

LAWRENCE GAGNON, CPA
 6821 SW 44TH ST, APT 303
 MIAMI, FL 33155
 (617)-519-1960

April 10, 2017

Kathryn and Matthew M Ramsey
 56 Winship St #1
 Brighton, MA 02135-3368

Dear Kathryn and Matthew,

Your 2016 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. There is a balance due of \$565. The balance due will be directly withdrawn from your bank account on April 14, 2017.

Under the Affordable Care Act, you and each member of your household had either health coverage or an exemption for each month during 2016. No individual shared responsibility payment is due with the filing of this return.

Your 2016 Massachusetts Individual Income Tax Return will be electronically filed with the State of Massachusetts upon receipt of a signed Form M-8453. There is a balance due of \$429. The balance due will be directly withdrawn from your bank account on April 14, 2017.

Your 2016 Rhode Island Individual Income Tax Return will be electronically filed with the State of Rhode Island. No tax is payable with the filing of this return. There is an overpayment of \$500, of which \$500 has been applied to your 2017 estimated tax.

Your 2017 estimated tax payment schedule is listed below. Your Federal estimated tax payments will be directly withdrawn from your bank account in accordance with the IRS payment schedule.

To cancel the payment, call the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. Cancellation of a required estimated tax payment could lead to penalties and interest charges.

Due Date	Federal	Massachusetts
4/18/17	\$ 800	\$ 383
6/15/17	800	383
9/15/17	0	0
1/16/18	0	0
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	\$ 1,600	\$ 766

Please be sure to call if you have any questions.

Sincerely,

Lawrence Gagnon

DO NOT FILE

2016**FEDERAL INCOME TAX SUMMARY****PAGE 1****KATHRYN AND MATTHEW M RAMSEY*********2194**

	2016	2015	DIFF
INCOME			
WAGES, SALARIES, TIPS, ETC.....	93,277	93,993	-716
INTEREST INCOME.....	1	0	1
DIVIDEND INCOME.....	437	604	-167
BUSINESS INCOME.....	23,634	0	23,634
CAPITAL GAIN OR LOSS.....	-638	208	-846
FORM 4797 GAINS OR LOSSES.....	4	-9	13
TOTAL INCOME.....	116,715	94,796	21,919
ADJUSTMENTS TO INCOME			
STUDENT LOAN INTEREST DEDUCTION.....	0	709	-709
TOTAL ADJUSTMENTS.....	0	709	-709
ADJUSTED GROSS INCOME.....	116,715	94,087	22,628
ITEMIZED DEDUCTIONS			
TAXES.....	4,145	4,174	-29
CONTRIBUTIONS.....	40	0	40
TOTAL ITEMIZED DEDUCTIONS.....	4,185	4,174	11
TAX COMPUTATION			
STANDARD DEDUCTION.....	12,600	12,600	0
LARGER OF ITEMIZED OR STANDARD DEDUCTION.....	12,600	12,600	0
INCOME PRIOR TO EXEMPTION DEDUCTION.....	104,115	81,487	22,628
EXEMPTION DEDUCTION.....	8,100	8,000	100
TAXABLE INCOME.....	96,015	73,487	22,528
TAX BEFORE CREDITS.....	15,502	9,979	5,523
CREDITS			
FOREIGN TAX CREDIT.....	3	0	3
TOTAL CREDITS.....	3	0	3
TAX AFTER CREDITS.....	15,499	9,979	5,520
OTHER TAXES			
TOTAL TAX.....	15,499	9,979	5,520
PAYMENTS			
FEDERAL INCOME TAX WITHHELD.....	12,434	7,827	4,607
ESTIMATED TAX PAYMENTS.....	2,500	0	2,500
TOTAL PAYMENTS.....	14,934	7,827	7,107
REFUND OR AMOUNT DUE			
AMOUNT YOU OWE.....	565	2,152	-1,587
TAX RATES			
MARGINAL TAX RATE.....	25.0%	15.0%	10.0%

DO NOT FILE

2016**MASSACHUSETTS INCOME TAX SUMMARY****PAGE 1****KATHRYN AND MATTHEW M RAMSEY*********2194**

	2016	2015	DIFF
5.1% INCOME			
WAGES, SALARIES, TIPS, ETC.....	93,277	93,993	-716
BUSINESS/PROFESSION OR FARM INCOME (LOSS)	23,634	0	23,634
TOTAL 5.1% INCOME.....	116,911	93,993	22,918
DEDUCTIONS FROM INCOME			
AMOUNT YOU PAID TO SOCIAL SECURITY.....	1,653	2,000	-347
AMOUNT SPOUSE PAID TO SOCIAL SECURITY....	2,000	2,000	0
RENTAL DEDUCTION.....	3,000	3,000	0
STUDENT LOAN INTEREST DEDUCTION.....	0	709	-709
COMMUTER DEDUCTION.....	0	780	-780
TOTAL DEDUCTIONS.....	6,653	8,489	-1,836
EXEMPTIONS FROM INCOME			
5.1% INCOME AFTER DEDUCTIONS.....	110,258	85,504	24,754
PERSONAL EXEMPTIONS.....	8,800	8,800	0
TOTAL EXEMPTIONS.....	8,800	8,800	0
5.1% INCOME AFTER EXEMPTIONS.....	101,458	76,704	24,754
INTEREST AND DIVIDEND INCOME.....	0	449	-449
TAXABLE 5.1% INCOME.....	101,458	77,153	24,305
TAX.....	5,174	3,973	1,201
LONG TERM CAPITAL GAIN INCOME			
TOTAL LONG TERM CAPITAL GAIN INCOME.....	0	354	-354
TAXABLE LONG TERM CAPITAL GAIN INCOME....	0	354	-354
NET TAX ON LONG-TERM CAPITAL GAINS.....	0	18	-18
ADJUSTMENTS TO TAX			
TOTAL TAX.....	5,174	3,991	1,183
CREDIT FOR INCOME TAX PAID TO ANOTHER ST	1,267	0	1,267
TAX AFTER CREDITS.....	3,907	3,991	-84
TAX AFTER CONTRIBUTIONS AND USE TAX.....	3,907	3,991	-84
TAX PAYMENTS			
INCOME TAX WITHHELD.....	2,378	4,174	-1,796
ESTIMATED TAX PAYMENTS.....	1,100	0	1,100
TOTAL PAYMENTS.....	3,478	4,174	-696
REFUND OR AMOUNT DUE			
AMOUNT YOU OWE.....	429	0	429
OVERPAYMENT.....	0	183	-183
AMOUNT REFUNDED TO YOU.....	0	183	-183
TAX RATES			
MARGINAL TAX RATE.....	5.10%	5.15%	-0.05%

2016**RHODE ISLAND INCOME TAX SUMMARY****PAGE 1****KATHRYN AND MATTHEW M RAMSEY*********2194****FEDERAL ADJUSTED GROSS INCOME**

FEDERAL ADJUSTED GROSS INCOME.....	116,715
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RHODE ISLAND INCOME TAX & CREDITS

MODIFIED FEDERAL AGI.....	116,715
DEDUCTIONS.....	16,600
EXEMPTIONS.....	7,800
RHODE ISLAND TAXABLE INCOME.....	92,315
RHODE ISLAND INCOME TAX.....	3,777
NON OR PY: RI ALLOCATED INCOME TAX.....	1,267
RHODE ISLAND INCOME TAX AFTER CREDITS.....	1,267
TOTAL RHODE ISLAND TAX AND CONTRIBUTIONS.....	1,267

PAYMENTS

RHODE ISLAND INCOME TAX WITHHELD.....	1,767
TOTAL PAYMENTS AND CREDITS.....	1,767

BALANCE DUE/OVERPAYMENT

OVERPAYMENT.....	500
OVERPAYMENT APPLIED TO NEXT YEAR'S TAX.....	500
MARGINAL TAX RATE.....	4.8%

DO NOT FILE

Form **8879**Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

- Don't send to the IRS. This isn't a tax return.
► Keep this form for your records.

► Information about Form 8879 and its instructions is at www.irs.gov/form8879.

OMB No. 1545-0074

2016

Submission Identification Number (SID) ►

Taxpayer's name KATHRYN RAMSEY	Social security number 003-72-2194
Spouse's name MATTHEW M RAMSEY	Spouse's social security number 434-69-0932

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

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	116,715.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	15,499.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	12,434.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	565.

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize LAWRENCE GAGNON, CPA to enter or generate my PIN 45919
ERO firm name Enter five digits, but don't enter all zeros
- as my signature on my tax year 2016 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

- ☒ I authorize LAWRENCE GAGNON, CPA to enter or generate my PIN 57254
ERO firm name Enter five digits, but don't enter all zeros
- as my signature on my tax year 2016 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only – continue below**Part III Certification and Authentication – Practitioner PIN Method Only**

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

04304677987
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► LAWRENCE GAGNON Date ► _____

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

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

Form **8879** (2016)

Form 1040		Department of the Treasury — Internal Revenue Service (99)		2016		OMB No. 1545-0074	IRS Use Only — Do not write or staple in this space.																																																															
For the year Jan. 1 - Dec. 31, 2016, or other tax year beginning , 2016, ending , 20						See separate instructions.																																																																
Your first name and initial KATHRYN RAMSEY				Last name RAMSEY																																																																		
Your social security number 003-72-2194																																																																						
If a joint return, spouse's first name and initial MATTHEW M RAMSEY				Last name RAMSEY																																																																		
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Home address (number and street). If you have a P.O. box, see instructions. 56 WINSHIP ST #1						Apt. no.																																																																
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). BRIGHTON, MA 02135-3368						▲ Make sure the SSN(s) above and on line 6c are correct. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse																																																																
Foreign country name		Foreign province/state/county		Foreign postal code																																																																		
Filing Status 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here. 4 <input type="checkbox"/> 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 <input type="checkbox"/> Qualifying widow(er) with dependent child																																																																						
Exemptions 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input checked="" type="checkbox"/> Spouse. c Dependents: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)</th> <th> <input type="checkbox"/> lived with you. <input type="checkbox"/> did not live with you due to divorce or separation (see instructions). Dependents on 6c not entered above. Add numbers on lines above </th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> d Total number of exemptions claimed. 2								(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	<input type="checkbox"/> lived with you. <input type="checkbox"/> did not live with you due to divorce or separation (see instructions). Dependents on 6c not entered above. Add numbers on lines above																																																									
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Form 1040 (2016) KATHRYN AND MATTHEW M RAMSEY

003-72-2194 Page 2

Tax and Credits**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

38 Amount from line 37 (adjusted gross income) 38 116,715.

39a Check ☐ You were born before January 2, 1952, ☐ Blind. ☐ Total boxes checked ☐ 39a ☐
 if: ☐ Spouse was born before January 2, 1952, ☐ Blind. ☐ Total boxes checked ☐ 39a ☐
 b If your spouse itemizes on a separate return or you were a dual-status alien, check here ☐ 39b ☐

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 12,600.

41 Subtract line 40 from line 38 41 104,115.

42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instrs 42 8,100.

43 Taxable income. Subtract line 42 from line 41. 43 96,015.

If line 42 is more than line 41, enter -0-

44 Tax (see instructions). Check if any from: a ☐ Form(s) 8814 c ☐ 44 15,502.b ☐ Form 4972 45 0.

45 Alternative minimum tax (see instructions). Attach Form 6251. 46

46 Excess advance premium tax credit repayment. Attach Form 8962. 47 15,502.

47 Add lines 44, 45, and 46 48 3.

48 Foreign tax credit. Attach Form 1116 if required 49

49 Credit for child and dependent care expenses. Attach Form 2441 50

50 Education credits from Form 8863, line 19 51

51 Retirement savings contributions credit. Attach Form 8880 52

52 Child tax credit. Attach Schedule 8812, if required 53

53 Residential energy credits. Attach Form 5695 54

54 Other crs from Form: a ☐ 3800 b ☐ 8801 c ☐ 55 3.

55 Add lines 48 through 54. These are your total credits 56 15,499.

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 57

57 Self-employment tax. Attach Schedule SE 58

58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919 59

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 60a

60a Household employment taxes from Schedule H. 60b

b First-time homebuyer credit repayment. Attach Form 5405 if required 61

61 Health care: individual responsibility (see instructions) Full-year coverage ☒ 6262 Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instrs; enter code(s) 63 15,499.

63 Add lines 56 through 62. This is your total tax. 64 12,434.

64 Federal income tax withheld from Forms W-2 and 1099 65 2,500.

65 2016 estimated tax payments and amount applied from 2015 return. 66a

66a Earned income credit (EIC) 66b

b Nontaxable combat pay election ☐ 66b 67

67 Additional child tax credit. Attach Schedule 8812 68

68 American opportunity credit from Form 8863, line 8. 69

69 Net premium tax credit. Attach Form 8962 70

70 Amount paid with request for extension to file. 71

71 Excess social security and tier 1 RRTA tax withheld. 72

72 Credit for federal tax on fuels. Attach Form 4136 73

73 Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐ 74 14,934.

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 75

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76a

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ☐ 77b Routing number ☐ c Type: ☐ Checking ☐ Savings 78 565.

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions. 79

79 Estimated tax penalty (see instructions) 75

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit?
See instructions.

Amount You Owe**Third Party Designee**Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ NoDesignee's name **LAWRENCE GAGNON** Phone no. **(617)-519-1960** Personal identification number (PIN) **77987****Sign Here**

Joint return?
See instructions.

