

Internal Revenue Service, P.O. Box 1300, Charlotte, NC 28201-1300

Form **1040-ES**
Department of the Treasury
Internal Revenue Service**2017 Estimated Tax****Payment
Voucher 3**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2017 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due Sept. 15, 2017Amount of estimated tax you are paying
by check or
money order.

Dollars

Print or type	Your first name and initial CAMILLO	Your last name RICORDI	Your social security number 492-90-8135
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	Address (number, street, and apt. no.) 550 BAY POINT RD		
	City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) MIAMI FL 33137		
	Foreign country name	Foreign province/county	Foreign postal code

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

DAA

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Internal Revenue Service, P.O. Box 1300, Charlotte, NC 28201-1300

Form **1040-ES**
Department of the Treasury
Internal Revenue Service**2017 Estimated Tax****Payment
Voucher 2**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2017 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due June 15, 2017Amount of estimated tax you are paying
by check or
money order.

Dollars

Print or type	Your first name and initial CAMILLO	Your last name RICORDI	Your social security number 492-90-8135
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	Address (number, street, and apt. no.) 550 BAY POINT RD		
	City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) MIAMI FL 33137		
	Foreign country name	Foreign province/county	Foreign postal code

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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Internal Revenue Service, P.O. Box 1300, Charlotte, NC 28201-1300

Form **1040-ES**
Department of the Treasury
Internal Revenue Service**2017 Estimated Tax****Payment
Voucher 1**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2017 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due April 18, 2017Amount of estimated tax you are paying
by check or
money order.

Dollars

Print or type	Your first name and initial CAMILLO	Your last name RICORDI	Your social security number 492-90-8135
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	Address (number, street, and apt. no.) 550 BAY POINT RD		
	City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) MIAMI FL 33137		
	Foreign country name	Foreign province/county	Foreign postal code

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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Form 1040-ES Estimated Tax for Individuals

(on bottom of page)

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Internal Revenue Service, P.O. Box 1300, Charlotte, NC 28201-1300

Form **1040-ES**
Department of the Treasury
Internal Revenue Service

2017 Estimated Tax

Payment Voucher 4

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2017 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due Jan. 16, 2018
Amount of estimated tax you are paying by check or money order. **17,196** Dollars

Print or type	Your first name and initial CAMILLO	Your last name RICORDI	Your social security number 492-90-8135
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	Address (number, street, and apt. no.) 550 BAY POINT RD		
	City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) MIAMI FL 33137		
	Foreign country name	Foreign province/county	Foreign postal code

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **1040****Estimated Tax Payments Worksheet**

Name

CAMILLO RICORDI

Taxpayer Identification Number

492-90-8135**Record of Estimated Tax Payments** (Farmers, fishermen, and fiscal year taxpayers, see Form 1040-ES Instructions for payment due dates.)

Pymt no.	(a) Date	(b) Total Amount	(c) 2016 Overpayment Applied	(d) Estimates paid	(e) Balance due	(f) Date paid	(g) Amount paid
1	04/18/17	0			0		
2	06/15/17	0			0		
3	09/15/17	0			0		
4	01/16/18	28,100	10,904		17,196		
Total		28,100	10,904		17,196		

Calculation of 1040-ES Payments

1. Taxpayer self-employment income	1.	_____
2. Spouse self-employment income	2.	_____
3. Other adjustments to adjusted gross income	3.	_____
4. Computed adjustment to adjusted gross income	4.	_____
5. Total adjustments to adjusted gross income	5.	_____
6. Computed adjustment to self-employment tax	6.	_____
7. Computed adjustment to income tax	7.	_____
8. Other planned adjustments to taxes/credits	8.	_____
9. Planned tax adjustments	9.	Safe harbor adjustment 23,710
10. Amount from Form 1040, line 63 or Form 1040NR, line 61	10.	237,103
11. Allowed adjustments from Form 1040-ES Instructions:		
• Unreported SS or Medicare tax or RRTA tax	11a.	_____
• Tax on excess contributions to IRAs, MSAs, Coverdell ESAs, HSAs, or excess accumulations in retirement plans	11b.	_____
• Shared responsibility payment	11c.	_____
• Recapture of federal mortgage subsidy, excise tax on excess golden parachute payments, and look-back interest	11d.	_____
• Refundable credits from Schedule EIC, Forms 8812, 8863, 8885, 8962, and 4136	11e.	_____
Total allowed adjustments	11.	_____
12. Total tax (Line 9 plus line 10 minus line 11)	12.	260,813
13. Less 2016 Federal income tax withheld (Form 1040NR filers include amounts paid with Form 1040-C)	13.	232,727
14. Less adjustment to withholding	14.	_____
15a. Total annual payment based on 2016 tax, adjusted	15a.	28,086
OR		
15b. Total annual payment based on 2017 tax, from Tax Projection Worksheet	15b.	_____
16. Less amount of 2016 overpayment applied to 2017 estimates	16.	10,904
17. Less amounts already paid towards 2017 estimates	17.	_____
18. Plus rounding amount	18.	14
19. Balance of estimates for 2017	19.	17,196

Form 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return 2016 OMB No. 1545-0074 RS 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 CAMILLO Last name RICORDI Your social security number 492-90-8135

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 550 BAY POINT RD 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). MIAMI FL 33137 Presidential Election Campaign

Foreign country name Foreign province/state/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

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

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a 6b [] Spouse Boxes checked on 6a and 6b 1 No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above 1

Table with 2 columns: Description and Amount. Rows include: 7 Wages, salaries, tips, etc. Attach Form(s) W-2 (676,956); 8a Taxable interest. Attach Schedule B if required (295); 9a Ordinary dividend. Attach Schedule B if required (53,850); 9b Qualified dividends (53,838); 10 Taxable refunds, credits, or offsets of state and local income taxes; 11 Alimony received; 12 Business income or (loss). Attach Schedule C or C-EZ (77,305); 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here (34,466); 14 Other gains or (losses). Attach Form 4797; 15a IRA distributions; 16a Pensions and annuities; 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E (4,935); 18 Farm income or (loss). Attach Schedule F; 19 Unemployment compensation; 20a Social security benefits; 21 Other income. List type and amount; 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income (847,807).

Table with 2 columns: Description and Amount. Rows include: 23 Educator expenses; 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ; 25 Health savings account deduction. Attach Form 8889; 26 Moving expenses. Attach Form 3903; 27 Deductible part of self-employment tax. Attach Schedule SE (1,035); 28 Self-employed SEP, SIMPLE, and qualified plans; 29 Self-employed health insurance deduction; 30 Penalty on early withdrawal of savings; 31a Alimony paid b Recipient's SSN; 32 IRA deduction; 33 Student loan interest deduction; 34 Tuition and fees. Attach Form 8917; 35 Domestic production activities deduction. Attach Form 8903; 36 Add lines 23 through 35 (1,035); 37 Subtract line 36 from line 22. This is your adjusted gross income (846,772).

This tax return has been filed pursuant to IRS news release IR-2017-150 that provides tax relief for victims of Hurricane Irma. Accordingly, the Tax Payer is not subject to late filing penalties pursuant to Internal Revenue Code Section 7508 and Treas. Reg. Section 301.7508A-1.

The Taxpayer and/or its tax return preparer are located within the federally declared disaster area designated in IRS News Releases IR-2017-155 & IR-2017-156.

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	38	Amount from line 37 (adjusted gross income)	38	846,772
Tax and Credits	39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/>		
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	56,483
	41	Subtract line 40 from line 38	41	790,289
	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	0
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	790,289
	44	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	251,817
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	251,817
	48	Foreign tax credit. Attach Form 1116 if required	48	25,275
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 48 through 54. These are your total credits	55	25,275
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	226,542
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	2,070
	58	Unreported social security and Medicare tax from Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 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	
	60b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	8,491
	63	Add lines 56 through 62. This is your total tax	63	237,103
Payments If you have a qualifying child, attach Schedule EIC.	64	Federal income tax withheld from Forms W-2 and 1099	64	232,727
	65	2016 estimated tax payments and amount applied from 2015 return	65	15,280
	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 <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	248,007
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	10,904
	76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	
	b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text"/>		
	77	Amount of line 75 you want applied to your 2017 estimated tax	77	10,904
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 **JOSE E. SMITH** Personal identification number (PIN) **33145** Phone no. **305-669-4170**

Sign Here 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 **SCIENTIST** Daytime phone number

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 instr.)

Paid Preparer Use Only

Print/Type preparer's name **JOSE E. SMITH** Preparer's signature Date **12/01/17** Check if self-employed PT N **P00853457**

Firm's name **Smith, Buzzi & Associates, LLC** Firm's EIN **80-0631935**

Firm's address **5901 SW 74th Street Suite 300 South Miami FL 33143** Phone no. **305-669-4170**

SCHEDULE A (Form 1040)

Itemized Deductions

OMB No. 1545-0074

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

2016

Department of the Treasury Internal Revenue Service (99)

Attach to Form 1040.

Attachment Sequence No. 07

Name(s) shown on Form 1040

Your social security number

CAMILLO RICORDI

492-90-8135

Table with columns for line number, description, amount, and total. Includes sections for Medical and Dental Expenses, Taxes You Paid, Interest You Paid, Gifts to Charity, Casualty and Theft Losses, Job Expenses and Certain Miscellaneous Deductions, and Other Miscellaneous Deductions. Total Itemized Deductions: 56,483.

