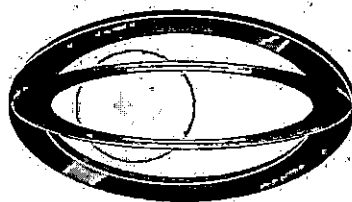


ORGANIC CARE
(STAMFORD - PACIFIC)

MMP - RFA

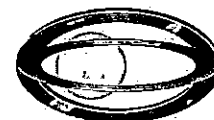
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Organic Care LLC

Connecticut Member Owned
Alternative Wellness Consortium

Septemeber, 2015



September, 2015

Department of Consumer Protection
Drug Control Division
Medical Marijuana Program
RFA
165 Capital Ave, Room 145
Hartford CT 06106

Ladies, Gentlemen, Esteemed Members of the DPC,

On behalf of Organic Care LLC, of Connecticut (throughout the application, herein recognized as "Organic Care"), I submit this application for a medical marijuana dispensary facility license.

As detailed in the application; The logistical acumen of maintaining several successful in-state businesses, over multiple economic climates, along with the collective belief in serving our community with sensitivity, integrity and efficiency, has enabled our consortium to deliver a proprietary platform, compliant with all applicable Connecticut Statues and HIPPA requirements

Our goal is to maximize the benefits, aid in the research and continue the progress of, alternative care.

We thank you in advance for any time and consideration you have given our application.

Thank You.

Organic Care, LLC.



Organic Care LLC

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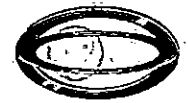


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Organic Care LLC

Section: A

BUSINESS INFORMATION OF APPLICANT

STRICTLY CONFIDENTIAL -- NOT FOR DISTRIBUTION



Organic Care LLC

Section: A-1
Appendix: A, Dispensary Facility Information Form

A1. Requisition: Complete the Dispensary Facility Information Form, attached as Appendix A.

Resolution: Please see attached, Appendix A. The Completed Dispensary Facility Application Forms for Organic Care LLC



Medical Marijuana Program

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Appendix A

Dispensary Facility License Information Form

Section A: Business Information

1. Applicant business type:						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Other: _____
2. Legal Name of Applicant: Organic Care LLC						
3. Trade Name of Applicant: The Pharmacy						
4. Applicant's Business Address: 125 Greenwich Avenue, 3rd Floor						
5. City: Greenwich				6. State: CT	7. Zip Code: 06830	
8. Daytime Telephone Number: (917) 848-7902			9. E-mail Address: paul@cappiali.com			
10. Applicant's Mailing Address (if different than business address): N/A					11. City: N/A	
12. State: N/A	13. Zip Code: N/A		14. Daytime Telephone Number:		15. Fax Number: N/A	

Section B: Contact Information

All communications from the department regarding this application will be sent to your primary contact and alternate contact, if one is designated. We will assume that you receive all communications sent to your designated contact(s) and it will be your responsibility to notify us if any of their contact information changes.

16. Name of Primary Contact: Paul Cappiali		17. Primary Contact Title: CEO	
18. Primary Contact E-mail Address: paul@cappiali.com		19. Primary Contact Telephone Number: (917) 848-7902	
20. OPTIONAL - Name of Alternate Contact: Randy Caravella		21. Alternate Contact Title: COO	
22. Alternate Contact E-mail Address: randy@thefarmacyct.com		23. Alternate Contact Telephone Number: (203) 253-4492	

Section C: Formation/Incorporation Information

24. Date of Formation/Incorporation: 08 / 26 / 15		25. Place of Formation/Incorporation: Connecticut	
26. Registered with the Connecticut Secretary of State: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Sale and Use Tax Permit Number: 1191967 Provide a copy of your Sale and Use Tax permit with your application.	



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Section D: Proposed Dispensary Facility Information

28. Proposed Dispensary Facility Address: 579 Pacific Street			29. City: Stamford
30. State: CT	31. Zip Code: 06902	32. Telephone Number: (917) 848-7902	33. Fax Number:
34. Own or Lease Property: <input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease Provide a copy of the lease, deed or other documents evidencing the right to occupy if you are awarded a license.		35. Name of Property Owner: MSS Enterprises	

Section E: Business Association Information

36. Are you associated with any other dispensary facility licensee or license applicant or producer licensee or license applicant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name of all applicants with whom you are associated. Attach additional pages if necessary.	
37. Applicant Name:	38. Licensee or Applicant Type: <input type="checkbox"/> Dispensary Facility <input type="checkbox"/> Producer
39. Applicant Name:	40. Licensee or Applicant Type: <input type="checkbox"/> Dispensary Facility <input type="checkbox"/> Producer

Section F: Proposed Dispensary Department Hours

41. State the proposed dispensary department hours of operation for each day. The dispensary department is where marijuana will be sold.

Monday	10	to	6	Friday	10	to	6
Tuesday	10	to	6	Saturday	10	to	6
Wednesday	10	to	6	Sunday	Closed	to	Closed
Thursday	10	to	6				

Section G: Proposed Dispensary Facility Hours

42. State the proposed dispensary facility hours of operation for each day. The dispensary facility includes areas where non-marijuana products and services will be offered.

Monday	10	to	6	Friday	10	to	6
Tuesday	10	to	6	Saturday	10	to	6
Wednesday	10	to	6	Sunday	Closed	to	Closed
Thursday	10	to	6				



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Section H: Other Business Names & Addresses

List all names under which the applicant has done business or has held itself out to the public as doing business. Do not limit your response to business operations in Connecticut. Attach additional pages if necessary.

43. Name:	44. Time Period:
N/A	N/A

List all addresses, other than those listed in response to Section A, that the applicant owns, has owned or from which it has conducted business during the previous five years and give the approximate time periods during which such locations were owned or utilized. Attach additional pages if necessary.

45. Address:	46. Time Period:
N/A	N/A

Section I: Dispensary Facility Backers

Provide the following information for each dispensary facility backer. A dispensary facility backer is any person (including any legal entity) with a direct or indirect financial interest in the applicant, except it shall not include a person with an investment interest provided the interest held by such person and such person's co-workers, employees, spouse, parent or child, in the aggregate, does not exceed five per cent of the total ownership or interest rights in the applicant and such person will not participate directly or indirectly in the control, management or operation of the dispensary facility if a license is granted.

Create additional copies of this page if necessary.

Each backer identified in response to this section must complete and sign Appendix B.

47. Name:	48. Percentage of ownership
Paul Cappiali	50%
Randy Caravella	50%



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Section J: Directors, Owners, Officers and Other High-Level Employees

Provide the following information for each individual, including each dispensary facility backer, who will:

- directly or indirectly have control over, or participate in the management or operation of, the dispensary facility; or
- who currently receives, or who reasonably can be expected to receive, within one calendar year, compensation from the applicant exceeding \$100,000.

Create additional copies of this page if necessary.

Each person identified in response to this section must complete and sign Appendix C.

49. Name (First, Middle, Last):	50. Title:	51. Role:
Paul Anthony Cappiali	CEO	Facility Operations
Randy Caravella	COO	Facility Operations
William Francis Kakowski	Director - Pharmacist	Managing Pharmacist

Section K: Financial Statement

Set forth all expenses greater than \$10,000 incurred in connection with the establishment of your business and the sources of the funds for each. Attach additional pages if necessary. The Department may require backup documentation.

52. Expense Item:	53. Cost:	54. Source of Funds:
N/A	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Section L: Security System

Identify the company or companies that will provide security services for the dispensary facility if a license is awarded. If more than two companies will provide security services, complete this section for each such additional company.

55. Primary Security Company Name: Command Corporation	
56. Primary Security Company Address (including Apartment or Suite #): 59 Rainbow Road	57. City: Granby



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58. State: CT	59. Zip Code: 06026	60. Telephone Number: (800) 851-6012	61. Fax Number:
62. E-mail Address: <u>commandco.com</u>			
63. Backup Security Company Name (if applicable): <u>CustomVault</u>			
64. Backup Security Company Address (including Apartment or Suite #): <u>4 Research Drive</u>			65. City: <u>Bethel</u>
66. State: CT	67. Zip Code: 06801	68. Telephone Number: (203) 403-4205	69. Fax Number: (203) 403-4206
70. E-mail Address: <u>melliot@customvault.com</u>			
71. Attach a detailed description of the security plan to be offered by the security company or companies. Be sure to include a discussion of each of the required elements set forth in Section 21a-408-62 of the Regulations of Connecticut State Agencies.			

Section M: Legal Proceedings

72. Has the applicant ever had any petition filed by or against it, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period? Yes No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

73. Has the applicant ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action? Yes No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

74. Is the applicant a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim? Yes No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.

75. Has the applicant ever had any fines or other penalties over \$10,000 assessed by any regulatory agency? Yes No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

Section N: Criminal Actions

76. Has the applicant ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or are any such charges pending? Yes No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.



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Section O: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating the applicant's suitability to participate in the medical marijuana program. As the duly authorized representative of the applicant, I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

77. Signature:



78. Date Signed:

I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes. As the duly authorized representative of the applicant, I hereby make the above certifications on behalf of the applicant.

79. Signature:



80. Date Signed:



Organic Care LLC

Section: A-1
Appendix: A, Dispensary Facility Information Form
Section: D, Proposed Dispensary Facility Information
Question: 34

A1-71. Requisition: Provide a copy of the lease, deed or other documents evidencing the right to occupy if you are awarded a license.

Resolution: Please see the following pages:

- Lease Agreement for the proposed facility site, permitting Organic Care LLC, Licensed Medical Marijuana Dispensary usage.
- Site permitted usage confirmation by the New Haven City Plan Department.



NEW HAVEN CITY PLAN DEPARTMENT
165 CHURCH STREET, NEW HAVEN, CT 06510
TEL (203) 946-6378 FAX (203) 946-7815

September 14, 2015

Stephen W. Studer, Esq.
Berchem, Moses & Devlin, P.C.
75 Broad Street
Milford, CT 06460

Re: 130 Amity Road, New Haven

Dear Attorney Studer;

We understand that your client is interested in operating a Medical Marijuana Dispensary in the City of New Haven at 130 Amity Road at Amity Plaza. The property at 130 Amity Road is located in a General Business (BA) District. The City of New Haven Zoning Ordinance, Section 42, Table 3, subsection C. Sale of Food, Drink & Pharmaceuticals, states that the use "Drug or Cosmetic store, including sale of goods customarily incidental thereto", is permitted as of right in BA, BA-1, BD, BD-1, BD-2, BD-3, BE, IL, and IH zoning districts; in addition, by Special Exception in zone BC. Parking requirements for Business and Commercial uses are outlined in Section 45.

The City has determined that medical marijuana, as defined in Connecticut General Statutes section 21a-240, and the retail distribution of medical marijuana via a dispensary as encompassed under section 21a-408, et sec., is most analogous to the use "Drug or Cosmetic store" and therefore is permitted in the same zones as "Drug or Cosmetic store", as listed above. This would not include the producer or manufacturing aspect of 21a-408, et sec.

Therefore, at 130 Amity Road in a BA zone, dispensing of medical marijuana is a permitted use under the Zoning Ordinance of the City of New Haven. However, the use is subject to all other pertinent sections of the Zoning Ordinance as well as the Building and Fire Codes and all other requirements for the use set out in 21a-408, et sec.

Sincerely,


Thomas Talbot.
Deputy Director, Zoning

cc. Roderick Williams, Office of Corporation Counsel
Karyn Gilvarg, Executive Director, New Haven City Plan
James Turcio, Building Official



ACRE GROUP

November 11, 2013

VIA EMAIL: ajhoffman@gmail.com

Andrew Hoffman
Natural Care of New Haven, Inc.
255 Weaver Street Apt 3A
Greenwich, CT 06831

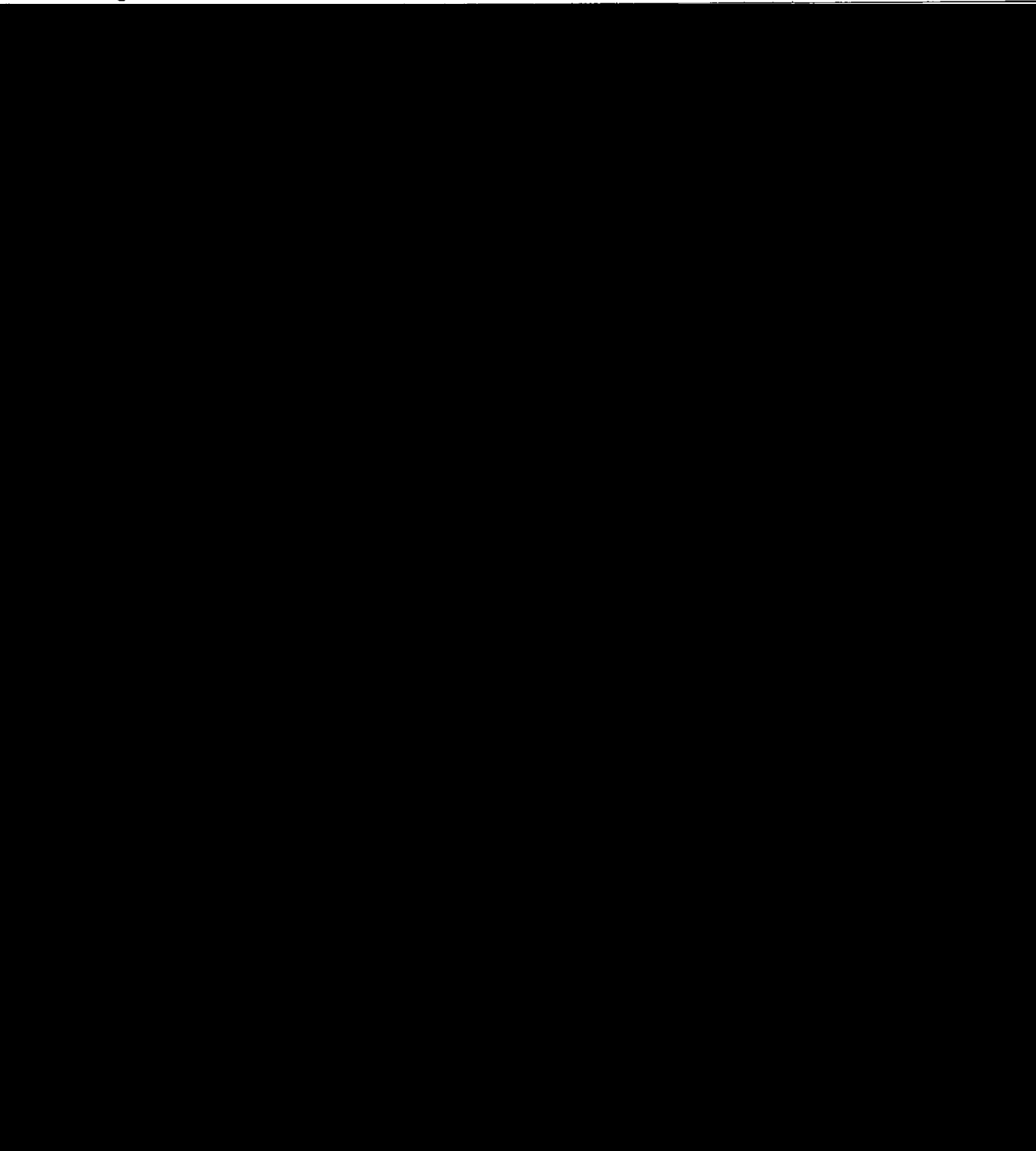
Re: Lease of Premises located at 130 Amity Road, Amity Plaza, New Haven, CT 06515

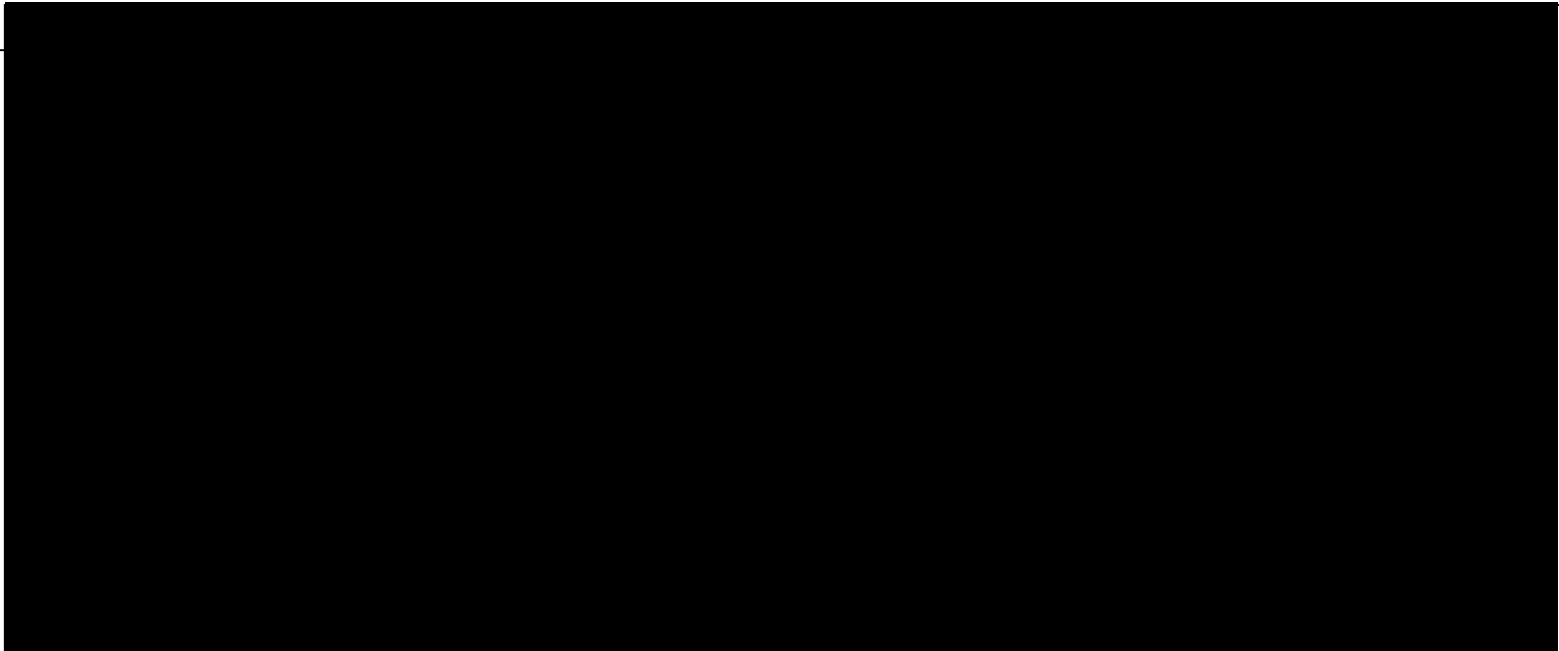
Dear Mr. Hoffman:



November 11, 2013

Page 2





I believe that the proposed terms described above will be acceptable to the owner(s) of the Amity Plaza, New Haven, CT, if this letter is counter-signed by your client and returned, along with a financial statement and the stated security deposit, by not later than November 12th, 2013; however, the submission of these proposed terms for consideration does not constitute an offer to lease the above-referenced premises to your client, or a reservation of said premises. Binding obligations will arise if, and only if, a Lease is executed and delivered by both the shopping center owner(s) and your client.


Should you have any questions or if I can assist you in any way, please call. I look forward to speaking with you soon.

Sincerely,

Daniel M. Charest, SCSM, RPA
Operations Manager

Agreed & Accepted:

Natural Care of New Haven, Inc
Andrew Hoffman

By: 
Its _____
Member

cc: Wellmakara, LLC



Organic Care LLC

Section: A-1
Appendix: A, Dispensary Facility Information Form
Section: L, Security System
Question: 71

A1-71. Requisition: Attach a detailed description of the security plan to be offered by the security company or companies. Be sure to include a discussion of each of the required elements set forth in Section 21a-408-62 of the Regulations of Connecticut State Agencies.

Resolution: Please see following pages: A Detailed description of the security plan designed for Organic Care LLC by Command Corp., of Granby Connecticut.



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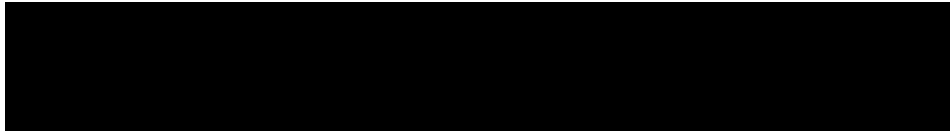
John A. Bazyk
(800) 851-6012
59 Rainbow Road
E. Granby, CT 06026

To: Justin Murphy
Organic Care, LLC
66-68 Elmcroft Rd.,
Stamford, CT 06902

Date: 9 / 15 / 15
From: John Bazyk
Subject: Proposal: Installation of Security and Video Surveillance System

Thank you for trusting Command Corporation with your security concerns. The following quotation has been developed based on our discussion of your request and our understanding of the State's Requirements. I would appreciate your review of the proposal, bearing in mind that changes and alterations can be made which would affect both security and price. *Only professional quality equipment, and installation and testing procedures are being recommended.*

Building Intrusion Detection System:



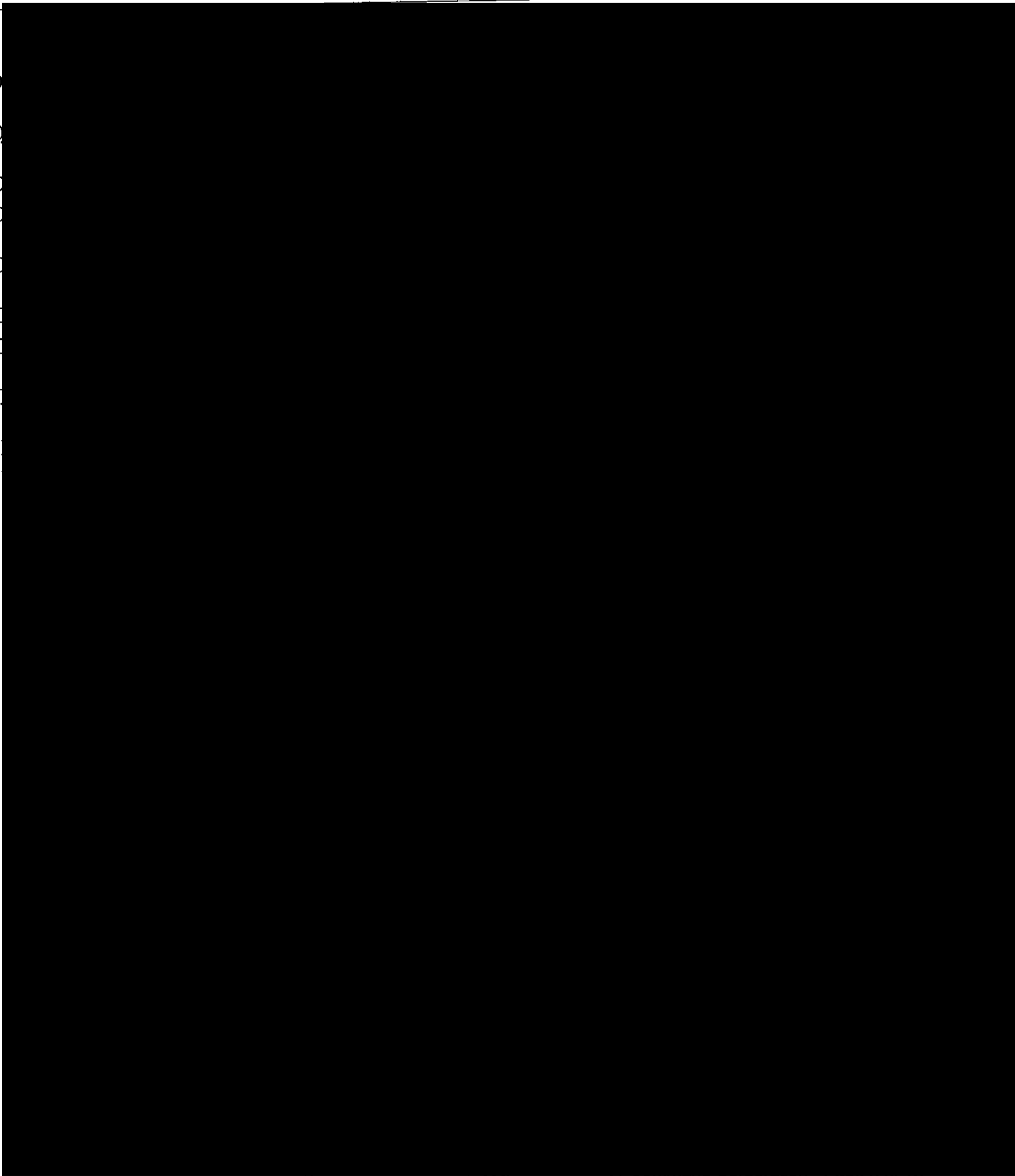
A broadband Internet connection will be used as the primary communication link, ensuring the fastest and most secure communication to the monitoring station. A cellular radio will be used as a backup in the event of a power outage and/or broadband connections are lost. Adaptive communication technology will be included to ensure no alarm or trouble signals are lost.

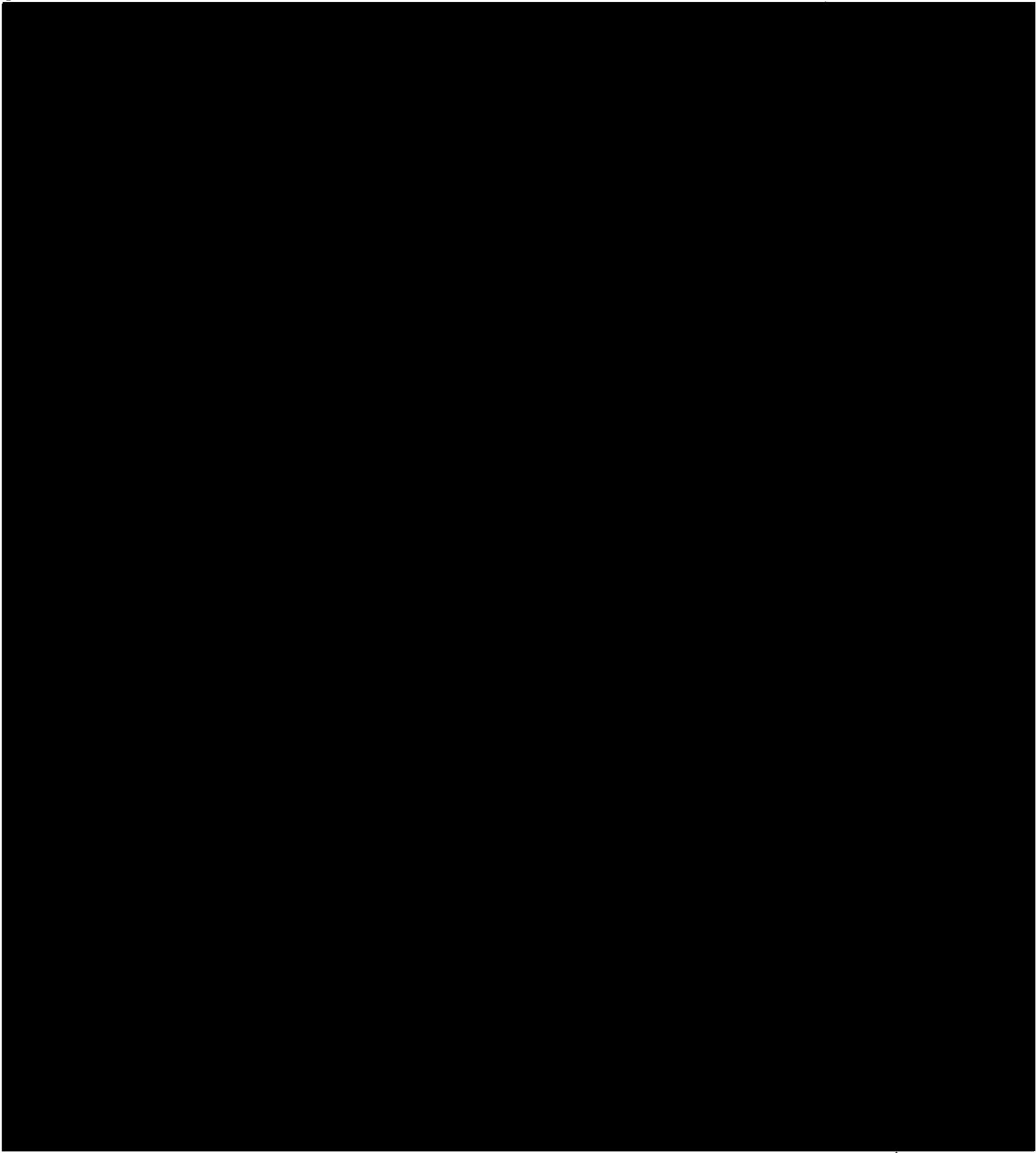
Building Electronic Access Control:

The Electronic Access Control system (EAC) compares a person's credential to the access control list and grants or denies the presented request. When access is denied based on the access control list, the door remains locked. If access is granted, the control panel operates a relay unlocking the door.

Access to dispensary will be limited to the dispensary facility manager, dispensary technicians and escorted pre-authorized patients. Employees not authorized to enter the dispensary portion of the facility will not be granted access through the EAC system. If it is necessary for them to enter the dispensary portion of the facility, the dispensary facility manager will escort them. Employee EAC badges will not grant access to the dispensary facility outside of business hours and until the dispensary facility manager has previously entered the building and disarmed the IDS. Badges will be created through a secure portal and issued by the dispensary facility manager.

Example: If the receptionist whose schedule allows him or her to enter the building between the hours of 9:00AM and 5:00PM, Monday through Friday and who does not have authority to

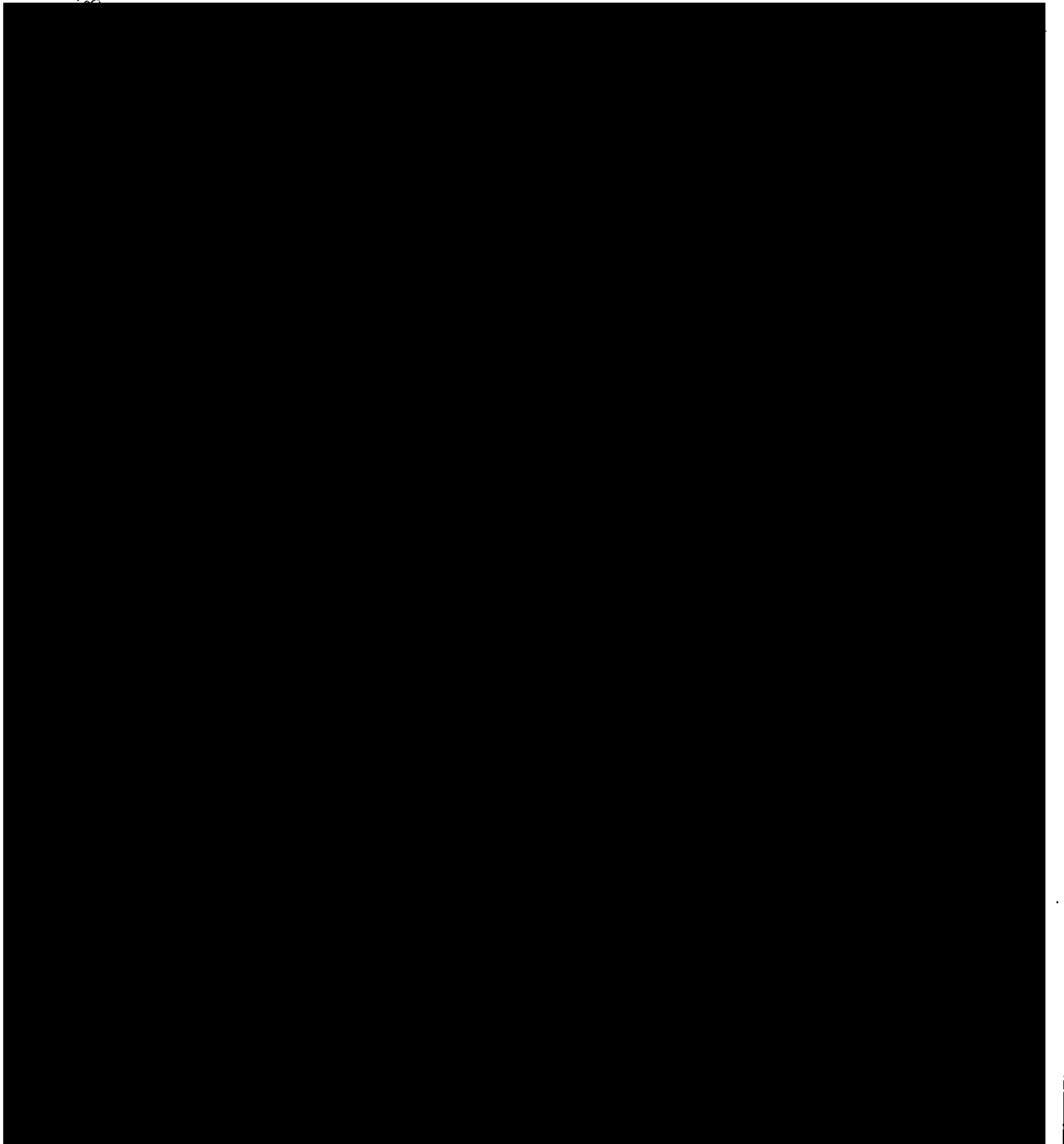




COMMAND

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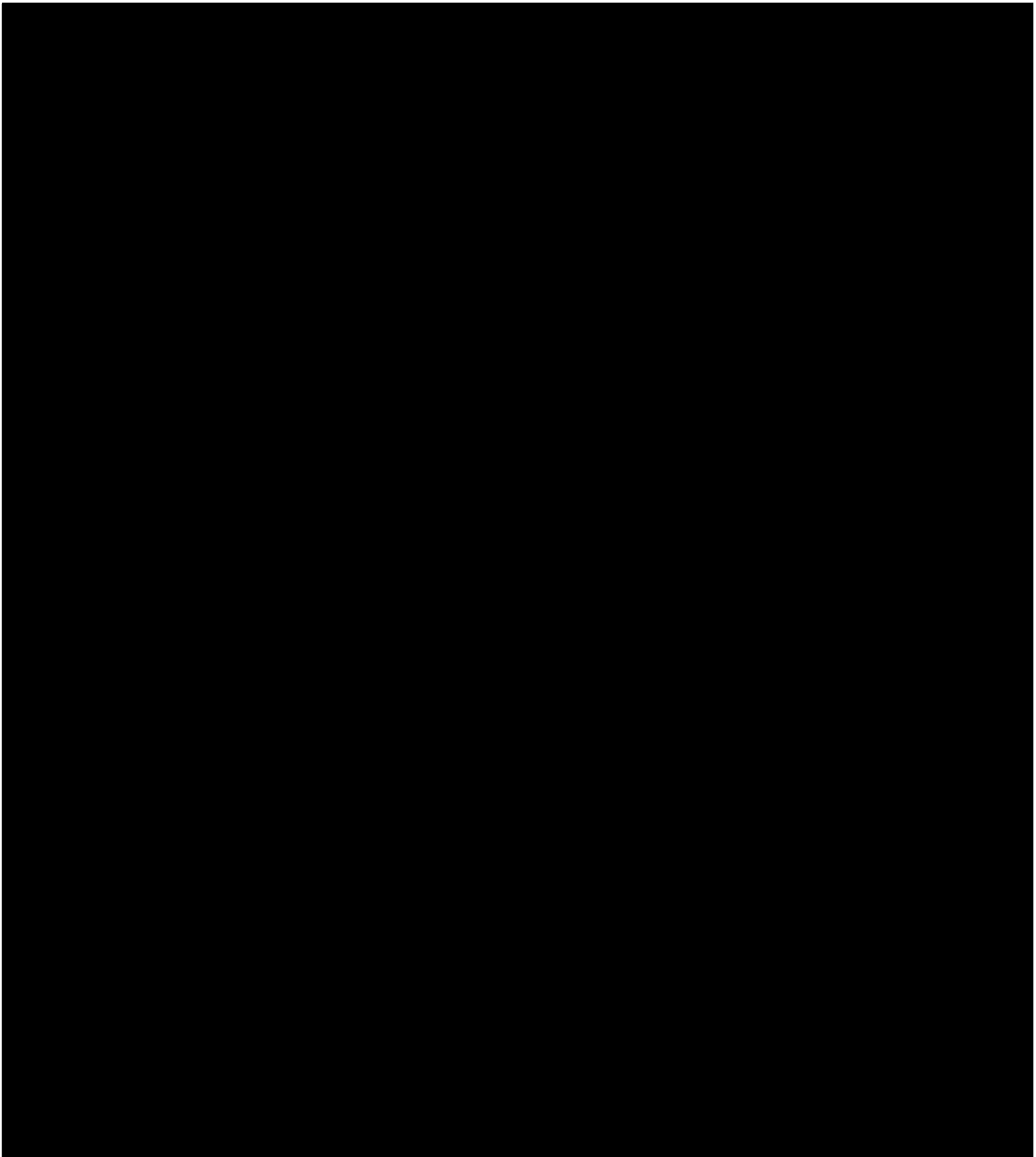
John A. Bazyk
(800) 851-6012
59 Rainbow Road



COMMAND

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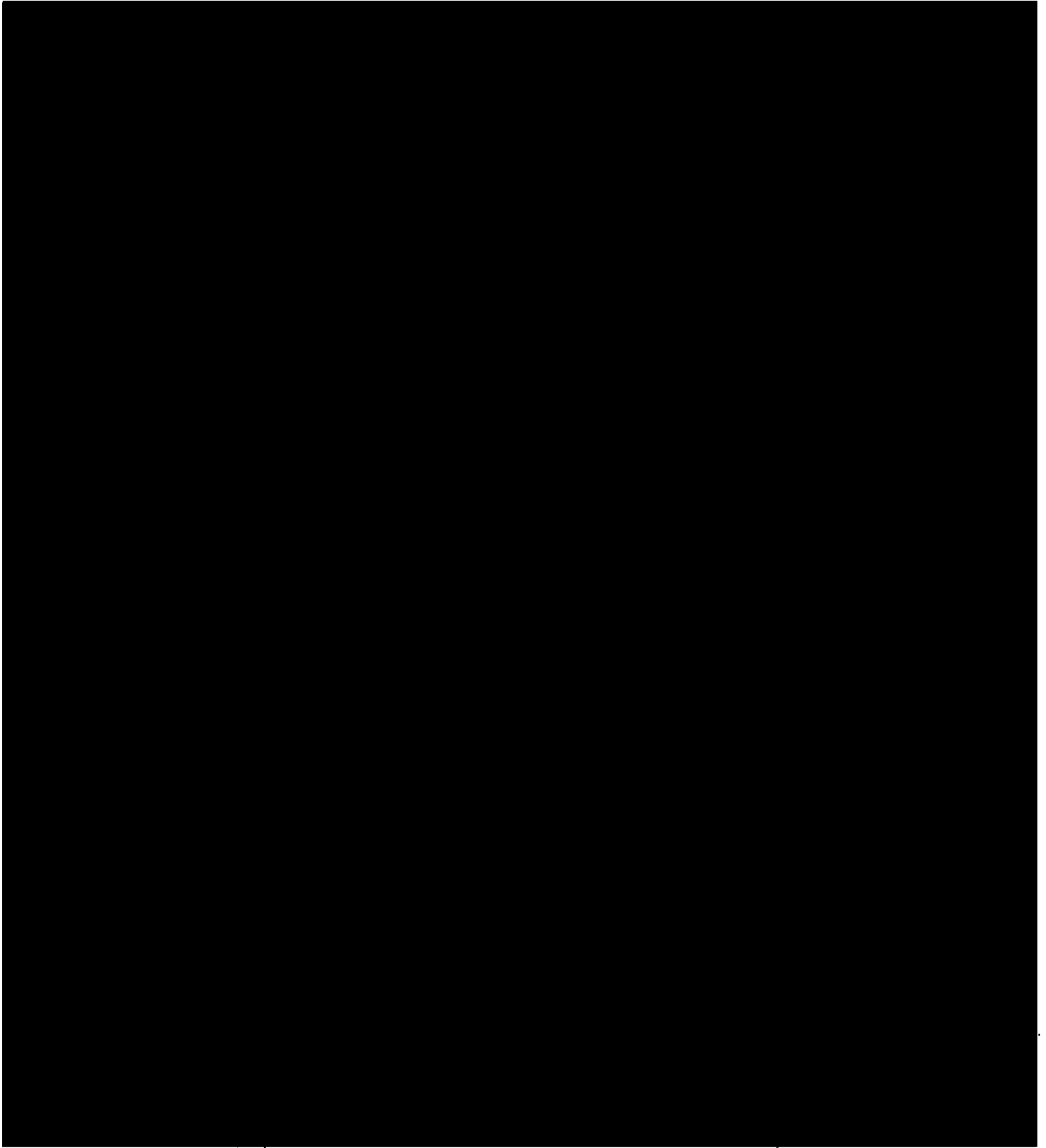
John A. Bazyk
(800) 851-6012
59 Rainbow Road