Keep a copy
for your records.

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

Your signature _____ Date _____ Your occupation **SCIENTIST** Daytime phone number **603-557-2207**Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation **SCIENTIST** If the IRS sent you an Identity Protection PIN, enter it here (see inst.)**Paid Preparer Use Only**Print/Type preparer's name **LAWRENCE GAGNON** Preparer's signature **LAWRENCE GAGNON** Date _____ Check ☒ if self-employed PTIN **P01238583**Firm's name **LAWRENCE GAGNON, CPA** Firm's EIN **(617)-519-1960**Firm's address **6821 SW 44TH ST, APT 303** Phone no. **(617)-519-1960**Firm's address **MIAMI, FL 33155** Phone no. **(617)-519-1960**

SCHEDULE C
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**
(Sole Proprietorship)

OMB No. 1545-0074

2016Attachment
Sequence No. **09**► **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

KATHRYN RAMSEY

Social security number (SSN)

003-72-2194**A** Principal business or profession, including product or service (see instructions)**NATIONAL RESEARCH SERVICE AWARD****B** Enter code from instructions► **541990****C** Business name. If no separate business name, leave blank.**D** Employer ID number (EIN), (see instr.)**E** Business address (including suite or room no.) ►

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

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►**G** Did you 'materially participate' in the operation of this business during 2016? If 'No,' see instructions for limit on losses. ☒ Yes ☐ No**H** If you started or acquired this business during 2016, check here ☒**I** Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No**J** If 'Yes,' did you or will you file required Forms 1099? ☐ Yes ☐ No**Part I** **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"/>	1	
2 Returns and allowances.	2	
3 Subtract line 2 from line 1.	3	
4 Cost of goods sold (from line 42).	4	
5 Gross profit. Subtract line 4 from line 3.	5	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions). SEE STATEMENT 1	6	23,634.
7 Gross income. Add lines 5 and 6.	7	23,634.

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

8 Advertising.	8		18 Office expense (see instructions).	18	
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	
b Other.	16b		b Deductible meals and entertainment (see instructions).	24b	
17 Legal and professional services.	17		25 Utilities.	25	
			26 Wages (less employment credits).	26	
			27a Other expenses (from line 48).	27a	
			b Reserved for future use.	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	28				
29 Tentative profit or (loss). Subtract line 28 from line 7.	29	23,634.			
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.	30				
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	23,634.			

- 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** ☐ All investment is at risk.
- 32b** ☐ Some investment is not at risk.

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**▶ **Attach to Form 1040 or Form 1040NR.**

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

OMB No. 1545-0074

2016Attachment
Sequence No. **12**

Name(s) shown on return

KATHRYN AND MATTHEW M RAMSEY

Your social security number

003-72-2194

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.....	4,331.	4,587.		-256.
1b Totals for all transactions reported on Form(s) 8949 with Box A checked.....				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked.....				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked.....				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.....			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1....			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions.....			6	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back.....			7	-256.

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.....	7,071.	7,454.		-383.
8b Totals for all transactions reported on Form(s) 8949 with Box D checked.....				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked.....				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.....				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824.....			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1....			12	1.
13 Capital gain distributions. See the instrs.....			13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions.....			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back.....			15	-382.

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

Schedule D (Form 1040) 2016

Part III Summary

16 Combine lines 7 and 15 and enter the result.	16	-638.
<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. 		
17 Are lines 15 and 16 both gains?		
<input type="checkbox"/> Yes. Go to line 18.		
<input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions.	18	
19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions.	19	
20 Are lines 18 and 19 both zero or blank?		
<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). Don't complete lines 21 and 22 below.		
<input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
<ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 	21	-638.
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
<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).		
<input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2016

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

Your social security number

KATHRYN AND MATTHEW M RAMSEY

003-72-2194

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations****Note:** If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (e) on line 28 and attach **Form 6198**. See instructions.

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	BUCKEYE PARTNERS, LP	P		23-2432497	
B	PYA: PASSIVE CARRYOVER	P		23-2432497	
C	ENTERPRISE PRODUCTS PARTNERS LP	P		76-0568219	
D	PLAINS ALL AMERICAN PIPELINE, LP	P		76-0582150	

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

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
A		
B		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A		
B		
34 a Totals.....		
b Totals.....		
35 Add columns (d) and (f) of line 34a.....		35
36 Add columns (c) and (e) of line 34b.....		36
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below.....		37

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

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

Part V Summary

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

Form **4797**Department of the Treasury
Internal Revenue Service**Sales of Business Property**
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))▶ Attach to your tax return.
▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

OMB No. 1545-0184

2016Attachment
Sequence No. **27**

Name(s) shown on return

KATHRYN AND MATTHEW M RAMSEY

Identifying number

003-72-2194

- 1 Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S
-
- (or substitute statement) that you are including on line 2, 10, or 20. See instructions.

1

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	FROM K-1						4.
3	Gain, if any, from Form 4684, line 39.						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37.						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824.						5
6	Gain, if any, from line 32, from other than casualty or theft.						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:						7
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.						
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						
8	Nonrecaptured net section 1231 losses from prior years. See instructions.						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions.						9

4.

4.

41.

0.

Part II Ordinary Gains and Losses (see instructions)

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

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

4.

4.

4.

BAA For Paperwork Reduction Act Notice, see separate instructions.Form **4797** (2016)

2016

FEDERAL STATEMENTS

PAGE 1

KATHRYN AND MATTHEW M RAMSEY

003-72-2194

STATEMENT 1 - NATIONAL RESEARCH SERVICE AWARD
SCHEDULE C, LINE 6
OTHER INCOME

.....	\$	23,634.
TOTAL	\$	<u>23,634.</u>

DO NOT FILE

2016

GENERAL ELECTIONS

PAGE 1

KATHRYN AND MATTHEW M RAMSEY

003-72-2194

ELECTION NOT TO FILE FORM 1116 (FOREIGN TAX CREDIT)

PURSUANT TO IRC SECTION 904(J), THE TAXPAYER HEREBY ELECTS TO CLAIM THE FOREIGN TAX CREDIT WITHOUT REGARD TO THE FOREIGN TAX CREDIT LIMITATION AND WITHOUT FILING FORM 1116 FOR THE TAX YEAR ENDED 12/31/16.

DO NOT FILE

2016**FEDERAL WORKSHEETS****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****WAGE SCHEDULE**

<u>TAXPAYER - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>LOCAL W/H</u>
BOSTON CHILDREN'S HOSPITAL	21,605.	2,169.	1,340.	313.	932.	
TOTAL	21,605.	2,169.	1,340.	313.	932.	0.
<u>SPOUSE - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>LOCAL W/H</u>
FORSYTH DENTAL INFIRMARY FOR CHILDR	32,529.	1,700.	2,017.	472.	1,446.	
STATE OF RHODE ISLAND OFFICE OF A&C	39,143.	8,565.	2,427.	568.	1,767.	
TOTAL	71,672.	10,265.	4,444.	1,040.	3,213.	0.
GRAND TOTAL	93,277.	12,434.	5,784.	1,353.	4,145.	0.

**FORM 1040, LINE 8A
INTEREST INCOME**

PLAINS ALL AMERICAN PIPELINE, LP

TOTAL 1.
1.**FORM 1040, LINE 9A
DIVIDEND INCOME**OPPENHEIMER
OPPENHEIMER2356.
81.
TOTAL 437.
437.**FORM 1040, LINE 9B
QUALIFIED DIVIDENDS**OPPENHEIMER
OPPENHEIMER2356.
81.
TOTAL 437.
437.

2016**FEDERAL WORKSHEETS****PAGE 2****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WORKSHEET (FORM 1040, LINE 44)**

1. ENTER THE AMOUNT FROM FORM 1040, LINE 43		96,015.
2. ENTER THE AMOUNT FROM FORM 1040, LINE 9B	437.	
3. ARE YOU FILING SCHEDULE D?		
[X] YES. ENTER THE SMALLER OF LINE 15 OR 16 OF SCHEDULE D, BUT DO NOT ENTER LESS THAN ZERO		
[] NO. ENTER THE AMOUNT FROM FORM 1040, LINE 13	0.	
4. ADD LINES 2 AND 3	437.	
5. IF YOU ARE CLAIMING INVESTMENT INTEREST EXPENSE ON FORM 4952, ENTER THE AMOUNT FROM LINE 4G OF THAT FORM. OTHERWISE ENTER ZERO.	0.	
6. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER ZERO.		437.
7. SUBTRACT LINE 6 FROM LINE 1. IF ZERO OR LESS, ENTER ZERO.		95,578.
8. ENTER:		
\$37,650 IF SINGLE OR MARRIED FILING SEPARATELY,		
\$75,300 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER), \$50,400 IF HEAD OF HOUSEHOLD		75,300.
9. ENTER THE SMALLER OF LINE 1 OR LINE 8		75,300.
10. ENTER THE SMALLER OF LINE 7 OR LINE 9		75,300.
11. SUBTRACT LINE 10 FROM LINE 9. THIS AMOUNT IS TAXED AT 0%		0.
12. ENTER THE SMALLER OF LINE 1 OR LINE 6		437.
13. ENTER THE AMOUNT FROM LINE 11		0.
14. SUBTRACT LINE 13 FROM LINE 12		437.
15. ENTER:		
\$415,050 IF SINGLE, \$233,475 IF MARRIED FILING SEPARATELY, \$466,950 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER), \$441,000 IF HEAD OF HOUSEHOLD.		466,950.
16. ENTER THE SMALLER OF LINE 1 OR LINE 15		96,015.
17. ADD LINES 7 AND 11		95,578.
18. SUBTRACT LINE 17 FROM LINE 16. IF ZERO OR LESS, ENTER ZERO.		437.
19. ENTER THE SMALLER OF LINE 14 OR LINE 18		437.
20. MULTIPLY LINE 19 BY 15% (.15)		66.
21. ADD LINES 11 AND 19		437.
22. SUBTRACT LINE 21 FROM LINE 12		0.
23. MULTIPLY LINE 22 BY 20% (.20)		0.
24. FIGURE THE TAX ON THE AMOUNT ON LINE 7. (USE THE TAX TABLE OR TAX COMPUTATION WORKSHEET)		15,436.
25. ADD LINES 20, 23, AND 24		15,502.
26. FIGURE THE TAX ON THE AMOUNT ON LINE 1. (USE THE TAX TABLE OR TAX COMPUTATION WORKSHEET)		15,549.
27. TAX ON ALL TAXABLE INCOME (INCLUDING CAPITAL GAIN DISTRIBUTIONS). ENTER THE SMALLER OF LINE 25 OR LINE 26 HERE AND ON FORM 1040, LINE 44		<u>15,502.</u>

FEDERAL INCOME TAX WITHHELD

BOSTON CHILDREN'S HOSPITAL	2,169.
FORSYTH DENTAL INFIRMARY FOR CHILDR	1,700.
STATE OF RHODE ISLAND OFFICE OF A&C	8,565.
TOTAL	<u><u>12,434.</u></u>

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

BUCKEYE PARTNERS, LP - LONG-TERM CAPITAL GAIN	1.
TOTAL LONG-TERM CAPITAL GAIN (LOSS) FROM K-1	<u>1.</u>

DOMESTIC PRODUCTION ACTIVITIES FROM K-1

PLAINS ALL AMERICAN PIPELINE, LP

EXPENSES SUBJECT TO PASSIVE LIMITS	116.
LOSS DISALLOWED BY PASSIVE LIMITS	115.
PERCENTAGE OF LOSS DISALLOWED BY PASSIVE LIMITS	99.14%
TOTAL DED. AND LOSSES ALLOC. TO NON-DPGR INCOME	116.
TOTAL DED. AND LOSSES ALLOC. TO NON-DPGR INCOME - DIS. BY PASSIVE	115.
TOTAL DED. AND LOSSES ALLOC. TO NON-DPGR INCOME - FORM 8903	1.

DO NOT FILE

2016**E-FILE PAYMENT RECORD - BALANCE DUE****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****Form Payment Record**

The taxpayer's balance due or an estimated tax payment for next year will be paid electronically using the following information. Modify the bank and account information using the Direct Deposit / Electronic Payment input fields in Screen 3. To cancel payment, call the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the requested payment (settlement) date.

Name of Bank

BANK OF AMERICA

Routing Transit Number

011000138

Bank Account Number

004643793602

Type of Account

1

1 = Checking; 2 = Savings

Amount of Tax Payment

565.

Tax Type

1040

1040, 1040-ES, 2350 or 4868

Requested Payment Date

4/14/17

Taxpayer's Daytime Phone Number

603-557-2207

2016**E-FILE PAYMENT RECORD - ESTIMATE INSTALLMENT 1****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****Form Payment Record**

The taxpayer's balance due or an estimated tax payment for next year will be paid electronically using the following information. Modify the bank and account information using the Direct Deposit / Electronic Payment input fields in Screen 3. To cancel payment, call the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the requested payment (settlement) date.

Name of Bank

BANK OF AMERICA

Routing Transit Number

011000138

Bank Account Number

004643793602

Type of Account

1

1 = Checking; 2 = Savings

Amount of Tax Payment

800.