SCHEDULE B
(Form 1040A or 1040)

(Rev. January 2017)
Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ **Attach to Form 1040A or 1040.**

▶ **Information about Schedule B and its instructions is at www.irs.gov/scheduleb.**

OMB No. 1545-0074

2016

Attachment
Sequence No. **08**

Name(s) shown on return

CAMILLO RICORDI

Your social security number
492-90-8135

Part I
Interest

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

WELLS FARGO

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

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

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

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

Amount	
1	295
2	295
3	
4	295

Part II
Ordinary Dividends

5 List name of payer ▶
BANCO LEONARDO S.P.A
T ROWE PRICE

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

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

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

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

Amount	
5	53,838
6	12
6	53,850

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

Part III
Foreign Accounts and Trusts

(See instructions on back.)

7a At any time during 2016, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶ **Italy**
8 During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

Yes	No
X	
X	
	X

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2016

Attachment Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ **Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

Name of proprietor CAMILLO RICORDI		Social security number (SSN) 492-90-8135
A Principal business or profession, including product or service (see instructions) CONSULTING	B Enter code from instructions ▶ 541990	
C Business name. If no separate business name, leave blank. CAMILO RICORDI LLC	D Employer ID number (EIN), (see instr.)	
E Business address (including suite or room no.) ▶ 550 BAY POINT RD City, town or post office, state, and ZIP code MIAMI FL 33137		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
H If you started or acquired this business during 2016, check here	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J If "Yes," did you or will you file required Forms 1099?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	136,245
2 Returns and allowances		
3 Subtract line 2 from line 1		136,245
4 Cost of goods sold (from line 2)		
5 Gross profit. Subtract line 4 from line 3		136,245
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		
7 Gross income. Add lines 5 and 6		136,245

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

8 Advertising	8	5,000	18 Office expense (see instructions)	18	2,908
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	23,104
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	10,009
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a			26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7			27a Other expenses (from line 48)	27a	17,919
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.				31	77,305
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.				32a	<input type="checkbox"/> All investment is at risk.
				32b	<input type="checkbox"/> Some investment is not at risk.

CAMILLO RICORDI

492-90-8135

Schedule C (Form 1040) 2016 CONSULTING

Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
35 Inventory at beginning of year.
36 Purchases less cost of items withdrawn for personal use
37 Cost of labor. Do not include any amounts paid to yourself
38 Materials and supplies
39 Other costs
40 Add lines 35 through 39
41 Inventory at end of year
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4

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

43 When did you place your vehicle in service for business purposes? (month day year)
44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
a Business b Commuting (see instructions) c Other
45 Was your vehicle available for personal use during off-duty hours?
46 Do you (or your spouse) have another vehicle available for personal use?
47a Do you have evidence to support your deduction?
b If "Yes," is the evidence written?

Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Table with 2 columns: Expense Category and Amount. Rows include LEGAL AND ACCOUNTING (6,839), PARKING FEES (1,522), PROMOTIONS (2,545), TELEPHONE (1,440), TRANSPORTATION (5,573), and Total other expenses (17,919).

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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.

2016 Attachment Sequence No. 12

Name(s) shown on return CAMILLO RICORDI Your social security number 492-90-8135

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

Table with 5 columns: (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). Rows include 1a, 1b, 2, 3, 4, 5, 6, 7.

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

Table with 5 columns: (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). Rows include 8a, 8b, 9, 10, 11, 12, 13, 14, 15.

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule D (Form 1040) 2016

Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • 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	34,466
<p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions</p>	18	
<p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions</p>	19	
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500)] <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21 ()
<p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> 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).</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074

2016

Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99)

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

Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

Name(s) shown on return

Your social security number

CAMILLO RICORDI

492-90-8135

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 X
B If "Yes," did you or will you file all required Forms 1099? Yes No

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

Table with 6 columns: 1b Type of Property, 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.

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)

Main income/expense table with columns: Income, Properties, A, B, C. Rows include Rents received, Royalties received, Advertising, Auto and travel, Cleaning and maintenance, Commissions, Insurance, Legal and other professional fees, Management fees, Mortgage interest, Other interest, Repairs, Supplies, Taxes, Utilities, Depreciation expense, Other, Total expenses, Subtract line 20 from line 3, Deductible rental real estate loss.

Summary table with rows 23a-e: Total of all amounts reported on line 3 for all rental properties, Total of all amounts reported on line 4 for all royalty properties, Total of all amounts reported on line 12 for all properties, Total of all amounts reported on line 18 for all properties, Total of all amounts reported on line 20 for all properties.

Final summary rows 24-26: 24 Income. Add positive amounts shown on line 21. Do not include any losses. 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25.

For Paperwork Reduction Act Notice, see the separate instructions.

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

Your social security number

CAMILLO RICORDI

492-90-8135

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

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

Table with 5 columns: (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. Row A: HUDSON VENTURE PARTNERS II, L.P., P, 13-4121120.

Summary table for Partnerships and S Corporations. Columns: (f) Passive loss allowed, (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. Totals: 0, 0, 0, 0, 0.

Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B are empty.

Summary table for Estates and Trusts. Columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: 0, 0, 0, 0.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39: Combine columns (d) and (e) only.

Summary

Summary table for Real Estate Mortgage Investment Conduits. Rows 40-43. Row 41: Total income or (loss) 4,935. Row 42: Reconciliation of farming and fishing income. Row 43: Reconciliation for real estate professionals.

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR) Social security number of person with **self-employment** income ▶

CAMILLO RICORDI **492-90-8135**

Section B — Long Schedule SE

Self-Employment Tax

Note. If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I		<input type="checkbox"/>
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions)	2	77,305
3	Combine lines 1a, 1b, and 2	3	77,305
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	71,391
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c	Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income , enter -0- and continue	4c	71,391
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	0
6	Add lines 4c and 5b	6	71,391
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.75% portion of the 7.65% railroad retirement (tier 1) tax for 2016	7	118,500
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$118,500 or more, skip lines 8b through 10, and go to line 11	8a	118,500
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c	Wages subject to social security tax (from Form 8919, line 10)	8c	
d	Add lines 8a, 8b, and 8c	8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	
11	Multiply line 6 by 2.9% (0.029)	11	2,070
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55	12	2,070
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13	1,035

Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income ¹ was not more than \$7,560, or (b) your net farm profits ² were less than \$5,457.			
14	Maximum income for optional methods	14	5,040
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,040. Also include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$5,457 and also less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.			
16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Form **1116**

Foreign Tax Credit (Individual, Estate, or Trust)

OMB No. 1545-0121

2016

Department of the Treasury
Internal Revenue Service (99)

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

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

Attachment Sequence No. **19**

Name
CAMILLO RICORDI

Identifying number as shown on page 1 of your tax return
492-90-8135

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) ▶ **US United States**

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.

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

g Enter the name of the foreign country or U.S. possession ▶	Foreign Country or U.S. Possession				Total (Add cols. A, B, and C.)
	A	IT	B	C	
Italy					
1a Gross income from sources within country shown above and of the type checked above (see instructions):					
FOREIGN INCOME	136,245				136,245
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>					
Deductions and losses (Caution: See instructions):					
2 Expenses definitely related to the income on line 1a (attach statement) ▶ see Statement 1	31,585				
3 Pro rata share of other deductions not definitely related:					
a Certain itemized deductions or standard deduction (see instructions)	20,739				
b Other ded. (attach stmt.)					
c Add lines 3a and 3b	20,739				
d Gross foreign source income (see instructions)	136,245				
e Gross income from all sources (see instructions)	906,894				
f Divide line 3d by line 3e (see instructions)	0.1502				
g Multiply line 3c by line 3f	3,116				
4 Pro rata share of interest expense (see instructions):					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	3,303				
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	38,004				
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶					98,241

Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> 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
	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest	
A	12/31/16							25,275	25,275
B									
C									

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ **8 25,275**

For Paperwork Reduction Act Notice, see instructions.

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	25,275	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	25,275	
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	25,275	
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	98,241	
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	98,241	
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	746,587	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions				
19	Divide line 17 by line 8. If line 17 is more than line 18, enter " "	19	0.1316	
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	251,817	
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	33,136	
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	25,275	

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	25,275	
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	25,275	

Additional Medicare Tax

OMB No. 1545-0074

Form **8959**

▶ If any line does not apply to you, leave it blank. See separate instructions.

▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

2016Attachment
Sequence No. **71**Department of the Treasury
Internal Revenue Service▶ Information about Form 8959 and its instructions is at www.irs.gov/form8959.