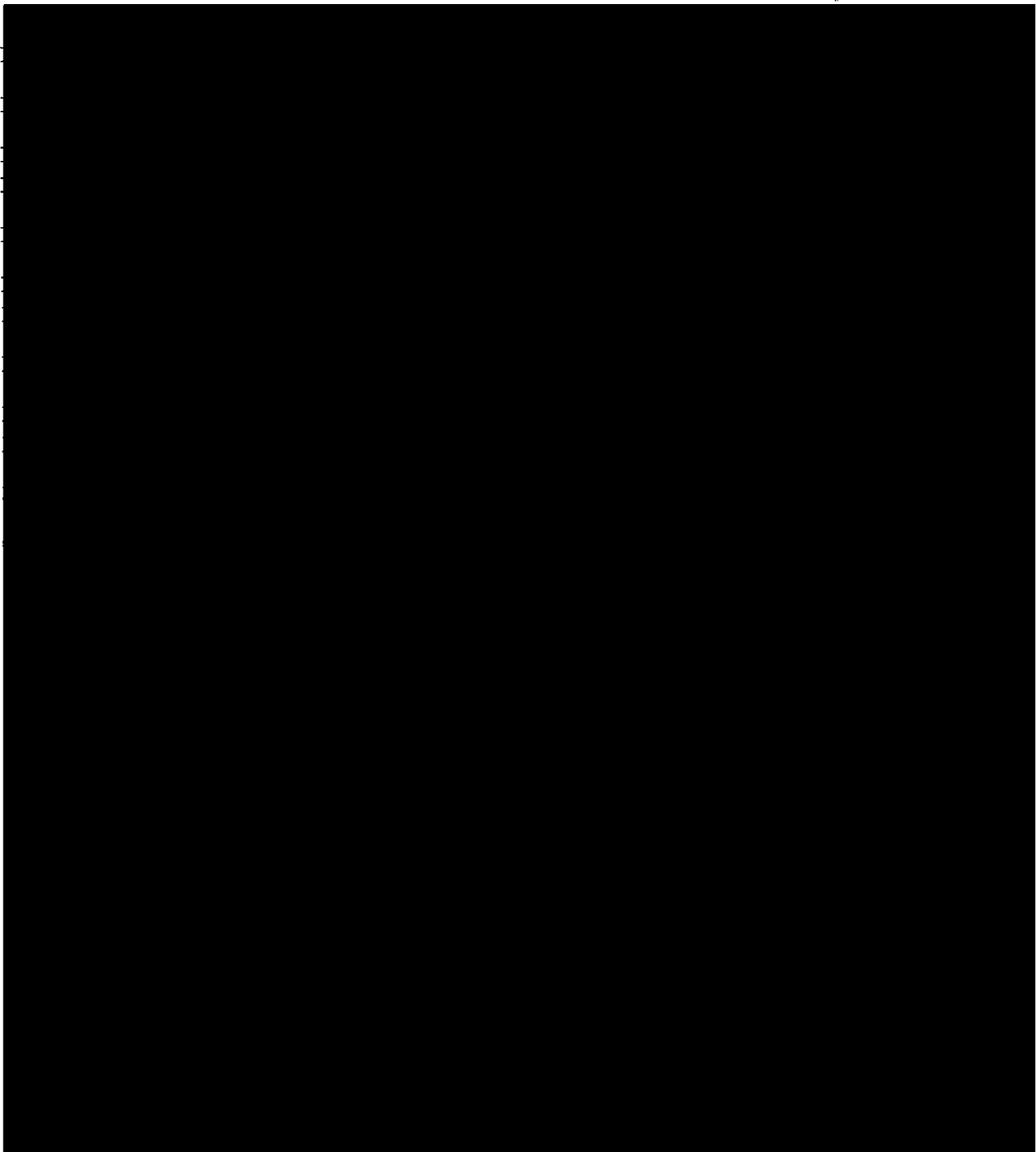


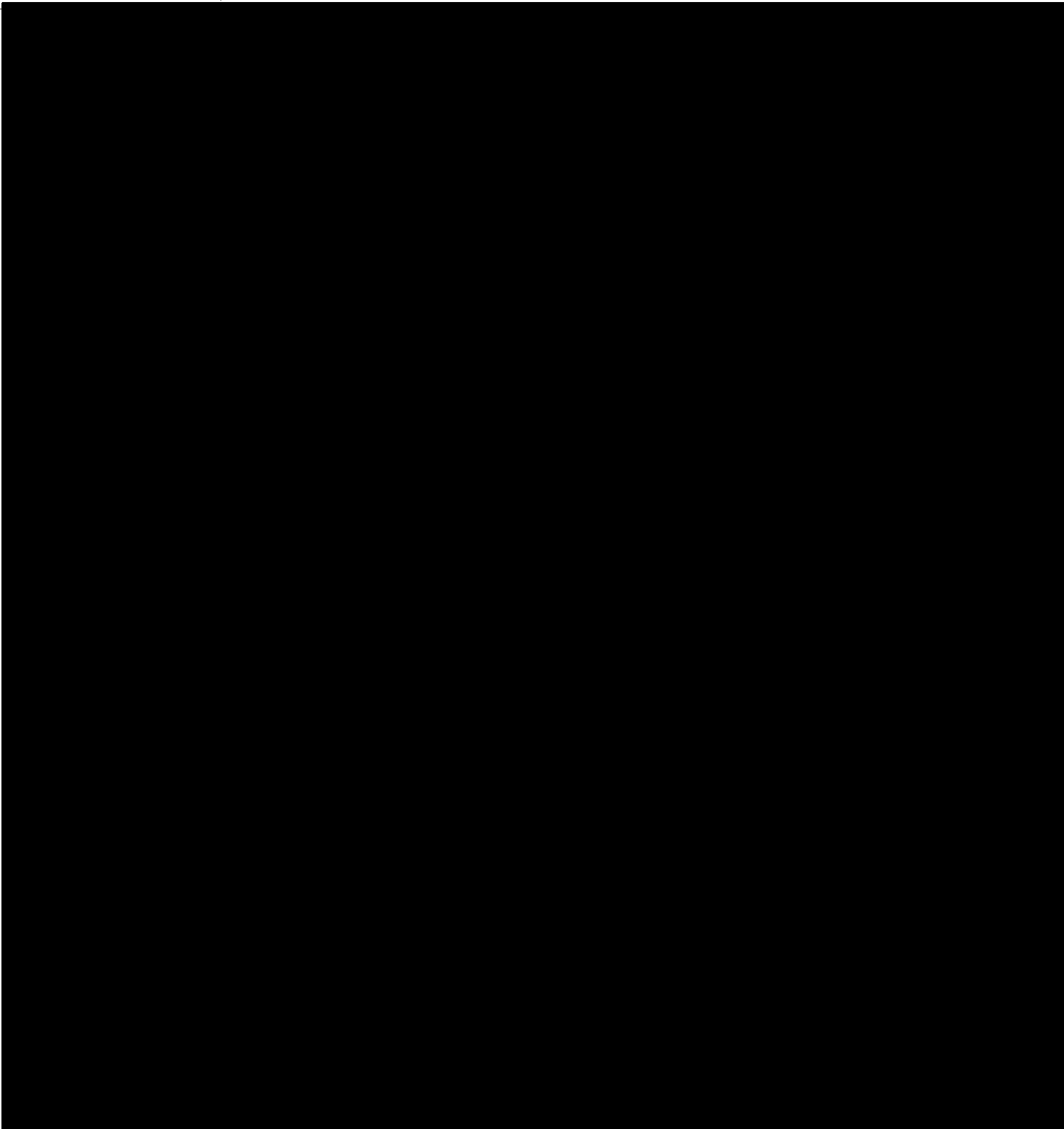
COMMAND
CORPORATION

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John A. Bazyk
(800) 851-6012
59 Rainbow Road



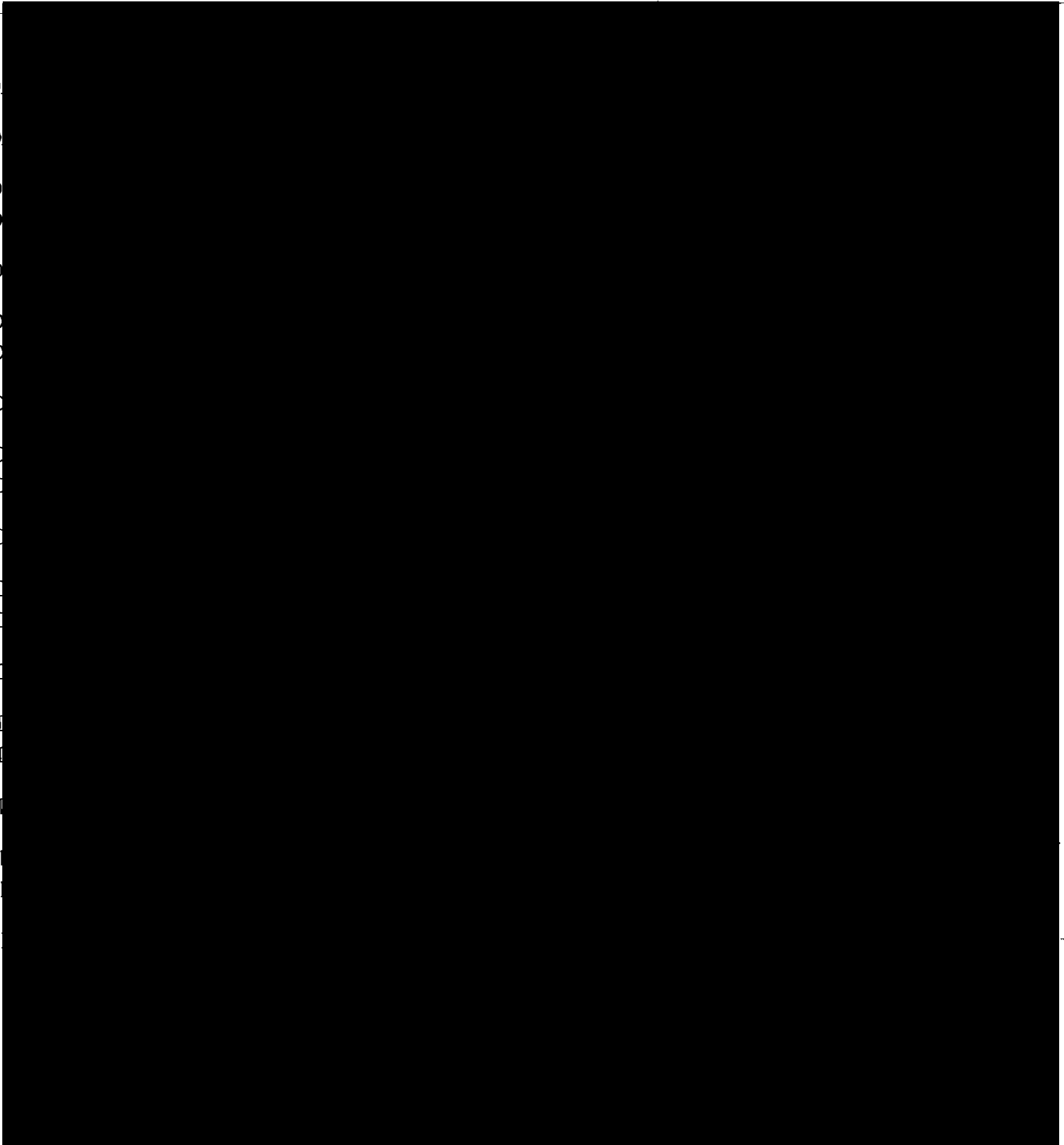






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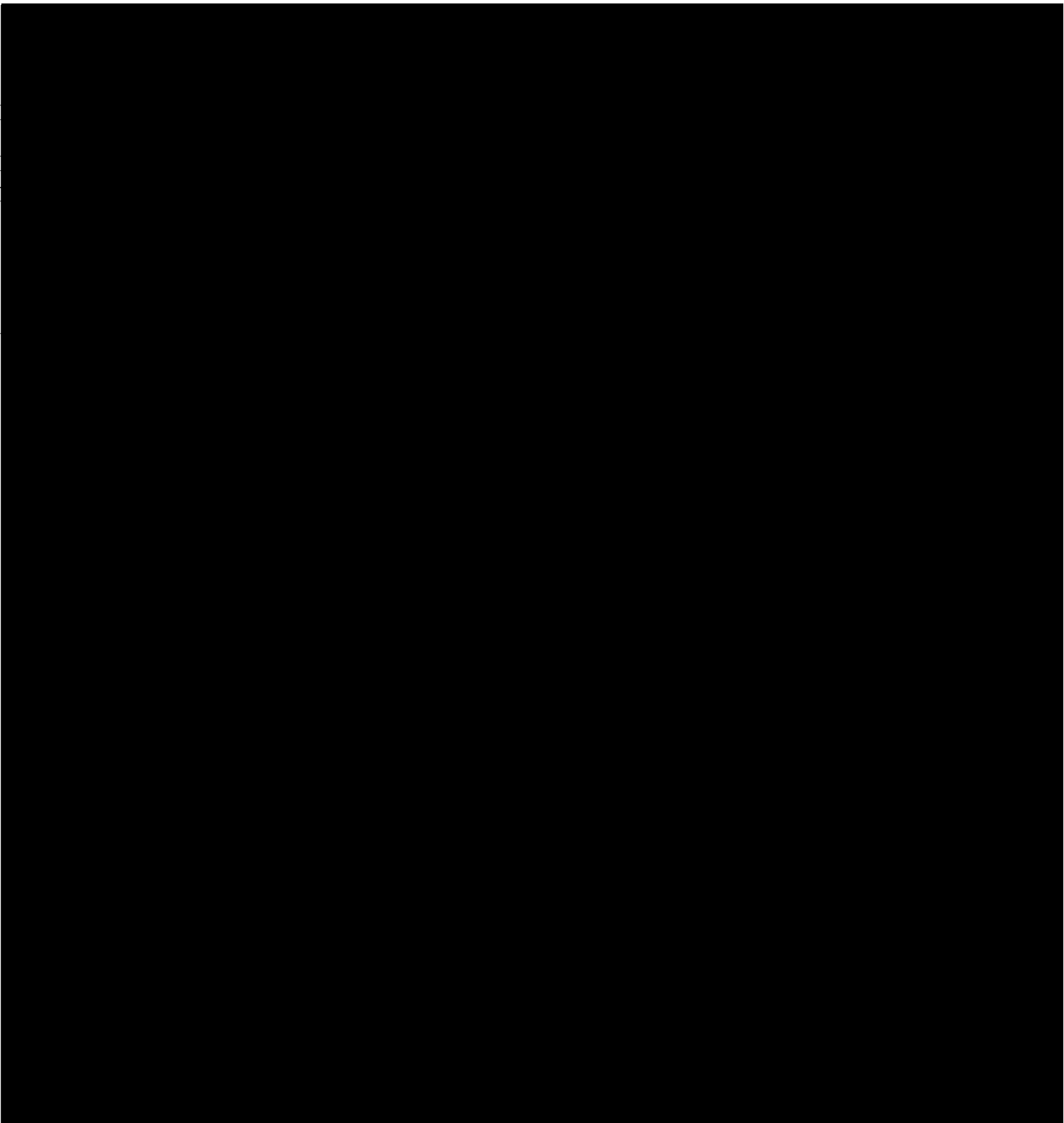
John A. Bazyk
(800) 851-6012
59 Rainbow Road
E. Granby, CT 06026

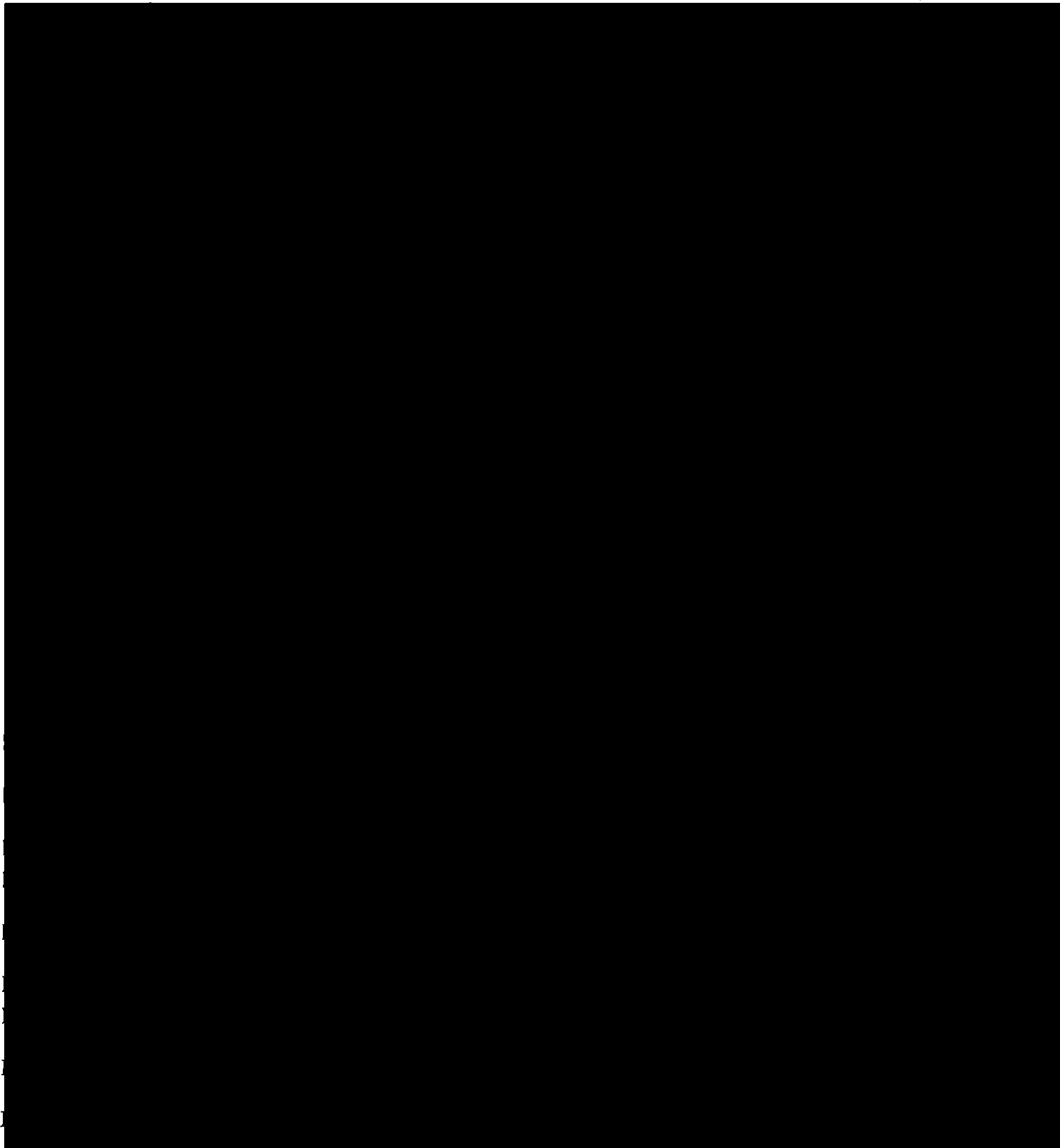




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(800) 851-6012
59 Rainbow Road
E. Granby, CT 06026

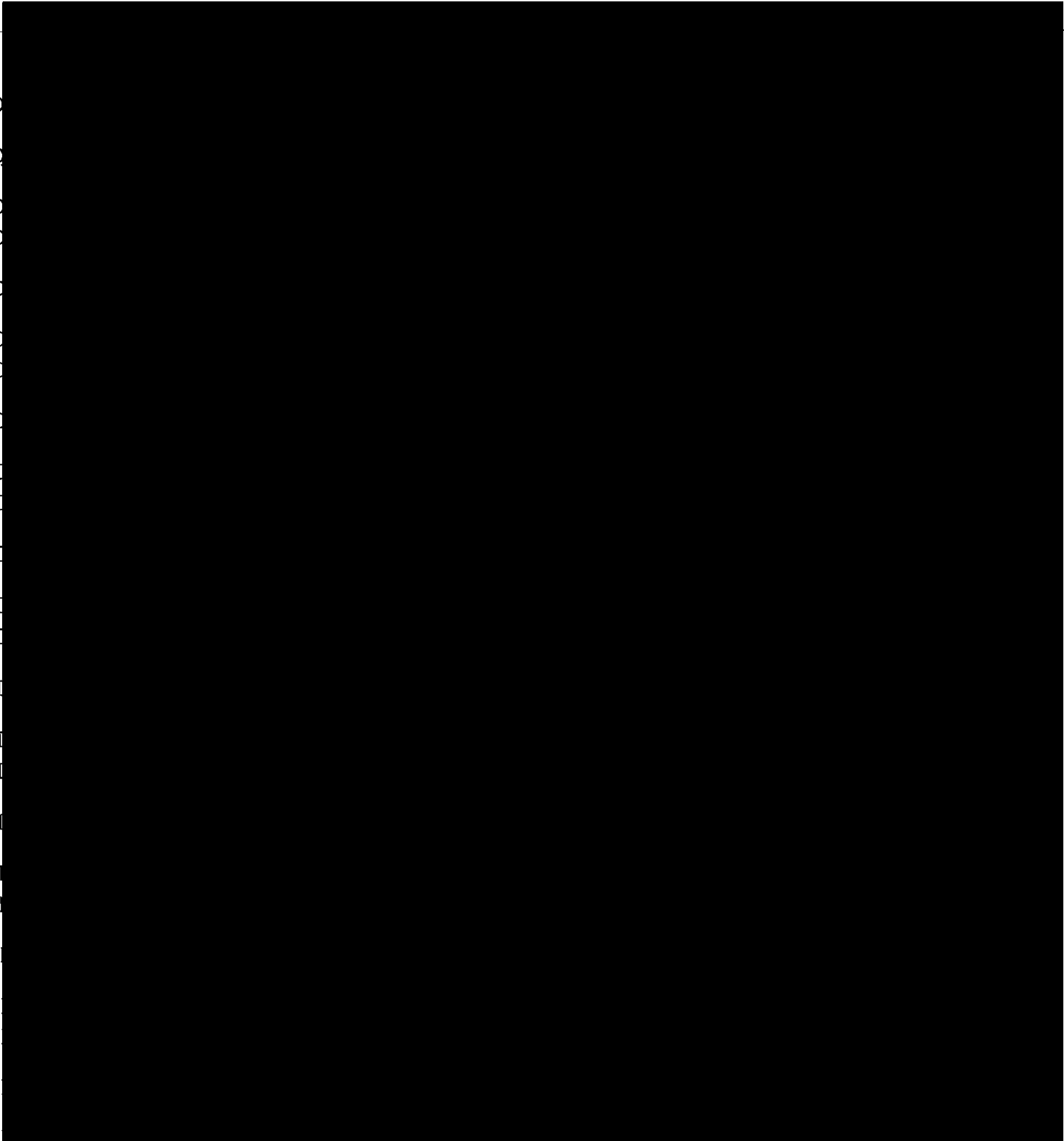


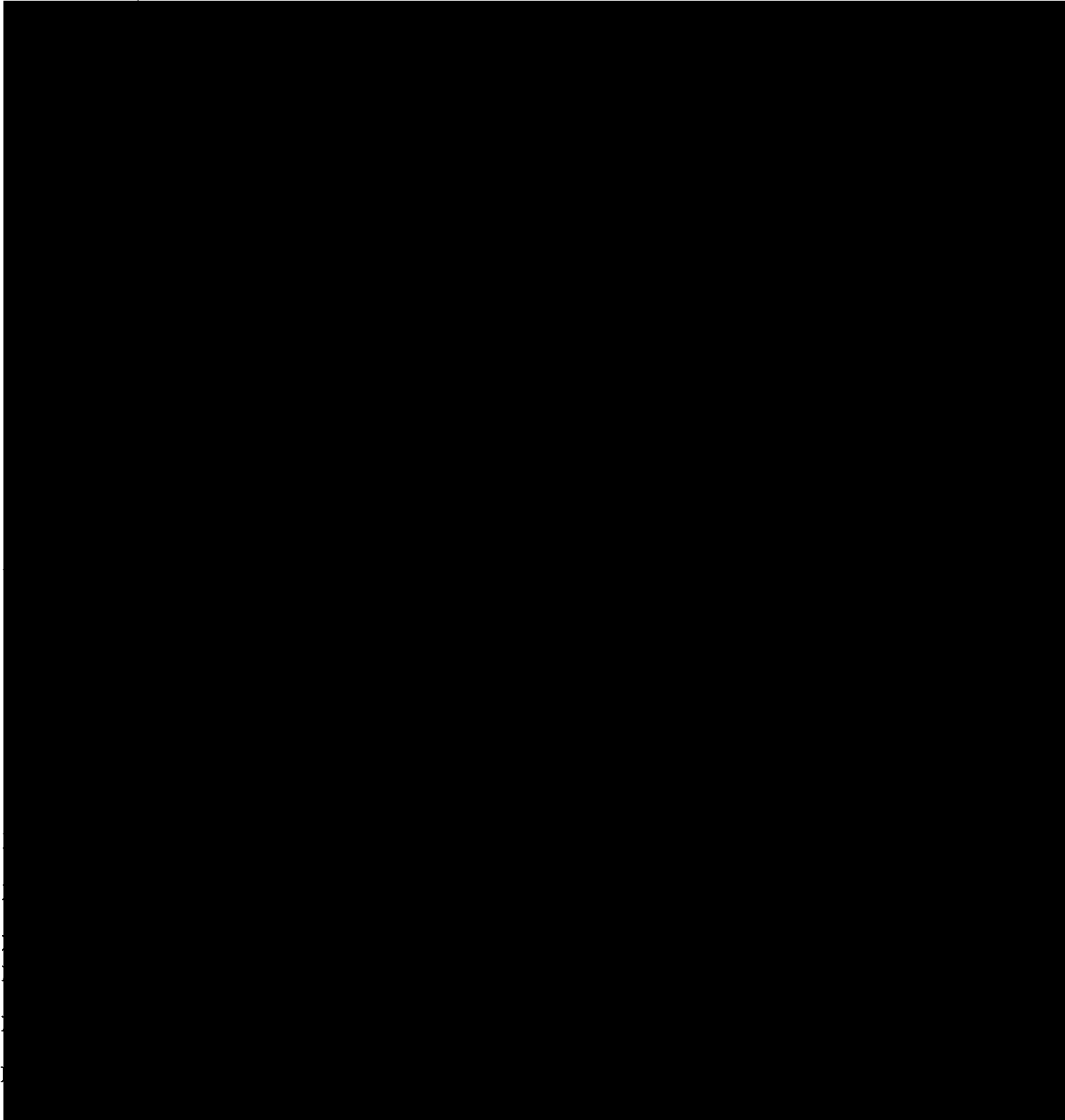




Confidential

John A. Bazyk
(800) 851-6012
59 Rainbow Road
E. Granby, CT 06026







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John A. Bazyk
(800) 851-6012
59 Rainbow Road
E. Granby, CT 06026



Organic Care LLC

Section: A
Appendix: B

**Dispensary Facility Backer
Information Form**



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Appendix B

Dispensary Facility Backer Information Form

This form must be completed by each person or entity identified as a dispensary facility backer in Appendix A, section I.

Section A: Backer Information

1. Backer business type:

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association	<input checked="" type="checkbox"/> Other: Personal
--	--------------------------------------	--	--------------------------------------	--	---	---

2. Legal Name of Backer:

[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

Section B: Backer Members

If you selected anything other than "Sole Proprietorship" in response to Section A, identify the members of your organization. A member is any person with a direct or indirect ownership interest greater than 5%. Attach additional pages if necessary.

Each member of a backer identified in response to this section must complete either:

- Appendix C if they are also a director, owner, officer or other high-level employee of the applicant; or
- Appendix E in all other instances.

11. Name (First, Middle, Last):	12. Percentage of ownership interest
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]



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Section C: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.

13. State	14. Issue Date (month/year): 07 / 15	15. Type:	16. Number:
-----------	--------------------------------------	-----------	-------------

17. State	18. Issue Date (month/year): 11 / 11	19. Type:	20. Number:
-----------	--------------------------------------	-----------	-------------

Section D: Legal Proceedings

21. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

22. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

23. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on your ability to serve as a backer for the applicant.

24. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

Section E: Criminal Actions

25. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.



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Section F: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. As the backer, or duly authorized representative of the backer, I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

26. Signature:



[Redacted Signature]

27. Date Signed:

9/17/15

I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

28. Signature:



[Redacted Signature]

29. Date Signed:

9/17/15



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Appendix B

Dispensary Facility Backer Information Form

This form must be completed by each person or entity identified as a dispensary facility backer in Appendix A, section I.

Section A: Backer Information

1. Backer business type:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sole Proprietorship	Corporation	Limited Liability Co.	Partnership	Limited Liability Partnership	Unincorporated Association	Other: Personal

2. Legal Name of Backer:

[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

Section B: Backer Members

If you selected anything other than "Sole Proprietorship" in response to Section A, identify the members of your organization. A member is any person with a direct or indirect ownership interest greater than 5%. Attach additional pages if necessary.

Each member of a backer identified in response to this section must complete either:

- Appendix C if they are also a director, owner, officer or other high-level employee of the applicant; or
- Appendix E in all other instances.

11. Name (First, Middle, Last):	12. Percentage of ownership interest
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]



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Section C: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.

13. State	14. Issue Date (month/year): 04 / 15	15. Type:	16. Number:
17. State	18. Issue Date (month/year): / Expiration Date (month/year): /	19. Type:	20. Number:

Section D: Legal Proceedings

21. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

22. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

23. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on your ability to serve as a backer for the applicant.

24. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

Section E: Criminal Actions

25. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.



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Section F: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. As the backer, or duly authorized representative of the backer, I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

26. [REDACTED]

I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

28. [REDACTED]



Organic Care LLC

Section: A-1
Appendix: C

C28. Requisition: Complete the Dispensary Facility Information Form, attached as Appendix A.

Resolution: Please see attached, Appendix C. The Completed Dispensary Facility Forms for Paul A. Cappiali, Randy Caravella, William Kakowski.

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Appendix C

Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

Section A: Personal Information

1. Name (First, Middle, Last):	[REDACTED]
2. Street Address (including Apartment or Suite #):	[REDACTED]
3. City:	Greenwich
6. Title:	[REDACTED]
9. Date of Birth:	[REDACTED]

Section B: Employment Information

12. Current or Most Recent Employer:	13. Date of Employment:
[REDACTED]	[REDACTED]
14. Employer Address (including Apartment or Suite #):	
[REDACTED]	

Section C: Pharmacy Business Experience

21. Do you have any experience controlling, managing, operating or working for a pharmacy?
 Yes No

22. Are you currently associated with a pharmacy in any state?
 Yes No

23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information:

- The pharmacy name;
- The pharmacy's location;
- All titles and responsibilities held by you at the pharmacy, including the time frame for each;
- The dates of your association with the pharmacy;
- Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and
- Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, how those allegations were resolved.



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Section D: Marijuana Business Experience

24. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana business?

Yes No

25. Other than the applicant, are you currently associated with a marijuana business in any state or country?

Yes No

26. If you answered "yes" to question 24 or 25, attach a statement setting forth the following information for each marijuana business with which you have been associated:

- The business name;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why; and
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations.

Section E: Other Relevant Business Experience

27. Do you have any experience controlling, managing, operating or working for any other business that you believe may be relevant to the department's evaluation of the applicant with whom you are associated?

Yes No

28. If you answered "yes" to question 27, attach a statement setting forth the following information for each such business with which you have been associated:

- The business name;
- Products or services offered;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why;
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations; and
- How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated.

Section F: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.

29. State

30. Issue Date (month/year):

31. Type:

32. Number:



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Section G: Legal Proceedings

37. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

38. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

39. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.

40. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

Section H: Criminal Actions

41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

Section I: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

42. Signature





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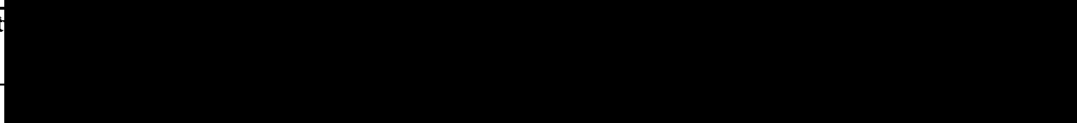
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I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

44. Signat





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Appendix C

Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

Section A: Personal Information

1. Name (First, Middle, Last):

2. Street:

3. City:

6. Title:

9. Date:

Section B: Employment Information

12. Current or Most Recent Employer:

13. Date of Employment:

14. Employer Address (including Apartment or Suite #):

Section C: Pharmacy Business Experience

21. Do you have any experience controlling, managing, operating or working for a pharmacy?

Yes No

22. Are you currently associated with a pharmacy in any state?

Yes No

23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information:

- The pharmacy name;
- The pharmacy's location;
- All titles and responsibilities held by you at the pharmacy, including the time frame for each;
- The dates of your association with the pharmacy;
- Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and
- Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, how those allegations were resolved.



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Section D: Marijuana Business Experience

24. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana business?

Yes No

25. Other than the applicant, are you currently associated with a marijuana business in any state or country?

Yes No

26. If you answered "yes" to question 24 or 25, attach a statement setting forth the following information for each marijuana business with which you have been associated:

- The business name;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why; and
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations.

Section E: Other Relevant Business Experience

27. Do you have any experience controlling, managing, operating or working for any other business that you believe may be relevant to the department's evaluation of the applicant with whom you are associated?

Yes No

28. If you answered "yes" to question 27, attach a statement setting forth the following information for each such business with which you have been associated:

- The business name;
- Products or services offered;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why;
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations; and
- How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated.

Section F: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.



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Section G: Legal Proceedings

37. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

38. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

39. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.

40. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

Section H: Criminal Actions

41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

Section I: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

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I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

44. 





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Appendix C

Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

Section A: Personal Information

1. Name (First, Middle, Last):

2. St

3. C

6. Ti

9. Date of Birth:

10. Social Security Number:

11. Gender:

Male Female

Section B: Employment Information

12. Current or Most Recent Employer:

13. Date of Employment:

Section C: Pharmacy Business Experience

21. Do you have any experience controlling, managing, operating or working for a pharmacy?

Yes No

22. Are you currently associated with a pharmacy in any state?

Yes No

23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information:

- The pharmacy name;
- The pharmacy's location;
- All titles and responsibilities held by you at the pharmacy, including the time frame for each;
- The dates of your association with the pharmacy;
- Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and
- Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, how those allegations were resolved.



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Section D: Marijuana Business Experience

24. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana business?

Yes No

25. Other than the applicant, are you currently associated with a marijuana business in any state or country?

Yes No

26. If you answered "yes" to question 24 or 25, attach a statement setting forth the following information for each marijuana business with which you have been associated:

- The business name;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why; and
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations.

Section E: Other Relevant Business Experience

27. Do you have any experience controlling, managing, operating or working for any other business that you believe may be relevant to the department's evaluation of the applicant with whom you are associated?

Yes No

28. If you answered "yes" to question 27, attach a statement setting forth the following information for each such business with which you have been associated:

- The business name;
- Products or services offered;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why;
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations; and
- How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated.

Section F: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.

33. State	34. Issue Date (month/year): /	35. Type:	36. Number:
	Expiration Date (month/year): /		



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Section G: Legal Proceedings

37. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

38. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

39. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.

40. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

Section H: Criminal Actions

41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

Section I: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

[Redacted signature area]



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I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes

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Appendix C

Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

Section A: Personal Information

1. Name (First, Middle, Last):	
2. St	
3. Ci	
6. Ti	
9. Da	

Section B: Employment Information

12. Current or Most Recent Employer:	13. Date of Employment:	
	End Date: : / /	
14. Employer Address (including Apartment or Suite #):		
18. Telephone Number:	19. Fax Number:	20. E-mail Address:

Section C: Pharmacy Business Experience

21. Do you have any experience controlling, managing, operating or working for a pharmacy?
 Yes No

22. Are you currently associated with a pharmacy in any state?
 Yes No

23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information:

- The pharmacy name;
- The pharmacy's location;
- All titles and responsibilities held by you at the pharmacy, including the time frame for each;
- The dates of your association with the pharmacy;
- Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and
- Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, how those allegations were resolved.



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Section D: Marijuana Business Experience

24. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana business?

Yes No

25. Other than the applicant, are you currently associated with a marijuana business in any state or country?

Yes No

26. If you answered "yes" to question 24 or 25, attach a statement setting forth the following information for each marijuana business with which you have been associated:

- The business name;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why; and
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations.

Section E: Other Relevant Business Experience

27. Do you have any experience controlling, managing, operating or working for any other business that you believe may be relevant to the department's evaluation of the applicant with whom you are associated?

Yes No

28. If you answered "yes" to question 27, attach a statement setting forth the following information for each such business with which you have been associated:

- The business name;
- Products or services offered;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why;
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations; and
- How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated.

Section F: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.

33. State	34. Issue Date (month/year): /	35. Type:	36. Number:
	Expiration Date (month/year): /		



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Section G: Legal Proceedings

37. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

38. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

39. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.

40. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

Section H: Criminal Actions

41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

Section I: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

42. 