Tax Type

1040-ES

1040, 1040-ES, 2350 or 4868

Requested Payment Date

4/18/17

Taxpayer's Daytime Phone Number

603-557-2207

2016**E-FILE PAYMENT RECORD - ESTIMATE INSTALLMENT 2****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****Form Payment Record**

The taxpayer's balance due or an estimated tax payment for next year will be paid electronically using the following information. Modify the bank and account information using the Direct Deposit / Electronic Payment input fields in Screen 3. To cancel payment, call the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the requested payment (settlement) date.

Name of Bank

BANK OF AMERICA

Routing Transit Number

011000138

Bank Account Number

004643793602

Type of Account

1

1 = Checking; 2 = Savings

Amount of Tax Payment

800.

Tax Type

1040-ES

1040, 1040-ES, 2350 or 4868

Requested Payment Date

6/15/17

Taxpayer's Daytime Phone Number

603-557-2207

2016**Married Filing Joint vs. Married Filing Separate Comparison****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194**

MARRIED FILING JOINT GENERATED A TENTATIVE TAX SAVINGS OF \$242.

SUMMARY	Taxpayer	Spouse	Married Filing Separately	Married Filing Joint
AGI	45,327.	71,388.	116,715.	116,715.
Itemized deductions	952.	3,233.	4,185.	4,185.
Standard deduction	6,300.	6,300.	12,600.	12,600.
Exemptions	4,050.	4,050.	8,100.	8,100.
Taxable Income	34,977.	61,038.	96,015.	96,015.
Total tax	4,720.	11,021.	15,741.	15,499.
Tentative amount due or (overpayment)	1,301.	-494.	807.	565.
TAX SAVINGS BY FILING JOINTLY				242.
Marginal tax rate	15%	25%		25%
Amount of income taxed at marginal rate	25,300.	23,325.		20,275.
Current tax bracket remaining	3,070.	14,952.		56,322.
INCOME				
Wages, salaries, tips, etc.	21,605.	71,672.	93,277.	93,277.
Taxable interest income	1.		1.	1.
Ordinary dividends	397.	40.	437.	437.
Taxable refunds of state and local income taxes				
Alimony received				
Business income or loss	23,634.		23,634.	23,634.
Capital gain or loss	-314.	-324.	-638.	-638.
Other gains or losses	4.		4.	4.
Taxable IRA distributions				
Taxable pensions and annuities				
Rental real estate, royalties, partnerships, S corporations, trusts, etc.				
Farm income or loss				
Unemployment compensation				
Taxable social security benefits				
Other income				
Total income	45,327.	71,388.	116,715.	116,715.
ADJUSTMENTS				
Educator expenses				
Certain business expenses of reservists, performing artists, and fee-basis government officials				
Health savings account deduction				
Moving expenses				
Deductible part of self-employment tax				
Self-employed SEP, SIMPLE, and qualified plans				
Self employed health insurance deduction				
Penalty on early withdrawal of savings				
Alimony paid				
IRA deduction				
Student loan interest deduction				
Tuition and fees deduction				
Domestic production activities deduction				
Other adjustments				
Total adjustments				
Federal adjusted gross income	45,327.	71,388.	116,715.	116,715.

Note: This comparison has been computed without certain credits and certain other taxes. These items may change the final results.

2016**Married Filing Joint vs. Married Filing Separate Comparison****PAGE 2****003-72-2194**

	Taxpayer	Spouse	Married Filing Separately	Married Filing Joint
ITEMIZED DEDUCTIONS				
Medical and dental				
Taxes	932.	3,213.	4,145.	4,145.
Interest				
Contributions	20.	20.	40.	40.
Casualty and theft				
Miscellaneous (subject to 2% of AGI)				
Other miscellaneous deductions				
Overall itemized deductions limitation				
Total itemized deductions	952.	3,233.	4,185.	4,185.
TAX CALCULATION				
Standard deduction	6,300.	6,300.	12,600.	12,600.
Higher of itemized or standard deduction	6,300.	6,300.	12,600.	12,600.
Income prior to exemption deduction	39,027.	65,088.	104,115.	104,115.
Exemptions	4,050.	4,050.	8,100.	8,100.
Taxable income	34,977.	61,038.	96,015.	96,015.
Tax	4,723.	11,021.	15,744.	15,502.
Alternative minimum tax				
Excess advance premium tax credit repayment				
Foreign tax credit	3.		3.	3.
Child tax credit				
Education credits				
Retirement savings contributions credit				
Child care credit				
Residential energy credit				
General business credit				
Minimum tax credit				
Elderly and disabled credit				
Other credits				
Tax after credits	4,720.	11,021.	15,741.	15,499.
OTHER TAXES				
Self-employment tax				
Social security tax on tip income/wages				
Tax on qualified retirement plans and MSAs				
Household employment taxes				
Health care: individual responsibility				
Other taxes				
Total tax	4,720.	11,021.	15,741.	15,499.
PAYMENTS				
Federal income tax withheld	2,169.	10,265.	12,434.	12,434.
Estimated tax payments	1,250.	1,250.	2,500.	2,500.
Earned income credit				
Additional child tax credit				
American opportunity credit				
Net premium tax credit				
Amount paid with extension				
Excess social security and RRTA tax withheld				
Other payments				
Total payments	3,419.	11,515.	14,934.	14,934.
Tentative amount due or (overpayment)	1,301.	-494.	807.	565.

2016**MULTI-STATE SUMMARY WORKSHEET****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194**

INCOME	FEDERAL	RHODE ISLAND			
Wages, salaries, tips, etc.	93,277	39,143			
Taxable interest income	1				
Ordinary dividends	437				
Taxable refunds of state and local income taxes	0				
Alimony received	0				
Business income or loss	23,634				
Capital gain or loss	-638				
Other gains or losses	4				
Taxable IRA distributions	0				
Taxable pensions and annuities	0				
Rental real estate, royalties, partnerships, S corporations, trusts, etc.	0				
Farm income or loss	0				
Unemployment compensation	0				
Taxable social security benefits	0				
Other income	0				
Total income	116,715	39,143			
ADJUSTMENTS					
Educator expenses	0				
Certain business expenses of reservists, performing artists, and fee-basis government officials	0				
Health savings account deduction	0				
Moving expenses	0				
Deductible part of self-employment tax	0				
Self-employed SEP, SIMPLE, & qualified plans	0				
Self-employed health insurance deduction	0				
Penalty on early withdrawal of savings	0				
Alimony paid	0				
IRA deduction	0				
Student loan interest deduction	0				
Tuition and fees deduction	0				
Domestic production activities deduction	0				
Other adjustments	0				
Total adjustments	0				
Federal adjusted gross income	116,715	39,143			

2016**FORM 8582 WORKSHEETS****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****WORKSHEET FOR PUBLICLY TRADED PARTNERSHIPS**

NAME OF ACTIVITY: BUCKEYE PARTNERS, LP

1A.	ACTIVITIES WITH NET INCOME.....	1.
B.	ACTIVITIES WITH NET LOSS.....	
C.	PRIOR YEAR UNALLOWED LOSSES.....	50.
D.	COMBINE LINES 1A, 1B, AND 1C. IF GAIN STOP HERE.....	-49.
2.	ALLOWED LOSSES.....	1.
3.	UNALLOWED LOSSES.....	49.

WORKSHEET FOR PUBLICLY TRADED PARTNERSHIPS

NAME OF ACTIVITY: ENTERPRISE PRODUCTS PARTNERS LP

1A.	ACTIVITIES WITH NET INCOME.....	
B.	ACTIVITIES WITH NET LOSS.....	125.
C.	PRIOR YEAR UNALLOWED LOSSES.....	225.
D.	COMBINE LINES 1A, 1B, AND 1C. IF GAIN STOP HERE.....	-350.
2.	ALLOWED LOSSES.....	
3.	UNALLOWED LOSSES.....	350.

WORKSHEET FOR PUBLICLY TRADED PARTNERSHIPS

NAME OF ACTIVITY: PLAINS ALL AMERICAN PIPELINE, LP

1A.	ACTIVITIES WITH NET INCOME.....	
B.	ACTIVITIES WITH NET LOSS.....	115.
C.	PRIOR YEAR UNALLOWED LOSSES.....	148.
D.	COMBINE LINES 1A, 1B, AND 1C. IF GAIN STOP HERE.....	-263.
2.	ALLOWED LOSSES.....	
3.	UNALLOWED LOSSES.....	263.

2016**FEDERAL K-1 RECONCILIATION WORKSHEET****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194**BUCKEYE PARTNERS, LP
23-2432497**PARTNERSHIP - PTP
PASSIVE**

K-1 Input

Prior Year Unallowed
At-Risk LossDisallowed Due
to At-RiskPrior Year Unallowed
Passive LossDisallowed
Passive Loss

Tax Return

SCHEDULE E (page 2)

Ordinary income (loss).....	1.					
Rental real estate income (loss).....						
Other rental income (loss).....						
Section 59(e)(2) expenses.....						
Passive interest expense.....						
Guaranteed payments (nonpassive)...						
Section 179 expense and carryover...						
Disallowed section 179 expense.....						
Net income (loss).....	1.			-50.	49.	
First passive other.....						
Second passive other.....						
Cost depletion.....						
Percentage depletion.....						
Depletion carryover.....						
Disallowed due to 65% limitation.....						
Unreimbursed expenses (nonpassive)...						
Nonpassive other.....						
Total Schedule E (page 2).....						

FORM 4797

Section 1231 gain (loss).....	-2.					-2.
4797 ordinary income.....						

SCHEDULE D

Short-term capital gain (loss).....						
Long-term capital gain (loss).....	1.					1.

FORM 4952

Investment interest expense.....						
Other net investment income.....						

SCHEDULE A

Charitable contributions.....						
Deductions related to portfolio income						

SCHEDULE B

Interest income (banks, S&L, C/U, etc.).....						
Interest income (U.S. bonds, T-bills, etc.).....						
Ordinary dividends.....						
Tax-exempt interest (total muni-bonds).....						
Tax-exempt interest (in-state bonds).....						

FORM 6251

Depreciation adjustment after 12/31/86.....						
Adjusted gain or loss.....						
Depreciation (pre-1987).....						
Beneficiary's AMT adjustment.....						
Depletion.....						
Excess intangible drilling costs.....						

MISCELLANEOUS

Net earnings from self employment (SE).....						
Gross farming income (Sch. E, page 2).....						
Royalties (Sch. E, page 1).....						
Taxes on undistributed capital gains (1040)....						
Credit for income tax withheld.....						
Estimated taxes credited from trust...						
Credits.....						

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

FDIL1201L 06/21/16

2016**FEDERAL K-1 RECONCILIATION WORKSHEET****PAGE 2****KATHRYN AND MATTHEW M RAMSEY****003-72-2194**ENTERPRISE PRODUCTS PARTNERS LP
76-0568219

PARTNERSHIP - PTP PASSIVE	K-1 Input	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)						
Ordinary income (loss).....	-125.					
Rental real estate income (loss).....						
Other rental income (loss).....						
Section 59(e)(2) expenses.....						
Passive interest expense.....						
Guaranteed payments (nonpassive)...						
Section 179 expense and carryover...						
Disallowed section 179 expense.....						
Net income (loss).....	-125.			-225.	350.	
First passive other.....						
Second passive other.....						
Cost depletion.....						
Percentage depletion.....						
Depletion carryover.....						
Disallowed due to 65% limitation.....						
Unreimbursed expenses (nonpassive).						
Nonpassive other.....						
Total Schedule E (page 2).....						
FORM 4797						
Section 1231 gain (loss).....	-2.					-2.
4797 ordinary income.....						
SCHEDULE D						
Short-term capital gain (loss).....						
Long-term capital gain (loss).....						
FORM 4952						
Investment interest expense.....						
Other net investment income.....						
SCHEDULE A						
Charitable contributions.....						
Deductions related to portfolio income						
SCHEDULE B						
Interest income (banks, S&L, C/U, etc.).....						
Interest income (U.S. bonds, T-bills, etc.).....						
Ordinary dividends.....						
Tax-exempt interest (total muni-bonds).....						
Tax-exempt interest (in-state bonds).....						
FORM 6251						
Depreciation adjustment after 12/31/86.*	1.					
Adjusted gain or loss.....						
Depreciation (pre-1987).....						
Beneficiary's AMT adjustment.....						
Depletion.....						
Excess intangible drilling costs.....						
MISCELLANEOUS						
Net earnings from self employment (SE).....						
Gross farming income (Sch. E, page 2).....						
Royalties (Sch. E, page 1).....						
Taxes on undistributed capital gains (1040)....						
Credit for income tax withheld.....						
Estimated taxes credited from trust....						
Credits.....						