Name(s) shown on return

CAMILLO RICORDI

Your social security number

492-90-8135**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	676,956	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	676,956	
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	200,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		476,956
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		4,293

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	71,391	
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	200,000	
10	Enter the amount from line 4	10	676,956	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		71,391
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		643

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	200,000	
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		0
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		

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		4,936
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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	14,109	
20	Enter the amount from line 1	20	676,956	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	9,816	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		4,293
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		4,293

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

Form **8959** (2016)

Form **8960**

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

OMB No. 1545-2227

2016

Attachment
Sequence No. **72**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on your tax return

Your social security number or EIN

CAMILLO RICORDI

492-90-8135

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	295
2	Ordinary dividends (see instructions)	2	53,850
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	4,935
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	
c	Combine lines 4a and 4b	4c	4,935
5a	Net gain or loss from disposition of property (see instructions)	5a	34,466
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	34,466
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	93,546

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	

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	93,546
13	Modified adjusted gross income (see instructions)	13	846,772
14	Threshold based on filing status (see instructions)	14	200,000
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	646,772
16	Enter the smaller of line 12 or line 15	16	93,546
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	3,555
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	

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

Form **8960** (2016)

Form **5471**

(Rev. December 2015)

Department of the Treasury
Internal Revenue Service

**Information Return of U.S. Persons With Respect
To Certain Foreign Corporations**

► For more information about Form 5471, see www.irs.gov/form5471

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **01/01/16**, and ending **12/31/16**

OMB No. 1545-0704

Attachment
Sequence No. **121**

Name of person filing this return

A Identifying number

CAMILLO RICORDI

492-90-8135

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

550 BAY POINT RD

B Category of filer (See instructions. Check applicable box(es)):

1 (repealed) 2 3 4 5

City or town, state, and ZIP code

MIAMI

FL 33137

C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period

22.370 %

Filer's tax year beginning **01/01/16**, and ending **12/31/16**

D Check if any excepted specified foreign financial assets are reported on this form (see instructions)

E Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation

**LIPOGEMS INTERNATIONAL SPA
VIALE BIANCA MARIA, 24**

MILANO

Italy

20129

b(1) Employer identification number, if any

ForeignUS

b(2) Reference ID number (see instructions)

07093190960

c Country under whose laws incorporated

Italy

d Date of incorp.

01/01/13

e Principal place of business

ITALY

f Principal business activity code no.

g Principal business activity

MEDICAL DEVICES

h Functional currency

EURO

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States

NONE

b If a U.S. income tax return was filed, enter:

(i) Taxable income or (loss)

0

(ii) U.S. income tax paid (after all credits)

0

c Name and address of foreign corporation's statutory or resident agent in country of incorporation

**LIPOGEMS INTERNATIONAL SRL
VILLA BIANCA MARIA 24**

MILANO

Italy

20129

d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different

**LIPEGEMS INTERNATIONAL SRL
VILLA BIANCA MARIA 24**

MILANO

Italy

20129

Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period

For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2015)

Other Information

- | | | |
|---|--------------------------|-------------------------------------|
| | Yes | No |
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?
If "Yes," see the instructions for required statement. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 During the tax year, did the foreign corporation own an interest in any trust? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)?
If "Yes," you are generally required to attach Form 8858 for each entity (see instructions). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4?
If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Current Earnings and Profits (see instructions)

Important: Enter the amounts on lines 1 through 5c in **functional** currency.

1 Current year net income or (loss) per foreign books of account	1		
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	d	Net Additions	Net Subtractions
	a Capital gains or losses		
	b Depreciation and amortization		
	c Depletion		
	d Investment tax incentive allowance		
	e Charges to statutory reserves		
	f Inventory adjustments		
	g Taxes		
h Other (attach statement)			
3 Total net additions			
4 Total net subtractions			
5a Current earnings and profits (line 1 plus line 3 minus line 4)	5a		
b DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)	5b		
c Combine lines 5a and 5b	5c		
d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions)) Enter exchange rate used for line 5d ▶	5d		0

Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item E on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶		Identifying number ▶	
1 Subpart F income (line 38b, Worksheet A in the instructions)	1		0
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2		
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3		
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4		
5 Factoring income	5		
6 Total of lines 1 through 5. Enter here and on your income tax return. See instructions	6		0
7 Dividends received (translated at spot rate on payment date under section 989(b)(1))	7		
8 Exchange gain or (loss) on a distribution of previously taxed income	8		

- | | | |
|--|--------------------------|--------------------------|
| • Was any income of the foreign corporation blocked? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did any such income become unblocked during the tax year (see section 964(b))? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to either question is "Yes," attach an explanation.

**SCHEDULE J
(Form 5471)**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

OMB No. 1545-0704

▶ Information about Schedule J (Form 5471) and its instructions is at www.irs.gov/form5471.
▶ Attach to Form 5471.

Name of person filing Form 5471 CAMILLO RICORDI		Identifying number 492-90-8135
Name of foreign corporation LIPOGEMS INTERNATIONAL SPA	EIN (if any) ForeignUS	Reference ID number (see instructions) 07093190960

Important: Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 sec. 959(c)(3) balance)	(c) Previously Taxed E&P (see instructions) (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	
1 Balance at beginning of year						
2a Current year E&P						
b Current year deficit in E&P						
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	0	0				
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a Actual distributions or reclassifications of previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P						
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	0	0				
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	0	0	0	0	0	0

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

Preparer Explanation for Not Filing Electronically

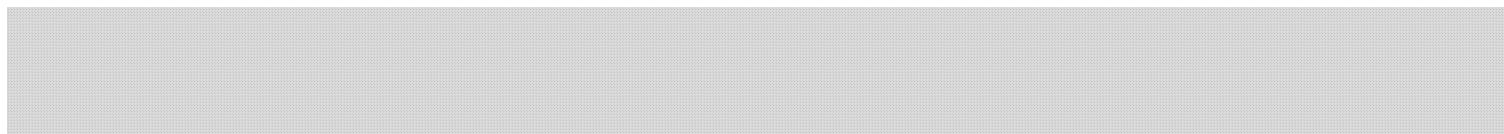
OMB No. 1545-2200

▶ Attach to taxpayer's Form 1040, 1040A, 1040EZ, or Form 1041.

▶ Information about Form 8948 and its instructions is available at www.irs.gov/form8948.

Attachment
Sequence No. **173**

Name(s) on tax return CAMILLO RICORDI	Tax year of return 2016	Taxpayer's identifying number 492-90-8135
Preparer's name JOSE E. SMITH	Preparer Tax Identification Number (PTIN) P00853457	



Check the applicable box to indicate the reason this return is not being filed electronically. Do not check more than one box.

- 1 Taxpayer chose to file this return on paper.
- 2 The preparer received a waiver from the requirement to electronically file the tax return.
 Waiver Reference Number _____ Approval Letter Date _____
- 3 The preparer is a member of a recognized religious group that is conscientiously opposed to filing electronically.
- 4 This return was rejected by IRS e-file and the reject condition could not be resolved.
 Reject code: _____ Number of attempts to resolve reject: _____
- 5 The preparer's e-file software package does not support Form _____ or Schedule _____ attached to this return.
- 6 Check the box that applies and provide additional information if requested.
 - a The preparer is ineligible to file electronically because IRS e-file does not accept foreign preparers without social security numbers who live and work abroad.
 - b The preparer is ineligible to participate in IRS e-file.
 - c Other: Describe below the circumstances that prevented the preparer from filing this return electronically.

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Federal Statements

FOREIGN INCOME - CAMILLO RICORDI LLC

Statement 1 - Form 1116, Line 2, Column A - Definitely Related Expenses

Description	Amount
MEETINGS	\$ 2,908
TRANSPORTATION	5,573
TRAVEL	23,104
Total	\$ <u>31,585</u>

TAXPAYER'S COPY

Form **1040****Qualified Dividends and Capital Gain Tax Worksheet**

Name

Taxpayer Identification Number

CAMILLO RICORDI**492-90-8135**

1. Enter the amount from Form 1040, line 43. However if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheets	1.	790,289
2. Enter the amount from Form 1040, line 9b*	2.	53,838
3. Are you filing Schedule D?*		
<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is a loss, enter -0-	3.	34,466
<input type="checkbox"/> No. Enter the amount from Form 1040, line 13		
4. Add lines 2 and 3	4.	88,304
5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5.	0
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	88,304
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	701,985
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.	8.	37,650
9. Enter the smaller of line 1 or line 8	9.	37,650
10. Enter the smaller of line 7 or line 9	10.	37,650
11. Subtract line 10 from line 9. This amount is taxed at 0%	11.	0
12. Enter the smaller of line 1 or line 6	12.	88,304
13. Enter the amount from line 11	13.	0
14. Subtract line 13 from line 12	14.	88,304
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.	15.	415,050
16. Enter the smaller of line 1 or line 15	16.	415,050
17. Add lines 7 and 11	17.	701,985
18. Subtract line 17 from line 16. If zero or less, enter -0-	18.	0
19. Enter the smaller of line 14 or line 18	19.	
20. Multiply line 19 by 15% (0.15)	20.	0
21. Add lines 11 and 19	21.	
22. Subtract line 21 from line 12	22.	88,304
23. Multiply line 22 by 20% (0.20)	23.	17,661
24. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet	24.	234,156
25. Add lines 20, 23, and 24	25.	251,817
26. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	26.	269,124
27. Tax on all taxable income. Enter the smaller of line 25 or line 26. Also include this amount on Form 1040, line 44. (If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet)	27.	251,817

*If you are filing Form 2555 or 2555-EZ, these lines may be reduced (but not below zero) by your capital gain excess. Please refer to Foreign Earned Income Tax Worksheets - Excess Capital Gain for detail if the lines have been reduced.