Medical Marijuana Program

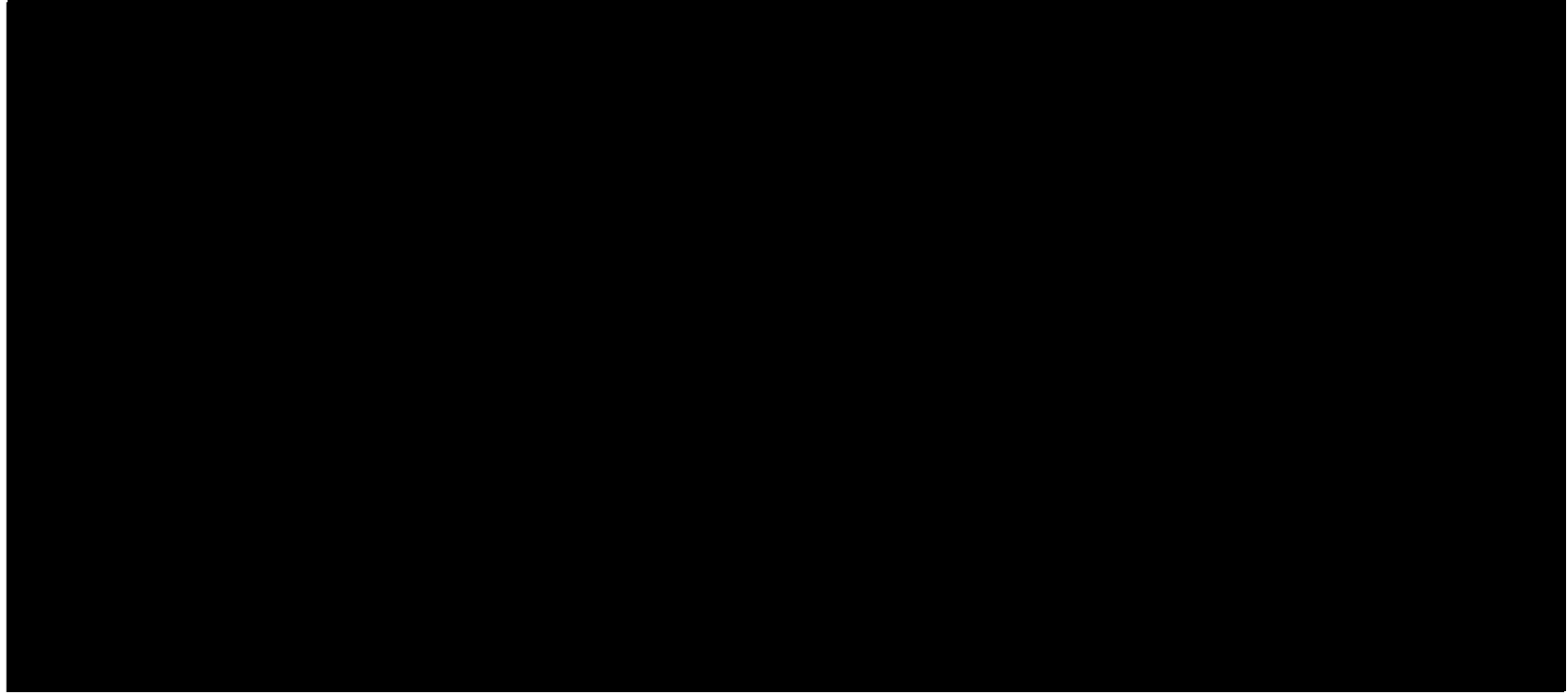
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I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes



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E-mail:

• Website:



Appendix C

Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

Section A: Personal Information

1. Name (First, Middle, Last):

2. Street Address (including Apartment or Suite #)

3. City

6. Title

9. Date

Section B: Employment Information

12. Current or Most Recent Employer:

13. Date of Employment:

14. Employer Address (including Apartment or Suite #):

Section C: Pharmacy Business Experience

21. Do you have any experience controlling, managing, operating or working for a pharmacy?

Yes No

22. Are you currently associated with a pharmacy in any state?

Yes No

23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information:

- The pharmacy name;
- The pharmacy's location;
- All titles and responsibilities held by you at the pharmacy, including the time frame for each;
- The dates of your association with the pharmacy;
- Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and
- Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, how those allegations were resolved.

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• Website:



Section D: Marijuana Business Experience

24. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana business?

Yes No

25. Other than the applicant, are you currently associated with a marijuana business in any state or country?

Yes No

26. If you answered "yes" to question 24 or 25, attach a statement setting forth the following information for each marijuana business with which you have been associated:

- The business name;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why; and
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations.

Section E: Other Relevant Business Experience

27. Do you have any experience controlling, managing, operating or working for any other business that you believe may be relevant to the department's evaluation of the applicant with whom you are associated?

Yes No

28. If you answered "yes" to question 27, attach a statement setting forth the following information for each such business with which you have been associated:

- The business name;
- Products or services offered;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why;
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations; and
- How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated.

Section F: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.

29. State	30. Issue Date (month/year):	07 / 10	31. Type:	32. Number:
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E-mail:

• Website:



Section G: Legal Proceedings

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If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

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Yes No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

39. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.

40. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

Section H: Criminal Actions

41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

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I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

42. 



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I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

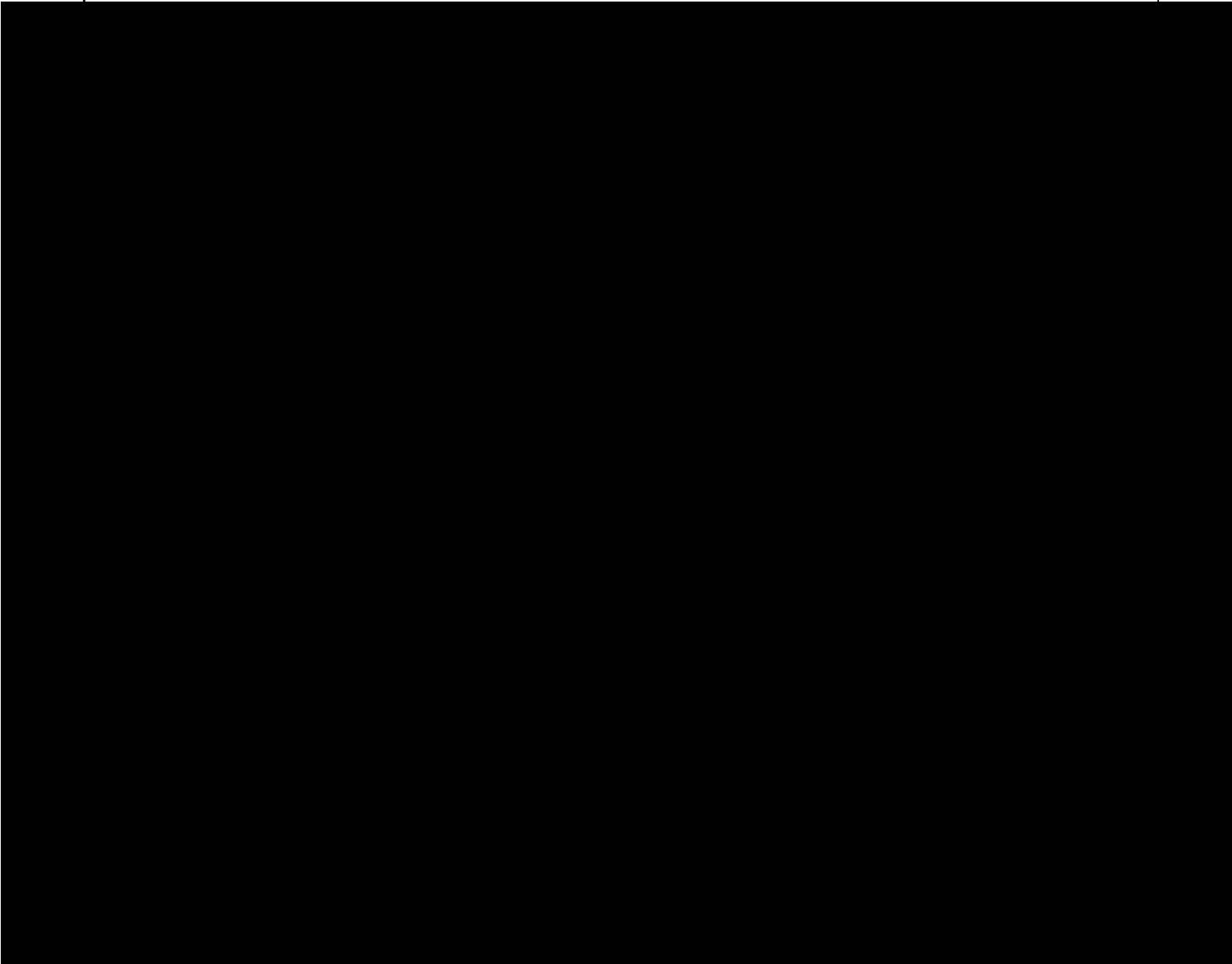
44. Signature





Organic Care LLC

Section: A-1
Appendix: C
Question: 28

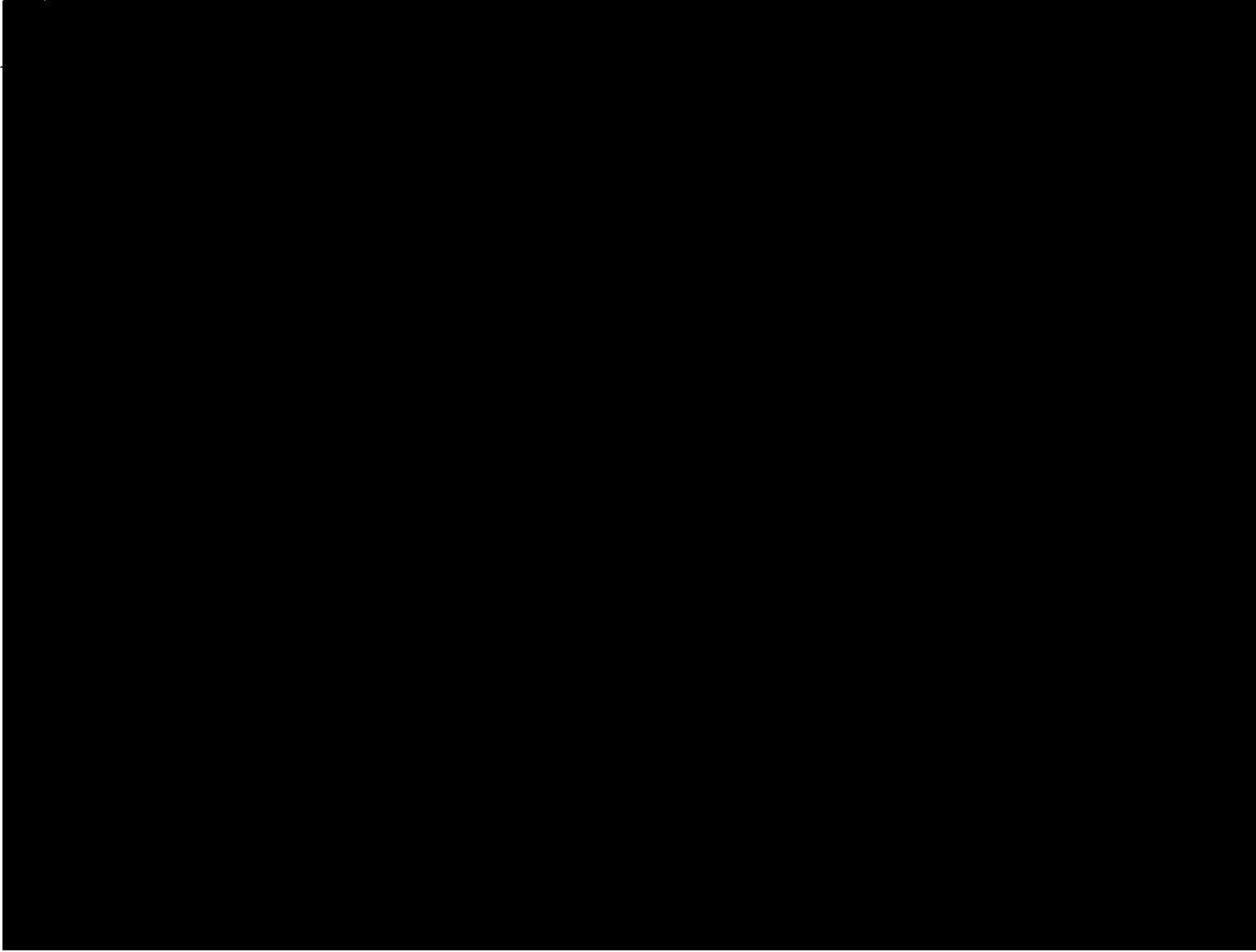
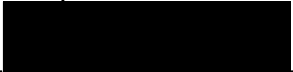


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Organic Care LLC

Section: A-1
Appendix: C
Question: 28



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STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES

TWENTY-FIVE SIGOURNEY STREET, SUITE 2 HARTFORD, CONNECTICUT 06106-5032

Corr ID: 1500023909858

Date: 08/27/2015

Dear Taxpayer:

Attached is your sales and use tax or room occupancy tax permit. Please display it conspicuously for your customers to see. Any permit previously issued by the Connecticut Department of Revenue Services (DRS) for the specific location noted on the permit is now void and should be destroyed.

Any change in ownership or form of organization requires a new permit. If your business is sold, transferred, or discontinued, return this permit at once to:

Department of Revenue Services
Registration Section
25 Sigourney St Ste 2
Hartford CT 06106-5032

Enter the last day of business and the name of the successor, if applicable, on the back of the permit. Sign the permit as indicated.

Business and individual taxpayers can use the **Taxpayer Service Center (TSC)** at www.ct.gov/tsc to file a variety of tax returns, update account information, and make payments online.

You may not assign or transfer this permit. Display this permit conspicuously for your customers to see.

Department of Revenue Services
State of Connecticut
25 Sigourney St Ste 2
Hartford CT 06106-5032
R603 (Rev. 07/09)

Sales and Use Tax Permit



Use only at this location: Lic Nbr: 1191967

The person named below is licensed under the Sales and Use Tax Act. This permit is good only for the named permittee and at the location shown. If there is any change in ownership, the permit is null and void.

Date Issued	Expiration Date	Business Start Date	Connecticut Tax Registration Number
08/26/2015	07/31/2020	08/25/2015	66430240-001

ORGANIC CARE LLC
THE FARMACY
125 GREENWICH AVE
GREENWICH CT 06830-5527

ORGANIC CARE LLC
THE FARMACY
125 GREENWICH AVE
GREENWICH CT 06830-5527

Kevin B. Sullivan
Commissioner of Revenue Services

This license may not be transferred or assigned.



Organic Care LLC

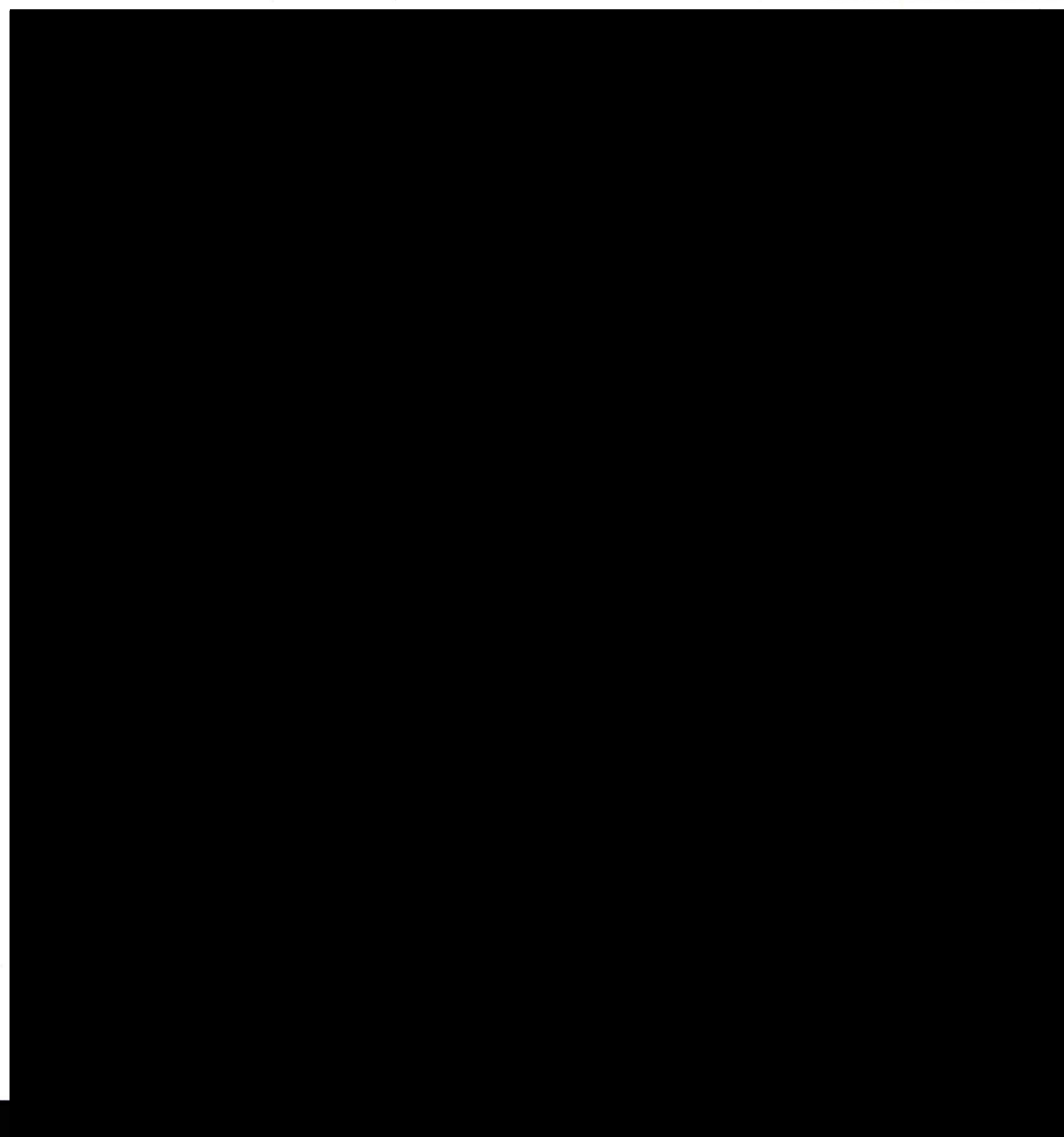
Section: B

- B3. Requisition:** If the property is not owned by the applicant, provide a written statement from the property owner and landlord certifying that they have consented to the applicant operating a dispensary facility on the premises

Resolution: Please see the attached confirmation letter from MSS INVESTORS LLC permitting Organic Care LLC the right to operate a dispensary facility on the leased property.

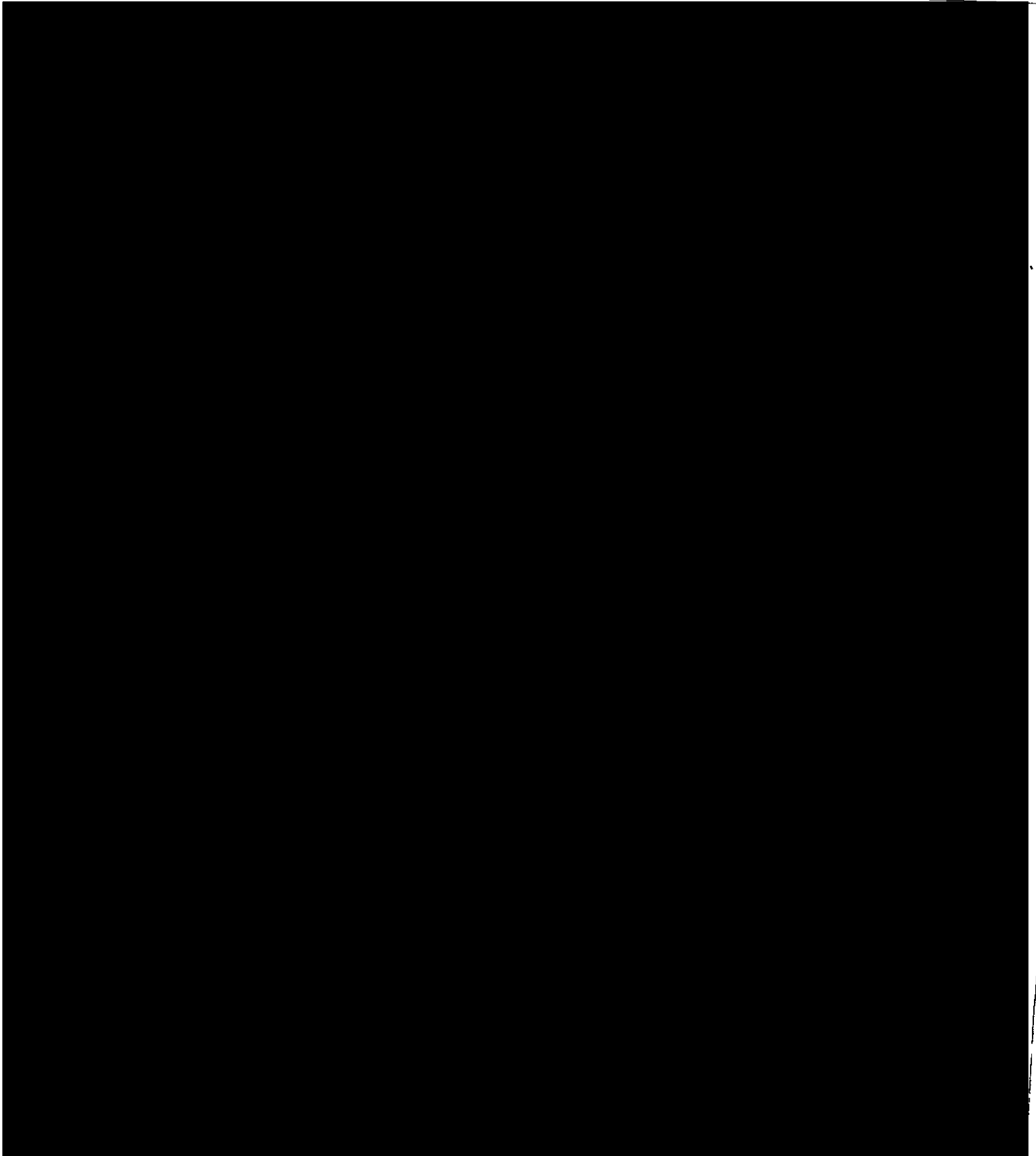


Organic Care LLC



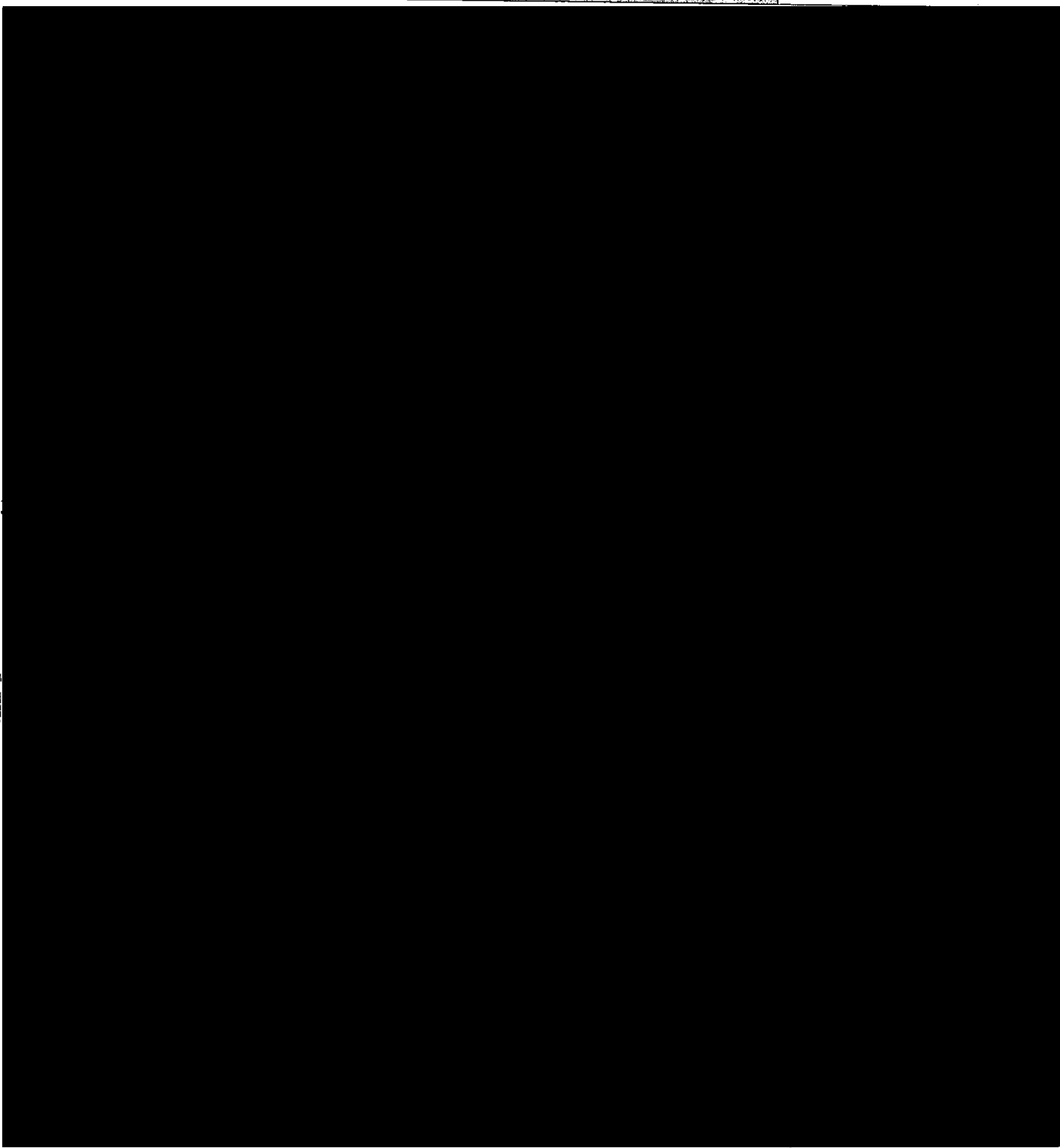


Organic Care LLC



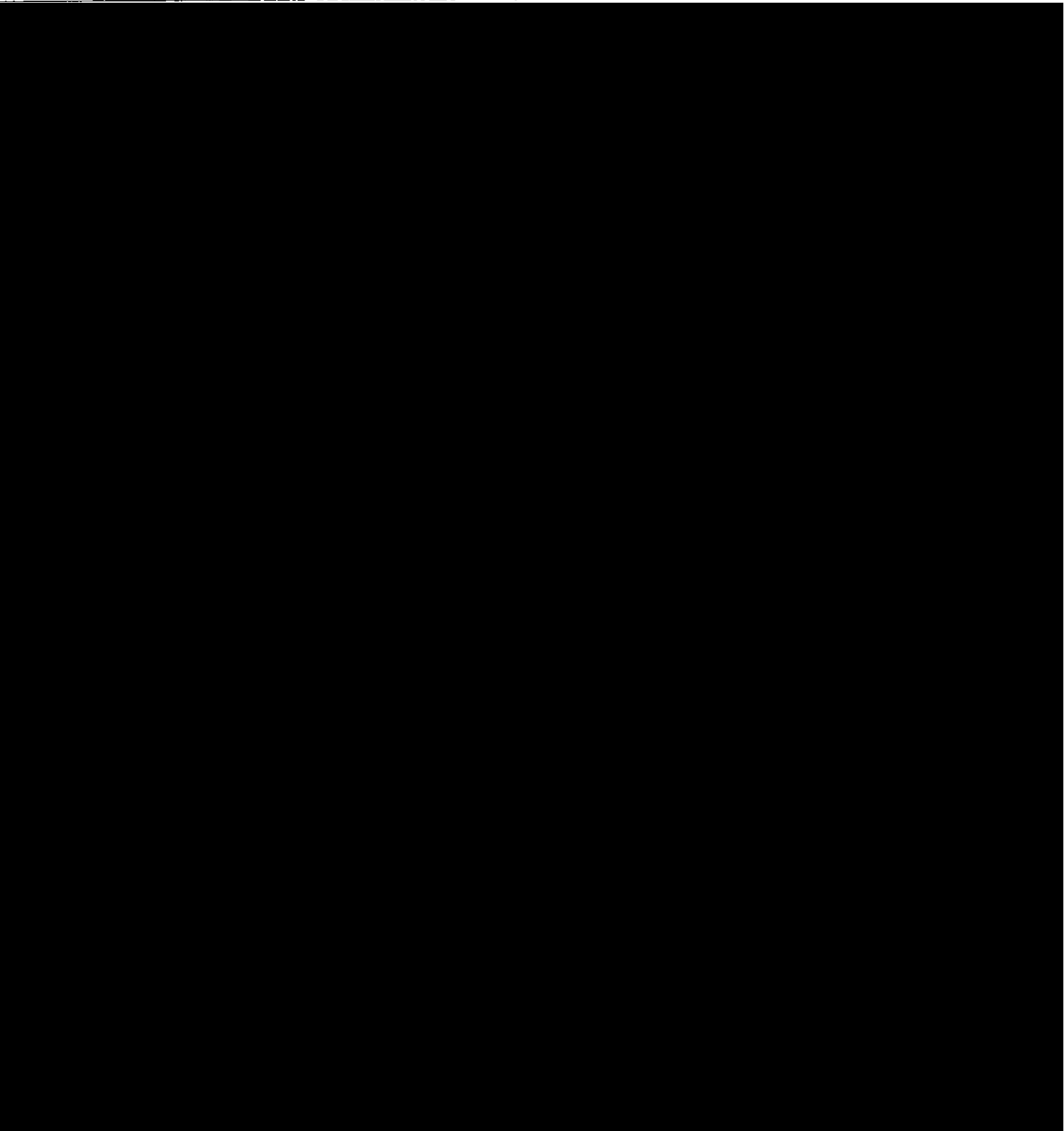


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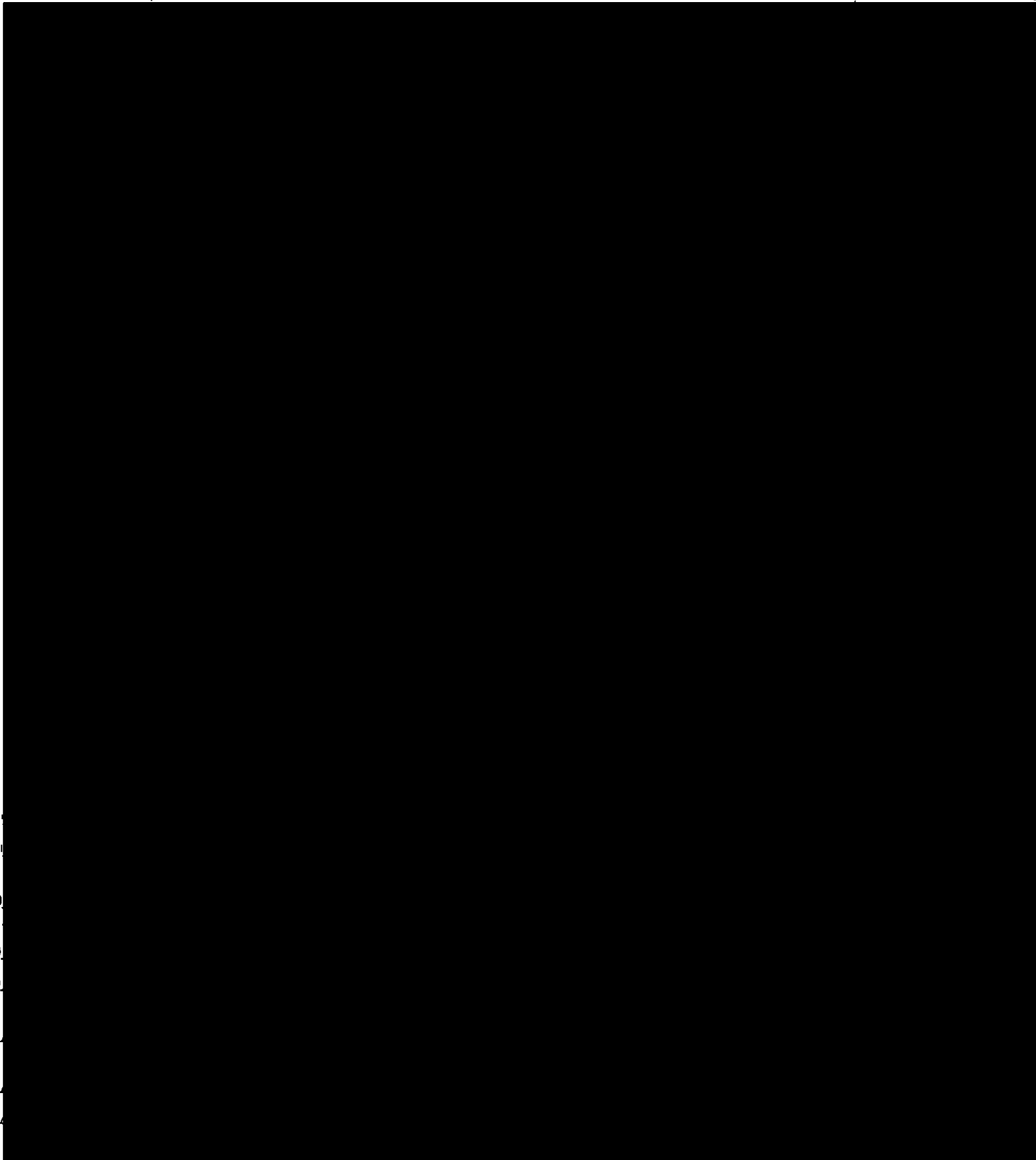


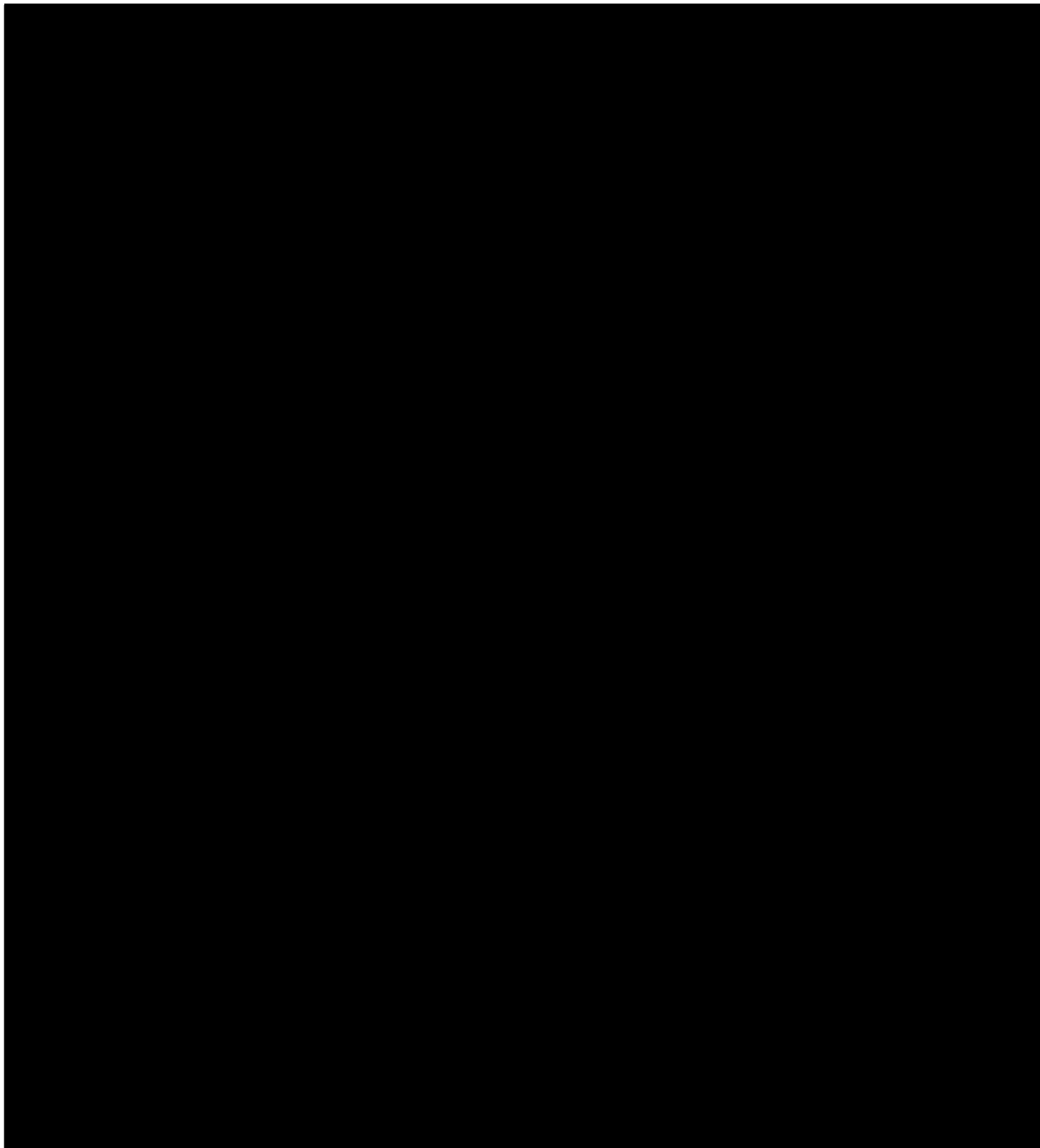
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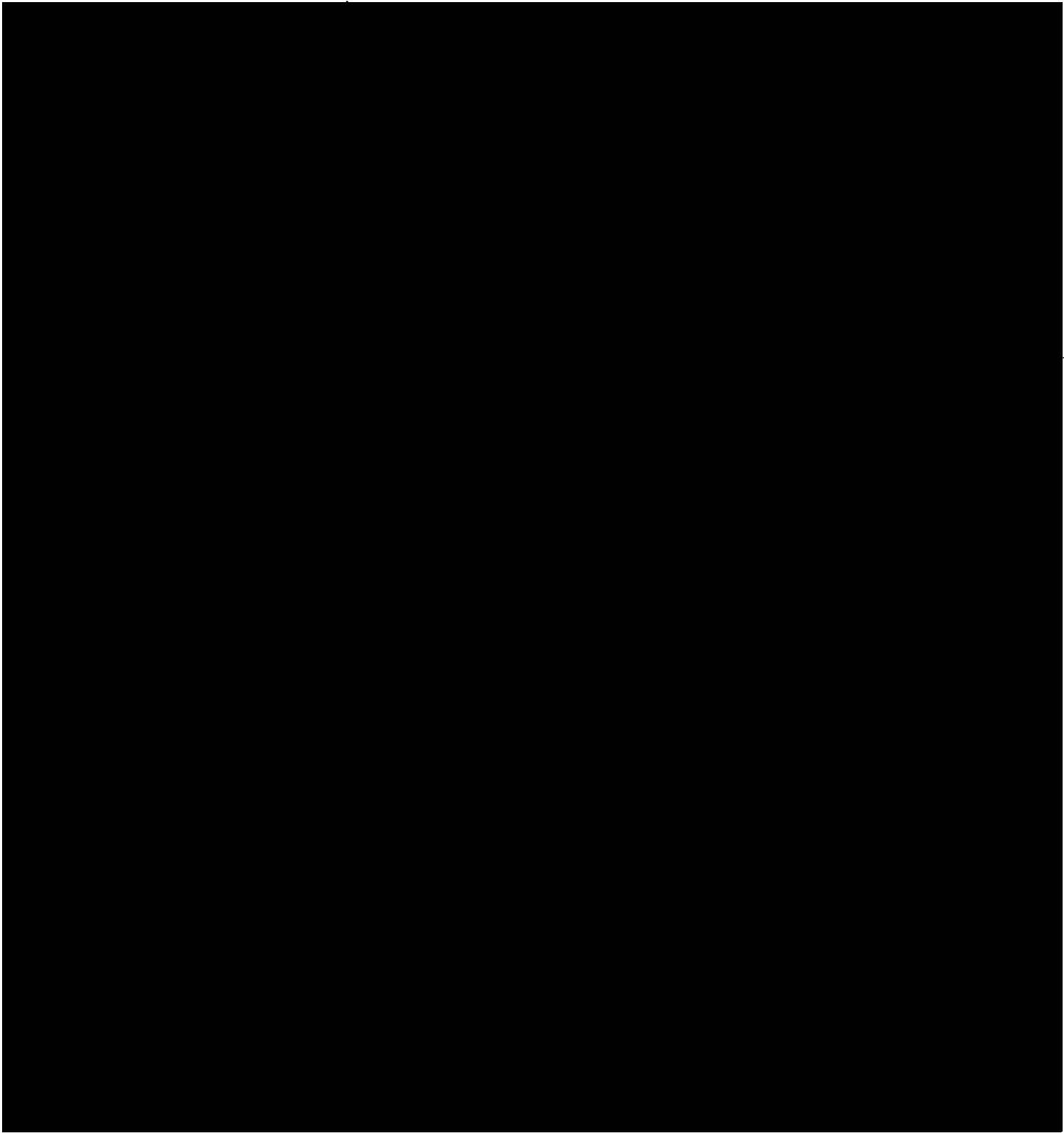