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

FDIL1201L 06/21/16

2016**FEDERAL K-1 RECONCILIATION WORKSHEET****PAGE 3****KATHRYN AND MATTHEW M RAMSEY****003-72-2194**PLAINS ALL AMERICAN PIPELINE, LP
76-0582150

PARTNERSHIP - PTP PASSIVE	K-1 Input	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)						
Ordinary income (loss).....	-115.					
Rental real estate income (loss).....						
Other rental income (loss).....						
Section 59(e)(2) expenses.....						
Passive interest expense.....						
Guaranteed payments (nonpassive)...						
Section 179 expense and carryover...						
Disallowed section 179 expense.....						
Net income (loss).....	-115.			-148.	263.	
First passive other.....						
Second passive other.....						
Cost depletion.....						
Percentage depletion.....						
Depletion carryover.....						
Disallowed due to 65% limitation.....						
Unreimbursed expenses (nonpassive)...						
Nonpassive other.....						
Total Schedule E (page 2).....						
FORM 4797						
Section 1231 gain (loss).....	8.					8.
4797 ordinary income.....						
SCHEDULE D						
Short-term capital gain (loss).....						
Long-term capital gain (loss).....						
FORM 4952						
Investment interest expense.....						
Other net investment income.....						
SCHEDULE A						
Charitable contributions.....						
Deductions related to portfolio income						
SCHEDULE B						
Interest income (banks, S&L, C/U, etc.).....	1.					1.
Interest income (U.S. bonds, T-bills, etc.).....						
Ordinary dividends.....						
Tax-exempt interest (total muni-bonds).....						
Tax-exempt interest (in-state bonds).....						
FORM 6251						
Depreciation adjustment after 12/31/86.....						
Adjusted gain or loss.....						
Depreciation (pre-1987).....						
Beneficiary's AMT adjustment.....						
Depletion.....						
Excess intangible drilling costs.....						
MISCELLANEOUS						
Net earnings from self employment (SE).....						
Gross farming income (Sch. E, page 2).....						
Royalties (Sch. E, page 1).....						
Taxes on undistributed capital gains (1040)....						
Credit for income tax withheld.....						
Estimated taxes credited from trust....						
Credits.....						

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

FDIL1201L 06/21/16

2016**FEDERAL K-1 RECONCILIATION WORKSHEET - SUMMARY****PAGE 4****KATHRYN AND MATTHEW M RAMSEY****003-72-2194**

	K-1 Input	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)						
Ordinary income (loss).....						
Rental real estate income (loss).....						
Other rental income (loss).....						
Section 59(e)(2) expenses.....						
Passive interest expense.....						
Guaranteed payments (nonpassive)...						
Section 179 expense and carryover...						
Disallowed section 179 expense.....						
Net income (loss).....						
First passive other.....						
Second passive other.....						
Cost depletion.....						
Percentage depletion.....						
Depletion carryover.....						
Disallowed due to 65% limitation.....						
Unreimbursed expenses (nonpassive).						
Nonpassive other.....						
Total Schedule E (page 2).....						
FORM 4797						
Section 1231 gain (loss).....						4.
4797 ordinary income.....						
SCHEDULE D						
Short-term capital gain (loss).....						
Long-term capital gain (loss).....						1.
FORM 4952						
Investment interest expense.....						
Other net investment income.....						
SCHEDULE A						
Charitable contributions.....						
Deductions related to portfolio income						
SCHEDULE B						
Interest income (banks, S&L, C/U, etc.).....						1.
Interest income (U.S. bonds, T-bills, etc.).....						
Ordinary dividends.....						
Tax-exempt interest (total muni-bonds).....						
Tax-exempt interest (in-state bonds).....						
FORM 6251						
Depreciation adjustment after 12/31/86.....						
Adjusted gain or loss.....						
Depreciation (pre-1987).....						
Beneficiary's AMT adjustment.....						
Depletion.....						
Excess intangible drilling costs.....						
MISCELLANEOUS						
Net earnings from self employment (SE).....						
Gross farming income (Sch. E, page 2).....						
Royalties (Sch. E, page 1).....						
Taxes on undistributed capital gains (1040)....						
Credit for income tax withheld.....						
Estimated taxes credited from trust...						
Credits.....						

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

FDIL1201L 06/21/16

2016**2017 FEDERAL ESTIMATED TAX WORKSHEET****PAGE 1****003-72-2194****KATHRYN AND MATTHEW M RAMSEY**

1	Adjusted gross income you expect in 2017 (see instructions).....	1	116,715.
2	<ul style="list-style-type: none"> If you plan to itemize deductions, enter the estimated total of your itemized deductions. Caution: If line 1 is over \$156,900 your deduction may be reduced. See Pub. 505 for details.		
	<ul style="list-style-type: none"> If you do not plan to itemize deductions, enter your standard deduction. 	2	12,700.
3	Subtract line 2 from line 1.....	3	104,015.
4	Exemptions. Multiply \$4,050 by the number of personal exemptions. Caution: See Worksheet 2-6 in Pub. 505 to figure the amount to enter if line 1 is over: \$156,900.....	4	8,100.
5	Subtract line 4 from line 3.....	5	95,915.
6	Tax. Figure your tax on the amount on line 5 by using the 2017 Tax Rate Schedules . Caution: If you will have qualified dividends or a net capital gain, or expect to exclude or deduct foreign earned income or housing, see Worksheets 2-7 and 2-8 in Pub. 505 to figure the tax.....	6	15,413.
7	Alternative minimum tax from Form 6251 or included on Form 1040A, line 28	7	
8	Add lines 6 and 7. Add to this amount any other taxes you expect to include in the total on Form 1040, line 44.....	8	15,413.
9	Credits (see instructions). Do not include any income tax withholding on this line.....	9	3.
10	Subtract line 9 from line 8. If zero or less, enter -0-.....	10	15,410.
11	Self-employment tax (see instructions).....	11	
12	Other taxes (see instructions).....	12	
13a	Add lines 10 through 12.....	13a	15,410.
b	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885.....	13b	
c	Total 2017 estimated tax. Subtract line 13b from line 13a. If zero or less, enter -0-.....	13c	15,410.
14a	Multiply line 13c by 90% (66-2/3% for farmers and fishermen).....	14a	13,869.
b	Required annual payment based on prior year's tax (see instructions).....	14b	15,499.
c	Required annual payment to avoid a penalty. Enter the smaller of line 14a or 14b..... Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 14c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 13c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you can pay the amount shown on line 13c. For details, see chapter 2 of Pub. 505.	14c	15,499.
15	Income tax withheld and estimated to be withheld during 2017 (including income tax withholding on pensions, annuities, certain deferred income, etc.).....	15	12,434.
16a	Subtract line 15 from line 14c.....	16a	3,065.
	Is the result zero or less?		
	<input type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments. <input checked="" type="checkbox"/> No. Go to line 16b.		
b	Subtract line 15 from line 13c.....	16b	2,976.
	Is the result less than \$1,000?		
	<input type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments. <input checked="" type="checkbox"/> No. Go to line 17 to figure your required payment.		
17	Rounded balance.....	17	1,600.
18	Overpayment of estimated tax applied to next tax year.....	18	
19	Total of estimated tax payments to be mailed with vouchers.....	19	1,600.
20	If the first payment you are required to make is due April 18, 2017, enter 1/4 of line 16a (minus any 2016 overpayment that you are applying to this installment) here, and on your estimated tax payment voucher(s) if you are paying by check or money order.....	20	800.

2016**2017 FEDERAL ESTIMATED TAX WORKSHEETS****PAGE 2****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****2017 ESTIMATED TAX WORKSHEET - ALTERNATIVE MINIMUM TAX**ALTERNATIVE MINIMUM TAXABLE INCOME

1. ENTER AMOUNT FROM 1040ES WORKSHEET LINE 3 (IF NOT ITEMIZING, ENTER ES WORKSHEET LINE 1 AND GO TO LINE 7 BELOW)	116,715.
7. TAX REFUND	0.
8. DISPOSITIONS, SMALL BUS. STOCK, AND INCENTIVE STOCK OPTIONS ADJ.	0.
9. OTHER ADJUSTMENTS	0.
10. ALTERNATIVE MINIMUM TAXABLE INCOME	<u>116,715.</u>

ALTERNATIVE MINIMUM TAX

11. EXEMPTION	84,500.
12. SUBTRACT LINE 11 FROM LINE 10	32,215.
13. TAX	8,328.
14. ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT	3.
15. TENTATIVE MINIMUM TAX	8,325.
16. TAX FROM ES WORKSHEET	<u>15,410.</u>
17. ALTERNATIVE MINIMUM TAX (LINE 15 MINUS LINE 16)	<u>0.</u>

TAX COMPUTATION USING MAXIMUM CAPITAL GAIN RATES

18. ALTERNATIVE MINIMUM TAXABLE INCOME LESS EXEMPTION	32,215.
19. AMT LONG-TERM CAP. GAIN, SECTION 1250, AND QUALIFIED DIVIDENDS	437.
20. INCOME SUBJECT TO 26%/28% AMT RATES (LINE 18 MINUS LINE 19)	31,778.
21. TAX ON 26% RATE INCOME (28% AND SUBTRACT \$3756 IF HIGH INCOME)	8,262.
22. CAPITAL GAIN INCOME SUBJECT TO 0% RATE	0.
23. TAX ON 0% CAPITAL GAIN INCOME	0.
24. CAPITAL GAIN INCOME SUBJECT TO 15% RATE	437.
25. TAX ON 15% CAPITAL GAIN INCOME	66.
26. CAPITAL GAIN INCOME SUBJECT TO 20% RATE	0.
27. TAX ON 20% CAPITAL GAIN INCOME	0.
28. CAPITAL GAIN INCOME SUBJECT TO 25% RATE	0.
29. TAX ON 25% CAPITAL GAIN INCOME	0.
30. ADD LINES 21, 23, 25, 27, AND 29	8,328.
31. MULTIPLY LINE 18 BY 26% (28% AND SUBTRACT \$3756 IF HIGH INCOME)	<u>8,376.</u>
32. TOTAL TAX (SMALLER OF LINE 30 OR LINE 31)	<u>8,328.</u>

88-12-00018



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2016**Massachusetts****Department of****Revenue**

Please print or type. Privacy Act Notice available upon request. For the year January 1 - December 31, 2016.

Your first name and initial KATHRYN RAMSEY		Last name RAMSEY	Your Social Security number 003-72-2194	
If a joint return, spouse's first name and initial MATTHEW M RAMSEY		Last name RAMSEY	Spouse's Social Security number 434-69-0932	
Present street address (and apartment number) 56 WINSHIP ST 1				
City/Town/Post Office BRIGHTON, MA 02135-3368		State MA	Zip 02135-3368	Filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married filing separately <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Head of household

Part 1. Tax Return Information for Electronic Filing

1	Total 5.1% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1	116,911.
2	Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	3,907.
3	Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	
4	Massachusetts income tax withheld (from Form 1, line 37, or Form 1-NR/PY, line 41)	4	2,378.
5	Refund amount (from Form 1, line 47, or Form 1-NR/PY, line 51)	5	
6	Tax due (from Form 1, line 48, or Form 1-NR/PY, line 52)	6	429.

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2016 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature (if joint return, both must sign)	Date
----------------	------	--	------

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

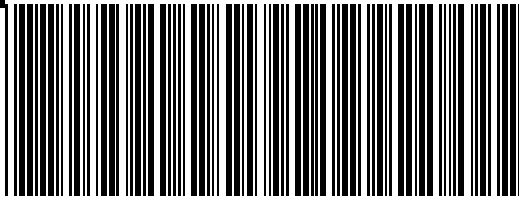
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN LAWRENCE GAGNON	Date P01238583	EIN	<input checked="" type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address LAWRENCE GAGNON, CPA 6821 SW 44TH ST, APT 303 MIAMI, FL 33155	City/Town	State	<input checked="" type="checkbox"/> Check if also paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

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

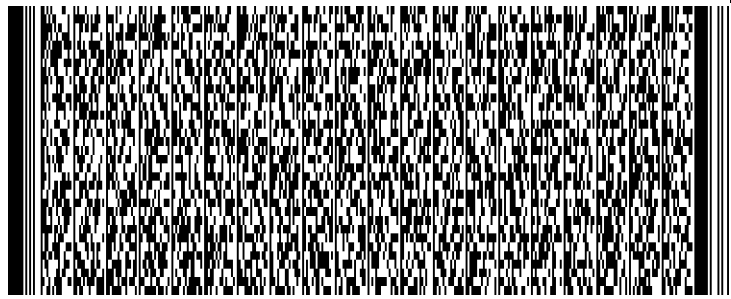
Paid preparer's signature and SSN or PTIN	Date	EIN	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip

**2016 Form 1, pg. 2**

MA16001021032

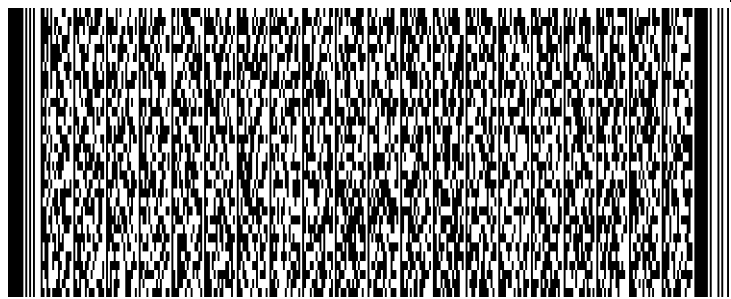
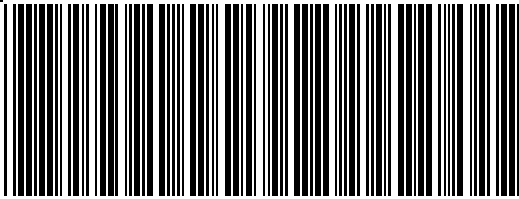
Massachusetts Resident Income Tax Return