Form **1040****General Sales Tax Deduction Worksheet**

Name as shown on return

CAMILLO RICORDI

Taxpayer Identification Number

492-90-8135

State of

Florida

Locality of

MIAMI-DADE**General Sales Tax from IRS Tables**

- | | | |
|---|----|----------------|
| 1. Enter the amount of adjusted gross income (AGI) from Form 1040, Line 38 | 1. | <u>846,772</u> |
| 2. Add the nontaxable amounts from Form 1040, lines 8b, 15a, 16a, 20a (Exclude rollovers and tax-free Sec. 1035 exchanges) | 2. | _____ |
| 3. Add the following nontaxable items: nontaxable combat pay, public assistance, veteran's benefits, and workers' compensation.
Also include any amounts which increase spendable income, such as the refundable portion of refundable tax credits
received in 2016 | 3. | _____ |
| 4. Add lines 1 through 3, this is income for general sales tax table purposes | 4. | <u>846,772</u> |
| 5. Enter the amount from the sales tax table in the Schedule A instructions.
Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8
and enter the amount from line 5 on line 9 | 5. | <u>2,261</u> |
| 6. Enter the number of days of residence in state | 6. | _____ |
| 7. Total days in year | 7. | <u>366</u> |
| 8. Divide line 6 by line 7 (rounded to at least 3 decimal places) | 8. | _____ |
| 9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table. | 9. | <u>2,261</u> |

Local Sales Tax Using IRS Tables

- | | | |
|--|-----|----------------|
| 10. Enter the amount from the sales tax table in the Schedule A instructions. | 10. | <u>2,261</u> |
| 11. If you are a resident of Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi (city of Jackson or
Tupelo only), Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah, or Virginia, enter
the amount from the applicable Optional Local Sales Tax Table in the Schedule A instructions. | 11. | _____ |
| 12. Enter the local general sales tax rate (exclude statewide local sales tax rate) | 12. | <u>1.00000</u> |
| 13. Enter the state general sales tax rate (include statewide local sales tax rate) | 13. | <u>6.0000</u> |
| 14. Divide line 12 by line 13 (rounded to at least 3 decimal places) | 14. | <u>0.167</u> |
| 15. If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax
using the optional local sales tax tables.
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18
and enter the amount from line 15 on line 19
If you did not enter an amount on line 11, multiply line 10 by line 14. This is the local sales tax
using the optional state and certain local sales tax tables.
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18
and enter the amount from line 15 on line 19 | 15. | <u>378</u> |
| 16. Enter the number of days of residence in locality | 16. | _____ |
| 17. Total days in year | 17. | <u>366</u> |
| 18. Divide line 16 by line 17 (rounded to at least 3 decimal places) | 18. | _____ |
| 19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables. | 19. | <u>378</u> |

General Sales Tax Summary

- | | | |
|---|-----|--------------|
| 20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets | 20. | <u>2,261</u> |
| 21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets | 21. | <u>378</u> |
| 22. Add lines 20 and 21, this is the total General Sales taxes using the tables | 22. | <u>2,639</u> |
| 23. Enter the actual state and local general sales taxes paid | 23. | _____ |
| 24. Enter the greater of line 22 or line 23 | 24. | <u>2,639</u> |
| 25. Enter the state and local taxes paid on specified items (major purchases) | 25. | _____ |
| 26. Add lines 24 and 25, this is the deductible General Sales tax | 26. | <u>2,639</u> |
| 27. Enter total state and local income taxes paid | 27. | _____ |

Enter the greater of line 26 or 27 on Schedule A, line 5. If line 26 is greater, mark Schedule A, line 5b. If line 27 is greater, mark Schedule A, line 5a.

Form **1040****Itemized/Standard Deduction & Dependent MAGI Worksheets**

Name

CAMILLO RICORDI

Taxpayer Identification Number

492-90-8135**Itemized Deductions Worksheet**

- | | | |
|--|-----|----------------|
| 1. Enter the total of the amounts from Schedule A, lines 4, 9, 15, 19, 20, 27, and 28 | 1. | <u>74,104</u> |
| 2. Enter the total of the amounts from Schedule A, lines 4, 14, and 20, plus any gambling and casualty or theft losses included on line 28. Caution: Be sure your total gambling and casualty/theft losses are identified on line 28. | 2. | <u>74,104</u> |
| 3. Subtract line 2 from line 1. If the result is zero, stop here ; enter the amount from line 1 above on Schedule A, line 29. | | <u>74,104</u> |
| 4. Multiply line 3 by 80% (.80) | 4. | <u>59,283</u> |
| 5. Enter the amount from Form 1040, line 38 | 5. | <u>846,772</u> |
| 6. Enter \$311,300 if married filing jointly or qualifying widow(er); \$285,350 if head of household; \$259,400 if single; or \$155,650 if married filing separately | 6. | <u>259,400</u> |
| 7. Subtract line 6 from line 5. If the result is zero or less, stop here ; enter the amount from line 1 above on Schedule A, line 29 | 7. | <u>587,372</u> |
| 8. Multiply line 7 by 3% (.03) | 8. | <u>17,621</u> |
| 9. Enter the smaller of line 4 or line 8 | 9. | <u>17,621</u> |
| 10. Total itemized deductions. Subtract line 9 from line 1. Enter the result here and on Schedule A, line 29 | 10. | <u>56,483</u> |

Standard Deduction Worksheet

- | | | |
|---|----|--------------|
| 1. Enter the amount shown below for your filing status.
<ul style="list-style-type: none"> ● Single or Married filing separately - \$6,300 ● Married filing jointly or qualifying widow(er) - \$12,600 ● Head of household - \$9,300 | 1. | <u>6,300</u> |
| 2. Can you (or your spouse if married filing jointly) be claimed as a dependent?
<input checked="" type="checkbox"/> No. Skip line 3; enter the amount from line 1 on line 4.
<input type="checkbox"/> Yes. Go to line 3. | | |
| 3. Is your earned income more than \$700?
<input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total.
<input type="checkbox"/> No. Enter \$1,050 | 3. | |
| 4. Enter the smaller of line 1 or line 3. If under 65 and not blind, continue to line 6. Otherwise , go to line 5. | 4. | <u>6,300</u> |
| 5. Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind ; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind . Total boxes checked <input type="checkbox"/>
If 65 or older or blind, multiply \$1,250 (\$1,550 if single or head of household) by the number in the box above | 5. | |
| 6. Add lines 4 and 5. Enter the total here and on Form 1040, line 40 (Form 1040A, line 24) | 6. | <u>6,300</u> |

Dependent Modified Adjusted Gross Income Worksheet

- | | | |
|---|----|--|
| 1. Are you required to file a tax return?
<input type="checkbox"/> No. Do not include Dependent's modified adjusted gross income in Claiming Taxpayer's household income.
<input type="checkbox"/> Yes. Include Modified Adjusted Gross Income in claiming taxpayer's household income. | | |
| 2. Adjusted Gross Income. Enter the amount from Form 1040, Line 38. | 2. | |
| 3. Enter tax-exempt interest from Form 1040, line 8b. | 3. | |
| 4. Enter the amount from your Form 2555, lines 45 and 50, or Form 2555-EZ, line 18. | 4. | |
| 5. Dependent Modified Adjusted Gross Income for Claiming Taxpayer's Form 8962 and Form 8965. Combine lines 2 through 4 | 5. | |
| 6. Enter the total Social Security benefits from Form 1040, line 20a. | 6. | |
| 7. Enter the taxable Social Security benefits from Form 1040, line 20b. | 7. | |
| 8. Nontaxable Social Security benefits. Subtract line 7 from line 6. | 8. | |
| 9. Dependent Modified Adjusted Gross Income for Claiming Taxpayer's Individual Responsibility Worksheet. Add lines 5 and 8. | 9. | |

Form **1040****Exemption Worksheet**

Name

CAMILLO RICORDI

Taxpayer Identification Number

492-90-8135**Exemptions Worksheet**

1. Multiply \$4,050 by the total number of exemptions claimed on Form 1040, line 6d 1. 4,050
2. Enter the amount from Form 1040, line 38 2. 846,772
3. Enter on line 3 the amount shown below for your filing status:
- Single - \$259,400
 - Married filing jointly or Qualifying widow(er) - \$311,300
 - Married filing separately - \$155,650
 - Head of household - \$285,350
- 3. 259,400
4. Subtract line 3 from line 2. If zero or less, **stop here**; enter the amount from line 1 above on Form 1040, line 42 4. 587,372
- Note:** If line 4 is more than \$122,500 (more than \$61,250 if married filing separately), **stop here**; you **cannot** take a deduction for exemptions. Enter -0- on Form 1040, line 42.
5. Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, round it up to the next higher whole number (for example, increase 0.0004 to 1) 5. _____
6. Multiply line 5 by 2% (.02) and enter the result as a decimal amount 6. _____
7. Multiply line 1 by line 6 7. _____
8. **Deduction for exemptions.** Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42 8. 0

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Form **1116****Foreign Tax Credit Worksheet**

Name

Taxpayer Identification Number

CAMILLO RICORDI**492-90-8135**

If you have qualified dividends or capital gains, you may be required to use the worksheet on this page to make adjustments to those qualified dividends and before taking them into account on line 18. If you qualify for the adjustment exception as detailed in the Form 1116 instructions, no adjustment is necessary. If you figured your tax using the **Qualified Dividends and Capital Gain Tax Worksheet**, complete the worksheet as follows: Skip lines 2 through 5. On line 6, enter the amount from line 22 of the **Qualified Dividends and Capital Gain Tax Worksheet**. Complete all other lines as instructed on the worksheet.