Organic Care LLC

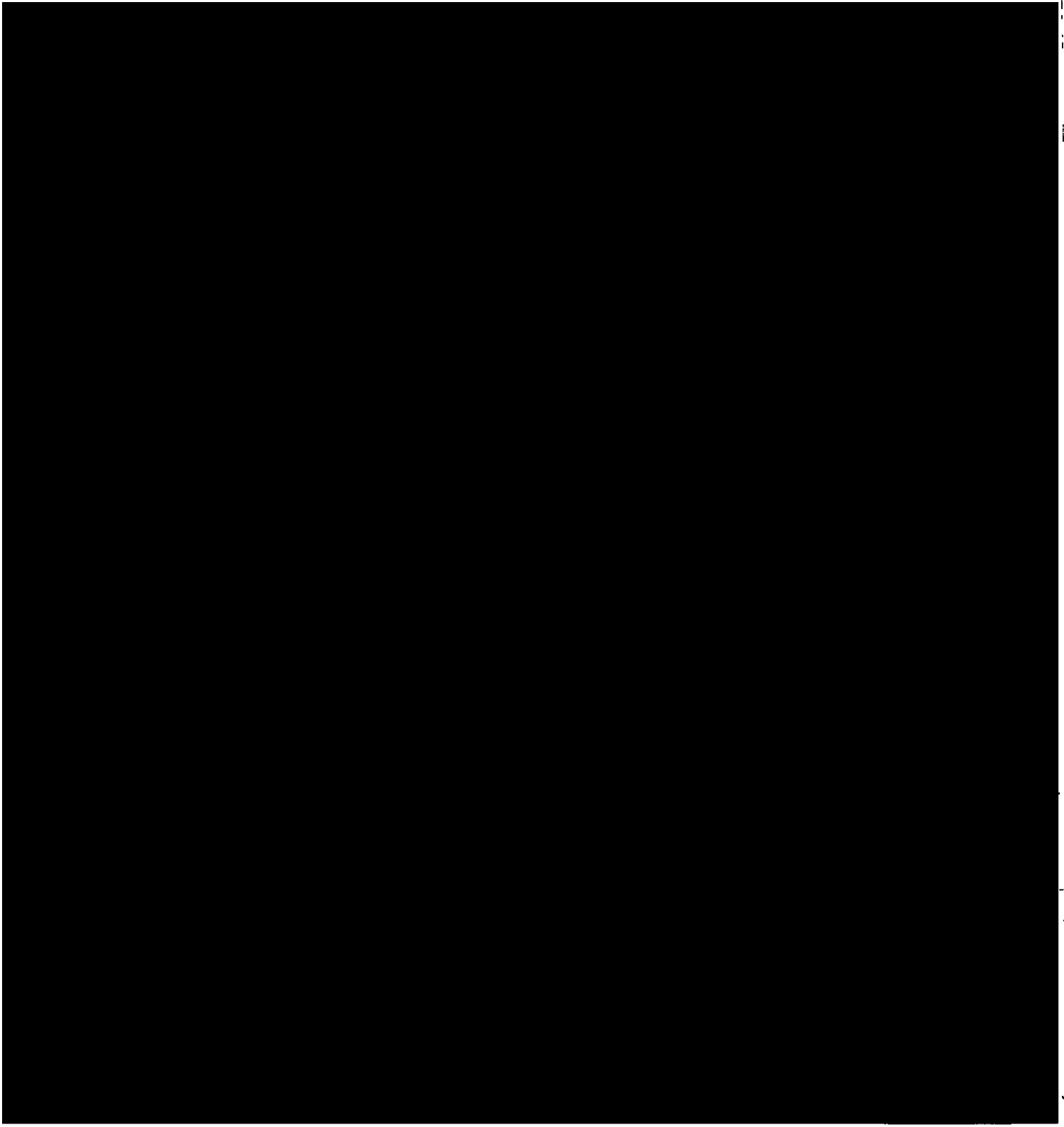




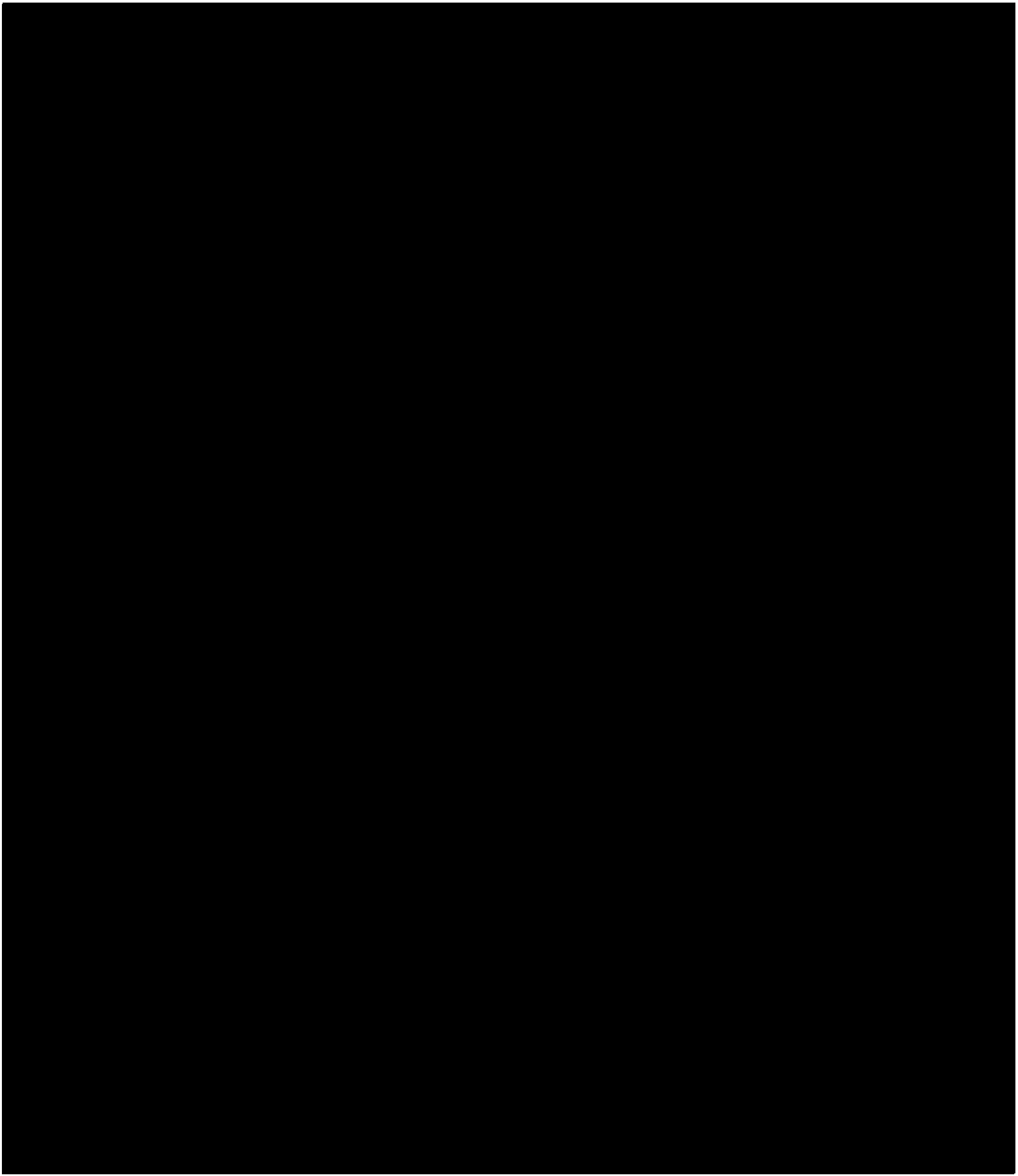
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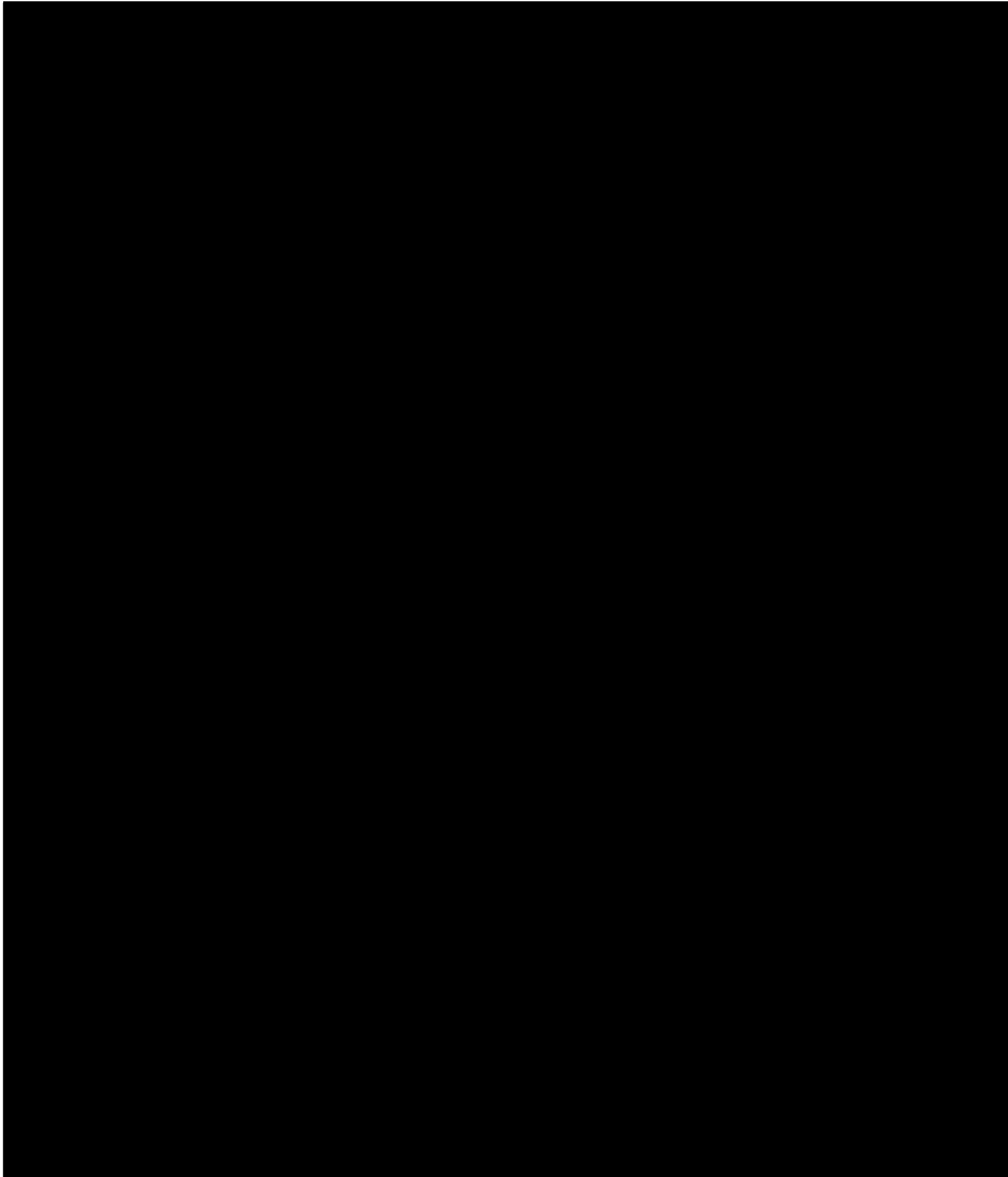
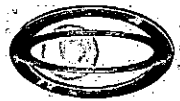


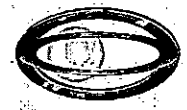
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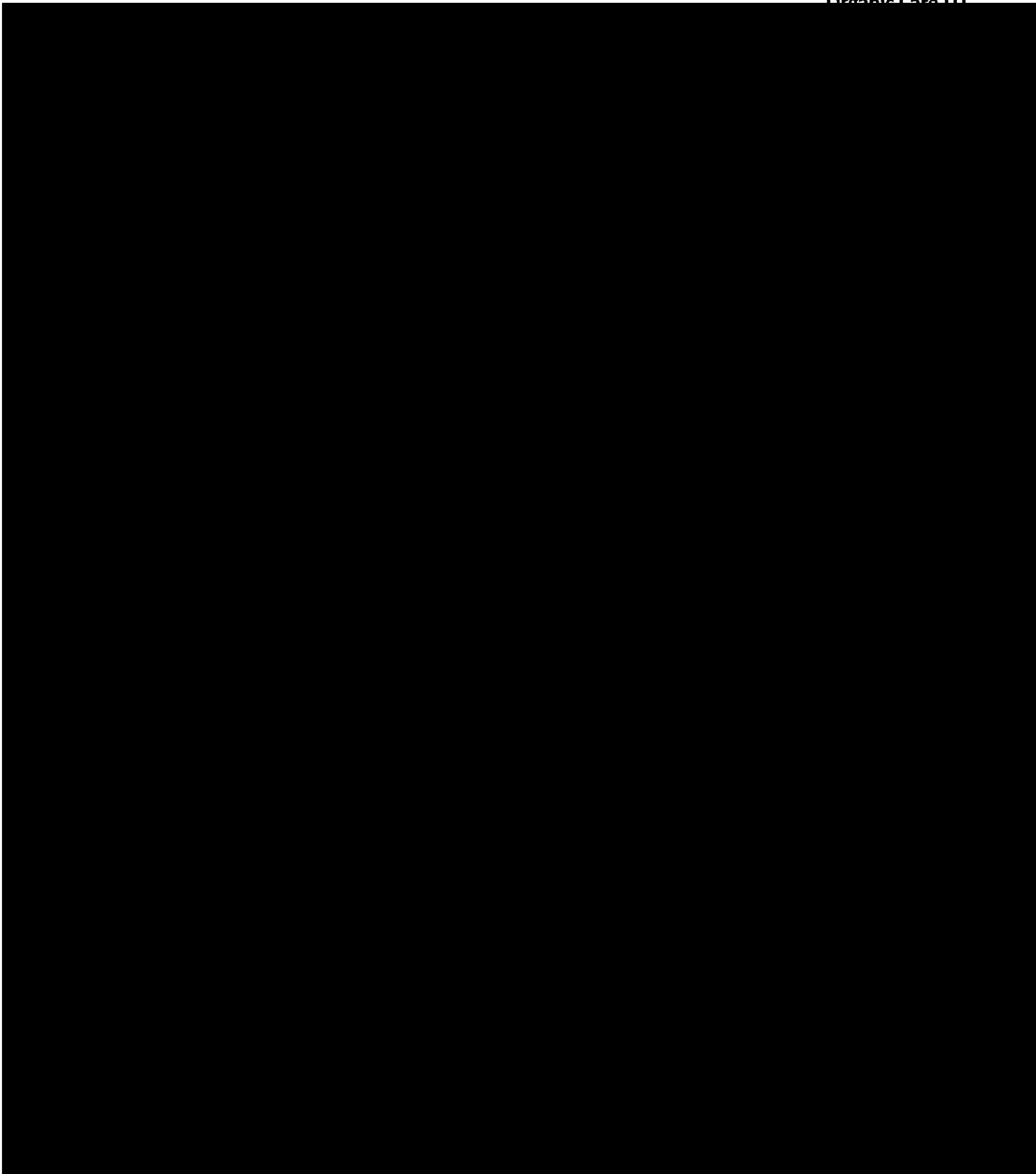
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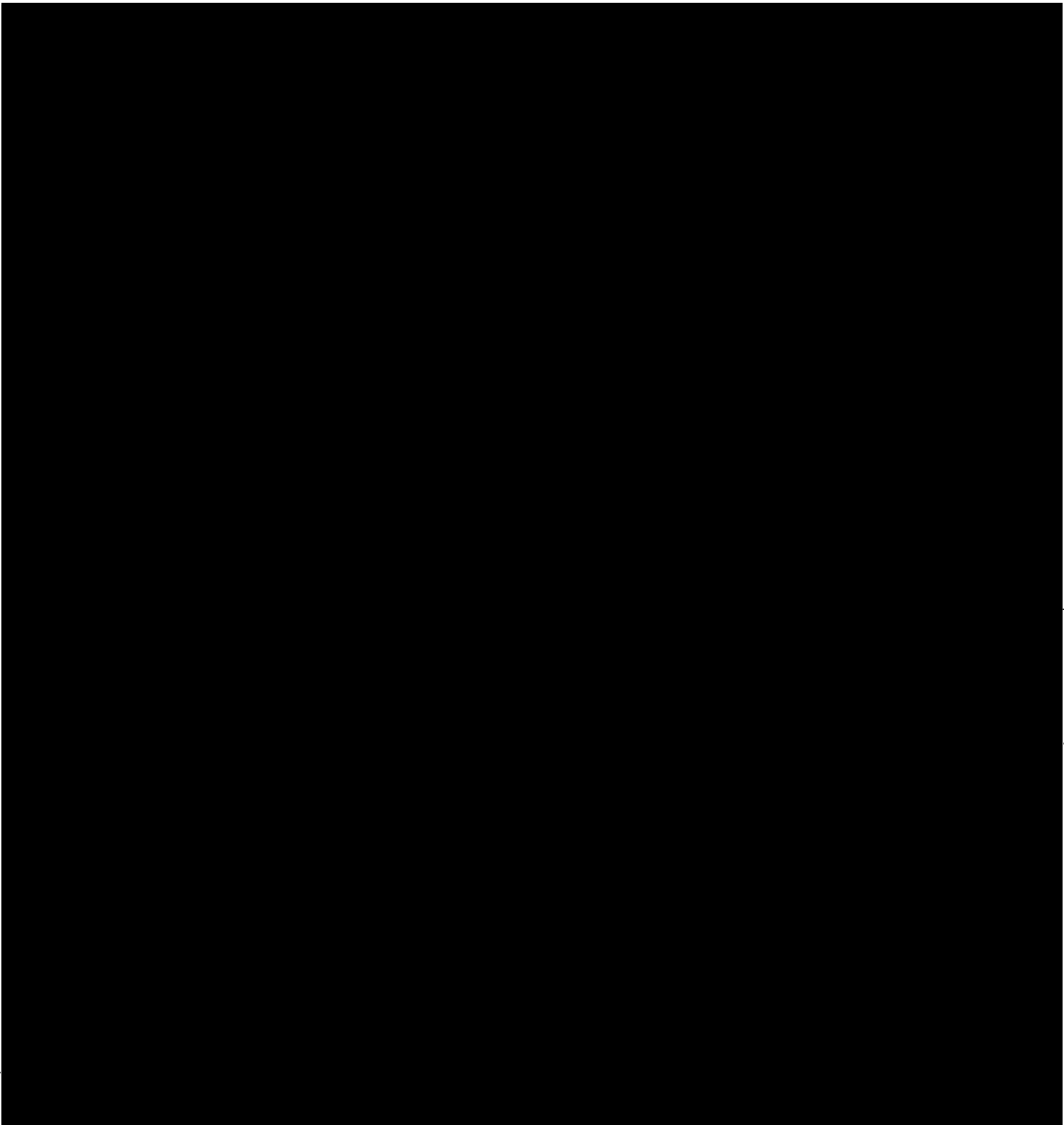




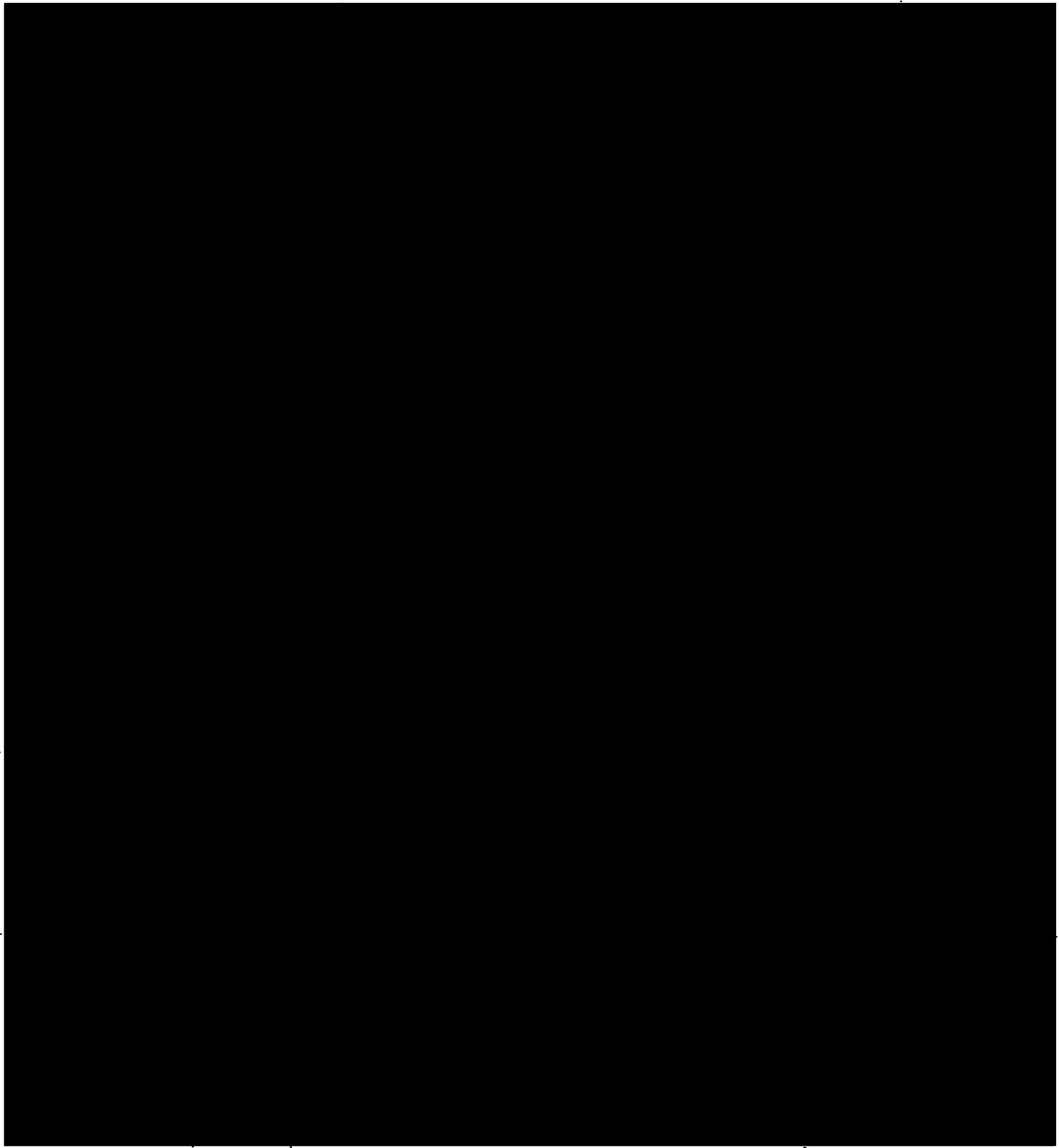


Organic Care LLC





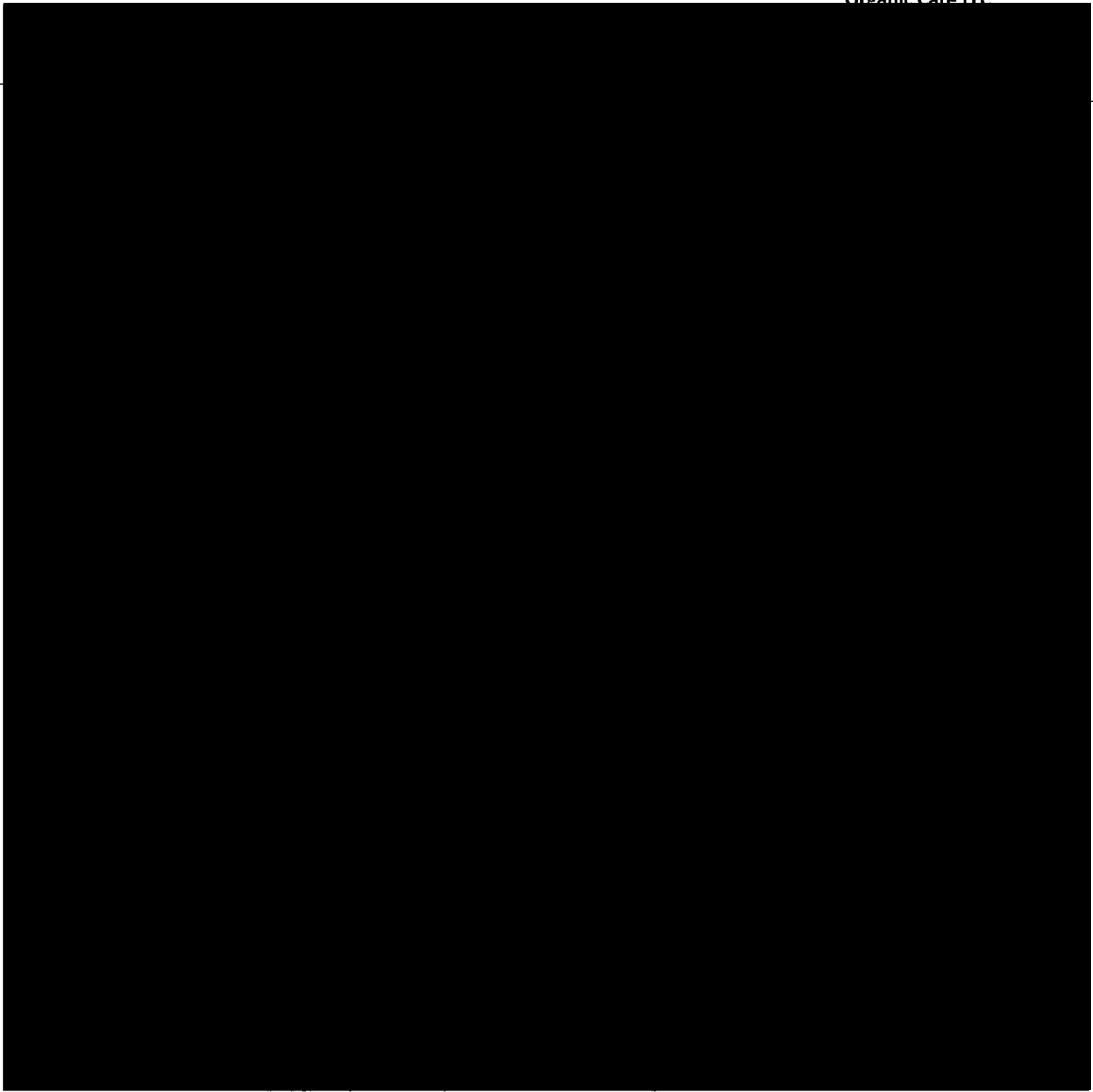
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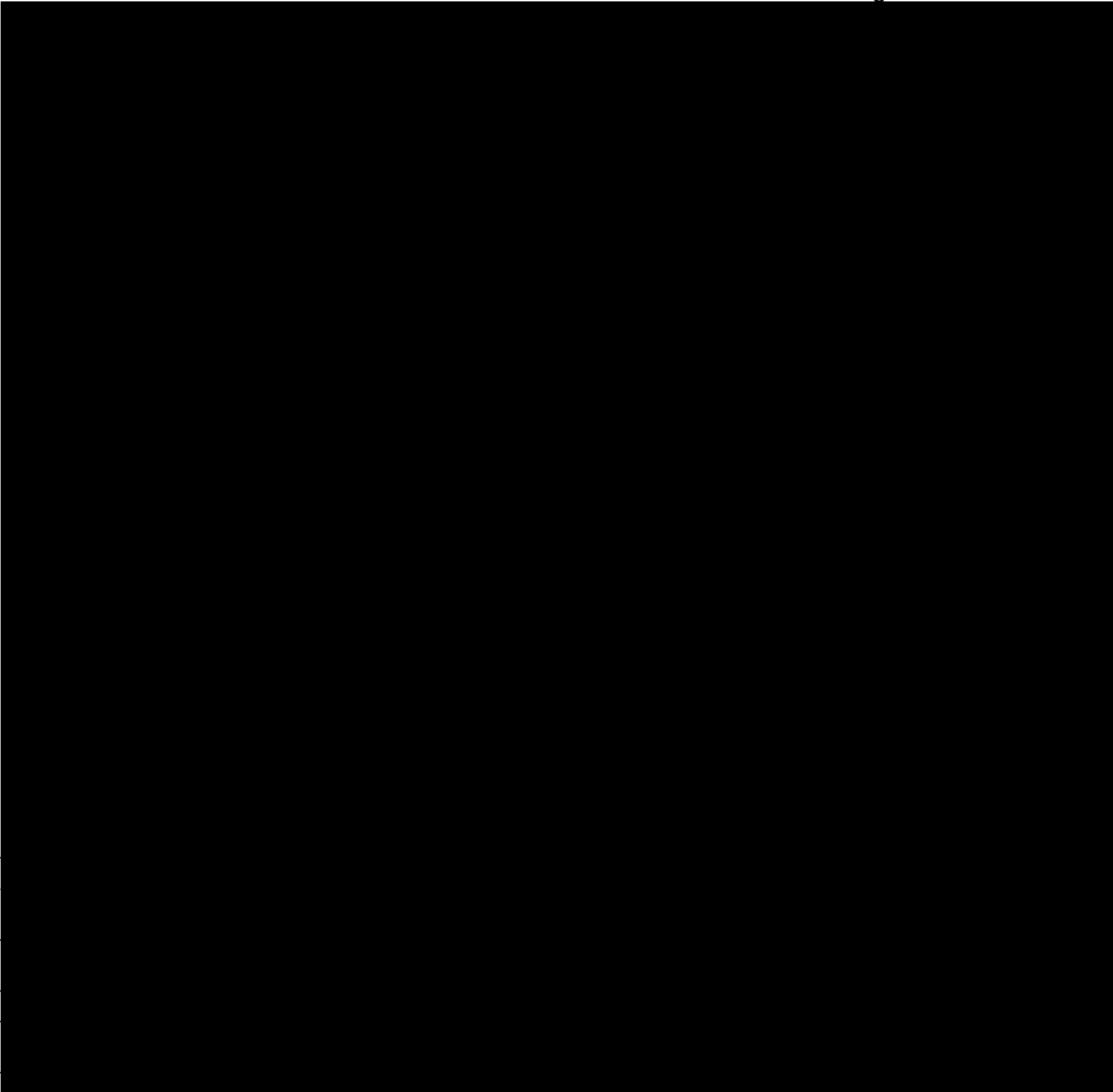
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Appendix D

Dispensary Facility Manager Information Form

This form must be completed and signed by the person who will serve as the dispensary facility manager if the applicant is awarded a dispensary facility license.

Section A: Dispensary Facility Manager Information

1. Name (First, Middle, Last): William Francis Kakowski			
2. Home Address (including Apartment or Suite #): [REDACTED]			3. City: [REDACTED]
4. State: [REDACTED]	5. Zip Code: [REDACTED]	6. Date of Birth:	7. Telephone Number: [REDACTED]
8. Social Security Number:			9. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
10. E-mail Address: [REDACTED]		11. Connecticut Pharmacist License Number: [REDACTED]	

Section B: Employment Information

12. Current or Most Recent Employer: [REDACTED]		13. Date of Employment: [REDACTED] End Date: : / /	
14. Employer Address (including Apartment or Suite #): [REDACTED]			
15. City: [REDACTED]		16. State: [REDACTED]	17. Zip Code: [REDACTED]
18. Daytime Telephone Number: [REDACTED]	19. Fax Number: [REDACTED]	20. E-mail Address: [REDACTED]	

Section C: Pharmacy Business Experience

21. Do you have any experience controlling, managing, operating or working for a pharmacy?
 Yes No

22. Are you currently associated with a pharmacy in any state?
 Yes No

23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information:

- The pharmacy name;
- The pharmacy's location;
- All titles and responsibilities held by you at the pharmacy, including the time frame for each;
- The dates of your association with the pharmacy;
- Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and
- Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, the nature and resolution of those allegations.



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Section D: Criminal Actions

24. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

Section E: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

25. Signature:

▶ *Walter Kapush*

26. Date Signed:

8/24/15

I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

27. Signature:

▶ *Walter Kapush*

28. Date Signed:

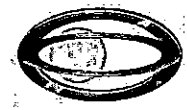
8/24/15



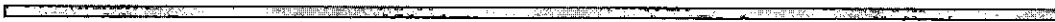
Organic Care LLC

Section: B

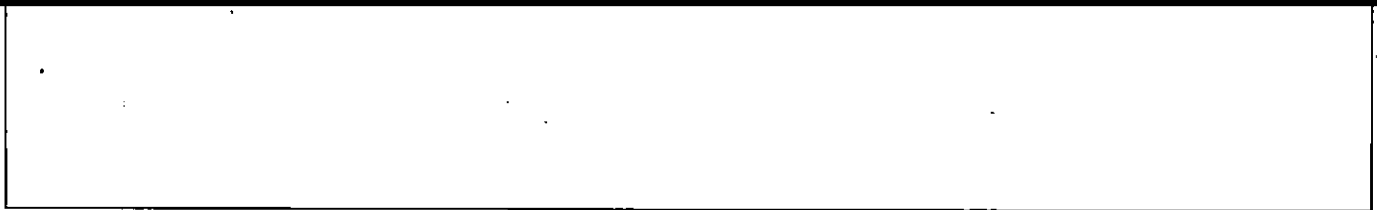
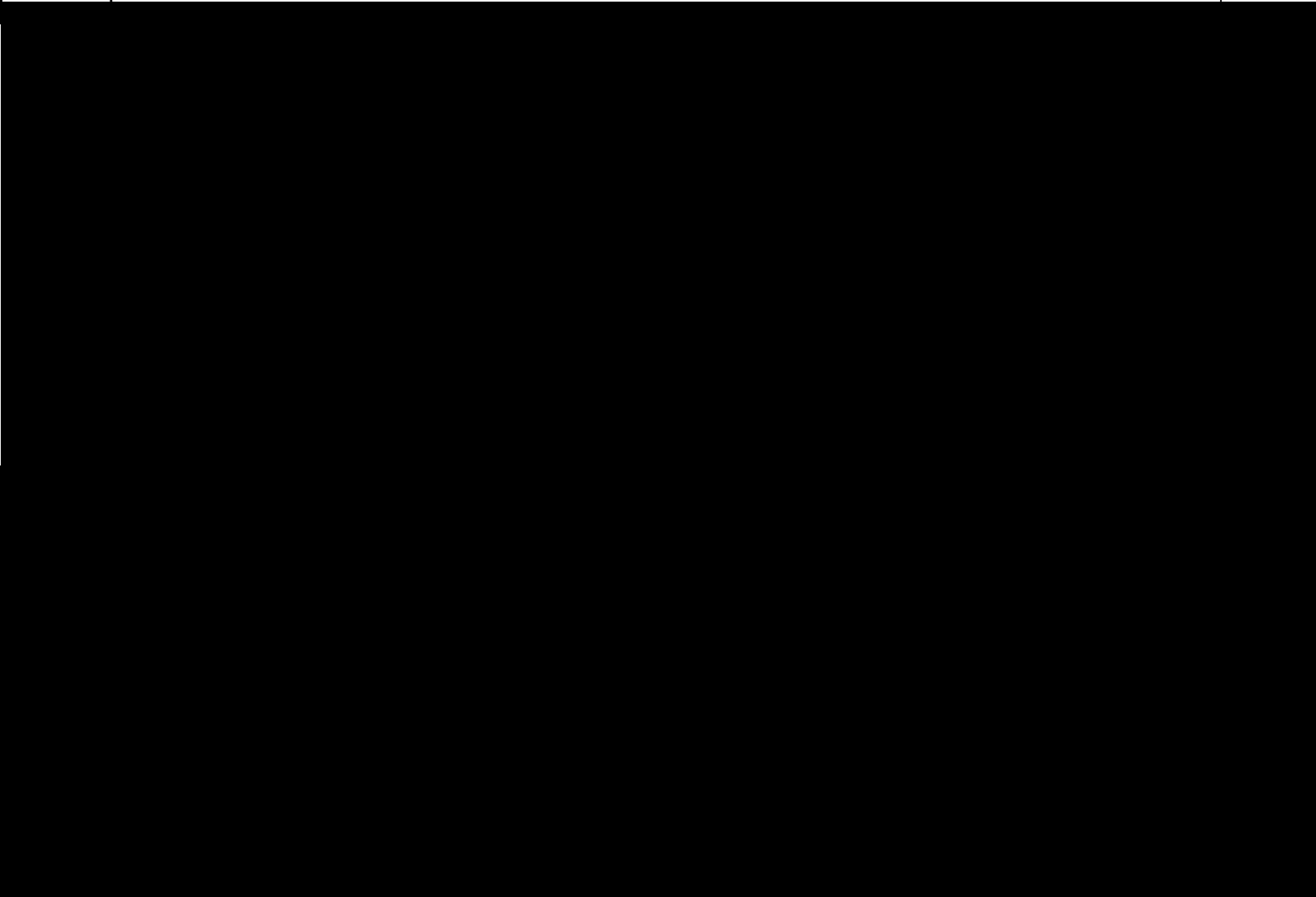
LOCATION AND SITE PLAN



Organic Care LLC



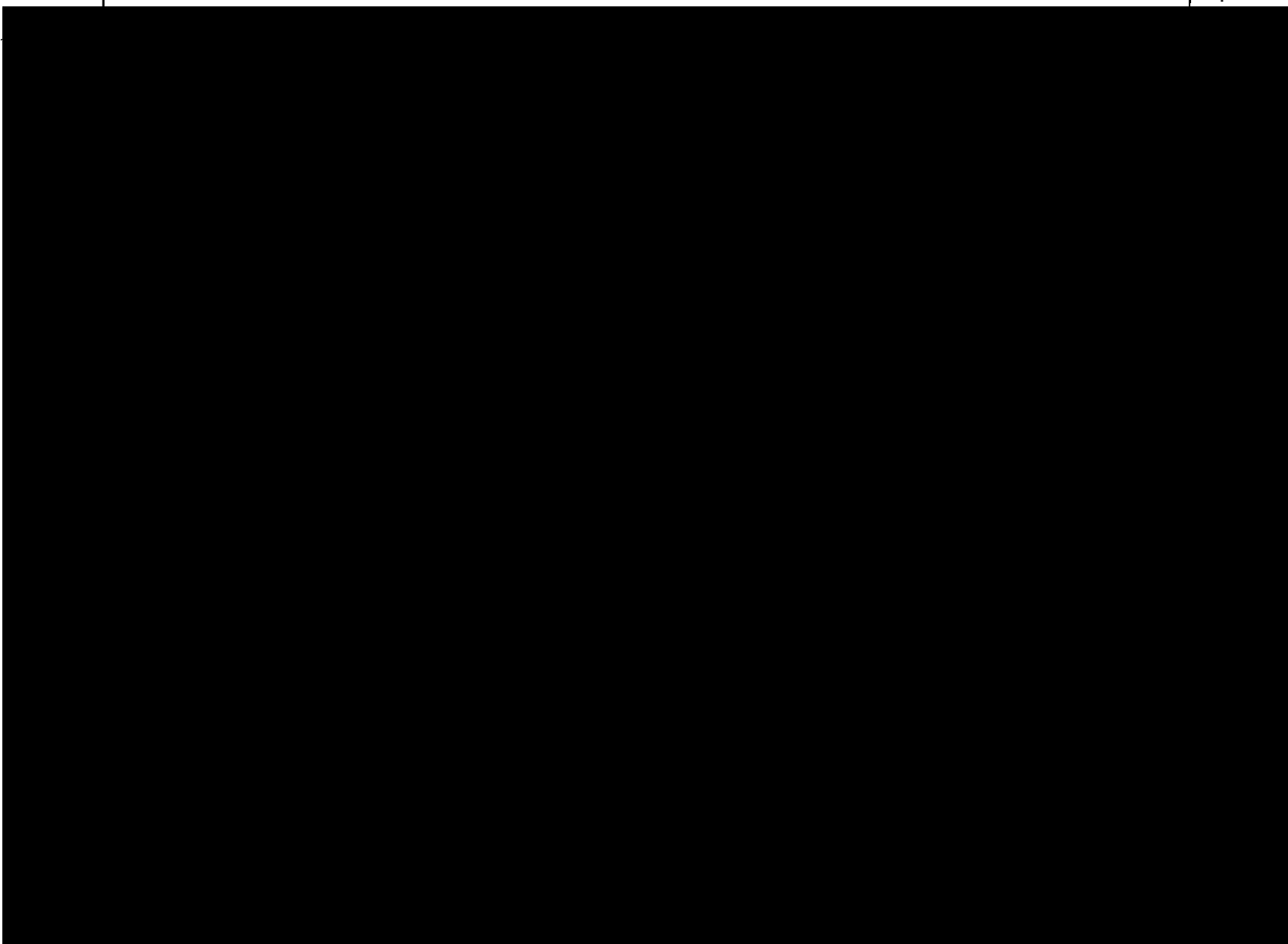
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Organic Care LLC

Section: B



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 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 09-08-2015

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 A

ORGANIC CARE LLC
RANDY CARAVELLA MBR
125 GREENWICH AVE
GREENWICH, CT 06830

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-4993788. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

Owner and Officer Information

This is the information you filled out on your application. If your organization type is taxed as a partnership such as a General Partnership, Limited Partnership, Limited Liability Partnership, or a Limited Liability Company, you must enter more than one member/partner name. If you need to make any change, select the EDIT button to make the appropriate additions.