003722194



10 TOTAL 5.1% INCOME	10	116911
11 a Amount paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	▶ 11 a	1653
11 b Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	▶ 11 b	2000
12 Child under age 13, or disabled dependent/spouse care expenses	▶ 12	
13 Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/16, or disabled dependent(s) Not more than two. a ▶	▶ 13	
	x \$3,600	
14 Rental deduction. a ▶ 18800	▶ 14	3000
	÷ 2 =	
15 Other deductions from Schedule Y, line 18	▶ 15	
16 Total deductions. Add lines 11 through 15	▶ 16	6653
17 5.1% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than '0'	17	110258
18 Exemption amount	18	8800
19 5.1% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than '0'	19	101458
20 INTEREST AND DIVIDEND INCOME	▶ 20	
21 TOTAL TAXABLE 5.1% INCOME. Add lines 19 and 20	21	101458
22 TAX ON 5.1% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585 ▶	22	5174
23 12% INCOME. Not less than '0' a ▶	x .12 = 23	
24 TAX ON LONG-TERM CAPITAL GAINS. Not less than '0'. Fill in if filing Schedule D-IS ▶ Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 ▶	▶ 24	
25 Credit recapture amount (from Credit Recapture Schedule)	▶ 25	
26 Additional tax on installment sale	▶ 26	
27 If you qualify for No Tax Status, fill in and enter '0' on line 28 ▶		
28 TOTAL INCOME TAX. Add lines 22 through 26	28	5174
29 Limited Income Credit	▶ 29	
30 Income tax paid to another state or jurisdiction	▶ 30	1267
31 Other credits from Credit Manager Schedule	▶ 31	
32 INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than '0'	32	3907

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

**2016 Form 1, pg. 3**

MA16001031032

Massachusetts Resident Income Tax Return

003722194

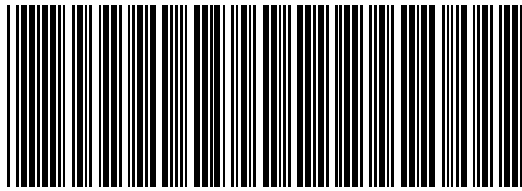
33 Voluntary Contributions**a** Endangered Wildlife Conservation ▶ **33a****b** Organ Transplant Fund ▶ **33b****c** Massachusetts AIDS Fund ▶ **33c****d** Massachusetts U.S. Olympic Fund ▶ **33d****e** Massachusetts Military Family Relief Fund ▶ **33e****f** Homeless Animal Prevention and Care ▶ **33f**Total. Add lines 33a through 33f **33****34** Use tax due on Internet, mail order and other out-of-state purchases ▶ **34****35** Health care penalty **a** You ▶ + **b** Spouse ▶ - **c** Fed. health care penalty ▶ **35****36** **INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.** Add lines 32 through 35 **36** 3907**37** Massachusetts income tax withheld ▶ **37** 2378**38** 2015 overpayment applied to your 2016 estimated tax ▶ **38****39** 2016 Massachusetts estimated tax payments ▶ **39** 1100**40** Payments made with extension ▶ **40****41** Earned Income Credit. **a** Number of qualifying children ▶ Amount from U.S. return ▶ x .23 = ▶ **41****42** Senior Circuit Breaker Credit ▶ **42****43** Other Refundable Credits ▶ **43****44** **TOTAL.** Add lines 37 through 43 **44** 3478**45** **Overpayment.** Subtract line 36 from line 44 ▶ **45****46** Amount of overpayment you want **applied to your 2017 estimated tax** ▶ **46****47** **Refund.** Subtract line 46 from line 45. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204 ▶ **47****Direct deposit of refund.** Type of account ▶ checking
savings

RTN # ▶ account # ▶

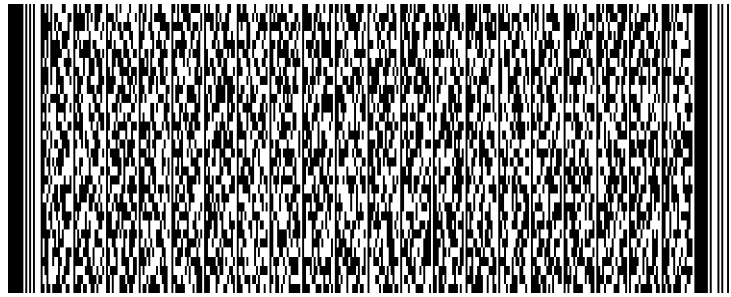
48 **Tax due.** Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7002, Boston, MA 02204 ▶ **48** 429

Interest ▶ Penalty ▶ M-2210 amt. ▶

EX enclose
Form M-2210**BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1**



2016 Schedule B
MA16010011032



KATHRYN

RAMSEY

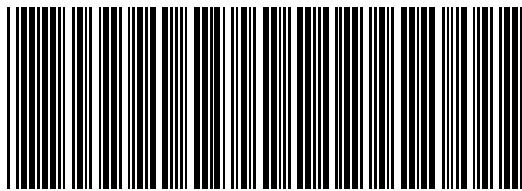
003722194

Part 1. Interest and Dividend Income

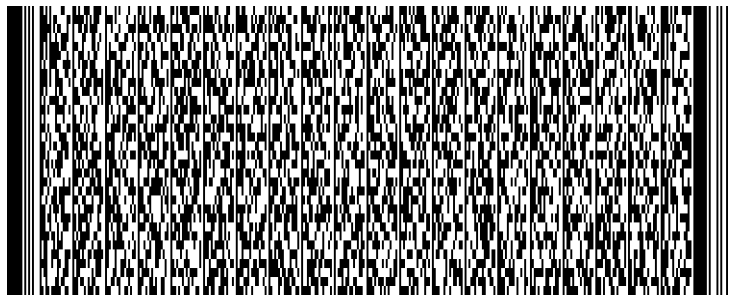
1	Total interest income	1	1
2	Total ordinary dividends	2	437
3	Other interest and dividends not included above	3	
4	Total interest and dividends	4	438
5	Total interest from Massachusetts banks	5	
6	Other interest and dividends to be excluded	6	
7	Subtotal	7	438
8	Allowable deductions from your trade or business	8	
9	Subtotal	9	438

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10	Short-term capital gains	10	127
11	Long-term capital gains on collectibles and pre-1996 installment sales	11	
12	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	
13	Add lines 10 through 12	13	127
14	Allowable deductions from your trade or business	14	
15	Subtotal	15	127
16	Short-term capital losses	16	-383
17	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	
18	Prior short-term unused losses for years beginning after 1981	18	
19	Combine lines 15 through 18	19	-256
20	Short-term losses applied against interest and dividends	20	256



2016 Schedule B, pg. 2
 003722194 MA16010021032



KATHRYN
 RAMSEY

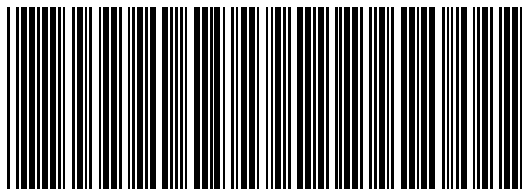
21	Available short-term losses	21
22	Short-term losses applied against long-term gains	22
23	Short-term losses available for carryover in 2017	23
24	Short-term gains and long-term gains on collectibles	24
25	Long-term losses applied against short-term gain	25
26	Subtotal	26
27	Long-term gains deduction	27
28	Short-term gains after long-term gains deduction	28

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29	Enter the amount from line 9	29	438
30	Short-term losses applied against interest and dividends	30	256
31	Subtotal interest and dividends	31	182
32	Long-term losses applied against interest and dividends	32	182
33	Adjusted interest and dividends	33	
34	Enter the amount from line 28	34	

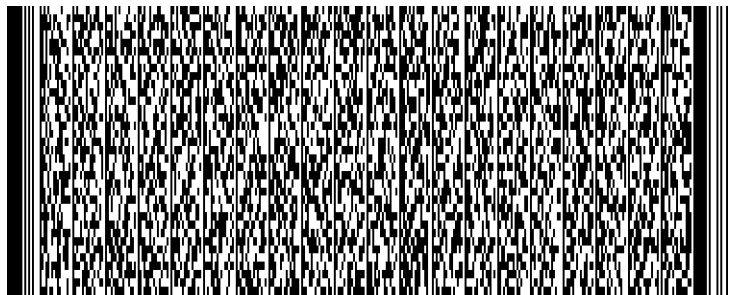
Part 4. Taxable Interest, Dividends and Certain Capital Gains

35	Adjusted gross interest, dividends and certain capital gains	▶ 35
36	Excess exemptions	36
37	Subtract line 36 from line 35	37
38	Interest and dividends taxable at 5.1%	▶ 38
39	Taxable 12% capital gains	▶ 39
40	Available short-term losses for carryover in 2017	40

**2016 Schedule C**

MA16011011032

Massachusetts Profit or Loss From Business



KATHRYN

RAMSEY

003722194

NATIONAL RESEARCH SERVICE AWARD
56 WINSHIP ST 1 BRIGHTON

541990

MA 021353368

Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify)

Number of employees

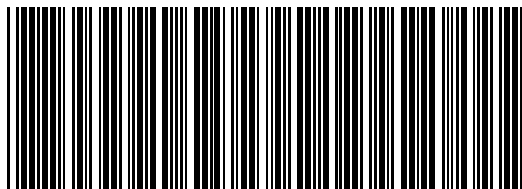
Did you materially participate in the operation of this business during 2016? Yes ☒ NoDid you claim the small business exemption from the sales tax on purchase of taxable energy or heating fuel during 2016? Yes ☐ No ☒

Exclude interest (other than from Massachusetts banks) and dividends from lines 1 and 4 and enter the result in line 32 and in Schedule B, line 3

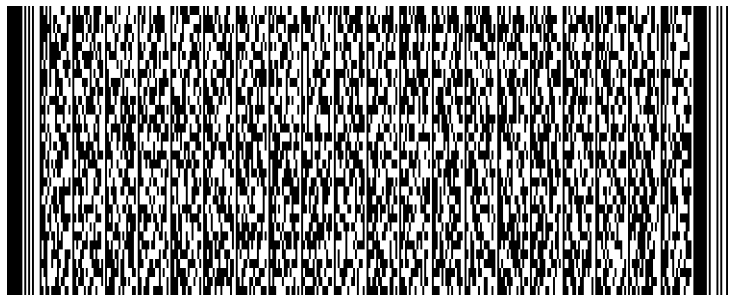
Caution: If this income was reported to you on Form W-2 and the 'statutory employee' box on that form was checked, here:

1 a Gross receipts or sales		
b Returns and allowances	a - b =	1
2 Cost of goods sold and/or operations		2
3 Gross profit. Subtract line 2 from line 1		3
4 Other income	STATEMENT 1	4
5 Total income. Add line 3 and line 4		5
6 Advertising		6
7 Bad debts from sales or services		7
8 Car and truck expenses		8
9 Commissions and fees		9
10 Depletion		10
11 Depreciation and Section 179 deduction		11
12 Employee benefit programs		12
13 Insurance		13
14 Interest		
a mortgage interest paid to financial institutions		
b other interest	a + b =	14
15 Legal and professional services		15
16 Office expense		16
17 Pension and profit-sharing		17

23634
23634

**2016 Schedule C, page 2**

003722194 MA16011021032



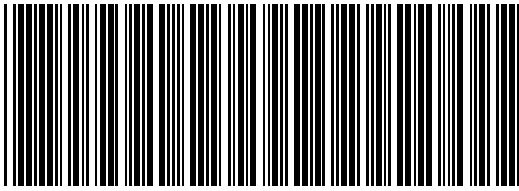
18	Rent or lease	a vehicles, machinery and equipment		
		b other business property	a + b = 18	
19	Repairs and maintenance		19	
20	Supplies		20	
21	Taxes and licenses		21	
22	Travel		22	
23a	Total meals and entertainment			
	b Enter 50% of 23a subject to limitations		a - b = 23	
24	Utilities		24	
25	Wages		25	
26	Other expenses		26	
27	Total expenses. Add lines 6 through 26		27	
28	Tentative profit or loss. Subtract line 27 from line 5		28	23634
29	Expenses for business use of your home		29	
30	Abandoned Building Renovation Deduction		30	
31	Net profit or loss. Subtract total of line 29 and line 30 from line 28		31	23634
32	Is interest (other than from MA banks) or dividend income reported on U.S. Schedule C, lines 1 and/or 6 or Schedule C-EZ, line 1?		32	
	Yes <input checked="" type="checkbox"/> No. If 'yes,' see instructions			
33	If you have a loss, you must check the statement that describes your investment in this activity.		33a	All investment at risk
			33b	Some investment is not at risk

Schedule C-1. Cost of Goods Sold and/or OperationsMethod(s) used to value closing inventory: ☒ Cost ☐ Lower of cost or market ☐ Other

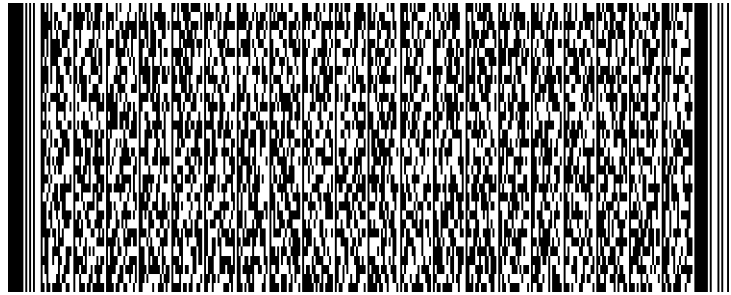
Was there any change in determining quantities, costs or valuations between opening & closing inventory? If 'yes,' encl. explanation