Worksheet for Form 1116, Page 2, Line 18

- | | | |
|---|-----|----------------|
| 1. Enter the amount from Form 1040, line 41 or Form 1040NR, line 39 | 1. | <u>790,289</u> |
| 2. Enter your worldwide 28% gains (see instructions) | 2. | _____ |
| 3. Multiply line 2 by .2929 | 3. | _____ |
| 4. Enter your worldwide 25% gains (see instructions) | 4. | _____ |
| 5. Multiply line 4 by .3687 | 5. | _____ |
| 6. Enter your worldwide 20% gains and qualified dividends (see instructions) | 6. | <u>88,304</u> |
| 7. Multiply line 6 by .4949 | 7. | <u>43,702</u> |
| 8. Enter your worldwide 15% gains and qualified dividends (see instructions) | 8. | _____ |
| 9. Multiply line 8 by .6212 | 9. | _____ |
| 10. Enter your worldwide 0% gains and qualified dividends (see instructions) | 10. | _____ |
| 11. Add lines 3, 5, 7, 9 and 10 | 11. | <u>43,702</u> |
| 12. Subtract line 11 from line 1. Enter the result here and on Form 1116, line 18 | 12. | <u>746,587</u> |

Please refer to the Form 6251 instructions for the alternative minimum tax amounts reported on this worksheet

Worksheet for AMT Form 1116, Page 2, Line 18

- | | | |
|--|-----|----------------|
| 1. Enter the amount from Form 6251, line 28 | 1. | <u>799,877</u> |
| 2. Enter the amount from Form 6251, line 60 | 2. | _____ |
| 3. Multiply line 2 by .1071 | 3. | _____ |
| 4. Enter the amount from Form 6251, line 57 | 4. | <u>88,304</u> |
| 5. Multiply line 4 by .2857 | 5. | <u>25,228</u> |
| 6. Enter the amount from Form 6251, line 54 | 6. | _____ |
| 7. Multiply line 6 by .4643 | 7. | _____ |
| 8. Enter the amount from Form 6251, line 47 | 8. | _____ |
| 9. Add lines 3, 5, 7 and 8 | 9. | <u>25,228</u> |
| 10. Subtract line 9 from line 1. Enter the result here and on the AMT Form 1116, line 18 | 10. | <u>774,649</u> |

Form 1040	Foreign Tax Credit Carryover Report	
------------------	--	--

Name CAMILLO RICORDI	Taxpayer Identification Number 492-90-8135
--------------------------------	--

Foreign Income Category General Income

Year	Regular	AMT
2007	_____	_____
2008	_____	_____
2009	_____	_____
2010	_____	_____
2011	_____	<u>1,515</u>
2012	_____	<u>1,193</u>
2013	_____	<u>1,742</u>
2014	_____	<u>14,513</u>
2015	_____	<u>4,041</u>
2016	_____	_____
Carryover to 2017	_____	<u>23,004</u>

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See Foreign Tax Credit Carryover Worksheet

Form **1040****Foreign Tax Credit Carryover Worksheet**Name
CAMILLO RICORDITaxpayer Identification Number
492-90-8135Foreign Income Category General Income**Regular**

	Foreign Taxes Available	Maximum Credit Allowable	Unused (+) or Excess (-)	Carryback Applied from CY	Carryforward Applied to CY	* CY Unused (+) or Excess (-)
2006						
2007	25	29				
2008	19,758	19,414				
2009	12	49				
2010	26,201	27,297	-117			-117
2011	27,851	27,175				
2012	21,328	21,223				
2013	36,293	40,733				
2014	54,225	47,371				
2015	37,370	39,909	-20			-20
2016	25,275	33,136	-7,861			-7,861

* Amounts flow to the Foreign Tax Credit Carryover Report

Alternative Minimum Tax

	Foreign Tax Available	Maximum Credit Allowable	Unused (+) or Excess (-)	Carryback Applied from CY	Carryforward Applied to CY	* CY Unused (+) or Excess (-)
2006						
2007	25	27				
2008	19,758	18,089	1,630		1,630	
2009	12	49				
2010	26,201	25,881	320		320	
2011	27,851	25,669	2,182		667	1,515
2012	21,328	20,135	1,193			1,193
2013	36,293	34,551	1,742			1,742
2014	54,225	39,712	14,513			14,513
2015	37,370	33,329	4,041			4,041
2016	25,275	27,892	-2,617		2,617	

* Amounts flow to the Foreign Tax Credit Carryover Report

Form **1040****Home Mortgage Limit Worksheet A**

Name

Taxpayer Identification Number

CAMILLO RICORDI**492-90-8135****Part I Qualified Loan Limit**

1. Enter the average balance for all your grandfathered debt. See line 1 instructions	1.	
2. Enter the average balance for all your home acquisition debt. See line 2 instructions	2.	1,052,734
3. Enter \$1,000,000 (\$500,000 if married filing separately)	3.	1,000,000
4. Enter the larger of the amount on line 1 or the amount on line 3	4.	1,000,000
5. Add the amounts on lines 1 and 2. Enter the total here	5.	1,052,734
6. Enter the smaller of the amount on line 4 or the amount on line 5	6.	1,000,000
7. Enter \$100,000 (\$50,000 if married filing separately). See line 7 instructions for limit that may apply	7.	
8. Add the amounts on lines 6 and 7. Enter the total. This is your qualified loan limit	8.	1,000,000

Part II Deductible Home Mortgage Interest

9. Enter the total of the average balances for all mortgages on all qualified homes. See line 9 instructions	9.	1,052,734
<ul style="list-style-type: none"> ● If line 8 is less than line 9, go on to line 10. ● If line 8 is equal to or more than line 9, stop here. All of your interest on all the mortgages included on line 9 is deductible as home mortgage interest on Schedule A (Form 1040), line 10 or 11, whichever applies. 		
10. Enter the total amount of interest that you paid. See line 10 instructions	10.	30,368
11. Divide the amount on line 8 by the amount on line 9. Enter the result as a decimal amount (rounded to three places)	11.	0.950
12. Multiply the amount on line 10 by the decimal amount on line 11. Enter the result. This is your deductible home mortgage interest. Enter this amount on Schedule A (Form 1040), line 10 or 11, whichever applies	12.	28,850
13. Subtract the amount on line 12 from the amount on line 10. Enter the result. This is not home mortgage interest. See line 13 instructions	13.	1,518

Deductible Points

	Points reported on Form 1098	Points not reported on Form 1098
14. Points paid during current year	14.	14.
15. Decimal amount from Part II, line 11	15. 0.950	15. 0.950
16. Points deductible as home mortgage interest	16.	16.
17. Points not deductible as home mortgage interest	17.	17.

Form **1040****Mixed Use Mortgage Worksheets**

Name

Taxpayer Identification Number

CAMILLO RICORDI**492-90-8135**

Description of loan/property

PRIMARY RESIDENCELoan Origination
DateUnit
No.**1**

1. Enter the total principal amount paid in 2016	1.	<u>30,440</u>
2. Number of months loan was outstanding in 2016	2.	<u>12</u>
3. Home equity debt balance on 12/31/15 (or the first day mortgage was outstanding)	3.	_____
4. Home equity debt balance on 12/31/16 (or the last day mortgage was outstanding)	4.	_____
5. Average balance for 2016 of home equity debt	5.	_____
6. Grandfather debt balance on 12/31/15 (or the first day the mortgage was outstanding)	6.	_____
7. Grandfather debt balance on 12/31/16 (or the last day the mortgage was outstanding)	7.	_____
8. Average balance for 2016 of grandfather debt	8.	_____
9. Home acquisition/improvement debt on 12/31/15 (or the first day mortgage was outstanding)	9.	<u>1,067,954</u>
10. Home acquisition/improvement debt on 12/31/16 (or the last day mortgage was outstanding)	10.	<u>1,037,514</u>
11. Average balance for 2016 of home acquisition debt	11.	<u>1,052,734</u>
12. Average balance for 2016 of all types of debt	12.	<u>1,052,734</u>

Mixed Use Mortgage Summary

Average balance home equity debt for 2016	_____
Average balance grandfather debt for 2016; enter the result on Home Mortgage Limit Worksheet A, line 1	_____
Average balance home acquisition/improvement debt for 2016; enter the result on Home Mortgage Limit Worksheet A, line 2	<u>1,052,734</u>
Average balance of all debt types for 2016; enter the result on Home Mortgage Limit Worksheet A, line 9	<u>1,052,734</u>

Form **1040** **K-1 Reconciliation Worksheet - Sch E, B, D, Form 4797** **2016**

Name **CAMILLO RICORDI** Taxpayer Identification Number **492-90-8135**

Entity Name **HUDSON VENTURE PARTNERS II, L.P.** EIN **13-4121120** Entity Type **Partnership** Screen **K1** K1 Unit **1**