Organic Care llc

Owner Type: Business

FEIN: 1

Home Address: 125 Greenwich Ave

Greenwich, CT 06830

Telephone Number: 203-253-4492

Bank Name:

Organic Care llc

Owner Type: Business

FEIN:

Home Address: 125 Greenwich Ave

Greenwich, CT 06830

Telephone Number: 203-253-4492

Bank Name:

Registered Tax Types

Tax Type	Tax Liability Start Date
Income Tax Withholding	08/25/2015

1. Are you an employer that transacts business or maintains an office in Connecticut and intends to pay wages to resident employees or nonresident employees who work in Connecticut?

If you have a Connecticut tax registration number for withholding for another location and intend to file withholding for this new location under that number, enter the Connecticut Tax Registration Number.

Connecticut Tax Registration Number:

2. Are you an out-of-state company voluntarily registering to withhold Connecticut income tax for your Connecticut resident employees who work outside of Connecticut? (By answering "Yes" to this question, you are indicating that this company does not have any tax liability in CT, and you will only be registering for Income Tax Withholding with this registration application.)
3. Do you intend to withhold Connecticut income tax from any of the following: pension plans; annuity plans; retirement distributions; or gambling distributions?

- 4. Do you pay nonresident athletes or entertainers for services they render in Connecticut?
- 5. Do you only have household employees and wish to withhold Connecticut income tax?
- 6. Do you only have agricultural employees and wish to withhold Connecticut income tax?

If you use a payroll service, enter name of payroll company:

Sales and Use Tax

08/25/2015

- 1. Do you sell, or will you be selling, goods in Connecticut (either wholesale or retail)? 1
- 2. Do you rent equipment or other tangible personal property to individuals or businesses in Connecticut?
- 3. Do you serve meals or beverages in Connecticut?
- 4. Do you provide a taxable service in Connecticut? (See the Informational Publication, Getting Started in Business, for a list of taxable services.)

The registration fee for Sales and Use Tax is \$100

Business Entity Tax

08/25/2015

- 1. Are you a business entity as described above? 1

Enter state you are organized under: CT

Enter the month of your fiscal year end: December

Registration Fees

Routing Transit Number

Account Type

Bank Account Number

Tax Type

Fee

Signature



September 17th, 2015

Dear Mr. Cappiali:

In accordance with our recent discussion, we are pleased to propose the following lease terms for your review:

Location: 579 Pacific Street
Stamford, CT 06902

Land Lord: MSS INVESTORS LLC

**Designation
Of Tenant:** Organic Care, LLC
Tax.ID # 15W9900650023

Guarantor: Paul Cappiali

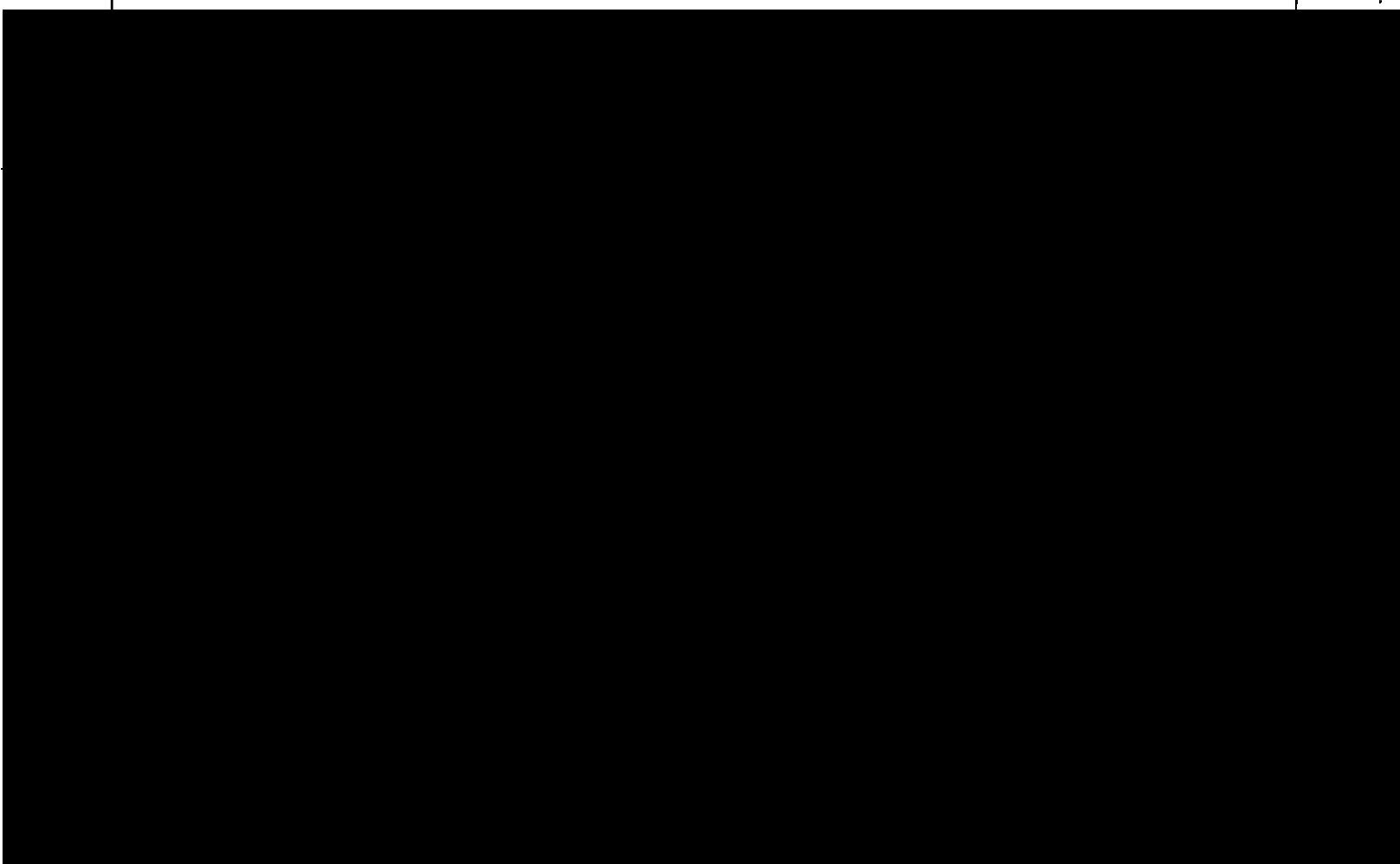
Permitted Use: Licensed Medical Marijuana Dispensary

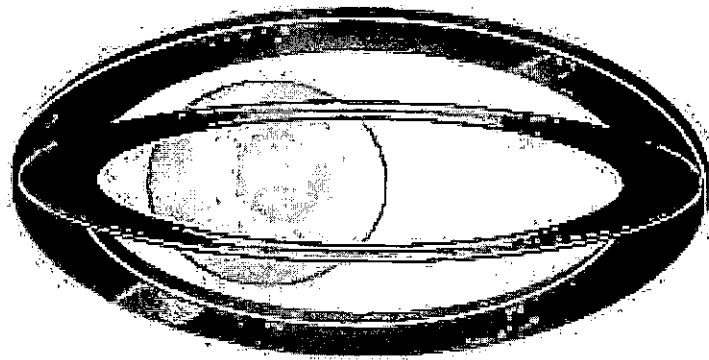
Leased Premises: Approximately 3,000 S.F



Organic Care LLC

Section: B





Organic Care LLC



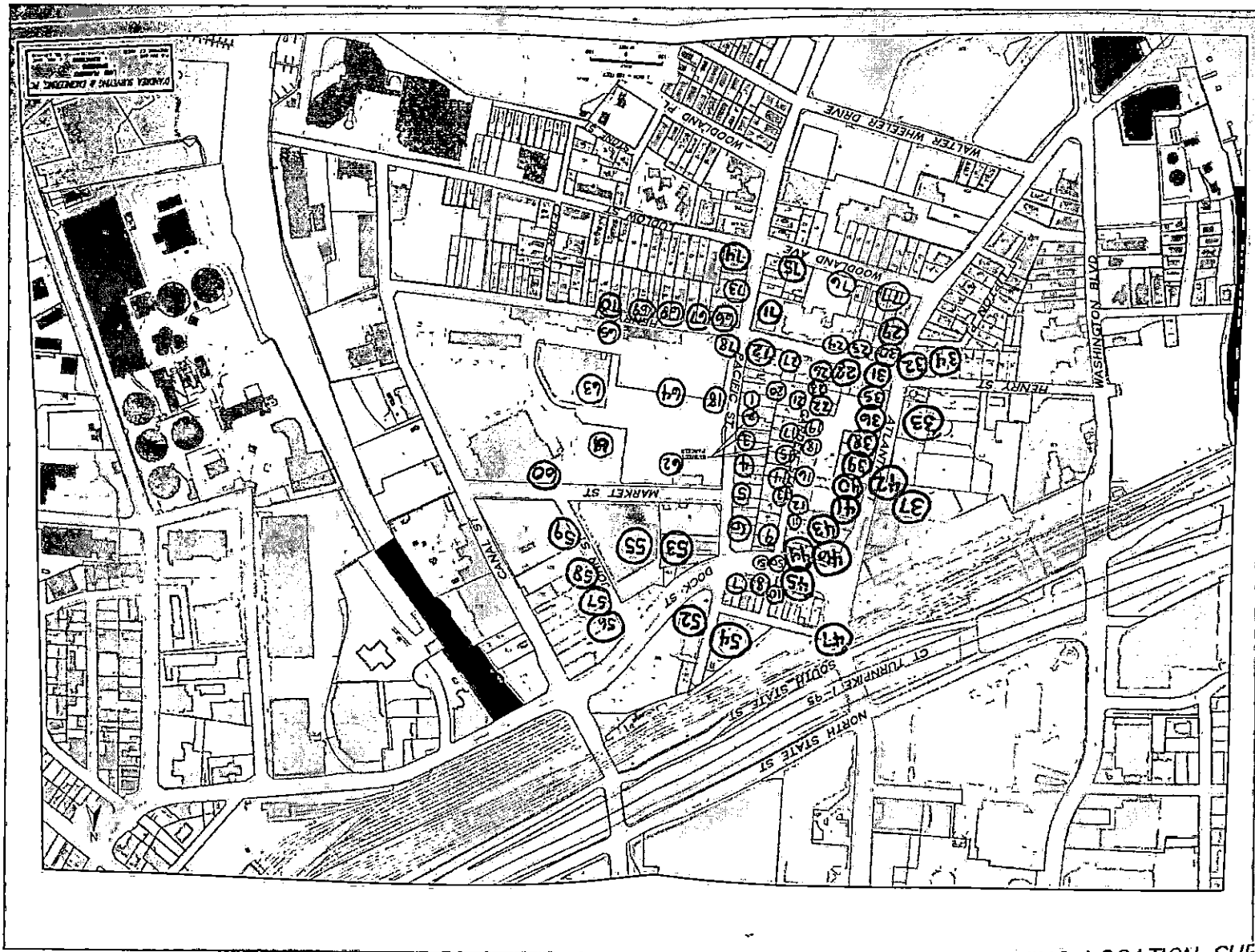
Organic Care LLC



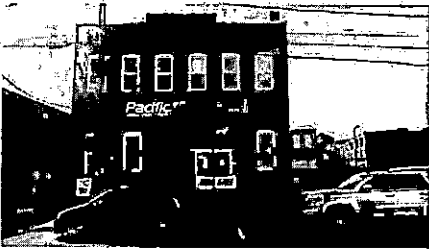
Section: B



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LOCATION SUR



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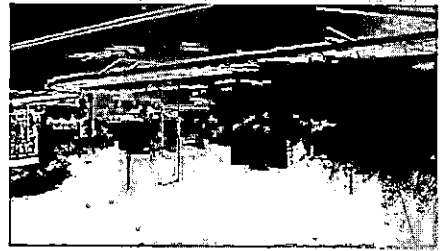


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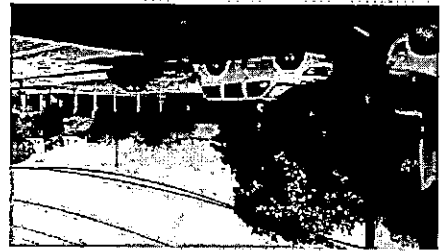
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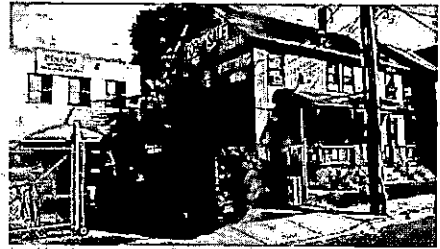
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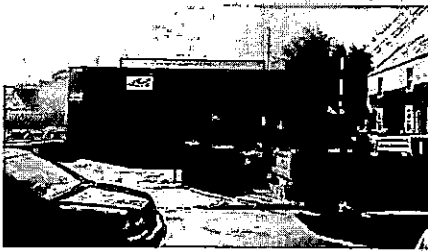
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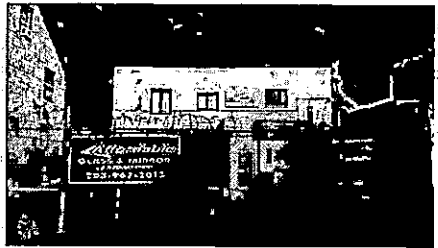
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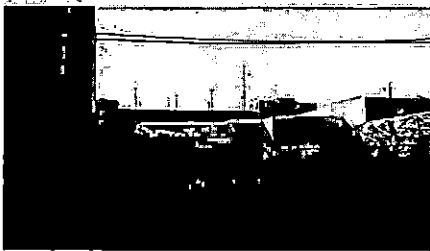
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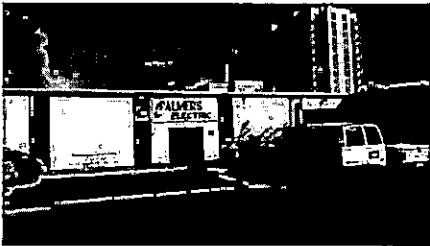
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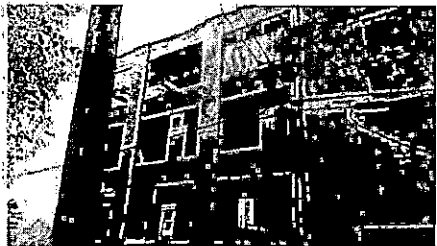
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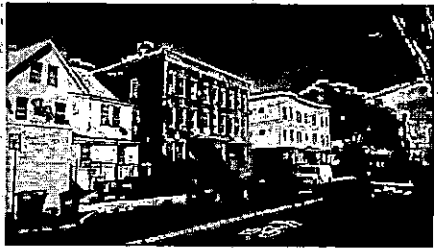
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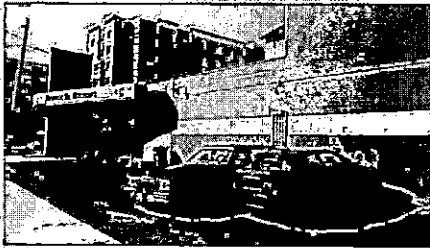
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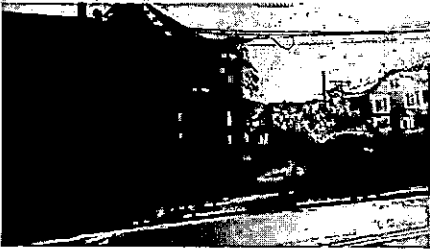
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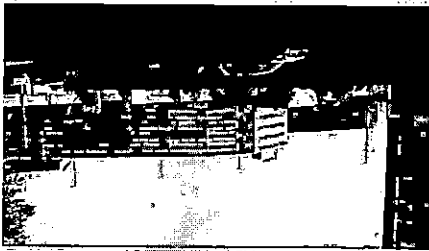
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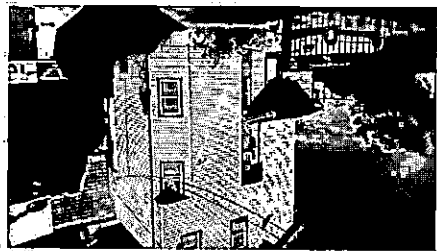
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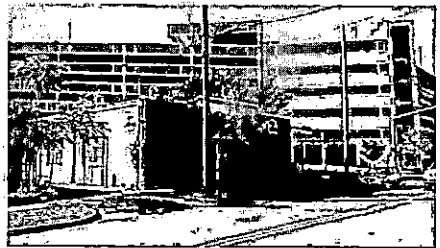
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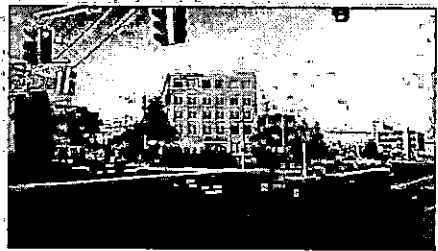


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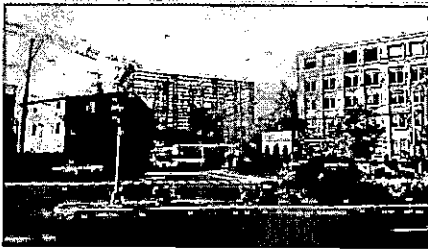
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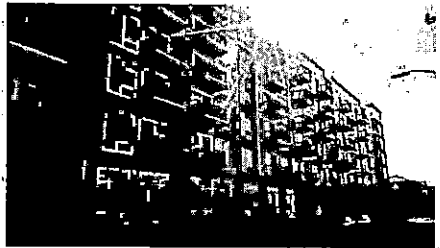
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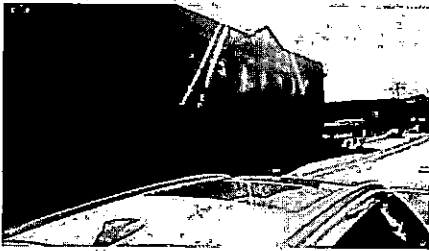
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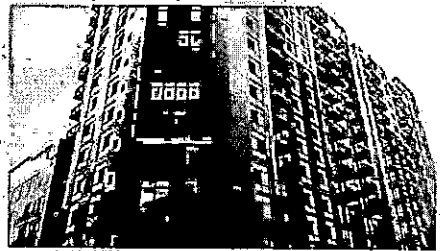
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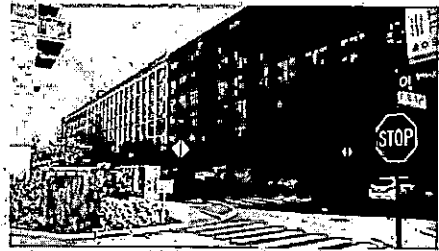
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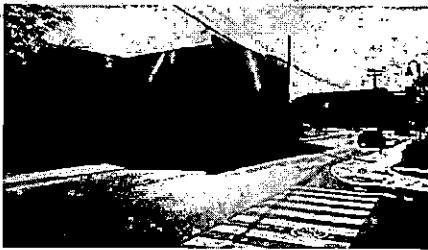
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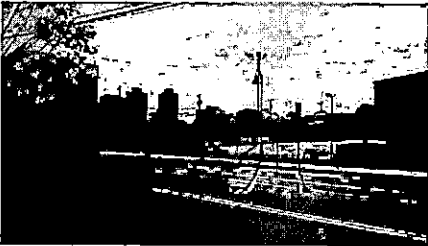
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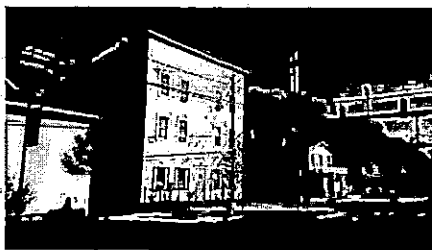
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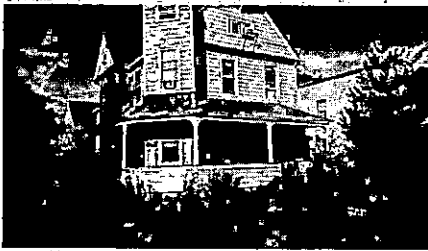
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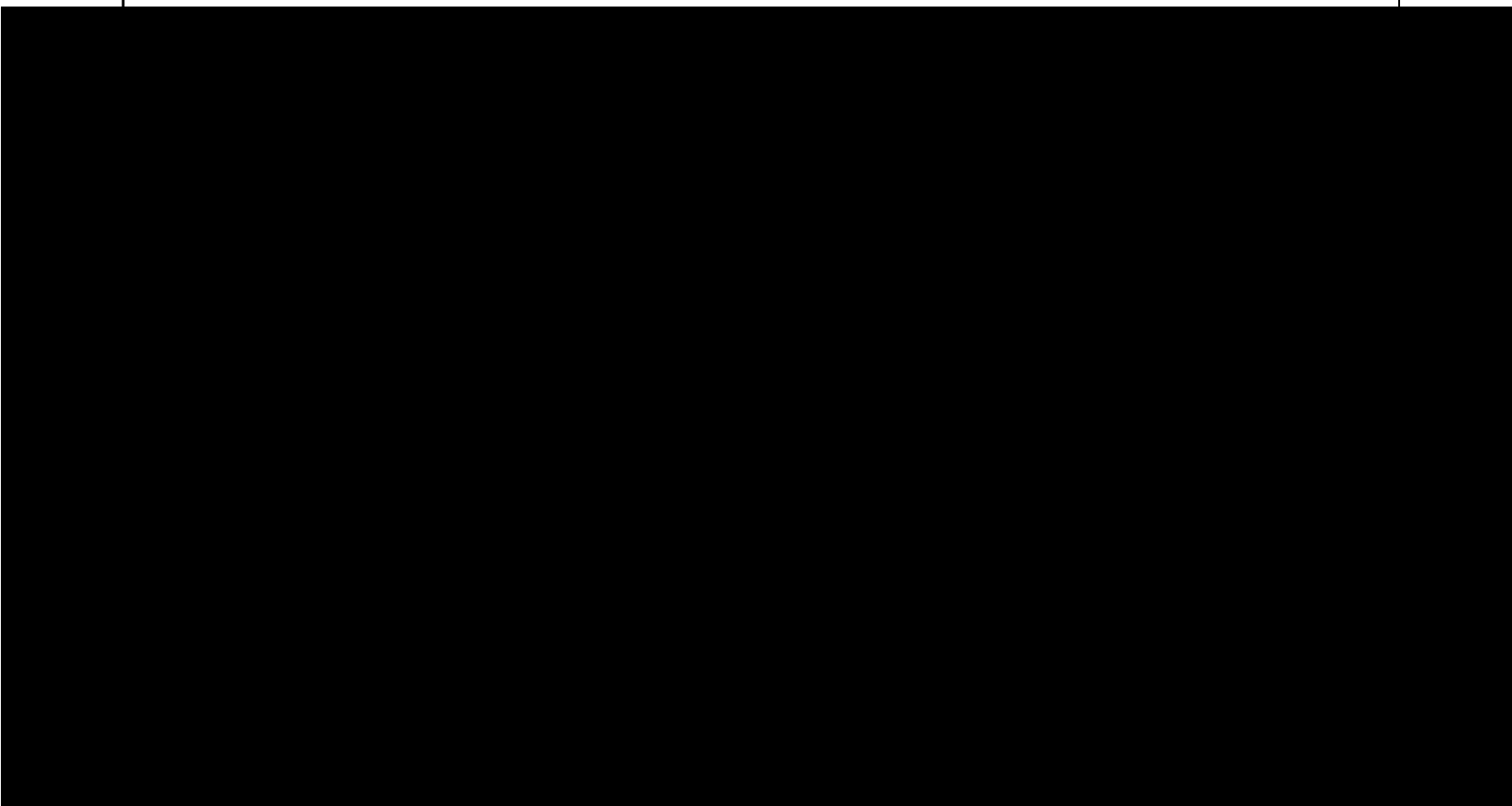


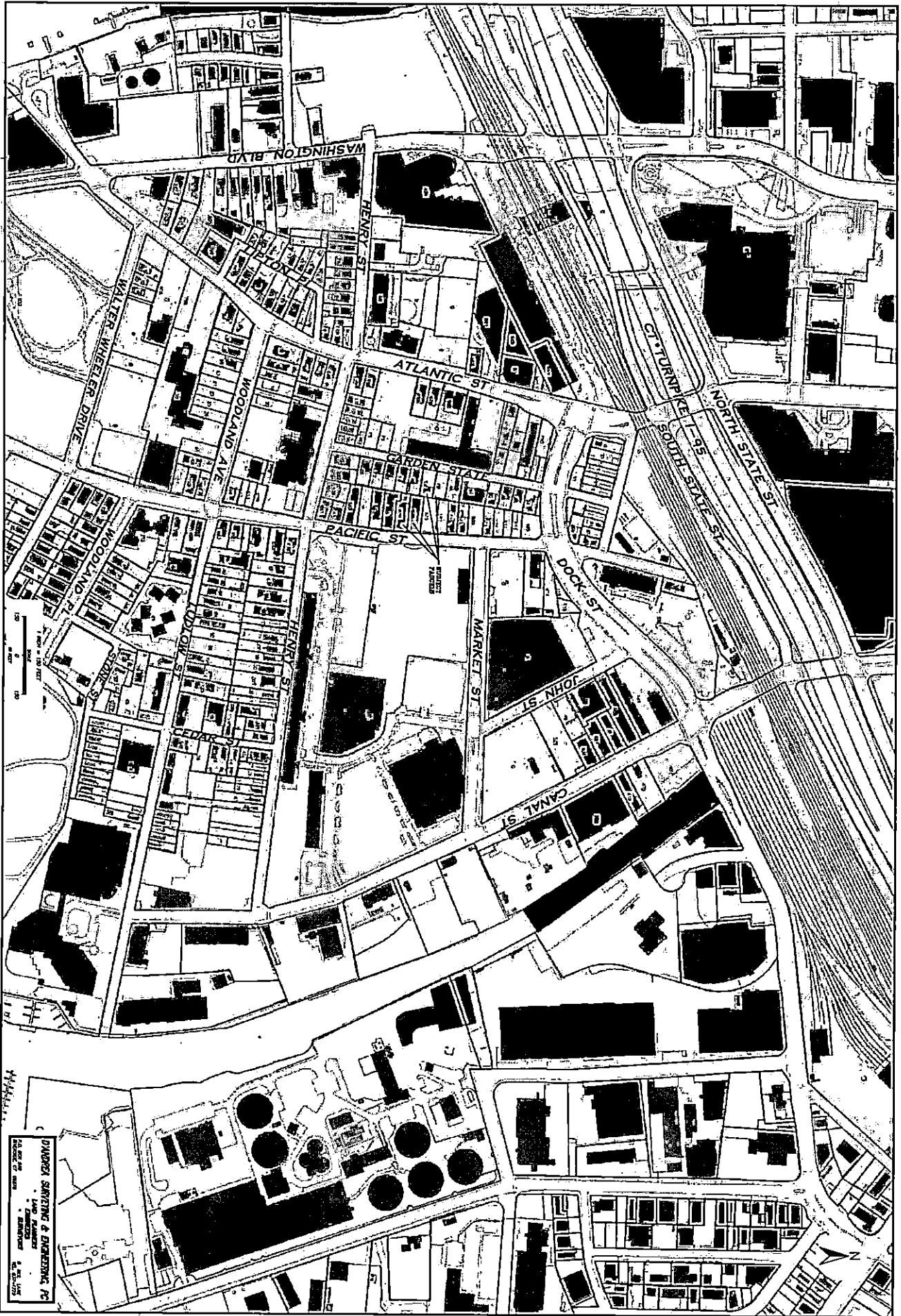
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Organic Care LLC

Section: B





DIAMONDA SURVEYING & ENGINEERING, P.C.
 15400 24th Ave.
 San Francisco, CA 94134
 (415) 778-1111
 FAX (415) 778-1112

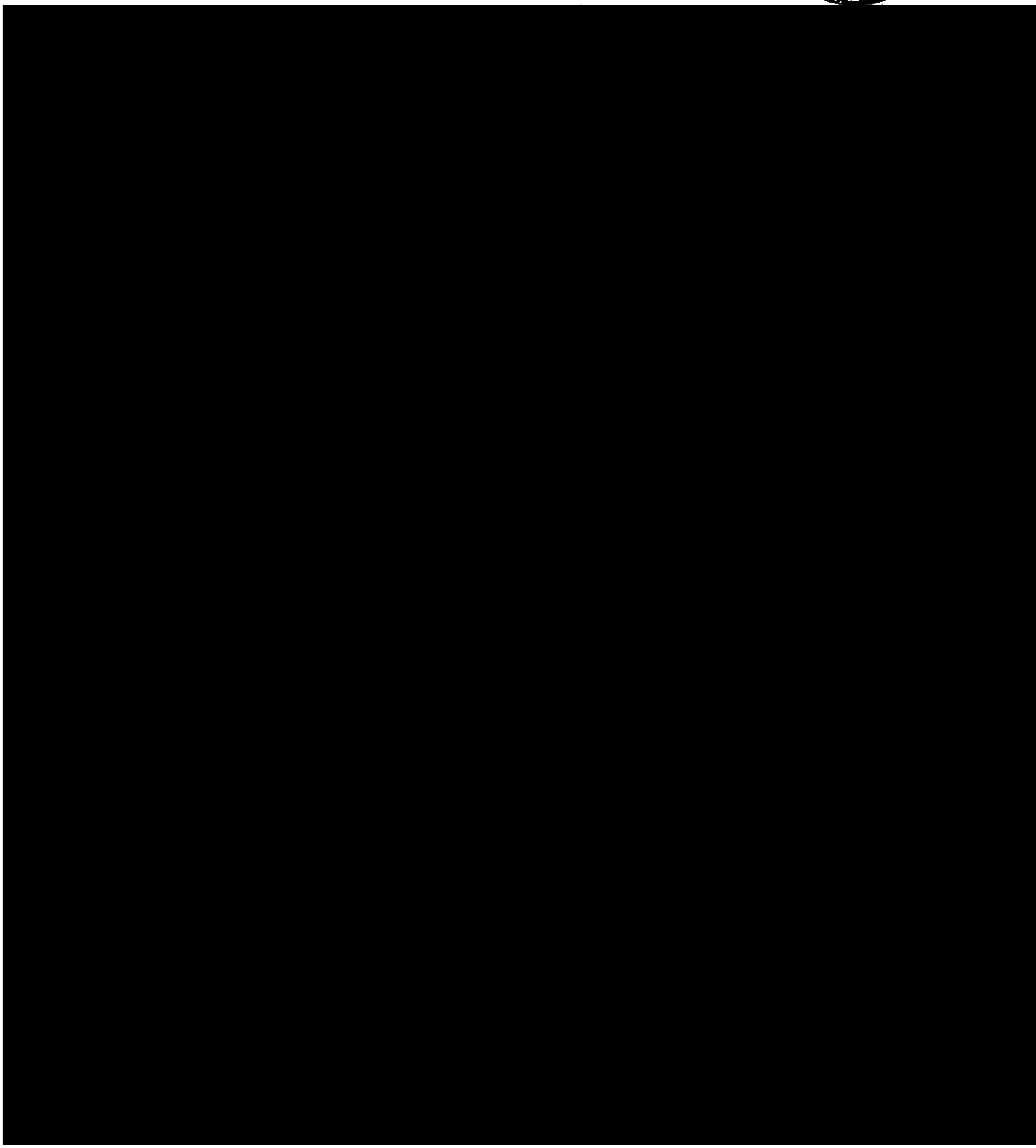


Organic Care LLC

Section: B

- B7. Requisition:** A map that identifies all places used primarily for religious worship, public or private school, convent, charitable institution, whether supported by private or public funds, hospital or veterans' home or any camp or military establishment that are within 1000 feet of the proposed dispensary facility location; on

Resolution: Please see on the following page, a detailed map, identifying places used primarily for religious worship, public or private school, convent, charitable institution, whether supported by private or public funds, hospital or veterans' home or any camp or military establishment that are within 1000 feet of the proposed dispensary facility location.

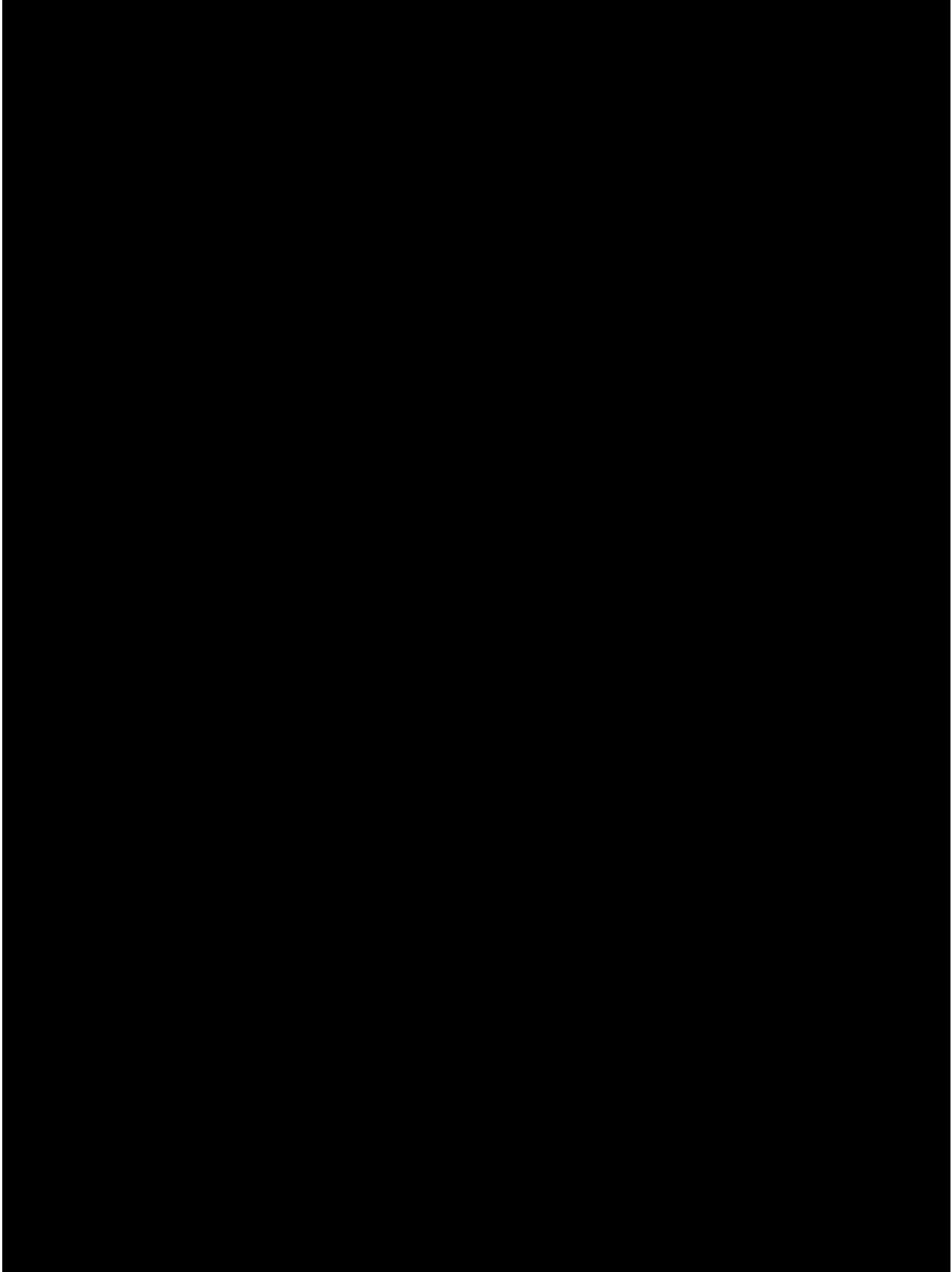


~~STRICTLY CONFIDENTIAL--NOT FOR DISTRIBUTION~~

DISPENSARY NAME
ORGANIC CARE LLC

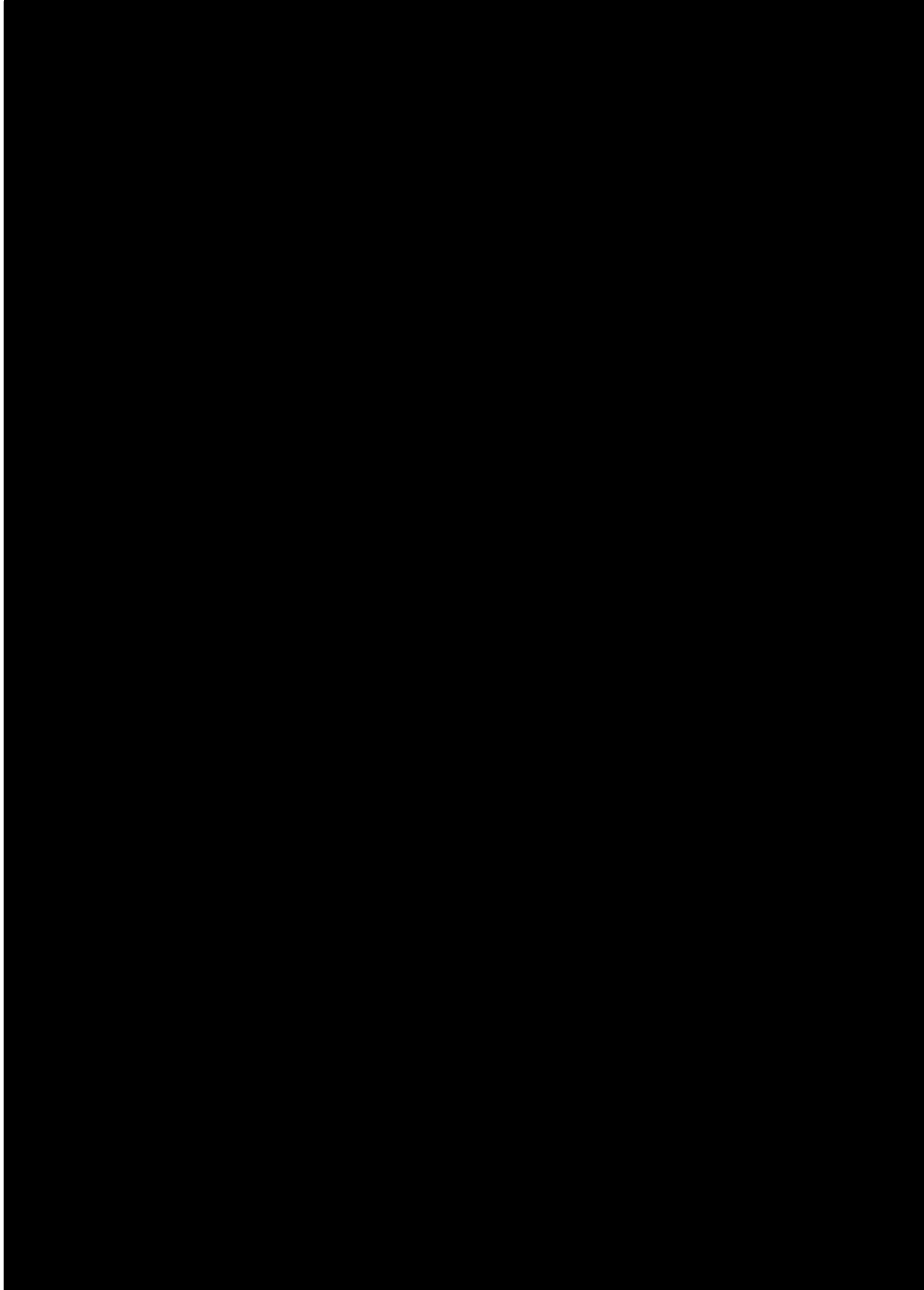
ADDRESS:
579 PACIFIC ST
STAMFORD CT 06902

OVERALL SQ FOOTAGE
2260 SQ FT



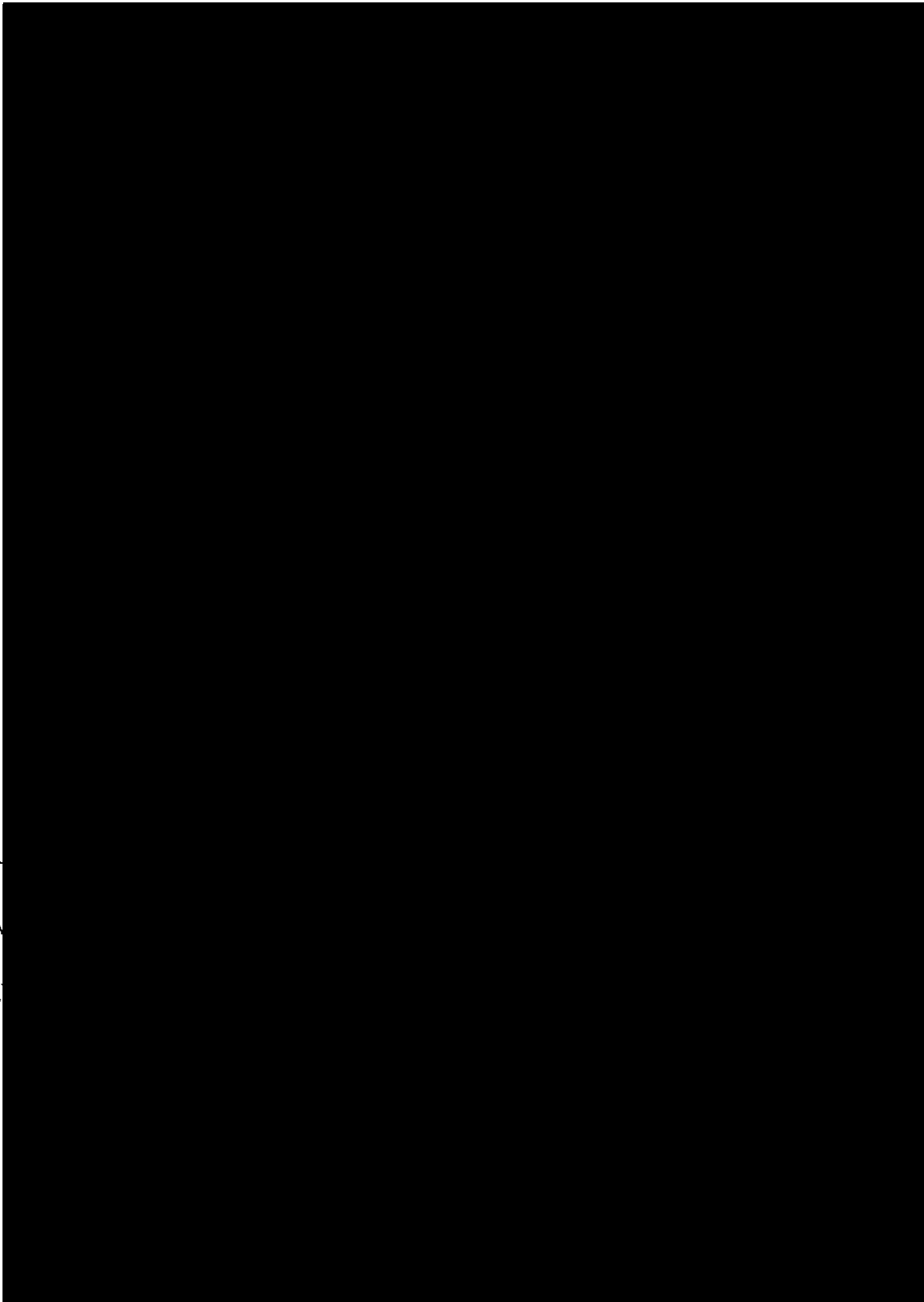
Ingress and Egress:

Due to security needs, the facility will have a single point of ingress (providing that complies with state and local codes). Areas highlighted in green represent entry doors. Per state and fire regulation, there are two points of egress. One primary, and one emergency. Areas highlighted in red represent egress. The exit door with only pink represents an alarmed emergency exit that will sound if opened.



