-737.				737.	
First passive other						
Second passive other						
Cost depletion						
Percentage depletion						
Depletion carryover						
Disallowed due to 65% limitation						
Unreimbursed expenses (nonpassive)						
Nonpassive other						
Total Schedule E (page 2)						
FORM 4797						
Section 1231 gain (loss)	-20.					-20.
4797 ordinary income						
SCHEDULE D						
Short-term capital gain (loss)						
Long-term capital gain (loss)						
FORM 4952						
Investment interest expense						
Other net investment income						
SCHEDULE A						
Charitable contributions						
Deductions related to portfolio income						
SCHEDULE B						
Interest income (banks, S&L, C/U, etc.)	2.					2.
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						
Adjusted gain or loss						
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.

THOMAS M AND [redacted] KNIGHT [redacted]

PLAINS ALL AMERICAN PIPELINE LP.
76-0582150

PARTNERSHIP PASSIVE	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)	-878.					
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)	-878.				878.	
First passive other						
Second passive other						
Cost depletion						
Percentage depletion						
Depletion carryover						
Disallowed due to 65% limitation						
Unreimbursed expenses (nonpassive)						
Nonpassive other						
Total Schedule E (page 2)						
FORM 4797						
Section 1231 gain (loss)	294.					294.
4797 ordinary income						
SCHEDULE D						
Short-term capital gain (loss)						
Long-term capital gain (loss)						
FORM 4952						
Investment interest expense						
Other net investment income						
SCHEDULE A						
Charitable contributions						
Deductions related to portfolio income						
SCHEDULE B						
Interest income (banks, S&L, C/U, etc.)	11.					11.
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						
Adjusted gain or loss						
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.

THOMAS M AND [redacted] KNIGHT [redacted]

KNIGHT MARKETING ASSOCIATES, INC
65-0782210

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)	-17,217.					
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)	-17,217.					-17,217.
First passive other						
Second passive other						
Cost depletion						
Percentage depletion						
Depletion carryover						
Disallowed due to 65% limitation						
Unreimbursed expenses (nonpassive)						
Nonpassive other						
Total Schedule E (page 2)						-17,217.
FORM 4797						
Section 1231 gain (loss)						
4797 ordinary income						
SCHEDULE D						
Short-term capital gain (loss)						
Long-term capital gain (loss)						
FORM 4952						
Investment interest expense						
Other net investment income						
SCHEDULE A						
Charitable contributions						
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						
Adjusted gain or loss						
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.

2016 **FEDERAL K-1 RECONCILIATION WORKSHEET - SUMMARY** **PAGE 4**

THOMAS M AND [redacted] KNIGHT [redacted]

	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)						
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)						
First passive other						
Second passive other						
Cost depletion						
Percentage depletion						
Depletion carryover						
Disallowed due to 65% limitation						
Unreimbursed expenses (nonpassive)						
Nonpassive other						
Total Schedule E (page 2)						-17,217.
FORM 4797						
Section 1231 gain (loss)						274.
4797 ordinary income						
SCHEDULE D						
Short-term capital gain (loss)						
Long-term capital gain (loss)						
FORM 4952						
Investment interest expense						
Other net investment income						
SCHEDULE A						
Charitable contributions						
Deductions related to portfolio income						
SCHEDULE B						
Interest income (banks, S&L, C/U, etc.)						13.
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						
Adjusted gain or loss						
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.

2016 FEDERAL DEPRECIATION SCHEDULE

THOMAS M AND [redacted] KNIGHT [redacted]

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	96,810	S/L MM	27.5	.03637	10,911
	TOTAL BUILDINGS			300,000		0	0	0	0	0	300,000	96,810				10,911
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	96,810				10,911
	GRAND TOTAL DEPRECIATION			354,207		0	0	0	0	0	354,207	96,810				10,911