Activity **Passive Activity Type Other Passive** Entire disposition of activity

	Current Year Amount	PY Suspended Basis Loss	Disallowed Basis Limitation	PY Suspended At-risk Loss	Disallowed At-risk Limitation	PY Suspended Passive Loss	Disallowed Loss Limitation	Tax Return
Schedule E page 2								
Ordinary business income/-loss								
Net rental real estate income/-loss								
Other net rental income/-loss								
Guaranteed payments								
Section 179 expense								
Disallowed Section 179 expense								
Depletion								
Section 59(e)(2) expenditures								
Preproductive period expense								
Commercial revitalization deduct								
Reforestation expense deduct								
Other deductions								
Unreimbursed expenses								
Other inc/loss - Sch d - E								
Debt financed acquisition								
Dependent care benef								
Total Schedule E page 2								
Schedule E page 1								
Royalties								
Deductions-royalty income								
Depletion								
Total Schedule E page 1								
Schedule B								
Interest Income								
Tax-exempt interest income								
Dividend Income								
Qualified dividends (1040, Page 1)								
Schedule D/8949/6781								
Short-term capital gain/-loss	-147							-147
Long-term capital gain/-loss	34,613							34,613
28% capital gain/-loss								
1256 contracts and straddles								
Form 4797								
4797 Part I								
4797 Part II								
Section 179/280F recapture								

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Form **1040** **K-1 Reconciliation Worksheet - Form 1040, Sch A, Form 4952, 8903** **2016**

Name **CAMILLO RICORDI** Taxpayer Identification Number **492-90-8135**

Entity Name **HUDSON VENTURE PARTNERS II, L.P.** EIN **13-4121120** Entity Type **Partnership** Screen **K1** K1 Unit **1**

Activity **Passive Activity Type Other Passive** Entire disposition of activity

	Current Year Amount	PY Suspended Basis Loss	Disallowed Basis Limitation	PY Suspended At-risk Loss	Disallowed At-risk Limitation	PY Suspended Passive Loss	Disallowed Loss Limitation	Tax Return
Form 1040 page 1								
Other portfolio income/-loss								
Other income/-loss								
Penalty on early withdrawal								
1040 page 2								
Federal income tax withheld								
Undistributed capital gains credit								
Recapture of low-income housing cr								
Recapture of indian employment cr								
Recapture of employ child care cr								
Recapture of new markets cr								
Recapture of qual electric veh cr								
Recapture of alt motor vehicle cr								
Recapture of alt fuel h fueling cr								
Schedule A								
Cash contributions (50%)								
Cash contributions (30%)								
Noncash contributions (50%)								
Noncash contributions (30%)								
Cap gain prop 50% org (30%)								
Cap gain prop (20%)								
Portfolio deductions (2% floor)	900							900
Portfolio deductions (other)								
Real estate taxes								
State and local tax withheld paid								
Foreign taxes								
Investment int from 4952								
Form 4952								
Investment interest expense								
Investment income adjustment								
Investment expenses								
Form 8903								
Qualified production activities income								
Employer's W-2 wages		Current loss						
Deductions attributable to QPAI		disallowed %	%	PY susp deducts	% Allowed	%		

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Form 1040	Form 8960 - Net Investment Income Worksheet 3	
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Name CAMILLO RICORDI	Taxpayer Identification Number 492-90-8135
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Form 8960, Lines 9 and 10, State income tax and Miscellaneous expenses allocable to investment income

1. State and local income taxes	1.	
2. Tax preparation fees	2.	
3. Investment income, Form 8960 line 8	3.	
4. Adjusted gross income	4.	
5. Divide line 3 by line 4	5.	
6. State and local tax allocable to net investment income (Multiply line 1 by line 5)	6.	
7. Tax preparation fees allocable to net investment income (Multiply line 2 by line 5)	7.	
Application of limitation under section 67		
8. Miscellaneous expenses allocable to net investment income	8.	900
9. Total miscellaneous expenses (line 7 plus line 8)	9.	900
10. Enter the limited miscellaneous deductions from line 27, Schedule A	10.	
11. If line 10 is less than line 9, divide line 10 by line 9. Else, enter 1.00	11.	
12. 8960 line 9c, Miscellaneous expenses after Sec 67 (Miscellaneous expenses from line 8 multiplied by line 11)	12.	
13. 8960 line 10, Additional modifications after Sec 67 (Tax preparation fees from line 7 multiplied by line 11)	13.	0
Application of limitation under section 68		
14. Total of misc expenses after Sec 67 (line 12 + line 13)	14.	
15. State and local taxes allocable to net investment income (line 6)	15.	
16. Other itemized deductions	16.	
17. Total	17.	
18. Enter the total itemized deductions from line 29, Schedule A	18.	56,483
19. Deductions not subject to limitation under section 68	19.	
20. Subtract line 19 from line 18. If zero or less, stop here. No deductions are allowed.	20.	56,483
21. If line 20 is less than line 17, divide line 20 by line 17. Else enter 1.00	21.	1.000
22. Form 8960 line 9b, State income tax (line 15 multiplied by line 21)	22.	
23. Form 8960 line 9c, Miscellaneous investment expense (line 12 multiplied by line 21)	23.	
24. Form 8960 line 10, Additional modifications (lines 13 and 16 multiplied by line 21)	24.	

Form 8960, Line 5c, Adjustment from disposition of partnership interest or S corporation stock

1. Amount of net gain from the disposition of a partnership or S corporation to which section 1411(c)(4)(A) applies	1.	
2. Amount of net gain included in net investment income after application of Regulations section 1.1411-7 (But not more than line 1)	2.	
3. Enter the difference between line 1 and line 2 (Enter as a negative number)	3.	
4. Amount of net loss from the disposition of a partnership or S corporation to which section 1411(c)(4)(A) applies	4.	
5. Amount of net loss included in net investment income after application of Regulations section 1.1411-7 (But not more than line 4)	5.	
6. Enter the difference between line 4 and line 5	6.	
7. Amount of net gain attributable to payments received on an installment sale obligation that was attributable to the disposition of a partnership or S corporation in a prior year	7.	
8. Amount of net gain attributable to installment sale obligations after application of Regulations section 1.1411-7 (But not more than line 7)	8.	
9. Enter the difference between line 7 and line 8 (Enter as a negative number)	9.	
10. Total adjustment from disposition of partnership interest or S corporation stock (Sum of lines 3, 6, and 9)	10.	

This is the amount reported on Form 8960 line 5c

Form 1040	Net Earnings from Self-Employment Worksheet	
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Name CAMILLO RICORDI	Taxpayer Identification Number 492-90-8135
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	Taxpayer	Spouse
Farm profit or (loss)		
Schedule F	_____	_____
Farm Partnerships - Schedule K-1, box 14, code A	_____	_____
Auto expense from farm partnerships	(_____)	(_____)
Amortization from farm partnerships	(_____)	(_____)
Depreciation & Section 179 from farm partnerships	(_____)	(_____)
Depletion from farm partnerships	(_____)	(_____)
Other expenses from farm partnerships	(_____)	(_____)
Home office expenses from farm partnerships	(_____)	(_____)
Unreimbursed partnership expenses from farm partnerships	(_____)	(_____)
Debt financed acquisition interest from farm partnerships	(_____)	(_____)
Farm adjustment to SE Income	_____	_____
Net farm profit or (loss) - Schedule SE line 1a	<u>0</u>	<u>0</u>
Conservation Reserve Program payments to social security/disability benefit recipients included on Sch F, In 4b or listed on Sch K-1 (Form 1065), box 20, code Z - Sch SE line 1b	(0)	(0)
Nonfarm profit or (loss)		
Schedule C (excluding minister Schedule C income reported below)	77,305	_____
Nonfarm partnerships - Schedule K-1, box 14, code A	_____	_____
Auto expense from nonfarm partnerships	(_____)	(_____)
Amortization from nonfarm partnerships	(_____)	(_____)
Depreciation & Section 179 from nonfarm partnerships	(_____)	(_____)
Depletion from nonfarm partnerships	(_____)	(_____)
Other expenses from nonfarm partnerships	(_____)	(_____)
Home office expenses from nonfarm partnerships	(_____)	(_____)
Unreimbursed partnership expenses from nonfarm partnerships	(_____)	(_____)
Debt financed acquisition interest from nonfarm partnerships	(_____)	(_____)
Employee business expenses - Form 2106 (excluding minister 2106 expenses reported below)	(_____)	(_____)
Nonfarm adjustment to SE income	_____	_____
Self-employment income reported as other income	_____	_____
Self-employment income from contracts and straddles	_____	_____
Minister/clergy self-employment income (from Clergy Worksheet Page 4, line 8)	_____	_____
Net nonfarm profit or (loss) - Schedule SE line 2	<u>77,305</u>	<u>0</u>
Other income items subject to and/or exempt from self-employment tax		
Fees received for services performed as a notary public	(_____)	(_____)
Earnings while debtor in a chapter 11 bankruptcy case	_____	_____
Taxable community property income/-loss	_____	_____
Exempt community property income/-loss	(_____)	(_____)
Net adjustment included on Schedule SE, line 3	<u>0</u>	<u>0</u>
Net profit (loss) from self-employment activities - Schedule SE line 3	<u>77,305</u>	<u>0</u>
Church employee income - Schedule SE, Page 2 line 5a	_____	_____

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Federal Statements

UNIVERSITY OF MIAMI

Form W-2, Box 12

<u>Description</u>	<u>Amount</u>
Cost of group term life insurance coverage over 50,000	\$ 2,322
Cost of employer-sponsored health coverage	13,215
Total	<u>\$ 15,537</u>