Sales Area:

All sales of marijuana will be done in the Consultation area as well as any other accessories that may be offered in the dispensary. This area will be monitored by video surveillance to capture all transactions



PATIENTS
OF TRA

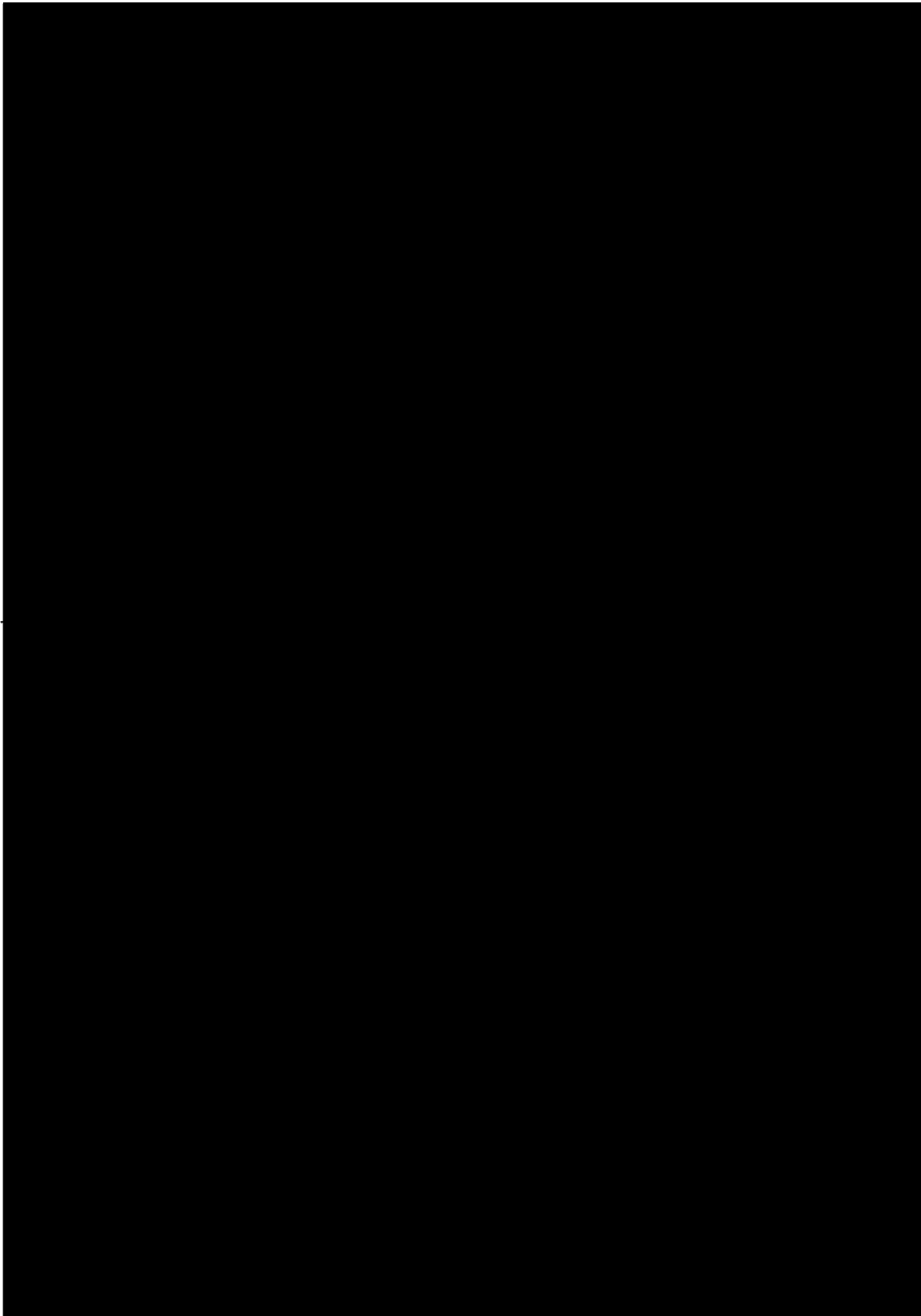
IN
OUT

Information Center:

The lobby will serve as an informational area to educate approved visitors of the dispensary.

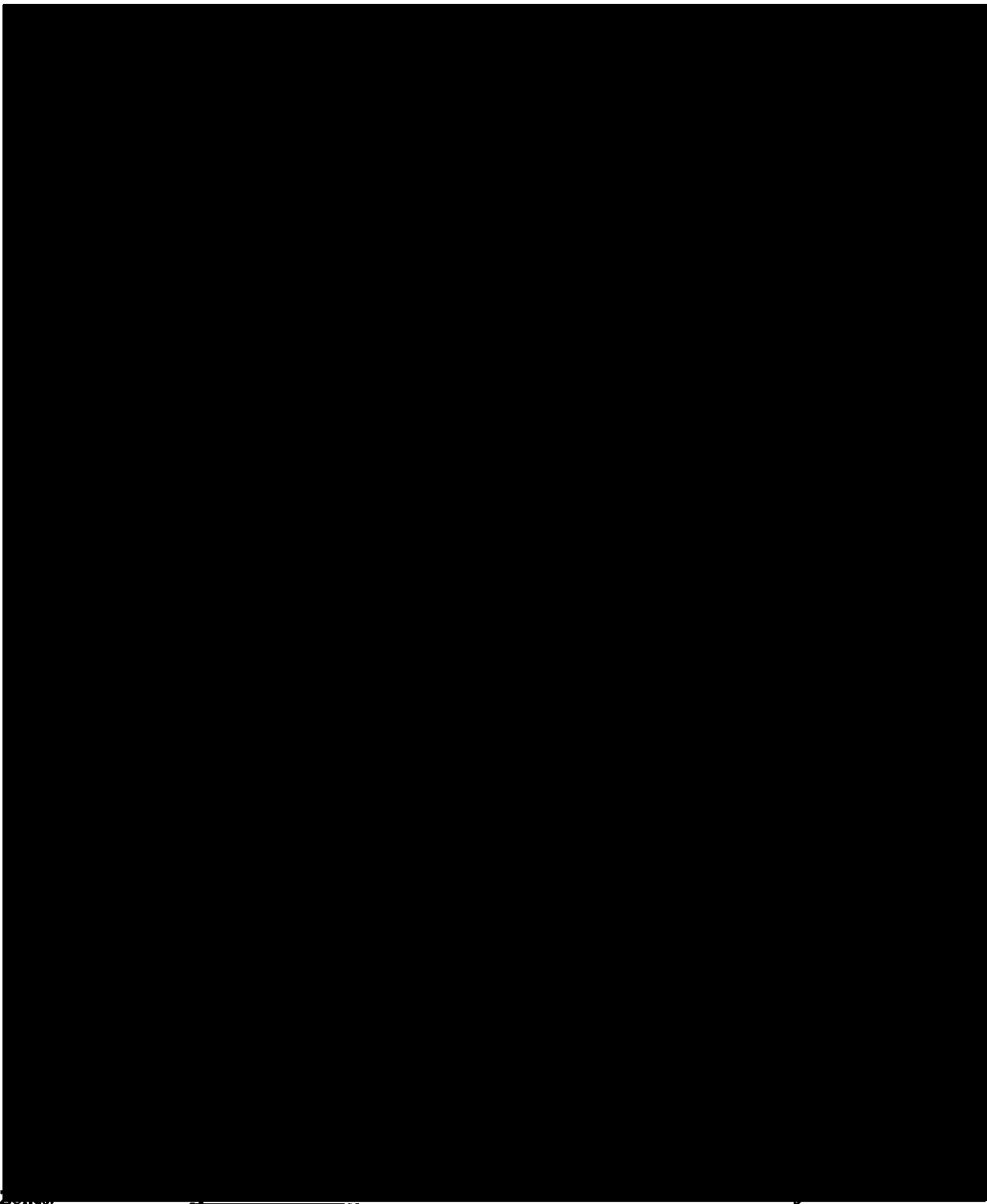
Informational hand outs will be available for visitors with and without medical cards, AS LONG AS

APPROVED VISITORS



Restroom:

An ADA compliant restroom will be available inside of the facility. State compliance to disabilities will be addressed within the construction phase to comply with state and local regulations.

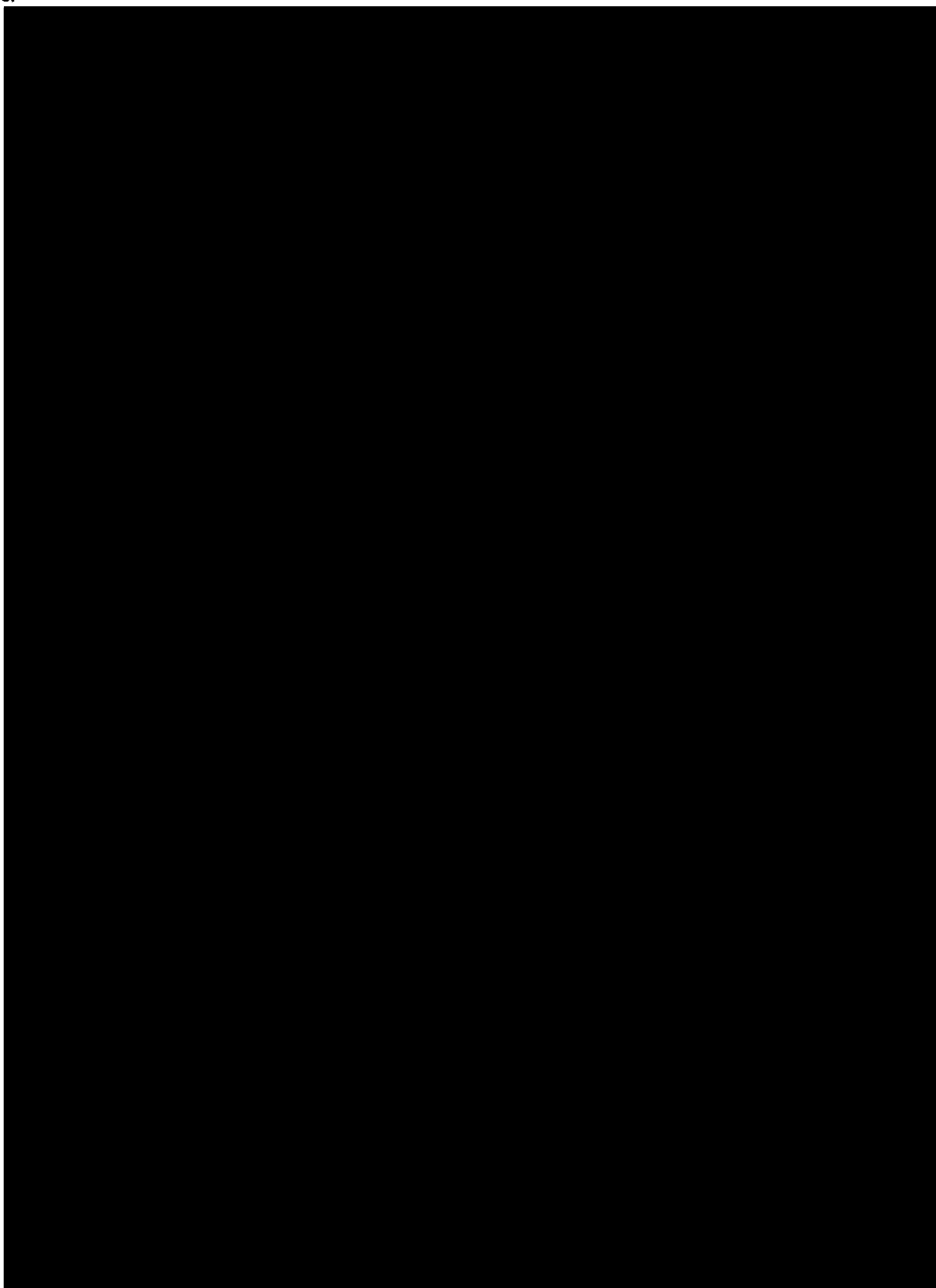


Secure Zones:

The Dispensary will be separated into 3 different zones. General Public Access (with minimum requirements met), Limited Access, and Restricted Access. Everyone who enters the Dispensary will have access to the Green Area. Only employees and patients with valid state medical cards may enter the Yellow areas. Pink areas are either designated for management, or employees only.

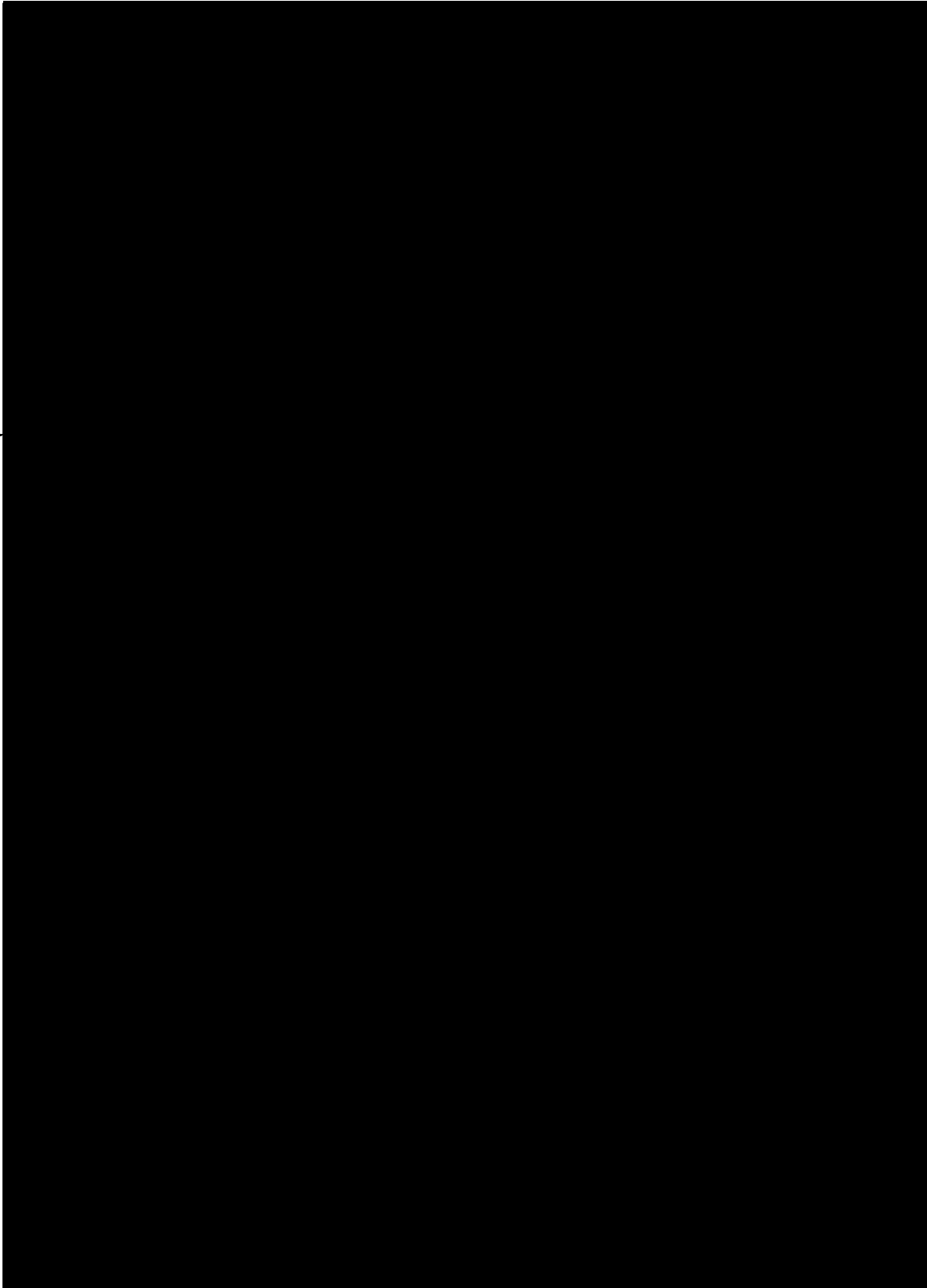
Storage:

Storage of marijuana will be in the Consultation area (secured inside of the "Fridge") or in the Prep. Area inside the safe.



Display:

The counter (20 sq. ft.) will be the primary point of sale as well as act as the viewing area for marijuana. It will be located at the center of the Consultation area, easily accessible to patients who enter the facility. All marijuana not displayed on top of the counter will be securely stored in the "Fridge" or the "Safe".



COUNTER
20 SQ FT

SAFE

SINK

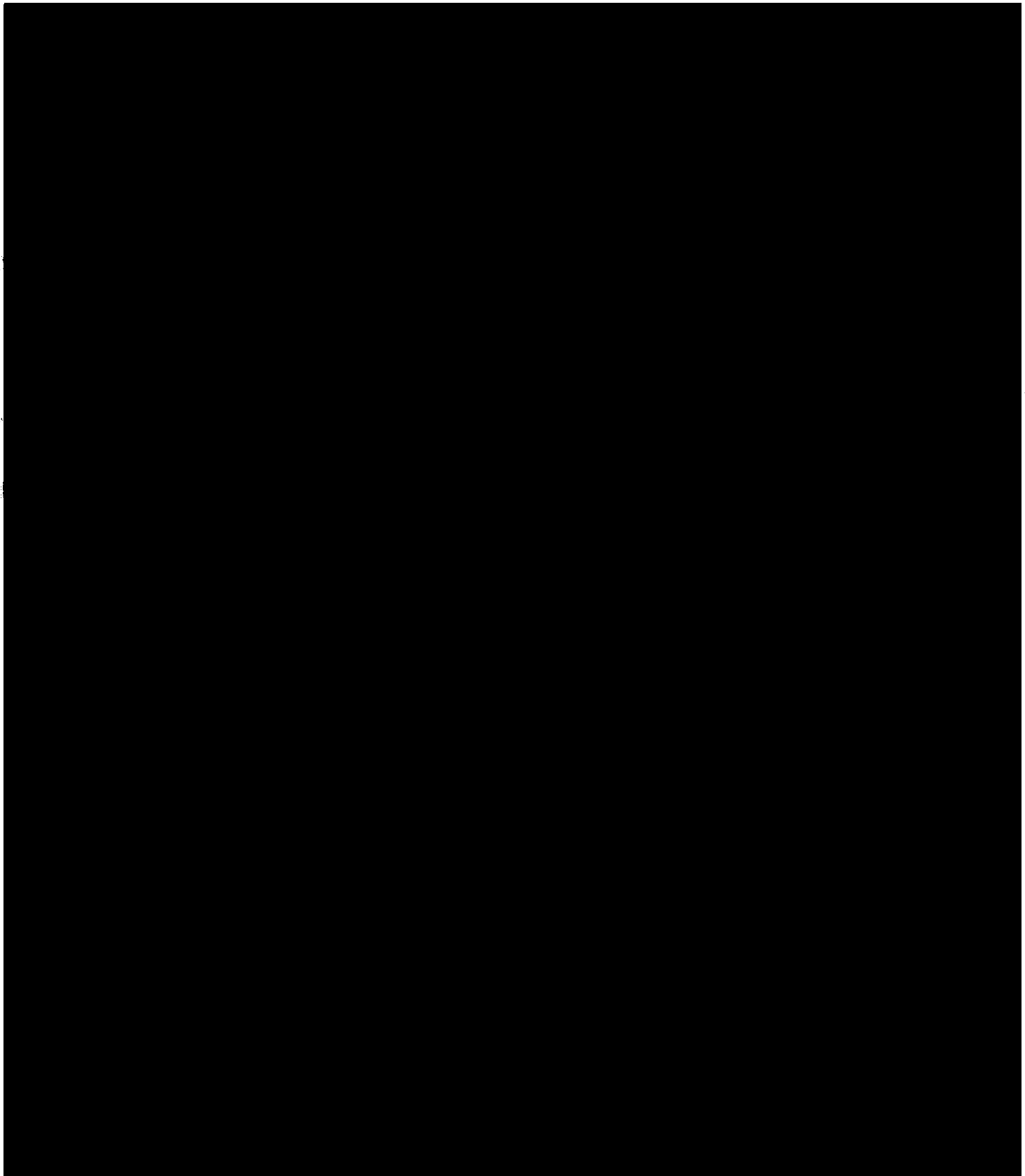
FRIDGE

Employee Lockers:

All employee belongings will be stored either on their persons, or locked in their locker during their shift.

Break Room:

when employees choose to take breaks in the facility.





Organic Care LLC

Section: C

PROPOSED BUSINESS PLAN

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Organic Care LLC

STRICTLY CONFIDENTIAL – NOT FOR DISTRIBUTION



Organic Care LLC

STRICTLY CONFIDENTIAL – NOT FOR DISTRIBUTION

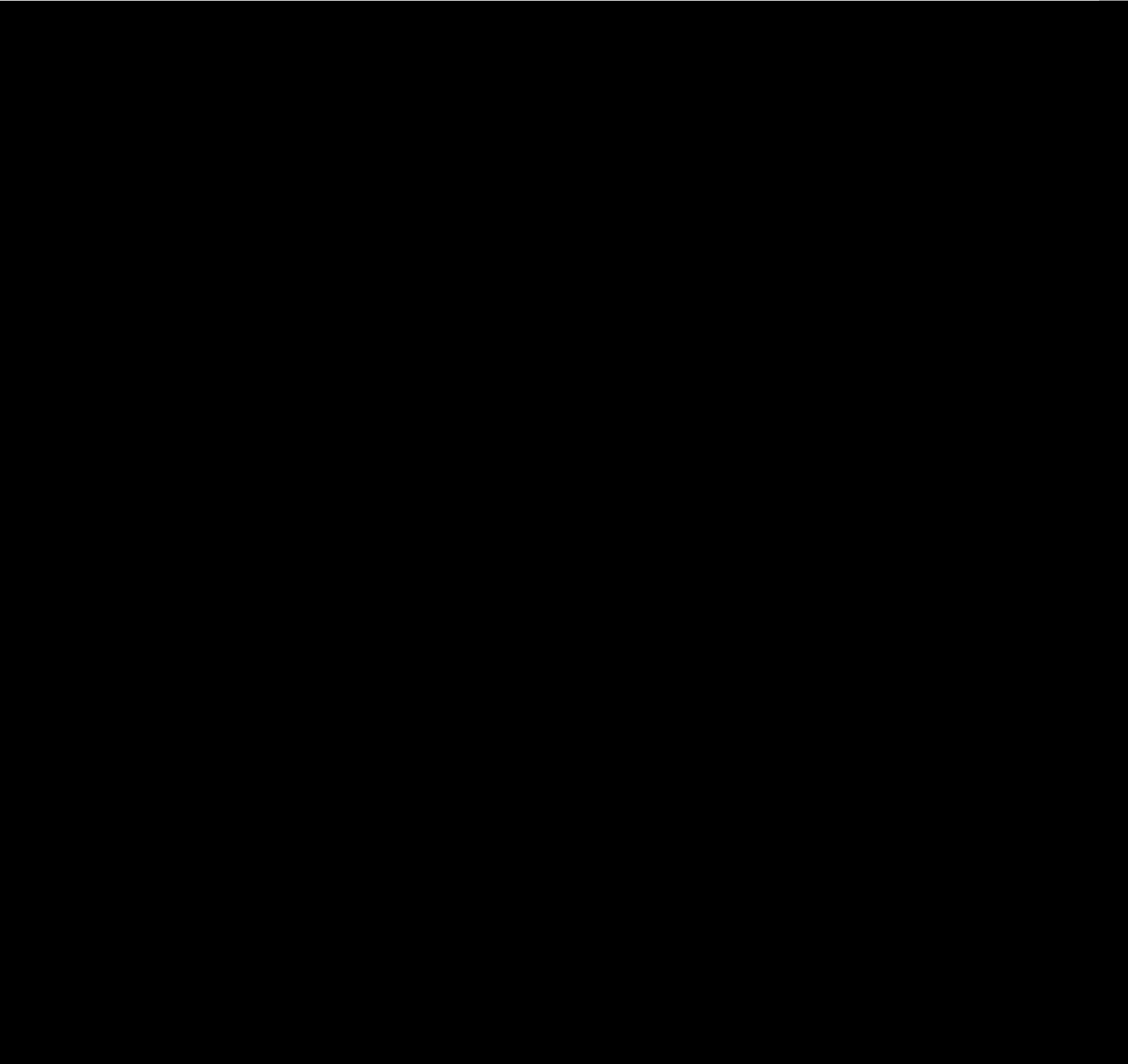


Organic Care LLC

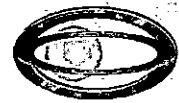
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Organic Care LLC



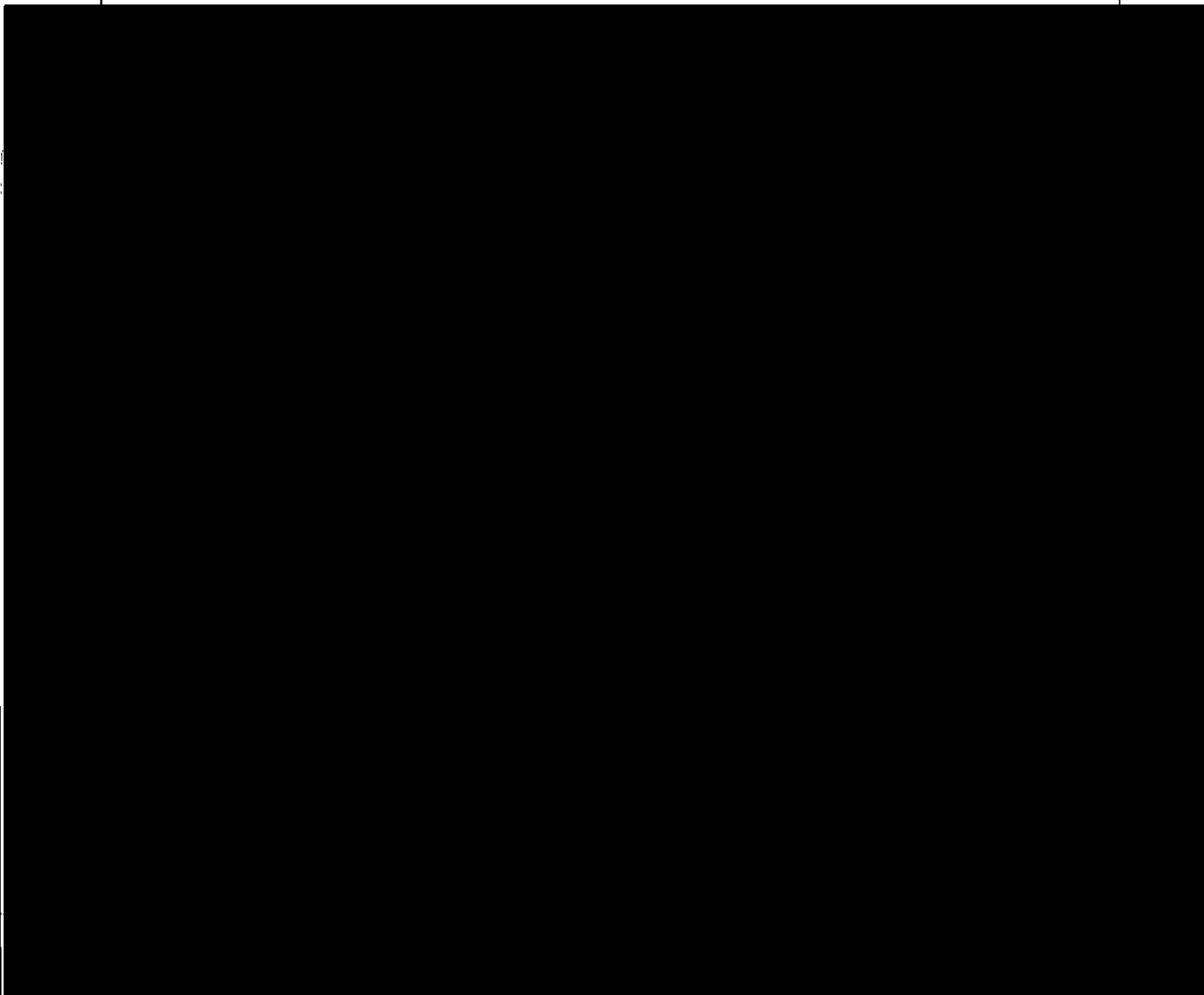
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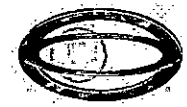
Organic Care LLC



Section: C



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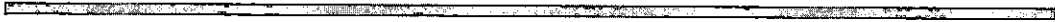


Organic Care LLC

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Organic Care LLC



Section: C

C6.



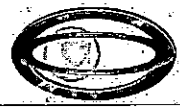
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Organic Care LLC



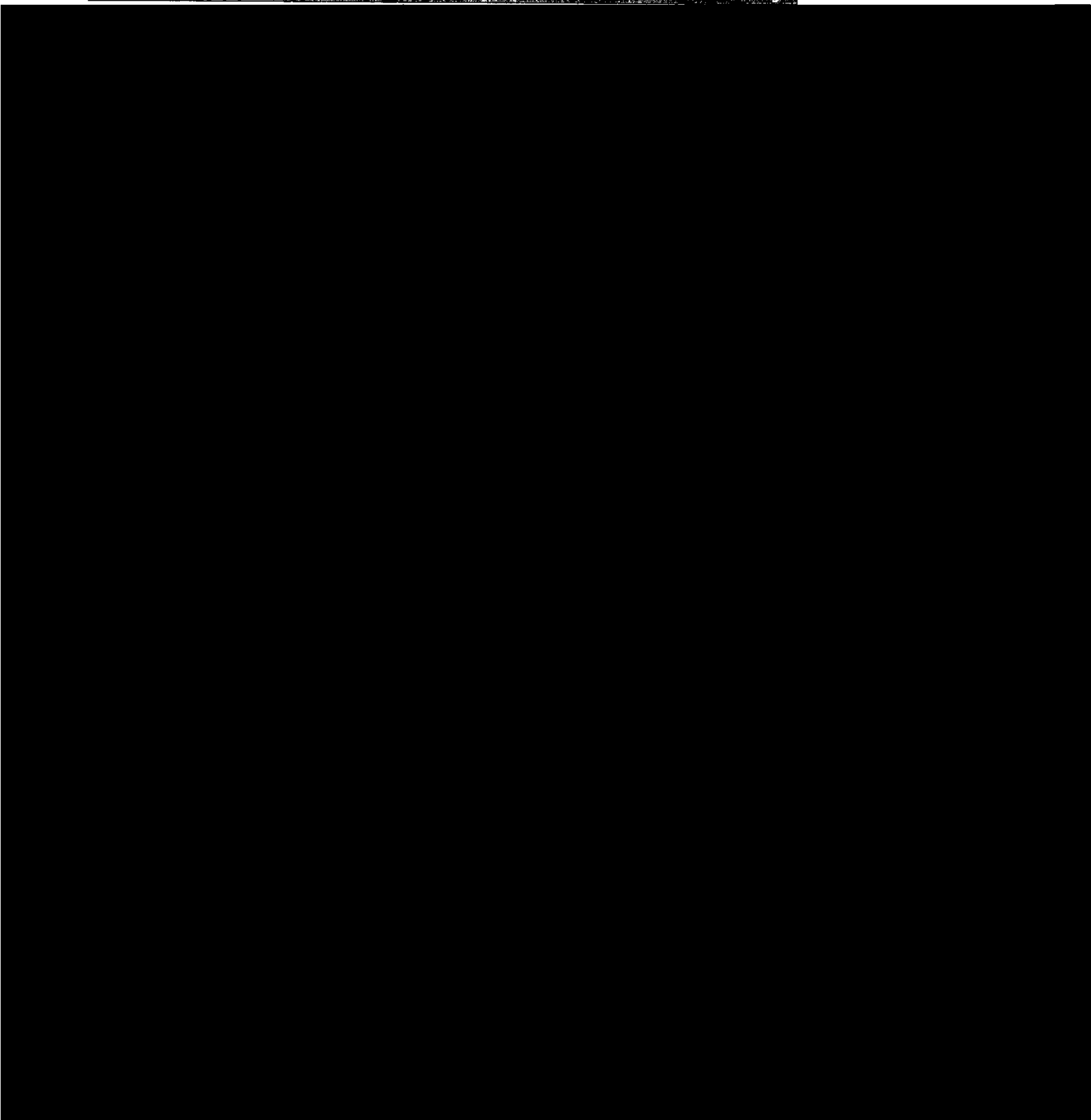
CONFIDENTIAL - NOT FOR DISTRIBUTION



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Organic Care LLC





**3101 N. Federal Highway
Suite 300
Fort Lauderdale, FL 33306
800.797.4711**

Date 8/24/2015

Name: Paul Cappiali
Company: Organic Care LLC
Address: 125 Greenwich Ave, 3rd Floor
Greenwich CT, 06830

Reference: BioTrackTHC Letter of Intent

Dear

BioTrackTHC provides effective cutting edge technology solutions for the emerging legal marijuana industry that (1) prevents product theft; (2) Assists business owners with running their cultivating, packaging, and retail operations more profitably and to better comply with the law; (3) All without leaving sensitive business and consumer data vulnerable in the cloud. Specifically, BioTrackTHC is the industry's only true seed to sale software system with enterprise resource planning, complete inventory tracking, point of sale, marketing, financial reporting and regulatory compliance features. And because it is a server based system with advanced security features, customers can rest assured that no one, not even the BioTrackTHC team, can access their business or consumer information without their permission.

This document confirms BioTrackTHC has entered into a formal agreement with Organic Care LLC to provide software solutions guaranteed to meet reporting, regulation, and compliance guidelines for legal marijuana producer, processor and retail and dispensary facilities in the event that you obtain an authorized license.

We appreciate your consideration of BioTrackTHC and look forward to assisting you in your efforts to secure a license.