Yes ☒ No

1	Inventory at beginning of year		1
2a	Purchases		
	b Items withdrawn for personal use		a - b = 2
3	Cost of labor		3
4	Materials and supplies		4
5	Other costs		5
6	Add lines 1 through 5		6
7	Inventory at end of year		7
8	Cost of goods sold and/or operations. Subtract line 7 from line 6		8

**2016 Schedule D**

MA16012011032

Long-Term Capital Gains and Losses
Excluding Collectibles

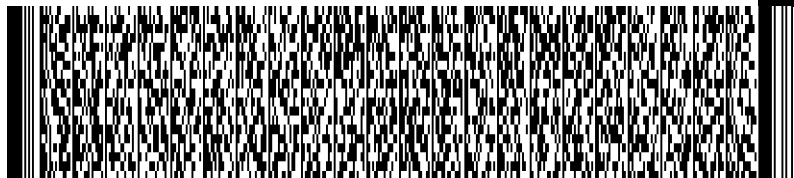
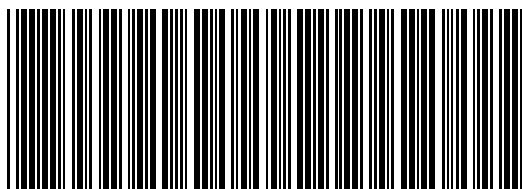
KATHRYN

RAMSEY

003722194

Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

1	Enter amounts included in U.S. Schedule D, lines 8a and 8b, col. h	1	-383
2	Enter amounts included in U.S. Schedule D, line 9, col. h	2	
3	Enter amounts included in U.S. Schedule D, line 10, col. h	3	
4	Enter amounts included in U.S. Schedule D, line 11, col. h	4	
5	Enter amounts included in U.S. Schedule D, line 12, col. h	5	1
6	Enter amounts included in U.S. Schedule D, line 13, col. h	6	
7	Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II	7	4
8	Carryover losses from prior years	8	
9	Combine lines 1 through 8	9	-378
10	Differences, if any	10	
11	Adjusted capital gains and losses	11	-378
12	Long-term gains on collectibles and pre-1996 installment sales	12	
13	Subtotal	13	-378
14	Capital losses applied against capital gains	14	
15	Subtotal	15	-378
16	Long-term capital losses applied against interest and dividends	16	182
17	Subtotal	17	-196
18	Allowable deductions from your trade or business	18	
19	Subtotal	▶ 19	
20	Excess exemptions	20	
21	Taxable long-term capital gains	▶ 21	
22	Tax on long-term capital gains	▶ 22	
23	Available losses for carryover	23	-196



2016 Schedule HC

MA16029011032

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions). **Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

KATHRYN

RAMSEY

003722194

1 a Date of birth ▶ 05211981 1 b Spouse's date of birth ▶ 05071979 1 c Family size ▶ 2

2 Federal adjusted gross income ▶ 2 116715

3 Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. **Note:** MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2016, you turned 18, you were a part-year resident or a taxpayer was deceased.

▶ 3 a You:	<input checked="" type="checkbox"/> Full-year MCC	Part-year MCC	No MCC/None
▶ 3 b Spouse:	<input checked="" type="checkbox"/> Full-year MCC	Part-year MCC	No MCC/None

If you filled full-year or part-year MCC, go to line 4. If you filled No MCC/None, go to line 6.

4 Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2016, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4 a Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below).	<input checked="" type="checkbox"/> You	<input checked="" type="checkbox"/> Spouse
4 b MassHealth. Fill in and go to line 5	You	Spouse
4 c Medicare (including a replacement or supplemental plan). Fill in and go to line 5	You	Spouse
4 d U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5	You	Spouse
4 e Other government program (enter the program name(s) only in lines 4f and/or 4g below).	You	Spouse

Note: Health Safety Net is not considered insurance or minimum creditable coverage.

4 f Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.

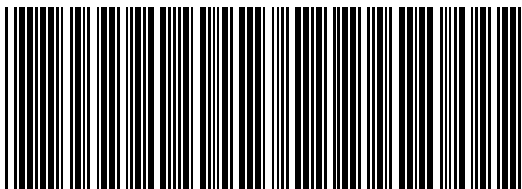
BLUE CROSS BLUE SHIELD OF MA 960000061 9822594520000

4 g Spouse's Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.

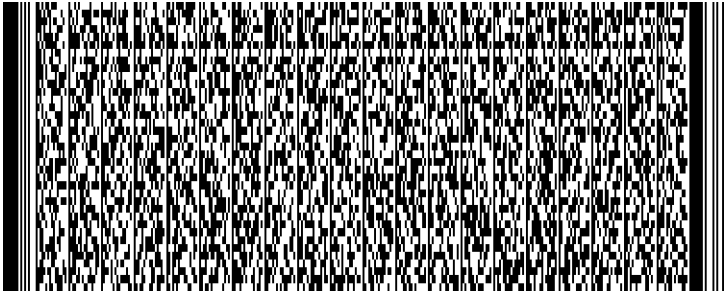
BLUE CROSS BLUE SHIELD OF MA 960000061 9822594520001

5 If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2016, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.



2016 Schedule INC
MA16INC011032



KATHRYN RAMSEY 003722194

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
04-2774441	932	21605	1653		W2
04-2104230	1446	32529		2489	W2
05-6000522		39143		2995	W2
		356			1099DIV
		81			1099DIV
TOTALS	2378	93714	1653	5484	

DO NOT FILE

2016

Name(s) as shown on Massachusetts Form 1, 1-NR/PY or 2

Social Security number(s)

KATHRYN AND MATTHEW M RAMSEY

003-72-2194

[illegible]

DO NOT FILE

2016

MASSACHUSETTS STATEMENTS

PAGE 1

KATHRYN AND MATTHEW M RAMSEY

003-72-2194

STATEMENT 1
MA SCHEDULE C, LINE 4
OTHER INCOME

..... \$ 23,634.
TOTAL \$ 23,634.

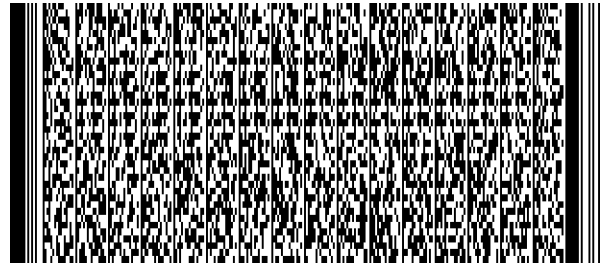
DO NOT FILE

State of Rhode Island and Providence Plantations
2016 Form RI-1040NR
 Nonresident Individual Income Tax Return



16100410320101

Your first name MI Last name Your social security number
KATHRYN RAMSEY 003-72-2194
 Spouse's name MI Last name Spouse's social security number
MATTHEW RAMSEY 434-69-0932
 Address Daytime phone number
56 WINSHIP ST #1 (603) 557-2207
 City, town or post office State ZIP code City or town of legal residence
BRIGHTON MA 02135 OUT OF STATE
 Your driver's license number and state Spouse's driver's license number and state



If yes, check the box: Primary deceased? Spouse deceased? New address?
 Electoral contribution? Specific party?

FILING STATUS
 Check one

1 Single 2 **X** Married filing jointly 3 Married filing separately 4 Head of household 5 Qualifying widow(er)

INCOME, TAX AND CREDITS

Rhode Island Standard Deduction
Single \$8,300
Married filing jointly or Qualifying widow(er) \$16,600
Married filing separately \$8,300
Head of household \$12,450

1 Federal AGI from Federal Form 1040, line 37; 1040A, line 21 or 1040EZ, line 4 1 116715 00
 2 Net modifications to Federal AGI from RI Schedule M, line 3. If no modifications, enter zero on this line. 2 00
 3 Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases). ... 3 116715 00
 4 Deductions. RI Standard Deduction (left margin). If line 3 is over \$193,600, see Standard Deduction Worksheet 4 16600 00
 5 Subtract line 4 from line 3 5 100115 00
 6 Exemptions. Enter # of federal exemptions in box, multiply by \$3,900 and enter result on line 6. If line 3 is over \$193,600, see Exemption Worksheet on page i. 2 X \$3,900 = 6 7800 00
 7 **RI TAXABLE INCOME.** Subtract line 6 from line 5 7 92315 00
 8 RI income tax from Rhode Island Tax Table or Tax Computation Worksheet 8 3777 00
 9 RI percentage of allowable Federal credit from page 2, RI Sch I, line 25 9 00
 10 Rhode Island tax after allowable Federal credit — before allocation. Subtract line 9 from line 8 (not less than zero) 10 3777 00
 11 **RI allocated income tax.** Check only one box. All income is from RI, enter amount from line 10 on this line. Nonresident with income from outside RI, complete page 11, Sch II and enter result on this line. X Part-year resident with income from outside RI, complete page 13, Sch III and enter result on this line. 11 1267 00
 12 Other Rhode Island Credits from RI Schedule CR, line 7 12 00
 13a Rhode Island income tax after credits. Subtract line 12 from line 11 (not less than zero) 13a 1267 00
 b Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 10 13b 00
 14 RI checkoff contributions from page 2, RI Checkoff Schedule, line 33 14 00
 15 USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies 15 00
 16 **TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS.** Add lines 13a, 13b, 14 and 15 16 1267 00

PAYMENTS

Attach Forms W-2 and 1099 here.

17a RI 2016 income tax withheld from RI Schedule W, line 16. (Attach all Forms W-2 and 1099 with RI withholding, AND Sch W) 17a 1767 00
 b 2016 estimated tax payments and amount applied from 2015 return 17b 00
 c Nonresident withholding on real estate sales in 2016 17c 00
 d RI earned income credit from page 2, RI Schedule EIC, line 38 17d 00
 e Other payments 17e 00
 f **TOTAL PAYMENTS AND CREDITS.** Add lines 17a, 17b, 17c, 17d and 17e 17f 1767 00

Check ✓ to certify use tax amount on line 15 is accurate.

Check ✓ if extension is attached

AMOUNT DUE

18a **AMOUNT DUE.** If line 16 is **LARGER** than line 17f, subtract line 17f from line 16. 18a 00
 b Check ✓ if RI-2210 or RI-2210A is attached and enter underestimating interest due. This amount should be added to line 18a or subtracted from line 19, whichever applies 18b 00
 c **TOTAL AMOUNT DUE.** Add lines 18a and 18b. Complete RI-1040V and send in with your payment 18c 00

REFUND

19 **AMOUNT OVERPAID.** If line 17f is **LARGER** than line 16, subtract line 16 from line 17f. If there is an amount due for underestimating interest on line 18b, subtract line 18b from line 19. 19 500 00
 20 Amount of overpayment to be refunded 20 00
 21 Amount of overpayment to be applied to 2017 estimated tax. 21 500 00

State of Rhode Island and Providence Plantations

2016 Form RI-1040NR

Nonresident Individual Income Tax Return



16100410320102

Name

KATHRYN

RAMSEY

Your social security number

003-72-2194

RI SCHEDULE I — ALLOWABLE FEDERAL CREDIT

22	RI income tax from page 1, line 8.....	22		00
23	Credit for child and dependent care expenses from Federal Form 1040, line 49 or Form 1040A, line 31.....	23	00	
24	Tentative allowable federal credit. Multiply line 23 by 25% (0.2500).....	24		00
25	MAXIMUM CREDIT. Line 22 or 24, whichever is SMALLER . Enter here and on RI-1040NR, page 1, line 9.	25		00

RI SCHEDULE II AND III — ALLOCATION AND MODIFICATION FOR NONRESIDENTS

Schedule II should be completed by **NONRESIDENTS** with income from outside Rhode Island.
RI Schedule II is located on page 11.

Schedule III should be completed by **PART-YEAR RESIDENTS** with income from outside Rhode Island.
RI Schedule III is located on page 13.

NONRESIDENTS and **PART-YEAR RESIDENTS** with all income from Rhode Island sources do not need to complete either schedule II or III.

RI CHECKOFF CONTRIBUTIONS SCHEDULE

Note: Contributions reduce your refund or increase your balance due.