UNIVERSITY OF MIAMI

Form W-2, Box 14 - Other

<u>Description</u>	<u>Amount</u>
Charitable contributions (50% limitation)	\$ 12,000
Total	<u>\$ 12,000</u>

Form 1040, Dividend Income

<u>Payer</u>	<u>Ordinary Dividends</u>	<u>Qualified Dividends</u>
BANCO LEONARDO S.P.A	\$ 53,838	\$ 53,838
T ROWE PRICE	12	
Total	<u>\$ 53,850</u>	<u>\$ 53,838</u>

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Federal Statements

Schedule A, Line 5b - State and Local General Sales Taxes

<u>Description</u>	<u>Amount</u>
General Sales Tax	\$ 2,639
Total	\$ <u>2,639</u>

Schedule A, Line 10 - Home Mortgage Interest & Points From Form 1098

<u>Description</u>	<u>Amount</u>
Mortgage Int - Worksheet A	\$ 28,850
Total	\$ <u>28,850</u>

Schedule A, Line 16 - Charitable Contributions by Cash or Check

<u>Description</u>	<u>Amount</u>
GIVE MIAMI DAY	\$ 1,045
ORCHESTRA MIAMI	5,000
50% Cash contrib from W-2s	<u>12,000</u>
Total	\$ <u>18,045</u>

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Federal Statements

FOREIGN INCOME - CAMILLO RICORDI LLC
Form 1116 line 1a - Gross Income From Sources Within Country

Description	A	B	C
Other foreign gross income	\$	\$	\$
1116 Foreign Gross Income	136,245		
- 1116 Foreign Qualified Dividends			
	136,245		
Total	136,245		

FOREIGN INCOME - CAMILLO RICORDI LLC
Form 1116 line 3e - Gross Income from All Sources

Description	Amount
1040 lines 7-11, 15b-16b, 19-20b, 21	\$ 731,101
Gross Sch C business income	136,245
Gross Sch E royalty income	4,935
Share PS/S-corp gross income	34,613
Total	\$ 906,894

FOREIGN INCOME - CAMILLO RICORDI LLC
Form 1116 line 4a - Apportioned Home Mortgage Interest

Description	A	B	C
1116 line 3d gross frgn source income	\$ 136,245	\$	\$
Less apportioned 2555 income, if any			
Gross foreign source income	136,245		
1116 line 3e all sources gross income	906,894		
Less Form 2555 excluded income, if any			
Gross income from all sources	906,894		
Gross foreign inc/gross inc all sources			
Gross inc apportionment factor A 0.1502			
Schedule A home mortgage interest	21,989		
1116 line 4a home mortgage interest	3,303		
(mort int X apportionment factor)			

Federal Statements

Form 8960 - Net Investment Income Worksheet 3 - Miscellaneous Expenses

<u>Description</u>	<u>Amount</u>
Portfolio Inc Ded (K-1s)	\$ <u>900</u>
Total	\$ <u><u>900</u></u>

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Form 1040	Carryover Report	
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Name CAMILLO RICORDI	Taxpayer Identification Number 492-90-8135
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Carryover Item	Available to 2016	2016 Amounts		Carryover to 2017
Excess section 179	_____	_____	_____	_____
Excess section 179 - AMT	_____	_____	_____	_____
Minimum tax credit	_____	_____	_____	_____
Investment interest	_____	_____	_____	_____
Investment interest - AMT	_____	_____	_____	_____
Short-term capital loss	_____	_____	_____	_____
Short-term capital loss - AMT	_____	_____	_____	_____
Long-term capital loss	_____	_____	_____	_____
Long-term capital loss - AMT	_____	_____	_____	_____
Residential energy efficient property	_____	_____	_____	_____
D.C. first-time homebuyer credit	_____	_____	_____	_____
Tax credit bonds	_____	_____	_____	_____

Nonrecaptured Section 1231 Losses - Line 8, Form 4797		
2011 Amounts		
2012 Amounts	Generated	28
2013 Amounts	_____	_____
2014 Amounts	_____	_____
2015 Amounts	_____	_____
Available to 2016		28
2016 Amounts	_____	_____
Carryover to 2017		28

AMT Nonrecaptured Section 1231 Losses - Line 8, Form 4797		
2011 Amounts		
2012 Amounts	Generated	28
2013 Amounts	_____	_____
2014 Amounts	_____	_____
2015 Amounts	_____	_____
Available to 2016		28
2016 Amounts	_____	_____
Carryover to 2017		28

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Form **1040**

Salaries & Wages Report

Name **CAMILLO RICORDI** Taxpayer Identification Number **492-90-8135**

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	<u>UNIVERSITY OF MIAMI</u>	<u>676,956</u>	<u>228,434</u>	<u>118,500</u>
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
	Taxpayer Spouse Totals	<u><u>676,956</u></u>	<u><u>228,434</u></u>	<u><u>118,500</u></u>

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	<u>7,347</u>	<u>676,956</u>	<u>14,109</u>				<u>12,000</u>
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
	Taxpayer Spouse Totals	<u><u>7,347</u></u>	<u><u>676,956</u></u>	<u><u>14,109</u></u>			<u><u>12,000</u></u>

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	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
	Taxpayer Spouse Totals					

Name CAMILLO RICORDI	Taxpayer Identification Number 492-90-8135
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		2015	2016	Differences
		SGL	SGL	
Filing Status				
Dependents claimed		0	0	
I n c o m e	1. Salaries and wages	687,602	676,956	-10,646
	2. Interest income	163	295	132
	3. Tax exempt interest income			
	4. Dividend income	27,422	53,850	26,428
	5. Qualified dividend income			
	6. Taxable state/local refunds			
	7. Alimony received			
	8. Business income/loss	108,957	77,305	-31,652
	9. Capital gain/loss		34,466	34,466
	10. Other gains/losses			
	11. Taxable IRA distributions			
	12. Taxable pensions			
	13. Rent and royalty income including farm rental	34	4,935	4,901
	14. Partnership/S corp income			
	15. Estate or trust income			
	16. Farm income/loss			
	17. Unemployment compensation			
	18. Taxable social security			
	19. Other income			
	20. Total income	824,178	847,807	23,629
A d j u s t m e n t s	21. Moving expenses			
	22. Deductible part of self-employment tax	1,459	1,035	-424
	23. SEP/SIMPLE/Qualified plans deductions			
	24. SE health insurance			
	25. Forfeited interest			
	26. Alimony paid			
	27. IRA deductions			
	28. Student loan interest			
	29. Other adjustments			
	30. Adjusted gross income	822,719	846,772	24,053
D e d u c t i o n s	31. Medical			
	32. Taxes	27,308	27,209	-99
	33. Interest	31,093	28,850	-2,243
	34. Contributions	550	18,045	17,495
	35. Casualty losses			
	36. Miscellaneous expenses			
	37. Allowable itemized deductions	42,017	56,483	
	38. Standard deduction	6,300	6,300	
	39. Deduction taken	42,017	56,483	14,466
	40. Subtract line 39 from line 30	780,702	790,289	9,587
	41. Exemptions			
	42. Taxable income	780,702	790,289	9,587

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Form **1040****Two Year Comparison Report - Page 2**

Name

CAMILLO RICORDI

Taxpayer Identification Number

492-90-8135

		2015	2016	Differences
	43. Taxable income from 2YR page 1, line 42	43. 780,702	790,289	9,587
	44. Tax on taxable income	44. 260,152	251,817	-8,335
	45. Alternative minimum tax	45.		
	46. Excess advance premium tax credit	46.		
	47. Child care credit	47.		
	48. Education credits	48.		
T	49. Retirement savings credit	49.		
a	50. Child tax credit	50.		
x	51. General business credit	51.		
	52. Other credits	52. 39,889	25,275	-14,614
C	53. Total credits	53. 39,889	25,275	-14,614
o	54. Net tax liability	54. 220,263	226,542	6,279
m	55. Self-employment taxes	55. 2,918	2,070	-848
p	56. Other taxes	56. 6,344	8,491	2,147
u	57. Total tax	57. 229,525	237,103	7,578
t	58. Income tax withheld	58. 237,217	232,727	-4,490
a	59. Estimated tax payments	59. 14,880	15,280	400
t	60. Earned income credit	60.		
i	61. Additional Child tax credit	61.		
o	62. Other refundable tax credits	62.		
n	63. Other payments	63.		
	64. Total payments	64. 252,097	248,007	-4,090
	65. Tax due/-refund	65. -22,572	-10,904	11,668
	66. Penalties and interest	66.		
	67. Net tax due/-refund	67. -22,572	-10,904	11,668
	68. Refund applied to estimated tax payments	68. 15,280	10,904	-4,376
	69. Refund received	69. -7,292		7,292
	70. Marginal tax rate	70. 39.6%	39.6%	
	71. Effective tax rate	71. 29.0%	30.0%	

Form 1040	Two Year Comparison Report - Schedule C	
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Name CAMILLO RICORDI	Taxpayer identification number 492-90-8135
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Principal business or profession CONSULTING	Unit 1
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		2015	2016	Differences
Income				
1. Gross receipts or sales	1.	151,229	136,245	-14,984
2. Returns and allowances	2.			
3. Cost of goods sold	3.			
4. Gross profit	4.	151,229	136,245	-14,984
5. Other income	5.			
6. Gross income	6.	151,229	136,245	-14,984