Yours truly,
Elizabeth Gomez
National Sales Executive
360-339-2915
954-284-1390

Robust

Feature-Rich

Secure

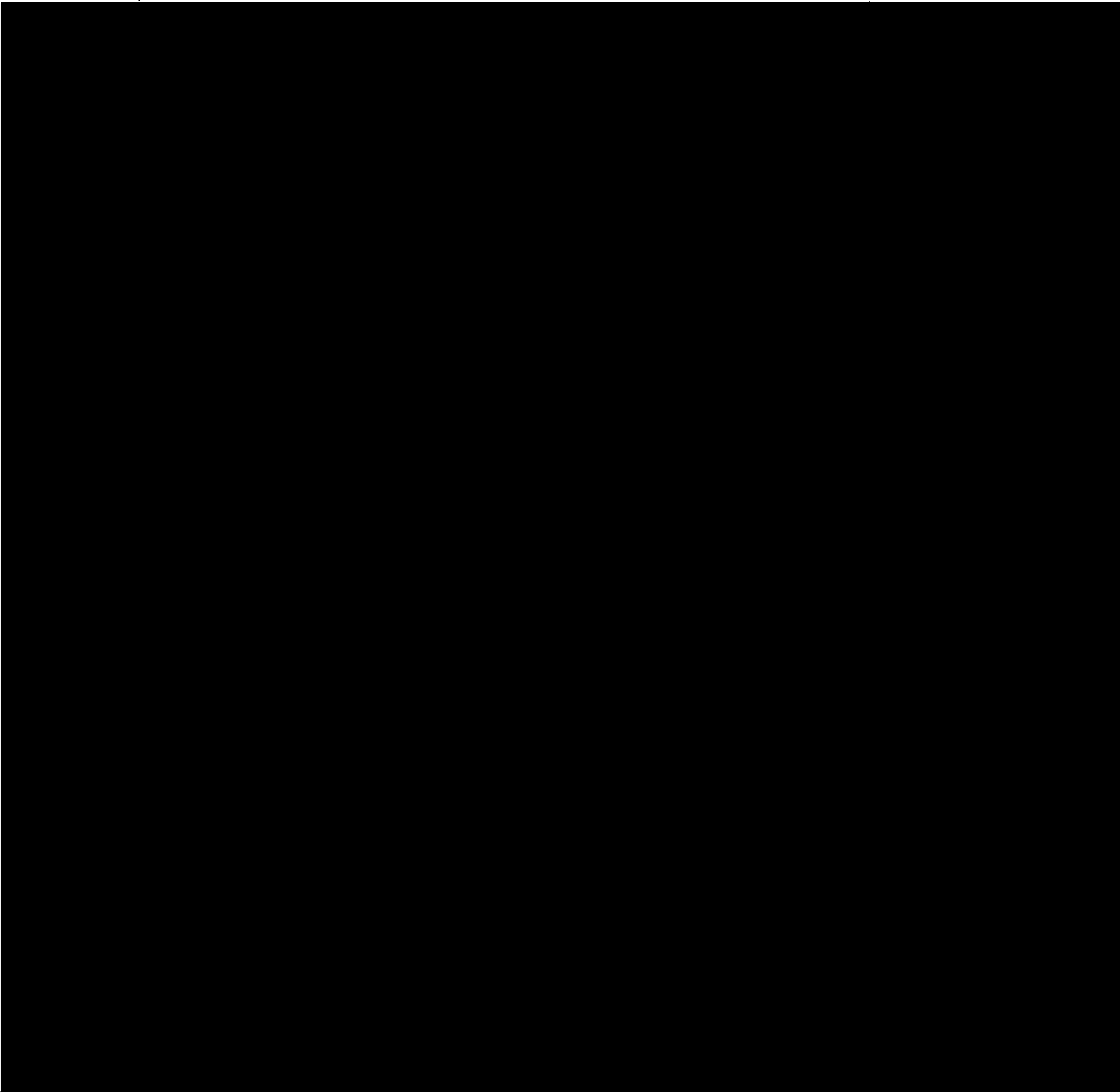


Organic Care LLC

Section: D

PROPOSED MARKETING PLAN

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Organic Care LLC

Section: E

**FINANCIAL STATEMENTS
AND ORGANIZATIONAL STRUCTURE**



Organic Care LLC

Section: E

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SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY - DOMESTIC

C.G.S. §§34-120; 34-121

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8

FILING #0005386064 PG 01 OF 02 VOL B-02095
FILED 08/25/2015 08:30 AM PAGE 00844

SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS)	
NAME: Joseph J. Capalbo, II, Esq.	OF THE STATE: 15
ADDRESS: 1100 Summer Street	
CITY: Stamford	
STATE: CT	ZIP: 06905
1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC, L.L.C., ETC.) Organic Care, LLC	
2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - REQUIRED: ATTACH 8 1/2 X 11 SHEETS IF NECESSARY. The purpose of the limited liability company is to engage in all such acts and activities as are legally permitted pursuant to the Connecticut General Statutes.	
3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED: (NO P.O. BOX) PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE. ADDRESS: 125 Greenwich Avenue CITY: Greenwich STATE: CT ZIP: 06830	
4. MAILING ADDRESS, IF DIFFERENT THAN #3: PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE. ADDRESS: 125 Greenwich Avenue CITY: Greenwich STATE: CT ZIP: 06830	
5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - REQUIRED: (COMPLETE A OR B NOT BOTH) <input checked="" type="checkbox"/> A. IF AGENT IS AN INDIVIDUAL. PRINT OR TYPE FULL LEGAL NAME: Randy Caravella	
BUSINESS ADDRESS (P.O. BOX NOT ACCEPTABLE) IF NONE, MUST STATE "NONE"	CONNECTICUT RESIDENCE ADDRESS (P.O. BOX NOT ACCEPTABLE)
ADDRESS: 125 Greenwich Avenue CITY: Greenwich STATE: CT ZIP: 06830	ADDRESS: 17 Tomney road CITY: Greenwich STATE: CT ZIP: 06830
SIGNATURE ACCEPTING APPOINTMENT: 	

B. IF AGENT IS A BUSINESS:
 PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:

N/A

CT BUSINESS ADDRESS (P.O. BOX UNACCEPTABLE)

ADDRESS:

CITY:

STATE:

ZIP:

SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:

PRINT NAME & TITLE OF PERSON SIGNING:

6. MANAGER OR MEMBER INFORMATION-REQUIRED: (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)
 ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

NAME	TITLE	BUSINESS ADDRESS (No. P.O Box) IF NONE, MUST STATE "NONE"	RESIDENCE ADDRESS: (No. P.O Box)
Paul Cappiali	Member	125 Greenwich Avenue Greenwich, CT 06830	28 Hartford Avenue Greenwich, CT 06830
Randy Caravella	Member	125 Greenwich Avenue Greenwich, CT 06830	17 Tomney Road Greenwich, CT 06830

7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES

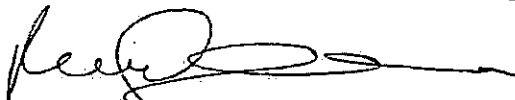
MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

8. ENTITY EMAIL ADDRESS-REQUIRED: (IF NONE, MUST STATE "NONE.")

postwines1@gmail.com

9. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)

DATED THIS 20th DAY OF August, 2015

NAME OF ORGANIZER (PRINT OR TYPE)	SIGNATURE
Randy Caravella	

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE EASILY FILED ONLINE @ www.concord-sots.ct.gov
 CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.
 TAX PAYER SERVICE CENTER: (800) 382-9463 OR (860) 297-5962 OR GO TO www.ct.gov/drs

STATE OF CONNECTICUT }
OFFICE OF THE SECRETARY OF THE STATE } SS. HARTFORD

I hereby certify that this is a true copy of record
in this Office.

In Testimony whereof, I have hereunto set my hand,
and affixed the seal of said State, at Hartford,
this 25th day of August A.D. 2015



SECRETARY OF THE STATE

LIMITED LIABILITY COMPANY OPERATING AGREEMENT

ORGANIC CARE LLC

A Member-Managed Limited Liability Company

OPERATING AGREEMENT

THIS OPERATING AGREEMENT is made and entered into effective this September 1st, 2015, by and among: Paul Cappiali and Randy Caravella (collectively referred to in this agreement as the "Members").

SECTION 1 THE LIMITED LIABILITY COMPANY

1.1 *Formation.* Effective September 1st, 2015, the Members formed a limited liability company under the name Organic Care LLC (the "Company") on the terms and conditions in this Operating Agreement (the "Agreement") and pursuant to the Limited Liability Company Act of the State of Connecticut (the "Act"). The Members agree to file with the appropriate agency within the State of Connecticut charged with processing and maintaining such records all documentation required for the formation of the Company. The rights and obligations of the parties are as provided in the Act except as otherwise expressly provided in this Agreement.

1.2 *Name* The business of the Company will be conducted under the name Organic Care LLC.

1.3 *Purpose.* The purpose of the Company is to engage in any lawful act or activity for which a Limited Liability Company may be formed within the State of Connecticut.

1.4 *Office.* The Company will maintain its principal business office within the State of Connecticut at the following address: 125 Greenwich Avenue 3rd Floor Greenwich, CT 06830.

1.5 *Registered Agent.* James Kavanagh is the Company's initial registered agent in the State of Connecticut, and the registered office is 124 W. Putnam Avenue 2nd Floor, Greenwich, CT 06830

1.6 *Term.* The term of the Company commences on September 1st, 2015 and shall continue perpetually unless sooner terminated as provided in this Agreement.

1.7 *Names and Addresses of Members.* The Members' names and addresses are attached as Schedule 1 to this Agreement.

1.8 *Admission of Additional Members.* Except as otherwise expressly provided in this Agreement, no additional members may be admitted to the Company through issuance by the company of a new interest in the Company without the prior unanimous written consent of the Members.

SECTION 2
CAPITAL CONTRIBUTIONS

2.1 *Initial Contributions.* The Members initially shall contribute to the Company capital as described in Schedule 2 attached to this Agreement.

2.2 *Additional Contributions.* No Member shall be obligated to make any additional contribution to the Company's capital without the prior unanimous written consent of the Members.

2.3 *No Interest on Capital Contributions.* Members are not entitled to interest or other compensation for or on account of their capital contributions to the Company except to the extent, if any, expressly provided in this Agreement.

SECTION 3
ALLOCATION OF PROFITS AND LOSSES; DISTRIBUTIONS

3.1 *Profits/Losses.* For financial accounting and tax purposes, the Company's net profits or net losses shall be determined on an annual basis and shall be allocated to the Members in proportion to each Member's relative capital interest in the Company as set forth in Schedule 2 as amended from time to time in accordance with U.S. Department of the Treasury Regulation 1.704-1.

3.2 *Distributions.* The Members shall determine and distribute available funds annually or at more frequent intervals as they see fit. Available funds, as referred to herein, shall mean the net cash of the Company available after appropriate provision for expenses and liabilities, as determined by the Managers. Distributions in liquidation of the Company or in liquidation of a Member's interest shall be made in accordance with the positive capital account balances pursuant to U.S. Department of the Treasury Regulation 1.704.1(b)(2)(ii)(b)(2). To the extent a Member shall have a negative capital account balance, there shall be a qualified income offset, as set forth in U.S. Department of the Treasury Regulation 1.704.1(b)(2)(iii)(d).

3.3 *No Right to Demand Return of Capital.* No Member has any right to any return of capital or other distribution except as expressly provided in this Agreement. No Member has any drawing account in the Company

SECTION 4 INDEMNIFICATION

The Company shall indemnify any person who was or is a party defendant or is threatened to be made a party defendant, pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative (other than an action by or in the right of the Company) by reason of the fact that he is or was a Member of the Company, Manager, employee or agent of the Company, or is or was serving at the request of the Company, against expenses (including attorney's fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred in connection with such action, suit or proceeding if the Members determine that he acted in good faith and in a manner he reasonably believed to be in or not opposed to the best interest of the Company, and with respect to any criminal action proceeding, has no reasonable cause to believe his/her conduct was unlawful. The termination of any action, suit, or proceeding by judgment, order, settlement, conviction, or upon a plea of "no lo Contendere" or its equivalent, shall not in itself create a presumption that the person did or did not act in good faith and in a manner which he reasonably believed to be in the best interest of the Company, and, with respect to any criminal action or proceeding, had reasonable cause to believe that his/her conduct was lawful

SECTION 5 POWERS AND DUTIES OF MANAGERS

5.1 *Management of Company.*

5.1.1 The Members, within the authority granted by the Act and the terms of this Agreement shall have the complete power and authority to manage and operate the Company and make all decisions affecting its business and affairs.

5.1.2 Except as otherwise provided in this Agreement, all decisions and documents relating to the management and operation of the Company shall be made and executed by a Majority in Interest of the Members.

5.1.3 Third parties dealing with the Company shall be entitled to rely conclusively upon the power and authority of a Majority in Interest of the Members to manage and operate the business and affairs of the Company.

5.2 *Decisions by Members.* Whenever in this Agreement reference is made to the decision, consent, approval, judgment, or action of the Members, unless otherwise expressly provided in this Agreement, such decision, consent, approval, judgment, or action shall mean a Majority of the Members.

5.3 *Withdrawal by a Member.* A Member has no power to withdraw from the Company, except as otherwise provided in Section 8.

SECTION 6
SALARIES, REIMBURSEMENT, AND PAYMENT OF EXPENSES

6.1 *Organization Expenses.* All expenses incurred in connection with organization of the Company will be paid by the Company.

6.2 *Salary.* No salary will be paid to a Member for the performance of his or her duties under this Agreement unless the salary has been approved in writing by a Majority of the Members.

6.3 *Legal and Accounting Services.* The Company may obtain legal and accounting services to the extent reasonably necessary for the conduct of the Company's business.

SECTION 7
**BOOKS OF ACCOUNT, ACCOUNTING REPORTS, TAX RETURNS,
FISCAL YEAR, BANKING**

7.1 *Method of Accounting.* The Company will use the method of accounting previously determined by the Members for financial reporting and tax purposes.

7.2 *Fiscal Year, Taxable Year.* The fiscal year and the taxable year of the Company is the calendar year.

7.3 *Capital Accounts.* The Company will maintain a Capital Account for each Member on a cumulative basis in accordance with federal income tax accounting principles.

7.4 *Banking.* All funds of the Company will be deposited in a separate bank account or in an account or accounts of a savings and loan association in the name of the Company as determined by a Majority of the Members. Company funds will be invested or deposited with an institution, the accounts or deposits of which are insured or guaranteed by an agency of the United States government.

SECTION 8
TRANSFER OF MEMBERSHIP INTEREST

8.1 *Sale or Encumbrance Prohibited.* Except as otherwise permitted in this Agreement, no Member may voluntarily or involuntarily transfer, sell, convey, encumber, pledge, assign, or otherwise dispose of (collectively, "Transfer") an interest in the Company without the prior written consent of a majority of the other nontransferring Members determined on a per capita basis.

8.2 *Right of First Refusal.* Notwithstanding Section 8.1, a Member may transfer all or any part of the Member's interest in the Company (the "Interest") as follows:

8.2.1 The Member desiring to transfer his or her Interest first must provide written notice (the "Notice") to the other Members, specifying the price and terms on which the Member is prepared to sell the Interest (the "Offer").

8.2.2 For a period of 30 days after receipt of the Notice, the Members may acquire all, but not less than all, of the Interest at the price and under the terms specified in the Offer. If the other Members desiring to acquire the Interest cannot agree among themselves on the allocation of the Interest among them, the allocation will be proportional to the Ownership Interests of those Members desiring to acquire the Interest.

8.2.3 Closing of the sale of the Interest will occur as stated in the Offer; provided, however, that the closing will not be less than 45 days after expiration of the 30-day notice period.

8.2.4 If the other Members fail or refuse to notify the transferring Member of their desire to acquire all of the Interest proposed to be transferred within the 30-day period following receipt of the Notice, then the Members will be deemed to have waived their right to acquire the Interest on the terms described in the Offer, and the transferring Member may sell and convey the Interest consistent with the Offer to any other person or entity; provided, however, that notwithstanding anything in Section 8.2 to the contrary, should the sale to a third person be at a price or on terms that are more favorable to the purchaser than stated in the Offer, then the transferring Member must reoffer the sale of the Interest to the remaining Members at that other price or other terms; provided, further, that if the sale to a third person is not closed within six months after the expiration of the 30-day period describe above, then the provisions of Section 8.2 will again apply to the Interest proposed to be sold or conveyed.

8.2.5 Notwithstanding the foregoing provisions of Section 8.2, should the sole remaining Member be entitled to and elect to acquire all the Interests of the other Members of the Company in accordance with the provisions of Section 8.2, the acquiring Member may assign the right to acquire the Interests to a spouse, lineal descendent, or an affiliated entity if the assignment is reasonably believed to be necessary to continue the existence of the Company as a limited liability company.

8.3 *Substituted Parties.* Any transfer in which the Transferee becomes a fully substituted Member is not permitted unless and until:

(1) The transferor and assignee execute and deliver to the Company the documents and instruments of conveyance necessary or appropriate in the opinion of counsel to the Company to effect the transfer and to confirm the agreement of the permitted assignee to be bound by the provisions of this Agreement; and

(2) The transferor furnishes to the Company an opinion of counsel, satisfactory to the Company, that the transfer will not cause the Company to terminate for federal income tax purposes or that any termination is not adverse to the Company or the other Members.

8.4 *Death, Incompetency, or Bankruptcy of Member.* On the death, adjudicated incompetence, or bankruptcy of a Member, unless the Company exercises its rights under Section 8.5, the successor in interest to the Member (whether an estate, bankruptcy trustee, or otherwise) will receive only the economic right to receive distributions whenever made by the Company and the Member's allocable share of taxable income, gain, loss, deduction, and credit (the "Economic Rights") unless and until a majority of the other Members determined on a per capita basis admit the transferee as a fully substituted Member in accordance with the provisions of Section 8.3.

8.4.1 Any transfer of Economic Rights pursuant to Section 8.4 will not include any right to participate in management of the Company, including any right to vote, consent to, and will not include any right to information on the Company or its operations or financial condition. Following any transfer of only the Economic Rights of a Member's Interest in the Company, the transferring Member's power and right to vote or consent to any matter submitted to the Members will be eliminated, and the Ownership Interests of the remaining Members, for purposes only of such votes, consents, and participation in management, will be proportionately increased until such time, if any, as the transferee of the Economic Rights becomes a fully substituted Member.

8.5 *Death Buy Out.* Notwithstanding the foregoing provision of Section 8, the Members covenant and agree that on the death of any Member, the Company, if agreed upon by the personal representative of the estate, by providing written notice to the estate of the deceased Member within 180 days of the death of the Member, may purchase, acquire, and redeem the Interest of the deceased Member in the Company pursuant to the provision of Section 8.5.

8.5.1 The value of each Member's Interest in the Company will be determined on the date this Agreement is signed, and the value will be endorsed on Schedule 3 attached and made a part of this

Agreement. The value of each Member's Interest will be redetermined unanimously by the Members annually, unless the Members unanimously decide to redetermine those values more frequently. The Members will use their best efforts to endorse those values on Schedule 3. The purchase price for a decedent Member's interest conclusively is the value last determined before the death of such Member; provided, however, that if the latest valuation is more than two years before the death of the deceased Member, the provisions of Section 8.5.2 will apply in determining the value of the Member's Interest in the Company.

8.5.2 If the Members have failed to value the deceased Member's Interest within the prior two-year period, the value of each Member's Interest in the Company on the date of death, in the first instance, will be determined by mutual agreement of the surviving Members and the personal representative of the estate of the deceased Member. If the parties cannot reach an agreement on the value within 30 days after the appointment of the personal representative of the deceased Member, then the surviving Members and the personal representative each must select a qualified appraiser within the next succeeding 30 days. The appraisers so selected must attempt to determine the value of the Company Interest owned by the decedent at the time of death based solely on their appraisal of the total value of the Company's assets and the amount the decedent would have received had the assets of the Company been sold at that time for an amount equal to their fair market value and the proceeds (after payment of all Company obligations) were distributed in the manner contemplated in Section 8. The appraisal may not consider and discount for the sale of a minority Interest in the Company. In the event the appraisers cannot agree on the value within 30 days after being selected, the two appraisers must, within 30 days, select a third appraiser. The value of the Interest of the decedent in the Company and the purchase price of it will be the average of the two appraisals nearest in amount to one another. That amount will be final and binding on all parties and their respective successors, assigns, and representatives. The costs and expenses of the third appraiser and any costs and expenses of the appraiser retained but not paid for by the estate of the deceased Member will be offset against the purchase price paid for the deceased Member's Interest in the Company.

8.5.3 Closing of the sale of the deceased Member's Interest in the Company will be held at the office of the Company on a date designated by the Company, not be later than 90 days after agreement with the personal representative of the deceased Member's estate on the fair market value of the deceased Member's Interest in the Company; provided, however, that if the purchase price are determined by appraisals as set forth in Section 8.5.2, the closing will be 30 days after the final appraisal and purchase price are determined. If no personal representative has been appointed within 60 days after the deceased Member's death, the surviving Members have the right to apply for and have a personal representative appointed.

8.5.4 At closing, the Company will pay the purchase price for the deceased Member's Interest in the Company. If the purchase price is less than \$1,000.00, the purchase price will be paid in cash; if the purchase price is \$1,000.00 or more, the purchase price will be paid as follows:

(1) \$1,000.00 in cash, bank cashier's check, or certified funds;

(2) The balance of the purchase price by the Company executing and delivering its promissory note for the balance, with interest at the prime interest rate stated by primary banking institution utilized by the Company, its successors and assigns, at the time of the deceased Member's death. Interest will be payable monthly, with the principal sum being due and payable in three equal annual installments. The promissory note will be unsecured and will contain provisions that the principal sum may be paid in whole or in part at any time, without penalty.

8.5.5 At the closing, the deceased Member's estate or personal representative must assign to the Company all of the deceased Member's Interest in the Company free and clear of all liens, claims, and encumbrances, and, at the request of the Company, the estate or personal representative must execute all other instruments as may reasonably be necessary to vest in the Company all of the deceased Member's right, title, and interest in the Company and its assets. If either the Company or the deceased Member's estate or personal representative fails or refuses to execute any instrument required by this

Agreement, the other party is hereby granted the irrevocable power of attorney which, it is agreed, is coupled with an interest, to execute and deliver on behalf of the failing or refusing party all instruments required to be executed and delivered by the failing or refusing party.

8.5.6 On completion of the purchase of the deceased Member's Interest in the Company, the Ownership Interests of the remaining Members will increase proportionately to their then-existing Ownership Interests.

SECTION 9 DISSOLUTION AND WINDING UP OF THE COMPANY

9.1 *Dissolution.* The Company will be dissolved on the happening of any of the following events:

9.1.1 Sale, transfer, or other disposition of all or substantially all of the property of the Company;

9.1.2 The agreement of all of the Members;

9.1.3 By operation of law; or

9.1.4 The death, incompetence, expulsion, or bankruptcy of a Member, or the occurrence of any event that terminates the continued membership of a Member in the Company, unless there are then remaining at least the minimum number of Members required by law and all of the remaining Members, within 120 days after the date of the event, elect to continue the business of the Company.

9.2 *Winding Up.* On the dissolution of the Company (if the Company is not continued), the Members must take full account of the Company's assets and liabilities, and the assets will be liquidated as promptly as is consistent with obtaining their fair value, and the proceeds, to the extent sufficient to pay the Company's obligations with respect to the liquidation, will be applied and distributed, after any gain or loss realized in connection with the liquidation has been allocated in accordance with Section 3 of this Agreement, and the Members' Capital Accounts have been adjusted to reflect the allocation and all other transactions through the date of the distribution, in the following order:

9.2.1 To payment and discharge of the expenses of liquidation and of all the Company's debts and liabilities to persons or organizations other than Members;

9.2.2 To the payment and discharge of any Company debts and liabilities owed to Members; and

9.2.3 To Members in the amount of their respective adjusted Capital Account balances on the date of distribution; provided, however, that any then-outstanding Default Advances (with interest and costs of collection) first must be repaid from distributions otherwise allocable to the Defaulting Member pursuant to Section 9.2.3.

SECTION 10 GENERAL PROVISIONS

10.1 *Amendments.* Amendments to this Agreement may be proposed by any Member. A proposed amendment will be adopted and become effective as an amendment only on the written approval of all of the Members.

10.2 *Governing Law.* This Agreement and the rights and obligations of the parties under it are governed by and interpreted in accordance with the laws of the State of Connecticut (without regard to principles of conflicts of law).

10.3 *Entire Agreement; Modification.* This Agreement constitutes the entire understanding and agreement between the Members with respect to the subject matter of this Agreement. No agreements, understandings, restrictions, representations, or warranties exist between or among the members other than those in this Agreement or referred to or provided for in this Agreement. No modification or

amendment of any provision of this Agreement will be binding on any Member unless in writing and signed by all the Members.

10.4 *Attorney Fees.* In the event of any suit or action to enforce or interpret any provision of this Agreement (or that is based on this Agreement), the prevailing party is entitled to recover, in addition to other costs, reasonable attorney fees in connection with the suit, action, or arbitration, and in any appeals. The determination of who is the prevailing party and the amount of reasonable attorney fees to be paid to the prevailing party will be decided by the court or courts, including any appellate courts, in which the matter is tried, heard, or decided.

10.5 *Further Effect.* The parties agree to execute other documents reasonably necessary to further effect and evidence the terms of this Agreement, as long as the terms and provisions of the other documents are fully consistent with the terms of this Agreement.

10.6 *Severability.* If any term or provision of this Agreement is held to be void or unenforceable, that term or provision will be severed from this Agreement, the balance of the Agreement will survive, and the balance of this Agreement will be reasonably construed to carry out the intent of the parties as evidenced by the terms of this Agreement.


10.7 *Captions.* The captions used in this Agreement are for the convenience of the parties only and will not be interpreted to enlarge, contract, or alter the terms and provisions of this Agreement.

10.8 *Notices.* All notices required to be given by this Agreement will be in writing and will be effective when actually delivered or, if mailed, when deposited as certified mail, postage prepaid, directed to the addresses first shown above for each Member or to such other address as a Member may specify by notice given in conformance with these provisions to the other Members.

IN WITNESS WHEREOF, the parties to this Agreement execute this Operating Agreement as of the date and year first above written.

MEMBERS:

Paul Cappiali
Printed/Typed Name


Signature

Randy Caravona
Printed/Typed Name


Signature

Listing of Members - Schedule 1

**LIMITED LIABILITY COMPANY OPERATING AGREEMENT
FOR ORGANIC CARE LLC
LISTING OF MEMBERS**

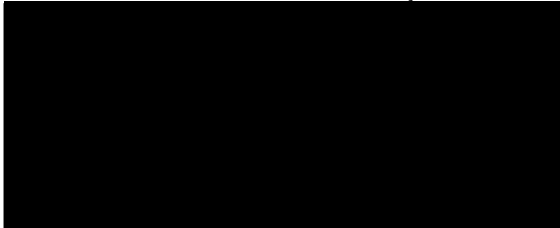
As of the 1st day of September, 2015, the following is a list of Members of the Company:

NAME:

ADDRESS:

Paul Anthony Cappiali

Randy Caravella



Authorized by Member(s) to provide Member Listing as of this 1st day of September, 2015.

Paul Cappiali
Printed/Typed Name

Paul Cappiali
Signature

Randy Caravella
Printed/Typed Name

Randy Caravella
Signature

Listing of Capital Contributions - Schedule 2

**LIMITED LIABILITY COMPANY OPERATING AGREEMENT
FOR ORGANIC CARE LLC**

CAPITAL CONTRIBUTIONS

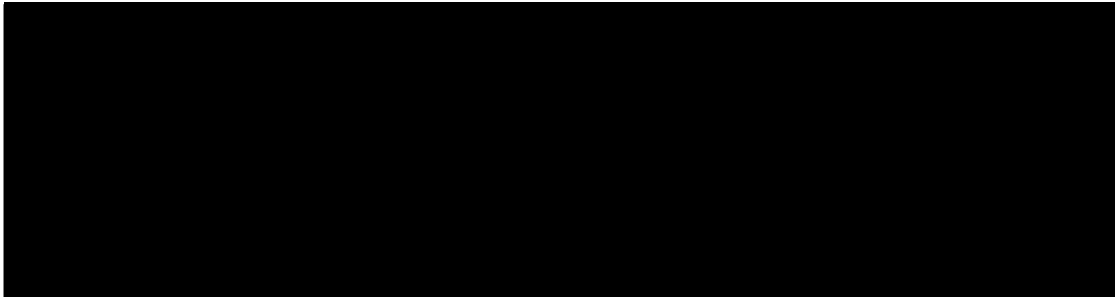
Pursuant to ARTICLE 2, the Members' initial contribution to the Company capital is stated to be \$200.00.

The description and each individual portion of this initial contribution is as follows:

NAME:

CONTRIBUTION:

% OWNERSHIP:



SIGNED AND AGREED this 1st day of September, 2015.

Paul Cappiali
Printed/Typed Name

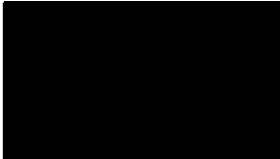
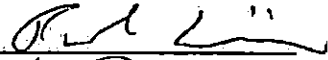

[Handwritten Signature]
Signature

Randy Carvora
Printed/Typed Name

[Handwritten Signature]
Signature

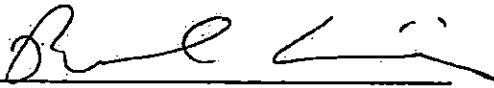
Listing of Valuation of Members Interest - Schedule 3
LIMITED LIABILITY COMPANY OPERATING AGREEMENT
FOR ORGANIC CARE LLC
VALUATION OF MEMBERS INTEREST

Pursuant to ARTICLE 8, the value of each Member's interest in the Company is endorsed as follows:

NAME:	VALUATION	ENDORSEMENT
<u>Paul Anthony Cappiali</u>		<u></u>
<u>Randy Caravella</u>		<u></u>

SIGNED AND AGREED this 15th day of SEPTEMBER, 2015.

Paul Cappiali
Printed/Typed Name


Signature

Randy Caravella
Printed/Typed Name

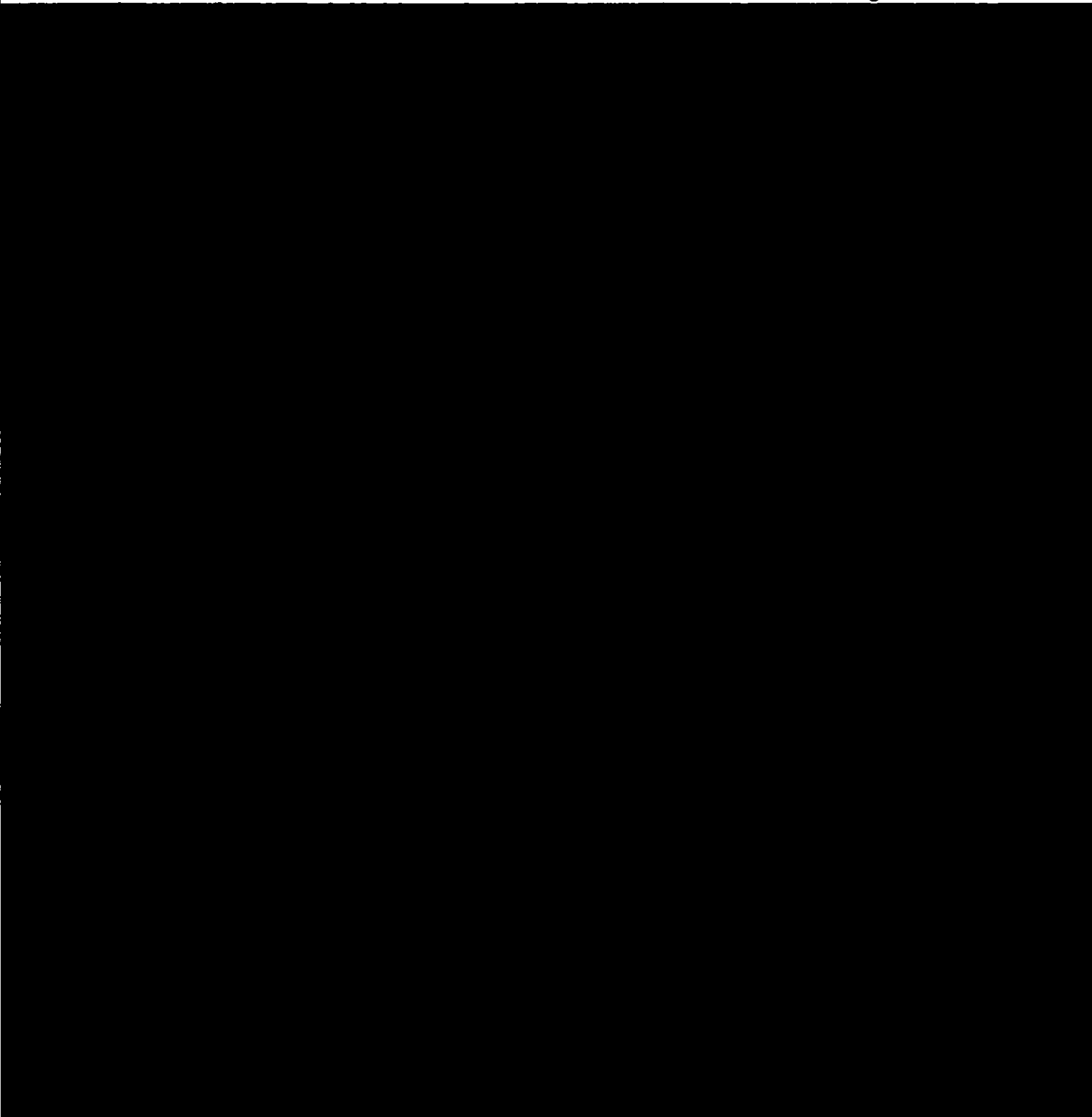

Signature



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Organic Care LLC





Organic Care LLC

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SUMMARY PROFILE

Professional Sales Ambassador with a demonstrated record and proven leadership, communication and negotiation skills. Unique and innovative approach to successful client relationships. Community leader, volunteer..

Work Experience:

- **Empire Merchants** - Wholesale wine and liquor distributor 1993-Present
 - Sales Associate 1993 - 1997
 - Sales Manager 1997 - 1999
 - Sales Director 1999 - 2002
 - Senior Sales Associate 2002 - Present

- **Joseph Grace Wholesaler** - Wholesale wine and liquor accessories distributor 2000-2007
 - **Owned and operated wholesaler with national reach**
 - **Accounting**
 - **Webmaster**
 - **Buyer**
 - **Catalog Design**
 - **Inventory Management**
 - **Sales**
 - **Import Contract Management**

Charitable Involvements:

- Board Member: Friends for Fragile X
- National Fragile X Foundation
 - Fragile X is a genetic syndrome that is the most widespread single-gene cause of autism and inherited cause of mental retardation among children.

- St. Roch Catholic Church
 - Chairman: St. Roch Church Feast
 - In association with Catholic Charities of Fairfield County, with 25 program offices throughout the county, provides the largest private network of social services in southwestern Connecticut. In 2011, 1.3 million meals served to the hungry; 40,000 counseling sessions.

- Kids in Crisis
 - Connecticut's ONLY free, round-the-clock agency providing emergency shelter, crisis counseling and community educational programs for children of all ages and families dealing with a wide range of crises, including domestic violence, mental health and family problems, substance abuse, economic difficulties and more. Over 100,000 families and children have been helped by Kids in Crisis through crisis counseling services, temporary shelter and prevention programs provided throughout the area.

- Helping and Loving Orphans (H.A.L.O)
 - HALO is dedicated to bettering the lives of orphans and at-risk children around the world, especially in developing countries. HALO believes that the world's orphans should have every possible opportunity to reach his/her maximum potential in life through the best healthcare, education and training available.

Education:

- Arizona State University, Justice Studies 1988 -1992

Interests:

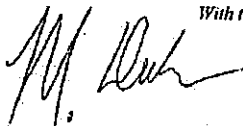
- Family, Church, Computer software development, Web Development, Wine,

Certificate of Completion

Basic HIPAA Privacy & Security

The HIPAA Group, Inc. hereby presents

Paul Cappiali



*With this Certificate, in recognition of successful completion of this program
Awarded this date: August 25, 2015*

HIPAA Group Training Officer



Below are your free HIPAA Awareness Cards!

Print these cards and keep them handy
as a daily reminder to keep PHI safe and secure.

► To print only your Certificate, check your printer settings and print "page 1" only. ◀

Ten Points of HIPAA Privacy

1. Protect PHI at all times. Never access records of family, friends, or others unless authorized.
2. Access, use, or provide only the minimum necessary PHI needed for a task or request.
3. Cover, turn over, or lock up PHI that is not in use.
4. Report accidental disclosures of PHI to your HIPAA Officer or Supervisor.
5. Don't discuss PHI or patients outside of work under any circumstances.
6. In emergencies, put patient care ahead of all else – even HIPAA.
7. Dispose of PHI according to current Policies and Procedures. Never dump un-shredded PHI.
8. When discussing PHI around others, lower your voice or move to a more private area if possible.
9. Protect PHI on computers, cell phones, fax machines, PDA's, and other electronic devices.
10. If you have a privacy or security question, ask your HIPAA Officer or Supervisor.



The HIPAA Group

www.HIPAAstore.com

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Phone 888-494-6987

Ten Secrets of HIPAA Security

1. Protect ePHI at all times. Never access records of family, friends, or others unless authorized.
2. Beware of hackers and scammers impersonating staff. Verify identities before giving access.
3. Use strong pass-phrases and timer-based screen savers on all computers and workstations.
4. Never leave files and documents containing ePHI open and unattended if you walk away from them.
5. Always scan for viruses, spyware, and other threats before installing new data or programs.
6. Use encryption for emailing ePHI or don't email it.
7. Always file, lock, shred, or properly dispose of ePHI. Never dispose of "readable" ePHI.
8. Protect ePHI on computers, cell phones, PDA's, fax machines, portable storage media, etc.
9. Immediately report security violations to your HIPAA Officer or Supervisor.
10. If you have a privacy or security question, ask your Supervisor or HIPAA Officer.



The HIPAA Group

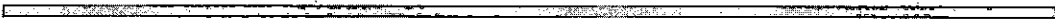
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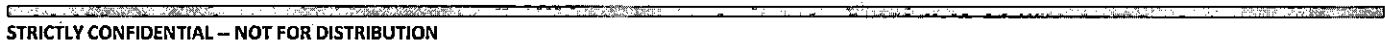
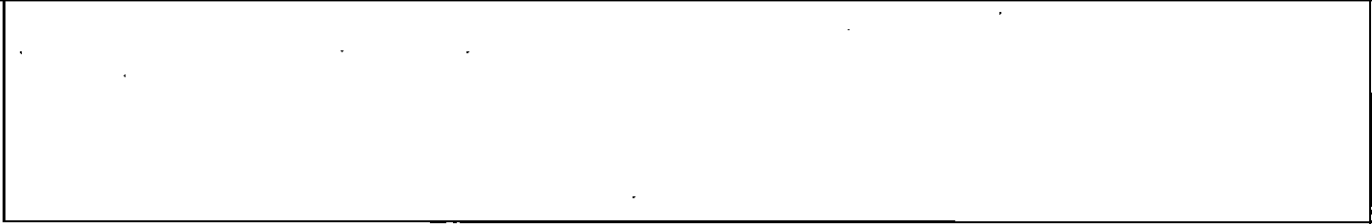
Phone 888-494-6987



Organic Care LLC



Section: E



STRICTLY CONFIDENTIAL – NOT FOR DISTRIBUTION

William Francis Kakowski
44 Harmon Street
Hamden CT, 06517

RE: LETTER OF OFFER OF EMPLOYMENT – Senior Pharmacist

Dear Mr Kakowski,

Following our recent discussions, we are pleased to offer you the position of Managing Pharmacist with Organic Care LLC. As a key member of our group, you will become part of a fast-paced and dedicated team that works together to provide our clients with the highest possible level of service and care.

As a member of Organic Care LLC, we would ask for your commitment in delivering outstanding results that exceed our client expectations. In addition, we expect your personal accountability in all the products, actions, advice and results that you provide as a representative of Organic Care LLC. In return, we are committed to providing you with every opportunity to learn, grow and stretch to the highest level of your ability and potential.

We are confident you will find this new opportunity both challenging and rewarding.

Following an initial assessment of operational capacity, a progressive compensation package will be awarded. Organic Care LLC will engage in a detailed employment review on a quarterly basis to assess performance to-date, and to clarify or modify this arrangement, as the need may arise.