		\$1.00	\$5.00	\$10.00	Other		
26	Drug program account RIGL §44-30-2.4					26	00
27	Olympic Contribution RIGL §44-30-2.1 Yes \$1.00 contribution (\$2.00 if filing a joint return).....					27	00
28	RI Organ Transplant Fund RIGL §44-30-2.5					28	00
29	RI Council on the Arts RIGL §42-75.1-1					29	00
30	RI Nongame Wildlife Fund RIGL §44-30-2.2					30	00
31	Childhood Disease Victim's Fund RIGL §44-30-2.3					31	00
32	RI Military Family Relief Fund RIGL §44-30-2.9					32	00
33	TOTAL CONTRIBUTIONS. Add lines 26, 27, 28, 29, 30, 31 and 32. Enter here and on RI-1040NR, pg 1, line 14.....					33	00

RI SCHEDULE EIC — RHODE ISLAND EARNED INCOME CREDIT

34	Federal earned income credit from Federal Form 1040, line 66a; 1040A, line 42a, or 1040EZ, line 8a.....	34		00
35	Rhode Island percentage.....	35	12.5%	
36	RI EARNED INCOME CREDIT. Multiply line 34 by line 35.....	36		00
37	Rhode Island allocation from RI-1040NR, page 11, Schedule II, line 13 or RI-1040NR, page 13, Schedule III, line 14. If all income is from RI, enter 1.0000.	37		
38	TOTAL RI EARNED INCOME CREDIT. Multiply line 36 by line 37. Enter here and on RI-1040NR, pg 1, line 17d.....	38		00

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, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Spouse's signature

Date

Telephone number

(603) 557-2207

Paid preparer signature

Print name

Date

Telephone number

LAWRENCE GAGNON

LAWRENCE GAGNON

(617) 519-1960

Paid preparer address

City, town or post office

State ZIP code

PTIN

6821 SW 44TH ST, APT 3 MIAMI

FL 33155

P01238583

May the Division of Taxation contact your preparer? YES ☒ X

Revised 09/2016

State of Rhode Island and Providence Plantations

2016 RI Schedule III

Part-year Resident Tax Calculation



16100610320101

Name(s) shown on Form RI-1040NR

KATHRYN

RAMSEY

Your social security number

003-72-2194

**THIS SCHEDULE IS ONLY TO BE COMPLETED BY PART-YEAR RESIDENTS.
FULL YEAR NONRESIDENTS COMPLETE RI SCHEDULE II.**

A part-year resident is a person who changed his legal residence by moving into or out of Rhode Island at any time during the year 2016. If you are a part-year resident you should complete this schedule. If you did not earn any income outside the state of Rhode Island while you were living in Rhode Island, complete Part 1 below. If any of your income earned while you were living in Rhode Island was taxed by another state, complete Part 1 and Part 2 of this Schedule.

If at any time during 2016 you were not a legal resident of RI, DO NOT COMPLETE THIS SCHEDULE. Complete RI Schedule II.

PART 1: ALLOCATION AND TAX WORKSHEET

Instructions for this schedule can be found on page I-7.

Enter the dates you were a RI resident:

 From 9/01/2016
 to 12/31/2016
FEDERAL INCOME
Column A
 Income from
 Federal Return
RI RESIDENT PERIOD
Column B
 Income from Col A
 from RI Resident time
RI NONRESIDENT PERIOD
Column C
 Income from Col A
 from NonResident time
Column D
 Income from Col C
 from RI sources

1	Wages, salaries, tips, etc. from Fed Form 1040 or 1040A, line 7, or 1040EZ, line 1	93277 00	39143 00	54134 00	00
2	Interest and dividends from Fed Form 1040 or 1040A, lines 8a and 9a, or 1040EZ, line 2	438 00	00	438 00	00
3	Business income from Federal Form 1040, line 12	23634 00	00	23634 00	00
4	Sale or exchange of property from Federal Form 1040, lines 13 or 14, or 1040A, line 10	-634 00	00	-634 00	00
5	Pension and annuities; rents, royalties, etc. from Federal Form 1040, lines 15b, 16b and 17, or 1040A, lines 11b and 12b	00	00	00	00
6	Farm income from Federal Form 1040, line 18	00	00	00	00
7	Miscellaneous income from Fed Form 1040, lines 10, 11, 19, 20b and 21; 1040A, lines 13 and 14b; or 1040EZ, line 3	00	00	00	00
8	TOTAL. Add lines 1 through 7.	116715 00	39143 00	77572 00	00
9	Adjustments to AGI from Federal Form 1040, line 36, or 1040A, line 20	00	00	00	00
10	Adjusted gross income. Subtract line 9 from line 8	116715 00	39143 00	77572 00	00
11	Net modifications to Fed AGI from RI-1040NR, RI Schedule M, line 3.	00	00	00	00
12	Modified Fed AGI. Combine lines 10 and 11. Amount in column A must equal the amount on RI-1040NR, page 1, line 3.	116715 00	39143 00	77572 00	00
13	TOTAL RI INCOME. Add line 12 from column B and line 12 from column D.			13	39143 00
14	Allocation. Divide line 13 by line 12, column A. If line 13 is greater than line 12, column A, enter 1.0000.			14	0.3354
15	RI tax after allowable federal credits before allocation from RI-1040NR, page 1, line 10.			15	3777 00
16	RI INCOME TAX. Multiply line 15 by line 14. If you have income earned in another state while you were a resident of RI, complete Part 2. Otherwise, enter tax here and on RI-1040NR, pg 1, line 11. Check the Part-year resident box.			16	1267 00

State of Rhode Island and Providence Plantations

2016 RI Schedule W

Rhode Island W-2 and 1099 Information



16101010320101

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

KATHRYN

RAMSEY

Your social security number

003-72-2194

Complete this Schedule listing all of your and, if applicable, your spouse's W-2s and 1099s showing Rhode Island Income Tax withheld.
W-2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return.
 Failure to do so may delay the processing of your return. **ATTACH THIS SCHEDULE W TO YOUR RETURN**

	Column A	Column B	Column C	Column D	Column E
	Enter 'S' if Spouse's W-2 or 1099	Enter 1099 letter code from chart	Employer's Name from Box C of your W-2 or Payer's Name from your Form 1099	Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from Form 1099	Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES)
1	S		STATE OF RHODE ISLAND	056000522	1767 00
2					00
3					00
4					00
5					00
6					00
7					00
8					00
9					00
10					00
11					00
12					00
13					00
14					00
15					00
16	Total RI Income Tax Withheld. Add lines 1 through 15, Col. E. Enter total here and on RI-1040, line 14a or RI-1040NR, line 17a				1767 00
17	Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld				1

DO NOT FILE

2016**MASSACHUSETTS WORKSHEETS****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****LONG-TERM CAPITAL LOSSES APPLIED AGAINST INTEREST AND DIVIDENDS WORKSHEET****SCH. D, LINE 16****SCH. B, LINE 32**

1. ENTER AMOUNT FROM SCH. B, LINE 29.....	438.
2. ENTER LESSER OF LINE 1 OR \$2,000.....	438.
3. ENTER AMOUNT FROM SCH. B, LINE 30.....	256.
4. SUBTRACT LINE 3 FROM LINE 2.....	182.
5. ENTER ANY LOSS FROM SCH. D, LINE 15, AS A POSITIVE AMOUNT.....	378.
6. ENTER THE LESSER OF LINE 4 OR LINE 5 HERE, ON SCH. D, LINE 16, AND ON SCH. B, LINE 32.....	182.

MA AGI WORKSHEET

1. ENTER 5.1% INCOME FROM FORM 1, LINE 10.....	\$ 116,911.
2. ENTER THE TOTAL OF SCH. Y, LINES 1 THROUGH 10.....	
3. SUBTRACT LINE 2 FROM LINE 1 (NOT LESS THAN ZERO).....	116,911.
4. ENTER THE TOTAL MA BANK INTEREST OR INTEREST EXEMPTION USED, WHICHEVER IS SMALLER, FROM FORM 1, LINE 5.....	
5. ENTER THE AMOUNT FROM SCH. B, LINE 35. IF LINE 35 IS NOT USED, ENTER THE AMOUNT FROM FORM 1, LINE 20.....	
6. ENTER THE TOTAL OF SCH. D, LINE 19. NOT LESS THAN ZERO.....	
7. MA AGI. ADD LINES 3 THROUGH 6.....	116,911.

NO TAX STATUS WORKSHEET

1. ENTER 5.1% INCOME FROM FORM 1, LINE 10 (ADD BACK ANY ABANDONED BLDG RENOVATION DEDUCTION ON SCH. C & E).....	\$ 116,911.
2. ENTER THE TOTAL OF SCH. Y, LINES 1 THROUGH 10.....	
3. SUBTRACT LINE 2 FROM LINE 1 (NOT LESS THAN ZERO).....	116,911.
4. ENTER THE TOTAL MA BANK INTEREST OR INTEREST EXEMPTION USED, WHICHEVER IS SMALLER, FROM FORM 1, LINE 5A OR 5B.....	
5. ENTER THE AMOUNT FROM SCH. B, LINE 35. IF LINE 35 IS NOT USED, ENTER THE AMOUNT FROM FORM 1, LINE 20.....	
6. ENTER THE TOTAL OF SCH. D, LINE 19. NOT LESS THAN ZERO.....	
7. MA AGI. ADD LINES 3 THROUGH 6.....	116,911.

INCOME TAX PAID TO ANOTHER JURISDICTION

OTHER TAXING JURISIDITION: RHODE ISLAND

1. 5.1% INCOME TAXED IN ANOTHER JURISDICTION.....	\$ 39,143.
2. TOTAL 5.1% INCOME, PLUS THE SMALLER OF MA BANK INTEREST OR INTEREST EXEMPTION.....	116,911.
3. LINE 1 DIVIDED BY LINE 2.....	33.48%
4. 5.1% INCOME TAX LESS ANY LTD. INCOME CREDIT.....	5,174.
5. LINE 4 MULTIPLIED BY LINE 3.....	1,732.
6. TAX PAID TO ANOTHER JURISDICTION.....	1,267.
7. CREDIT FOR TAXES PAID, SMALLER OF LINE 5 OR LINE 6.....	1,267.

NOTE: MA TAXABLE INTEREST AND DIVIDENDS REDUCED BY LONG TERM

2016

MASSACHUSETTS WORKSHEETS

PAGE 2

KATHRYN AND MATTHEW M RAMSEY

003-72-2194

INCOME TAX PAID TO ANOTHER JURISDICTION (CONTINUED)

NOTE:	CAPITAL LOSSES REPORTED ON MA SCH D	182.
	MA TAXABLE INTEREST AND DIVIDENDS REDUCED BY SHORT TERM	
	CAPITAL LOSSES REPORTED ON MA SCH. B	256.

DO NOT FILE

RHODE ISLAND TAX RATE SCHEDULE AND WORKSHEETS**2016**

KATHRYN AND MATTHEW M RAMSEY

003-72-2194

2016 Tax Rate Schedule – FOR ALL FILING STATUS TYPES

Taxable Income (from RI-1040 or RI-1040NR, line 7)							
Over	But not over	Pay	+	% on excess		of the amount over	
\$ 0	\$ 60,850	\$ - - -		3.75%		\$ 0	
60,850	138,300	2,281.88	+	4.75%		60,850	
138,300	- - - -	5,960.75	+	5.99%		138,300	

STANDARD DEDUCTION WORKSHEET for RI-1040 or RI-1040NR, Page 1, line 4

- 1 Enter applicable standard deduction amount from the chart below: 1 16,600.
- | | |
|---------------------------|----------|
| Single | \$8,300 |
| Married filing jointly | \$16,600 |
| Qualifying widow(er) | \$16,600 |
| Married filing separately | \$8,300 |
| Head of household | \$12,450 |
- 2 Enter your modified federal AGI from RI-1040 or RI-1040NR, page 1, line 3. 2 116,715.
- 3 Is the amount on line 2 more than \$193,600?
- ☐ Yes. Continue to line 4. ☒ No. **STOP HERE!** Enter the amount from line 1 on form RI-1040 or RI-1040NR, Page 1, line 4.
- 4 Standard deduction phaseout amount. 4 \$193,600
- 5 Subtract line 4 from line 2. 5 _____
- If the result is more than \$22,200, STOP HERE.**
Your standard deduction amount is zero (\$0). Enter \$0 on form RI-1040 or RI-1040NR, Page 1, line 4.
- 6 Divide line 5 by \$5,550. If the result is not a whole number, increase it to the next higher whole number (for example, increase 0.0004 to 1). 6 _____
- 7 Enter the applicable percentage from the chart below
- | If the number on line 6 is: | then enter on line 7 |
|-----------------------------|----------------------|
| 1 | 0.8000 |
| 2 | 0.6000 |
| 3 | 0.4000 |
| 4 | 0.2000 |
- 7 0.
- 8 **Deduction amount.** Multiply line 1 by line 7. Enter here and on form RI-1040 or RI-1040NR, Page 1, line 4. 8 _____

EXEMPTION WORKSHEET for RI-1040 or RI-1040NR, Page 1, line 6

- 1 Multiply \$3,900 by the total number of exemptions. 1 7,800.
- 2 Enter your modified federal AGI from RI-1040 or RI-1040NR, page 1, line 3. 2 116,715.
- 3 Is the amount on line 2 more than \$193,600?
- ☐ Yes. Continue to line 4. ☒ No. **STOP HERE!** Enter the amount from line 1 on form RI-1040 or RI-1040NR, Page 1, line 6.
- 4 Exemption phaseout amount 4 \$193,600
- 5 Subtract line 4 from line 2. 5 _____
- If the result is more than \$22,200, STOP HERE.**
Your exemption amount is zero (\$0). Enter \$0 on form RI-1040 or RI-1040NR, Page 1, line 6.
- 6 Divide line 5 by \$5,550. If the result is not a whole number, increase it to the next higher whole number (for example, increase 0.0004 to 1). 6 _____
- 7 Enter the applicable percentage from the chart below
- | If the number on line 6 is: | then enter on line 7 |
|-----------------------------|----------------------|
| 1 | 0.8000 |
| 2 | 0.6000 |
| 3 | 0.4000 |
| 4 | 0.2000 |
- 7 0.
- 8 **Exemption amount.** Multiply line 1 by line 7. Enter here and on form RI-1040 or RI-1040NR, Page 1, line 6. 8 _____

2016

MA E-FILE PAYMENT RECORD - BALANCE DUE

PAGE 1

KATHRYN AND MATTHEW M RAMSEY

003-72-2194

Form Payment Record

THE FORM 1 BALANCE DUE WILL BE PAID ELECTRONICALLY USING THE FOLLOWING INFORMATION. MODIFY THE BANK AND ACCOUNT INFORMATION USING THE MASSACHUSETTS ELECTRONIC PAYMENT INPUT FIELDS IN SCREEN 3.