Expenses				
7. Advertising	7.	3,422	5,000	1,578
8. Car and truck expenses	8.			
9. Commissions and fees	9.			
10. Contract labor	10.			
11. Depletion	11.			
12. Depreciation and section 179 expense deduction	12.			
13. Employee benefit programs	13.			
14. Insurance (other than health)	14.			
15. Interest - mortgage (paid to banks, etc.)	15.			
16. Interest - other	16.			
17. Legal and professional services	17.			
18. Office expense	18.	3,190	2,908	-282
19. Pension and profit-sharing plans	19.			
20. Rent or lease - vehicles, machinery and equipment	20.			
21. Rent or lease - other business property	21.			
22. Repairs and maintenance	22.			
23. Supplies (not included in cost of goods sold)	23.			
24. Taxes and licenses	24.			
25. Travel	25.	21,601	23,104	1,503
26. Total meals and entertainment	26.	19,910	20,018	108
26a. Nondeductible meals and entertainment	26a.	9,955	10,009	54
26b. Deductible meals and entertainment	26b.	9,955	10,009	54
27. Utilities	27.			
28. Wages (less employment credits)	28.			
29. Other expenses	29.	4,104	17,919	13,815
30. Total expenses	30.	42,272	58,940	16,668

Profit/ (loss)				
31. Tentative profit (loss)	31.	108,957	77,305	-31,652
32. Expenses for business use of home	32.			
33. Net profit or (loss)	33.	108,957	77,305	-31,652

Cost of Goods Sold				
34. Inventory - Beginning of year	34.			
35. Purchases	35.			
36. Labor	36.			
37. Materials	37.			
38. Other costs	38.			
39. Goods available for sale (sum of lines 34-38)	39.			
40. Inventory - End of year	40.			

Form 1040	Two Year Comparison Report - Schedule E Page 1	
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Name CAMILLO RICORDI	Taxpayer identification number 492-90-8135
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Property description ROYALTY	Unit 1
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		2015	2016	Differences
Income				
1. Total rents and royalties received	1.	34	4,935	4,901
Expenses				
2. Advertising	2.			
3. Auto and travel	3.			
4. Cleaning and maintenance	4.			
5. Commissions	5.			
6. Insurance	6.			
7. Legal and other professional fees	7.			
8. Management fees	8.			
9. Mortgage interest paid to banks, etc.	9.			
10. Other interest	10.			
11. Repairs	11.			
12. Supplies	12.			
13. Taxes	13.			
14. Utilities	14.			
15. Depreciation expense or depletion	15.			
16. Other expenses	16.			
17. Total expenses	17.			
Profit/(loss)				
18. Income or (loss) from rental real estate or royalty properties	18.	34	4,935	4,901
19. Deductible rental real estate loss	19.			
Carryover				
20. Vacation home operating expenses carryover to next year	20.			
21. Vacation home excess casualty and depreciation carryover to next year	21.			

Form **1040****Tax Return History Report - Page 1****2016**Name **CAMILLO RICORDI**

Taxpayer Identification Number

492-90-8135

	2012	2013	2014	2015	2016	2017 Projected
Filing Status	MFJ	HH	SGL	SGL	SGL	SGL
Salaries and wages	612,223	629,672	640,040	687,602	676,956	676,956
Interest income	179	2,748	264	163	295	295
Dividend income	15,372	6,397	32,287	27,422	53,850	53,850
Business income/loss		115,156	126,217	108,957	77,305	77,305
Capital gains/losses	38,171	6,171			34,466	
Other gains/losses	-28					
IRA distributions, pensions, annuities						
Rent, royalty, farm rental income	7		34	34	4,935	4,935
Partnership/S corp income	52,512					*
Estate or trust income						*
Farm income/loss						
Other income/loss						
Total income	718,436	760,144	798,842	824,178	847,807	813,341
Total adjustments	2,266	1,542	1,690	1,459	1,035	1,035
Adjusted gross income	716,170	758,602	797,152	822,719	846,772	812,306
Allowable itemized deductions	32,808	23,663	43,264	42,017	56,483	57,580
Standard deduction	11,900	8,950	6,200	6,300	6,300	6,350
Itemized or standard deduction taken	32,808	23,663	43,264	42,017	56,483	57,580
Exemptions	11,400					
Taxable income	671,962	734,939	753,888	780,702	790,289	754,726

* Combined with Rent, royalty, farm rental income on the Federal Tax Projection Worksheet as Schedule E income/loss

Form **1040****Tax Return History Report - Page 2****2016**Name **CAMILLO RICORDI**

Taxpayer Identification Number

492-90-8135

	2012	2013	2014	2015	2016	2017 Projected
Taxable income	671,962	734,939	753,888	780,702	790,289	754,726
Tax on taxable income and Form 8962	193,797	243,058	250,815	260,152	251,817	244,138
Alternative minimum tax						
Total credits	21,223	36,398	47,371	39,889	25,275	25,275
Net tax liability	172,574	206,660	203,444	220,263	226,542	218,863
Self-employment taxes	4,034	3,084	3,380	2,918	2,070	2,070
Other taxes		5,406	6,247	6,344	8,491	7,180
Total tax	176,608	215,150	213,071	229,525	237,103	228,113
Income tax withheld	185,013	215,190	218,651	237,217	232,727	232,727
Estimated tax payments	14,320	9,260	9,300	14,880	15,280	28,100
Other payments						
Total payments	199,333	224,450	227,951	252,097	248,007	260,827
Total due/-refund	-22,725	-9,300	-14,880	-22,572	-10,904	-32,714
Penalties and interest						
Net tax due/-refund	-22,725	-9,300	14,880	-22,572	-10,904	-32,714
Refund applied to estimated tax payments	9,260	9,300	14,880	15,280	10,904	
Refund received	-13,465			-7,292		
Marginal tax rate	35.0%	39.6%	39.6%	39.6%	39.6%	39.6%
Effective tax rate	26.0%	29.0%	28.0%	29.0%	30.0%	30.0%

Form **1040****Reconciliation Worksheet - Taxable Income & Tax**

Name

CAMILLO RICORDI

Taxpayer Identification Number

492-90-8135

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

*Tax on taxable ordinary income under \$100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within \$50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

	(a) Taxable Income	(b) Tax*
Income taxed at ordinary rates		
1. 10% rate	1a. <u>9,275</u>	1b. <u>928</u>
2. 15% rate	2a. <u>28,375</u>	2b. <u>4,262</u>
3. 25% rate	3a. <u>53,500</u>	3b. <u>13,376</u>
4. 28% rate	4a. <u>99,000</u>	4b. <u>27,713</u>
5. 33% rate	5a. <u>223,200</u>	5b. <u>73,656</u>
6. 35% rate	6a. <u>1,700</u>	6b. <u>595</u>
7. 39.6% rate	7a. <u>286,935</u>	7b. <u>113,626</u>
8. Total ordinary taxable income and ordinary tax. Add lines 1 through 7.	8a. <u>701,985</u>	8b. <u>234,156</u>
Income taxed at capital gains rates		
9. 0% capital gains rate	9a. _____	9b. _____
10. 15% capital gains rate	10a. _____	10b. _____
11. 20% capital gains rate	11a. <u>88,304</u>	11b. <u>17,661</u>
12. 25% capital gains rate	12a. _____	12b. _____
13. 28% capital gains rate	13a. _____	13b. _____
14. Total taxable capital gains and capital gains tax. Add line 9 through 13.	14a. <u>88,304</u>	14b. <u>17,661</u>
Total taxable income		
15. Total ordinary taxable income. Enter the amount from line 8a.	15. <u>701,985</u>	
16. Total capital gains taxable income. Enter the amount from line 14a.	16. <u>88,304</u>	
17. Add lines 15 and 16.	17. <u>790,289</u>	
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18. _____	
19. Taxable income reported on 1040, line 43 (1040A, line 27, 1040EZ, line 6, 1040NR, line 41, or 1040NR-EZ, line 17). Subtract line 18 from line 17.	19. <u>790,289</u>	
Total tax		
20. Total ordinary tax. Enter the amount from line 8b.	20. <u>234,156</u>	
21. Total capital gains tax. Enter the amount from line 14b.	21. <u>17,661</u>	
22. Tax on child's interest and dividend.	22. _____	
23. Tax on lump-sum distribution.	23. _____	
24. Other taxes.	24. _____	
25. Add lines 20 through 24.	25. <u>251,817</u>	
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.	26. _____	
27. Total tax reported on 1040, line 44, (1040A, line 28, 1040EZ, line 10, 1040NR, line 42, or 1040NR-EZ, line 15). Subtract line 26 from line 25.	27. <u>251,817</u>	
Tax Rates and Methods: Filing Status Single		
Tax Method Qualified Dividends & Capital Gain Tax Worksheet		
28. Marginal Tax Rate - Ordinary income (Taxable income \$415,050 +)	28. <u>39.6%</u>	
29. Marginal Tax Rate - Capital income (Taxable income \$415,050 +)	29. <u>20.0%</u>	
30. Unrecaptured Section 1250 - Capital income	30. _____%	
31. Collectibles, Section 1202 - Capital income	31. _____%	
32. Tax as a percentage of taxable income. Divide line 27 by line 19.	32. <u>32.0%</u>	