Name of Bank

Routing Transit Number

011400495

Bank Account Number

00944793440

Type of Account

CHECKING

Amount of Tax Payment

429.00

Tax Type

FORM 1

Requested Payment Date

4/14/17

Taxpayer's Daytime Phone Number

603-557-2207

2016**MASSACHUSETTS K-1 RECONCILIATION WORKSHEET****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194**BUCKEYE PARTNERS, LP
23-2432497**PARTNERSHIP - PTP
PASSIVE**

K-1 Input

Prior Year Unallowed
At-Risk LossDisallowed Due
to At-RiskPrior Year Unallowed
Passive LossDisallowed
Passive Loss

Tax Return

SCHEDULE E (page 2)

Ordinary income (loss).....	1.					
Rental real estate income (loss).....						
Other rental income (loss).....						
Section 59(e)(2) expenses.....						
Passive interest expense.....						
Guaranteed payments (nonpassive)...						
Section 179 expense and carryover...						
Disallowed section 179 expense.....						
Net income (loss).....	1.			-50.	49.	
First passive other.....						
Second passive other.....						
Cost depletion.....						
Percentage depletion.....						
Depletion carryover.....						
Disallowed due to 65% limitation.....						
Unreimbursed expenses (nonpassive).						
Nonpassive other.....						
Total Schedule E (page 2).....						

FORM 4797

Section 1231 gain (loss).....	-2.					-2.
4797 ordinary income.....						

SCHEDULE D

Short-term capital gain (loss).....						
Long-term capital gain (loss).....	1.					1.

FORM 4952

Investment interest expense.....						
Other net investment income.....						

SCHEDULE A

Charitable contributions.....						
Deductions related to portfolio income						

SCHEDULE B

Interest income (banks, S&L, C/U, etc.).....						
Interest income (U.S. bonds, T-bills, etc.).....						
Ordinary dividends.....						
Tax-exempt interest (total muni-bonds).....						
Tax-exempt interest (in-state bonds).....						

FORM 6251

Depreciation adjustment after 12/31/86.....						
Adjusted gain or loss.....						
Depreciation (pre-1987).....						
Beneficiary's AMT adjustment.....						
Depletion.....						
Excess intangible drilling costs.....						

MISCELLANEOUS

Net earnings from self employment (SE).....						
Gross farming income (Sch. E, page 2).....						
Royalties (Sch. E, page 1).....						
Taxes on undistributed capital gains (1040)....						
Credit for income tax withheld.....						
Estimated taxes credited from trust...						
Credits.....						

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

FDIL1201L 06/21/16

2016**MASSACHUSETTS K-1 RECONCILIATION WORKSHEET****PAGE 2****KATHRYN AND MATTHEW M RAMSEY****003-72-2194**ENTERPRISE PRODUCTS PARTNERS LP
76-0568219

PARTNERSHIP - PTP PASSIVE	K-1 Input	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)						
Ordinary income (loss).....	-125.					
Rental real estate income (loss).....						
Other rental income (loss).....						
Section 59(e)(2) expenses.....						
Passive interest expense.....						
Guaranteed payments (nonpassive)...						
Section 179 expense and carryover...						
Disallowed section 179 expense.....						
Net income (loss).....	-125.			-225.	350.	
First passive other.....						
Second passive other.....						
Cost depletion.....						
Percentage depletion.....						
Depletion carryover.....						
Disallowed due to 65% limitation.....						
Unreimbursed expenses (nonpassive).						
Nonpassive other.....						
Total Schedule E (page 2).....						
FORM 4797						
Section 1231 gain (loss).....	-2.					-2.
4797 ordinary income.....						
SCHEDULE D						
Short-term capital gain (loss).....						
Long-term capital gain (loss).....						
FORM 4952						
Investment interest expense.....						
Other net investment income.....						
SCHEDULE A						
Charitable contributions.....						
Deductions related to portfolio income						
SCHEDULE B						
Interest income (banks, S&L, C/U, etc.).....						
Interest income (U.S. bonds, T-bills, etc.).....						
Ordinary dividends.....						
Tax-exempt interest (total muni-bonds).....						
Tax-exempt interest (in-state bonds).....						
FORM 6251						
Depreciation adjustment after 12/31/86.....						
Adjusted gain or loss.....						
Depreciation (pre-1987).....						
Beneficiary's AMT adjustment.....						
Depletion.....						
Excess intangible drilling costs.....						
MISCELLANEOUS						
Net earnings from self employment (SE).....						
Gross farming income (Sch. E, page 2).....						
Royalties (Sch. E, page 1).....						
Taxes on undistributed capital gains (1040)....						
Credit for income tax withheld.....						
Estimated taxes credited from trust...						
Credits.....						

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

FDIL1201L 06/21/16

2016**MASSACHUSETTS K-1 RECONCILIATION WORKSHEET****PAGE 3****KATHRYN AND MATTHEW M RAMSEY****003-72-2194**PLAINS ALL AMERICAN PIPELINE, LP
76-0582150

PARTNERSHIP - PTP PASSIVE	K-1 Input	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)						
Ordinary income (loss).....	-115.					
Rental real estate income (loss).....						
Other rental income (loss).....						
Section 59(e)(2) expenses.....						
Passive interest expense.....						
Guaranteed payments (nonpassive)...						
Section 179 expense and carryover...						
Disallowed section 179 expense.....						
Net income (loss).....	-115.			-148.	263.	
First passive other.....						
Second passive other.....						
Cost depletion.....						
Percentage depletion.....						
Depletion carryover.....						
Disallowed due to 65% limitation.....						
Unreimbursed expenses (nonpassive).						
Nonpassive other.....						
Total Schedule E (page 2).....						
FORM 4797						
Section 1231 gain (loss).....	8.					8.
4797 ordinary income.....						
SCHEDULE D						
Short-term capital gain (loss).....						
Long-term capital gain (loss).....						
FORM 4952						
Investment interest expense.....						
Other net investment income.....						
SCHEDULE A						
Charitable contributions.....						
Deductions related to portfolio income						
SCHEDULE B						
Interest income (banks, S&L, C/U, etc.).....	1.					1.
Interest income (U.S. bonds, T-bills, etc.).....						
Ordinary dividends.....						
Tax-exempt interest (total muni-bonds).....						
Tax-exempt interest (in-state bonds).....						
FORM 6251						
Depreciation adjustment after 12/31/86.....						
Adjusted gain or loss.....						
Depreciation (pre-1987).....						
Beneficiary's AMT adjustment.....						
Depletion.....						
Excess intangible drilling costs.....						
MISCELLANEOUS						
Net earnings from self employment (SE).....						
Gross farming income (Sch. E, page 2).....						
Royalties (Sch. E, page 1).....						
Taxes on undistributed capital gains (1040)....						
Credit for income tax withheld.....						
Estimated taxes credited from trust...						
Credits.....						

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

FDIL1201L 06/21/16

2016**MASSACHUSETTS K-1 RECONCILIATION WORKSHEET - SUMMARY****PAGE 4****KATHRYN AND MATTHEW M RAMSEY****003-72-2194**

	K-1 Input	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)						
Ordinary income (loss).....						
Rental real estate income (loss).....						
Other rental income (loss).....						
Section 59(e)(2) expenses.....						
Passive interest expense.....						
Guaranteed payments (nonpassive)...						
Section 179 expense and carryover...						
Disallowed section 179 expense.....						
Net income (loss).....						
First passive other.....						
Second passive other.....						
Cost depletion.....						
Percentage depletion.....						
Depletion carryover.....						
Disallowed due to 65% limitation.....						
Unreimbursed expenses (nonpassive).						
Nonpassive other.....						
Total Schedule E (page 2).....						
FORM 4797						
Section 1231 gain (loss).....						4.
4797 ordinary income.....						
SCHEDULE D						
Short-term capital gain (loss).....						
Long-term capital gain (loss).....						1.
FORM 4952						
Investment interest expense.....						
Other net investment income.....						
SCHEDULE A						
Charitable contributions.....						
Deductions related to portfolio income						
SCHEDULE B						
Interest income (banks, S&L, C/U, etc.).....						1.
Interest income (U.S. bonds, T-bills, etc.).....						
Ordinary dividends.....						
Tax-exempt interest (total muni-bonds).....						
Tax-exempt interest (in-state bonds).....						
FORM 6251						
Depreciation adjustment after 12/31/86.....						
Adjusted gain or loss.....						
Depreciation (pre-1987).....						
Beneficiary's AMT adjustment.....						
Depletion.....						
Excess intangible drilling costs.....						
MISCELLANEOUS						
Net earnings from self employment (SE).....						
Gross farming income (Sch. E, page 2).....						
Royalties (Sch. E, page 1).....						
Taxes on undistributed capital gains (1040)....						
Credit for income tax withheld.....						
Estimated taxes credited from trust...						
Credits.....						

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

FDIL1201L 06/21/16

DO NOT FILE

Detach Here

88-12-00018

Massachusetts Department of Revenue
1-ES – Estimated Tax Payment Voucher

Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
003722194	12/31/2017	4/18/2017	053	17	005	1032
Last name (print)		First name and initial (and spouse's, if joint return)		1 Amount of this installment (from line 12 of estimated tax worksheet):		
RAMSEY		KATHRYN AND MATTHEW		\$ 383.00		
Street address				Check which form you plan to file:		
56 WINSHIP ST #1				<input checked="" type="checkbox"/> Form 1 Full-Year Resident		
City/Town	State	Zip	<input type="checkbox"/> Form 1-NR/PY Nonresident/Part-Year Resident			
BRIGHTON	MA	021353368	<input type="checkbox"/> Nonresident Composite Return			
Phone number	E-mail address					
6035572207	RAMSEY.KATHRYN.M@GMAIL.COM					
Important Information File your Form 1-ES online at no cost! It's fast, easy and secure. Go to mass.gov/masstaxconnect for more information.						
Return this voucher with check or money order payable to:Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540.						
Signature		Title	Date			

MAIA0501L 02/24/17

00100003722194 123117 0000000000 053 170051032 00000383003

DO NOT FILE

Detach Here

88-12-00018

Massachusetts Department of Revenue
1-ES – Estimated Tax Payment Voucher

Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
003722194	12/31/2017	6/15/2017	053	17	005	1032
Last name (print)		First name and initial (and spouse's, if joint return)		1 Amount of this installment (from line 12 of estimated tax worksheet):		
RAMSEY		KATHRYN AND MATTHEW		\$ 383.00		
Street address				Check which form you plan to file:		
56 WINSHIP ST #1				<input checked="" type="checkbox"/> Form 1 Full-Year Resident		
City/Town	State	Zip	<input type="checkbox"/> Form 1-NR/PY Nonresident/Part-Year Resident			
BRIGHTON	MA	021353368	<input type="checkbox"/> Nonresident Composite Return			
Phone number	E-mail address					
6035572207	RAMSEY.KATHRYN.M@GMAIL.COM					
Important Information File your Form 1-ES online at no cost! It's fast, easy and secure. Go to mass.gov/masstaxconnect for more information.						
Return this voucher with check or money order payable to:Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540.						
Signature		Title	Date			

MAIA0501L 02/24/17

00100003722194 123117 0000000000 053 170051032 00000383003

DO NOT FILE

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88-12-00018

Massachusetts Department of Revenue
1-ES – Estimated Tax Payment Voucher

Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
003722194	12/31/2017	9/15/2017	053	17	005	1032
Last name (print)	First name and initial (and spouse's, if joint return)		1 Amount of this installment (from line 12 of estimated tax worksheet):			
RAMSEY	KATHRYN AND MATTHEW		\$ 0.00			
Street address			Check which form you plan to file:			
56 WINSHIP ST #1			<input checked="" type="checkbox"/> Form 1 Full-Year Resident			
City/Town	State	Zip	<input type="checkbox"/> Form 1-NR/PY Nonresident/Part-Year Resident			
BRIGHTON	MA	021353368	<input type="checkbox"/> Nonresident Composite Return			
Phone number	E-mail address					
6035572207	RAMSEY.KATHRYN.M@GMAIL.COM					
Important Information File your Form 1-ES online at no cost! It's fast, easy and secure. Go to mass.gov/masstaxconnect for more information.						
Return this voucher with check or money order payable to:Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540.						
Signature	Title	Date				

MAIA0501L 02/24/17

00100003722194 123117 0000000000 053 170051032 00000000003

DO NOT FILE

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88-12-00018

Massachusetts Department of Revenue
1-ES – Estimated Tax Payment Voucher

Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
003722194	12/31/2017	1/16/2018	053	17	005	1032
Last name (print)		First name and initial (and spouse's, if joint return)		1 Amount of this installment (from line 12 of estimated tax worksheet):		
RAMSEY		KATHRYN AND MATTHEW		\$ 0.00		
Street address				Check which form you plan to file:		
56 WINSHIP ST #1				<input checked="" type="checkbox"/> Form 1 Full-Year Resident		
City/Town	State	Zip	<input type="checkbox"/> Form 1-NR/PY Nonresident/Part-Year Resident			
BRIGHTON	MA	021353368	<input type="checkbox"/> Nonresident Composite Return			
Phone number	E-mail address					
6035572207	RAMSEY.KATHRYN.M@GMAIL.COM					
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Signature		Title	Date			

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