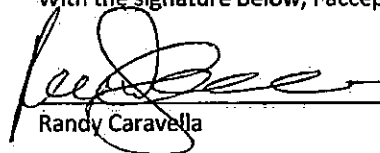
This arrangement may be terminated in the event Organic Care LLC is **NOT** awarded a Connecticut Medical Marijuana Dispensary Facility License or by either party upon notice in writing to either party with notice that complies with Connecticut General Statutes for the Connecticut Department of Labor. In addition, the employee is required to verify his/her eligibility for hire and all applicable Licenses held for the position of employment herein, be kept accurate and in good standing.

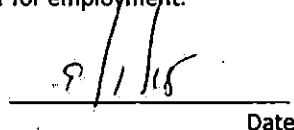
We look forward to the opportunity to work with you in an atmosphere that is successful, mutually challenging and rewarding.

Sincerely,

Randy Caravella
COO, Organic Care LLC
125 Greenwich Avenue, 3rd Floor
Greenwich CT, 06830

With the signature below, I accept this offer for employment.


Randy Caravella


Date

Dana K. Gherardi, PharmD.
43 Longview Drive
Eastchester NY, 10709

RE: LETTER OF OFFER OF EMPLOYMENT – Senior Pharmacist

Dear Ms. Gherardi,

Following our recent discussions, we are pleased to offer you the position of Senior Pharmacist with Organic Care LLC. As a key member of our group, you will become part of a fast-paced and dedicated team that works together to provide our clients with the highest possible level of service and care:

As a member of Organic Care LLC, we would ask for your commitment in delivering outstanding results that exceed our client expectations. In addition, we expect your personal accountability in all the products, actions, advice and results that you provide as a representative of Organic Care LLC. In return, we are committed to providing you with every opportunity to learn, grow and stretch to the highest level of your ability and potential.

We are confident you will find this new opportunity both challenging and rewarding.

Following an initial assessment of operational capacity, a progressive compensation package will be awarded. Organic Care LLC will engage in a detailed employment review on a quarterly basis to assess performance to-date, and to clarify or modify this arrangement, as the need may arise.

This arrangement may be terminated in the event Organic Care LLC is **NOT** awarded a Connecticut Medical Marijuana Dispensary Facility License or by either party upon notice in writing to either party with notice that complies with Connecticut General Statutes for the Connecticut Department of Labor. In addition, the employee is required to verify his/her eligibility for hire and all applicable Licenses held for the position of employment herein, be kept accurate and in good standing.

We look forward to the opportunity to work with you in an atmosphere that is successful, mutually challenging and rewarding.

Sincerely,

Randy Caravella
COO, Organic Care LLC
125 Greenwich Avenue, 3rd Floor
Greenwich CT, 06830

With the signature below, I accept this offer for employment.


Randy Caravella

9/1/15
Date

John V. Wozniak
341 Hill Street
Suffield CT 06078

RE: LETTER OF OFFER OF EMPLOYMENT – Senior Pharmacist

Dear Mr Wozniak,

Following our recent discussions, we are pleased to offer you the position of Senior Pharmacist with Organic Care LLC. As a key member of our group, you will become part of a fast-paced and dedicated team that works together to provide our clients with the highest possible level of service and care.

As a member of Organic Care LLC, we would ask for your commitment in delivering outstanding results that exceed our client expectations. In addition, we expect your personal accountability in all the products, actions, advice and results that you provide as a representative of Organic Care LLC. In return, we are committed to providing you with every opportunity to learn, grow and stretch to the highest level of your ability and potential.

We are confident you will find this new opportunity both challenging and rewarding.

Following an initial assessment of operational capacity, a progressive compensation package will be awarded. Organic Care LLC will engage in a detailed employment review on a quarterly basis to assess performance to-date, and to clarify or modify this arrangement, as the need may arise.


This arrangement may be terminated in the event Organic Care LLC is **NOT** awarded a Connecticut Medical Marijuana Dispensary Facility License or by either party upon notice in writing to either party with notice that complies with Connecticut General Statutes for the Connecticut Department of Labor. In addition, the employee is required to verify his/her eligibility for hire and all applicable Licenses held for the position of employment herein, be kept accurate and in good standing.

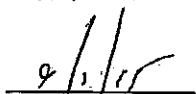
We look forward to the opportunity to work with you in an atmosphere that is successful, mutually challenging and rewarding.

Sincerely,

Randy Caravella
COO, Organic Care LLC
125 Greenwich Avenue, 3rd Floor
Greenwich CT, 06830

With the signature below, I accept this offer for employment.


Randy Caravella


Date

Robert Kraljevic
88 Indian Hill Road
Stamford CT, 06902

RE: LETTER OF OFFER OF EMPLOYMENT – Senior Pharmacist

Dear Mr Kraljevic;

Following our recent discussions, we are pleased to offer you the position of Senior Pharmacist with Organic Care LLC. As a key member of our group, you will become part of a fast-paced and dedicated team that works together to provide our clients with the highest possible level of service and care.

As a member of Organic Care LLC, we would ask for your commitment in delivering outstanding results that exceed our client expectations. In addition, we expect your personal accountability in all the products, actions, advice and results that you provide as a representative of Organic Care LLC. In return, we are committed to providing you with every opportunity to learn, grow and stretch to the highest level of your ability and potential.

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We look forward to the opportunity to work with you in an atmosphere that is successful, mutually challenging and rewarding.

Sincerely,

Randy Caravella
COO, Organic Care LLC
125 Greenwich Avenue, 3rd Floor
Greenwich CT, 06830

With the signature below, I accept this offer for employment.


Randy Caravella

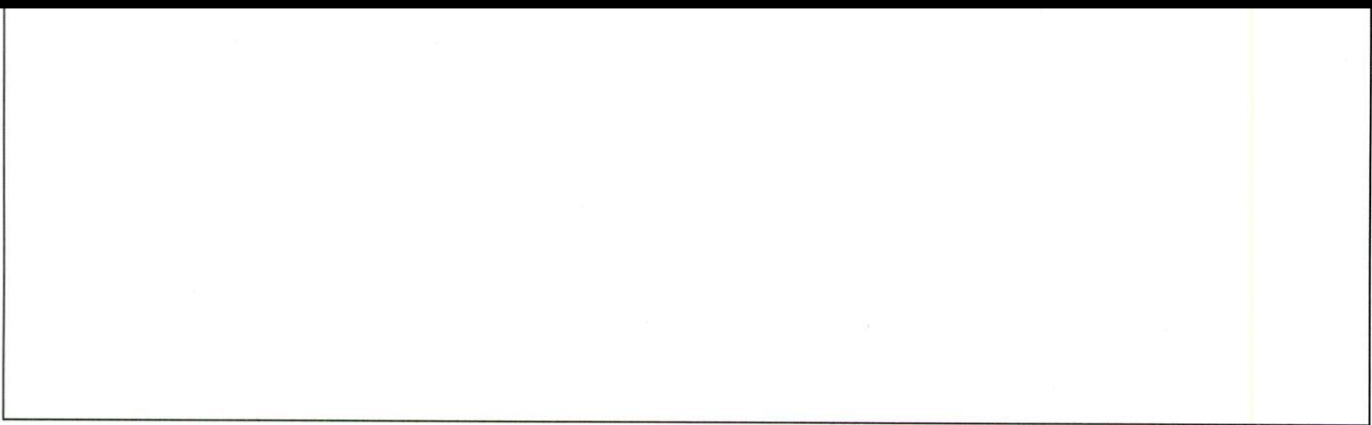
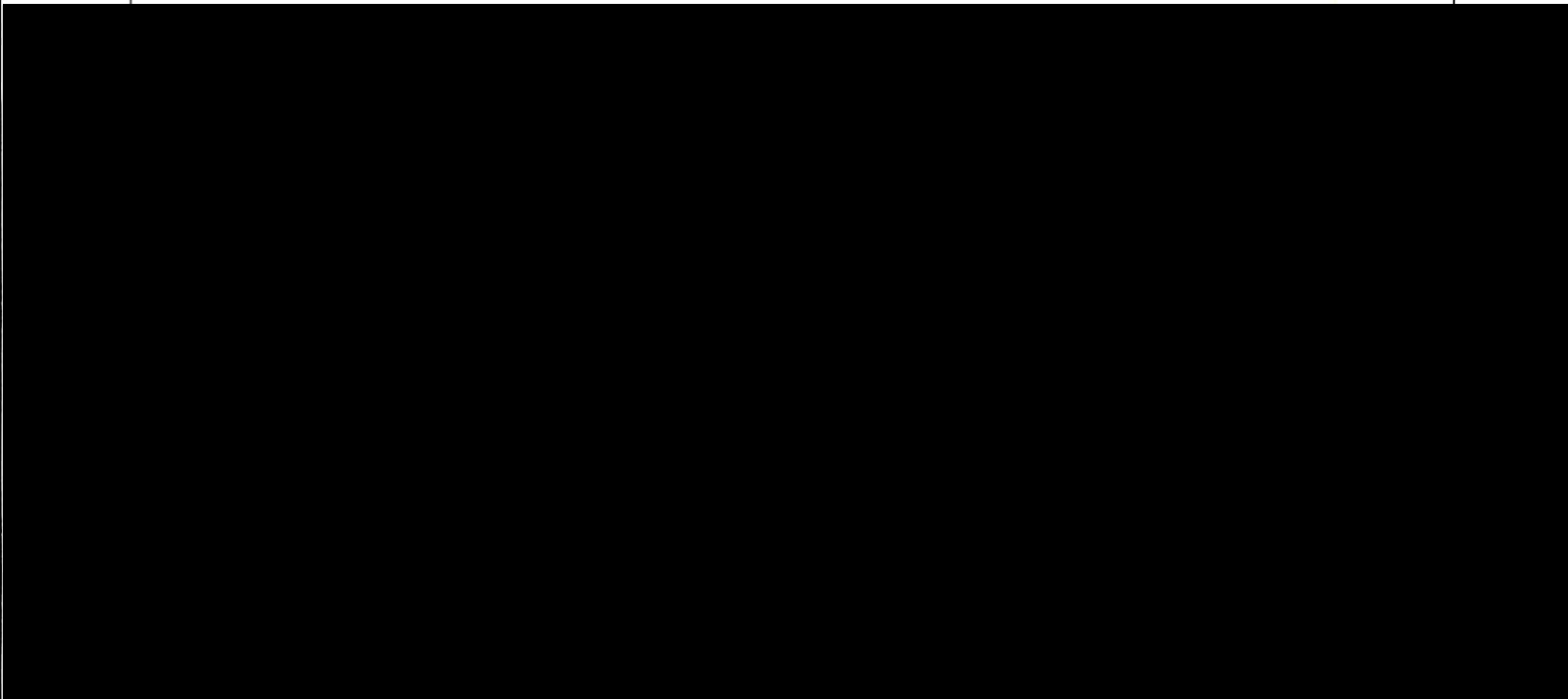
9/1/16
Date



Organic Care LLC



Section: E

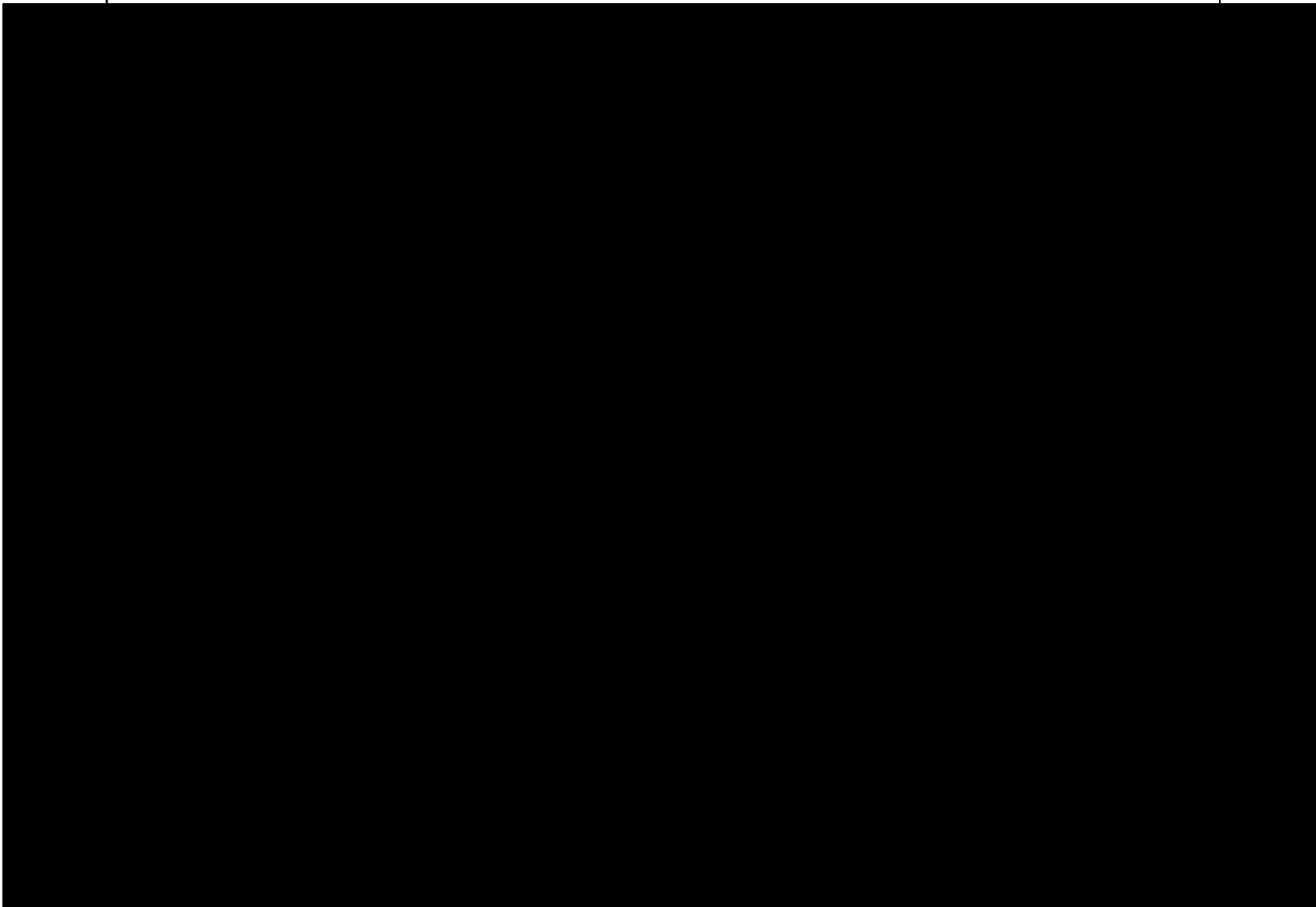


STRICTLY CONFIDENTIAL -- NOT FOR DISTRIBUTION



Organic Care LLC

Section: E



STRICTLY CONFIDENTIAL – NOT FOR DISTRIBUTION

AG Tax Services

106 N. Broadway

Irvington, New York 10533

Phone: (914)591-7195/Fax: (914)591-6870

www.AGTaxServices.com

September 1st 2015,

Mr. Grossbach and AG Tax services has been asked to consult with Organic Care LLC, In connection with its application for a Connecticut Medical Marijuana Dispensary License. The Organic Care LLC was incorporated on August 25th 2015. As such, it has not been in existence for a sufficient period of time to permit the preparation of audited financial statements.

Sincerely,



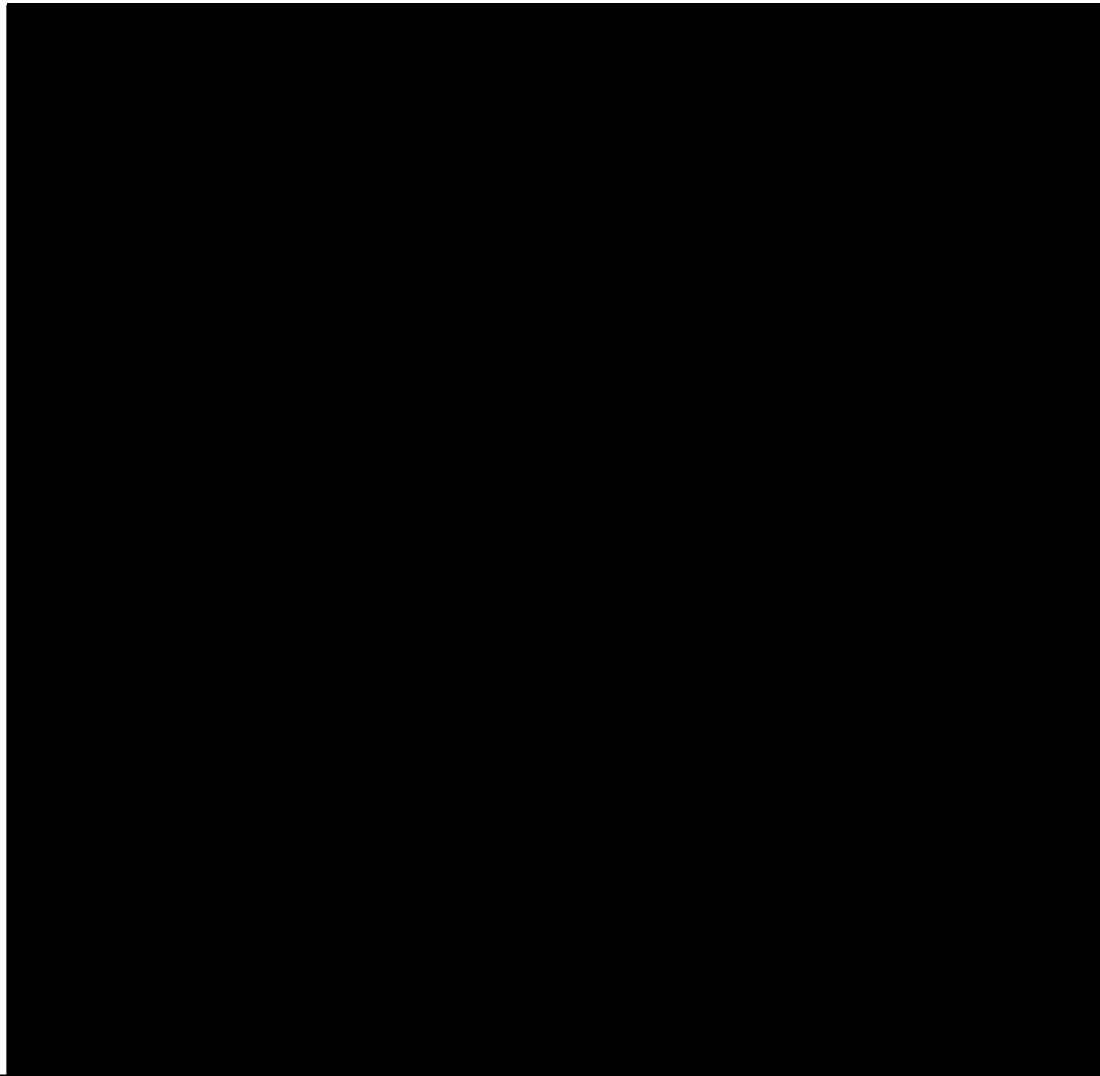
Michael Grossbach



Organic Care LLC

Section: E

E7.

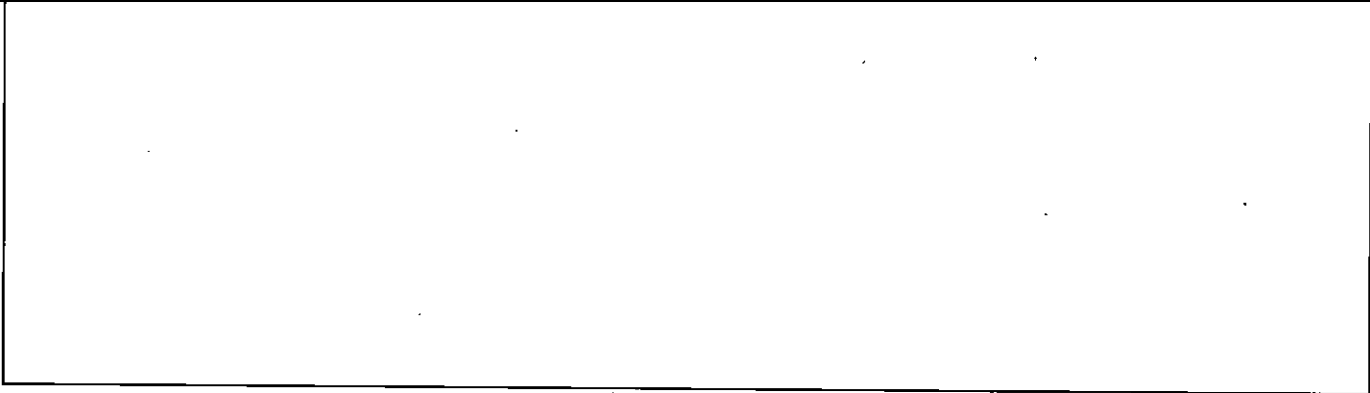
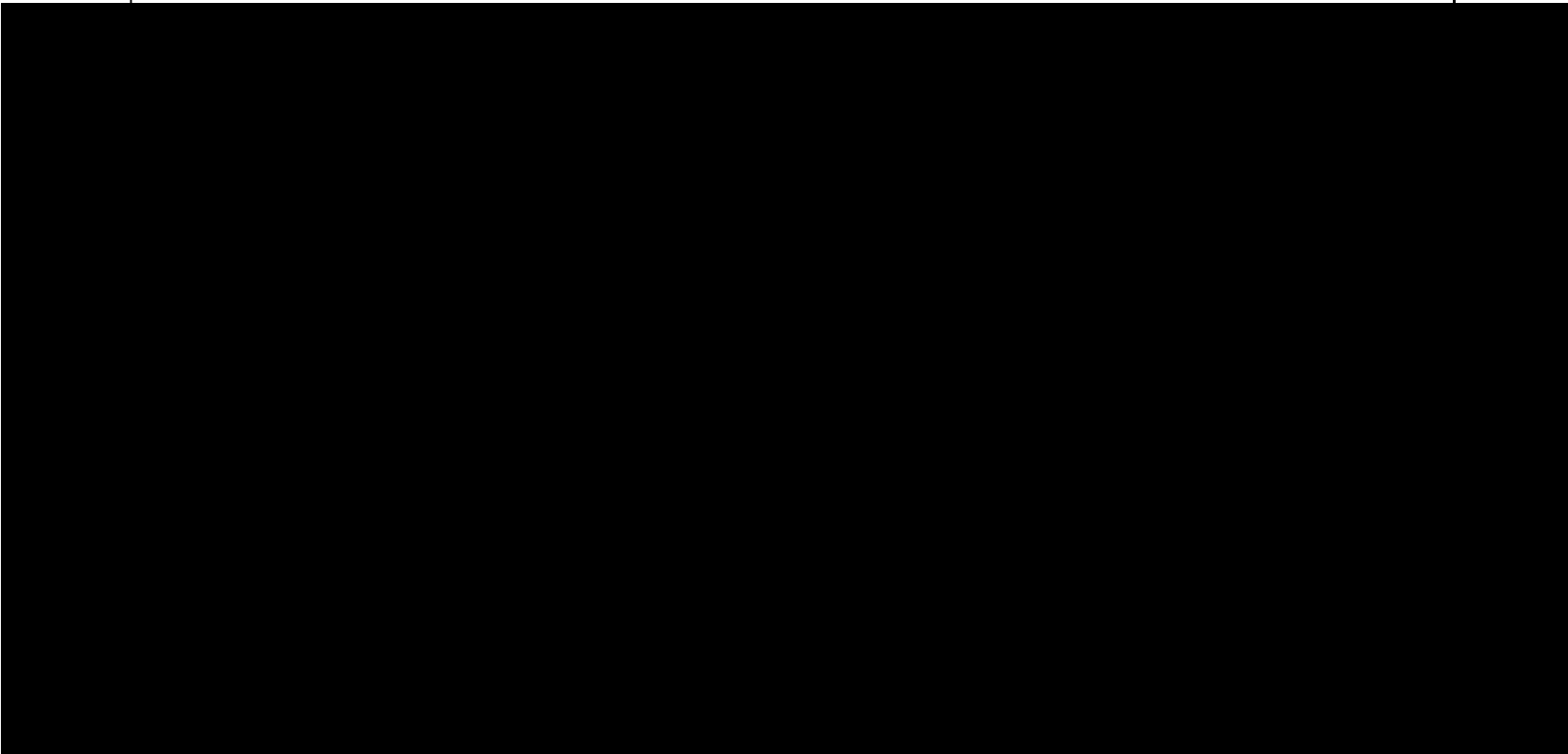




Organic Care LLC



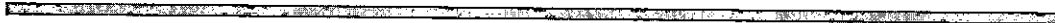
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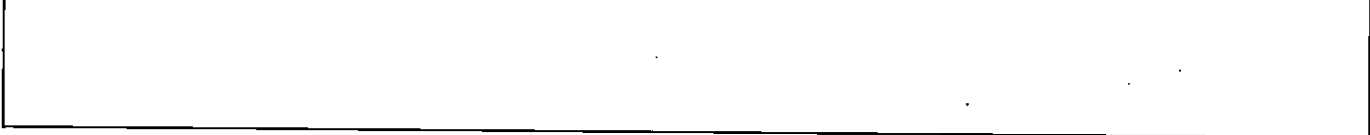
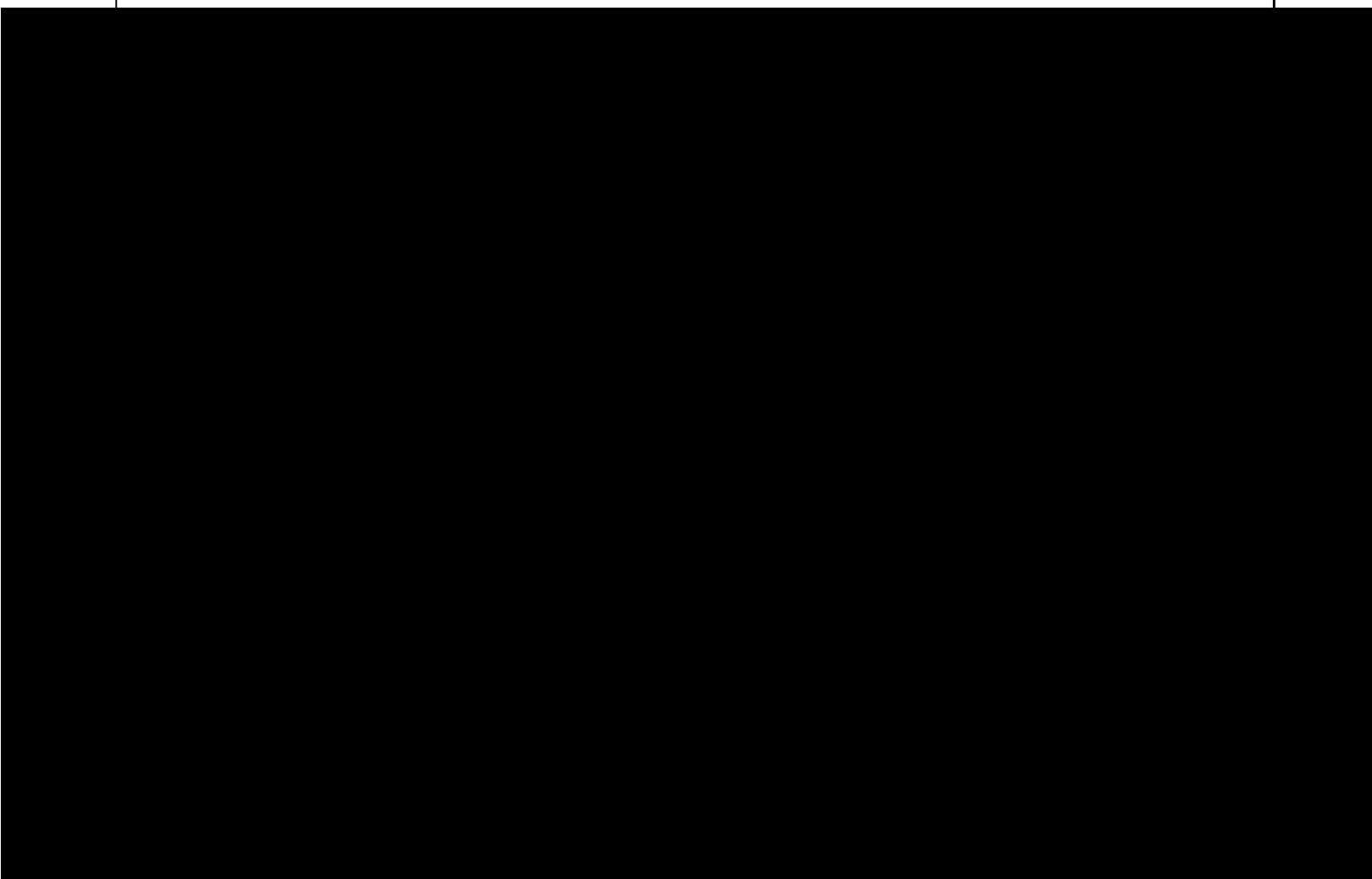
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Organic Care LLC



Section: E



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MARTINI, BENISATTO & REINFURT, CPAS PC
1 HUNTINGTON QUAD-STE 2C13
MELVILLE, NY 11747

PAUL A. & VICTORIA E. CAPPIALI

A large black rectangular redaction box covers the text below the name.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT' S COPY

412601
04-29-15

1600 CAP2404

185.

CAPPIALI, PAUL

CAP24041

MARTINI, BENISATTO & REINFURT, CPAS PC
ONE HUNTINGTON QUAD. STE. 2C13
MELVILLE, NY 11747
631-630-4700

MARCH 25, 2015

PAUL A. & VICTORIA E. CAPPIALI
28 HARTFORD AVENUE
GREENWICH, CT 06830

DEAR MR. AND MRS. CAPPIALI:

ENCLOSED IS YOUR 2014 INCOME TAX RETURN.

WE HAVE PREPARED THE ENCLOSED RETURNS FROM INFORMATION PROVIDED BY YOU. WE SUGGEST THAT YOU EXAMINE THESE RETURNS TO ACQUAINT YOURSELF WITH ALL ITEMS CONTAINED THEREIN TO ENSURE THERE ARE NO OMISSIONS OR MISSTATEMENTS.

ALSO ENCLOSED IS ANY MATERIAL YOU FURNISHED FOR USE IN PREPARING THE RETURNS. IF THE RETURNS ARE EXAMINED, REQUESTS WILL BE MADE FOR SUPPORTING DOCUMENTATION. THEREFORE, WE RECOMMEND THAT YOU RETAIN ALL PERTINENT RECORDS FOR SEVEN YEARS.

IF YOU ARE E-FILING YOUR RETURN PLEASE BE SURE TO RETURN ALL EFILE AUTHORIZATIONS TO US IMMEDIATELY UPON COMPLETION OF YOUR REVIEW.

IF YOU ARE NOT E-FILING YOUR RETURN, BUT ARE MAILING YOUR RETURN WE SUGGEST YOU SEND IT CERTIFIED RETURN RECEIPT OR USE A PRIVATE DELIVERY SERVICE TO INSURE THE TIMELY FILING OF YOUR RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FEDERAL INCOME TAX RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING AND THE PRACTITIONER PIN PROGRAM HAS BEEN ELECTED. AFTER REVIEWING THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN AND RETURN FORM 8879 TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS, AND NO FURTHER ACTION IS REQUIRED. IF AFTER THREE WEEKS YOU HAVE NOT RECEIVED YOUR REFUND, YOU MAY CONTACT THE IRS AT 1-800-829-4477. RETURN FEDERAL FORM 8879 TO US A.S.A.P.

NO PAYMENT IS REQUIRED AS YOU ARE DUE A REFUND IN THE AMOUNT OF YOUR REFUND WILL BE DEPOSITED DIRECTLY INTO YOUR BANK ACCOUNT.

YOUR COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE
SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

MARTINI, BENISATTO & REINFURT, CPAS PC

IRS e-file Signature Authorization

2014

▶ Do not send to the IRS. This is not a tax return.

▶ Keep this form for your records.

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

Submission Identification Number (SID) ▶

Taxpayer's name PAUL A. CAPPIALI	Social security number [REDACTED]
Spouse's name VICTORIA E. CAPPIALI	Spouse's social security number [REDACTED]

Part I Tax Return Information - Tax Year Ending December 31, 2014 (Whole Dollars Only)	
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1 [REDACTED]
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2 [REDACTED]
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3 [REDACTED]
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4 [REDACTED]
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5 [REDACTED]

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, 2014, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize MARTINI, BENISATTO & REINFURT, CPAS to enter or generate my PIN [REDACTED] as my signature on my tax year 2014 electronically filed income tax return. **ERO firm name** Enter five digits, but do not enter all zeros
- I will enter my PIN as my signature on my tax year 2014 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 ▶ 03/25/2015

Spouse's PIN: check one box only

- I authorize MARTINI, BENISATTO & REINFURT, CP to enter or generate my PIN [REDACTED] as my signature on my tax year 2014 electronically filed income tax return. **ERO firm name** Enter five digits, but do not enter all zeros
- I will enter my PIN as my signature on my tax year 2014 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 ▶ 03/25/2015

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. [REDACTED] Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2014 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.**

ERO's signature ▶ _____ Date ▶ 03/25/2015

**Tax Year 2014 e-file Jurat/Disclosure
for Form 1040, 1040A, or 1040EZ
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)**

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

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

ERO's PIN: [REDACTED]
(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN: [REDACTED] Date 03252015

Spouse's PIN: [REDACTED]

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning _____, 2014, ending _____, 20

Your first name and initial **PAUL A.** Last name **CAPPIALI** Your social security number [REDACTED]

If a joint return, spouse's first name and initial **VICTORIA E.** Last name **CAPPIALI** Spouse's social security number [REDACTED]

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

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. [REDACTED]

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

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

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

(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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	X
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	X

If more than four dependents, see instructions and check here

d Total number of exemptions claimed [REDACTED]

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 [REDACTED]

8a Taxable interest. Attach Schedule B if required 8a [REDACTED]

b Tax-exempt interest. Do not include on line 8a 8b [REDACTED]

9a Ordinary dividends. Attach Schedule B if required 9a [REDACTED]

b Qualified dividends 9b [REDACTED]

10 Taxable refunds, credits, or offsets of state and local income taxes STMT 1 STMT 3 10 [REDACTED]

11 Alimony received 11 [REDACTED]

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

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

14 Other gains or (losses). Attach Form 4797 14 [REDACTED]

15a IRA distributions 15a [REDACTED] b Taxable amount 15b [REDACTED]

16a Pensions and annuities 16a [REDACTED] b Taxable amount 16b [REDACTED]

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 [REDACTED]

18 Farm income or (loss). Attach Schedule F 18 [REDACTED]

19 Unemployment compensation 19 [REDACTED]

20a Social security benefits 20a [REDACTED] b Taxable amount 20b [REDACTED]

21 Other income. List type and amount 21 [REDACTED]

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 [REDACTED]

Adjusted Gross Income 23 Educator expenses 23 [REDACTED]

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

25 Health savings account deduction. Attach Form 8889 25 [REDACTED]

26 Moving expenses. Attach Form 3903 26 [REDACTED]

27 Deductible part of self-employment tax. Attach Schedule SE 27 [REDACTED]

28 Self-employed SEP, SIMPLE, and qualified plans 28 [REDACTED]

29 Self-employed health insurance deduction 29 [REDACTED]

30 Penalty on early withdrawal of savings 30 [REDACTED]

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

32 IRA deduction 32 [REDACTED]

33 Student loan interest deduction 33 [REDACTED]

34 Tuition and fees. Attach Form 8917 34 [REDACTED]

35 Domestic production activities deduction. Attach Form 8903 35 [REDACTED]

36 Add lines 23 through 35 36 [REDACTED]

37 Subtract line 36 from line 22. This is your adjusted gross income 37 [REDACTED]

Tax and Credits

38 Amount from line 37 (adjusted gross income)
39a Check if: You were born before January 2, 1950, Blind. Spouse was born before January 2, 1950, Blind. Total boxes checked
39b If your spouse itemizes on a separate return or you were a dual-status alien, check here
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)
41 Subtract line 40 from line 38
42 Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see inst.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-
44 Tax. Check if any from: a Form(s) 8814 b Form 4972 c
45 Alternative minimum tax. Attach Form 6251
46 Excess advance premium tax credit repayment. Attach Form 8962
47 Add lines 44, 45, and 46
48 Foreign tax credit. Attach Form 1116 if required
49 Credit for child and dependent care expenses. Attach Form 2441
50 Education credits from Form 8863, line 19
51 Retirement savings contributions credit. Attach Form 8880
52 Child tax credit. Attach Schedule 8812, if required
53 Residential energy credits. Attach Form 5695
54 Other credits from Form: a 3800 b 8801 c
55 Add lines 48 through 54. These are your total credits
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-

Other Taxes

57 Self-employment tax. Attach Schedule SE
58 Unreported social security and Medicare tax from Form: a 4137 b 8919
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required
60a Household employment taxes from Schedule H
60b First-time homebuyer credit repayment. Attach Form 5405 if required
61 Health care: Individual responsibility (see instructions) Full-year coverage X
62 Taxes from: a X Form 8959 b Form 8960 c Inst.; enter code(s)
63 Add lines 56 through 62. This is your total tax

Payments

64 Federal income tax withheld from Forms W-2 and 1099
65 2014 estimated tax payments and amount applied from 2013 return
66a Earned income credit (EIC)
66b Nontaxable combat pay election
67 Additional child tax credit. Attach Schedule 8812
68 American opportunity credit from Form 8863, line 8
69 Net premium tax credit. Attach Form 8962
70 Amount paid with request for extension to file
71 Excess social security and tier 1 RRTA tax withheld
72 Credit for federal tax on fuels. Attach Form 4136
73 Credits from Form: a 2439 b Reserved c Reserved d
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here
76b Routing number
76c Type: X Checking Savings
76d Account number
77 Amount of line 75 you want applied to your 2015 estimated tax

Amount You Owe

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

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete below. No
Designee's name E. BENISATTO, CPA
Phone no. 631-630-4700
Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature Date Your occupation Daytime phone number
OUTSIDE SALESMAN
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here
TEACHER

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
E. BENISATTO, CPA 03/25/15
Firm's name MARTINI, BENISATTO & REINFURT, CPAS PC Firm's EIN 4
1 HUNTINGTON QUAD-STE 2C13 Phone no. 631-630-4700
Firm's address MELVILLE, NY 11747

Child Tax Credit Worksheet (keep for your records)

Name(s): First **PAUL A. & VICTORIA E.** Last **CAPPIALI** Your SSN **[REDACTED]**

Part 1

1. Number of qualifying children: **[REDACTED]** X \$1,000. Enter the result. **1** **[REDACTED]**
2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 37. **2** **[REDACTED]**
3. **1040 filers:** Enter the total of any-
 - Exclusion of income from Puerto Rico, and
 - Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.**1040A and 1040NR filers:** Enter -0-. **3** **[REDACTED]**
4. Add lines 2 and 3. Enter the total. **4** **[REDACTED]**
5. Enter the amount shown below for your filing status.
 - Married filing jointly - \$110,000
 - Single, head of household, or qualifying widow(er) - \$75,000
 - Married filing separately - \$55,000**5** **[REDACTED]**
6. Is the amount on line 4 more than the amount on line 5?
 - No.** Leave line 6 blank. Enter -0- on line 7.
 - Yes.** Subtract line 5 from line 4. **6** **[REDACTED]**
If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).
7. Multiply the amount on line 6 by 5% (.05). Enter the result. **7** **[REDACTED]**
8. Is the amount on line 1 more than the amount on line 7?
 - No.** **STOP**
You cannot take the child tax credit on Form 1040, line 52, Form 1040A, line 35, or Form 1040NR, line 49.
 - Yes.** Subtract line 7 from line 1. Enter the result. **8** **[REDACTED]**

Part 2

9. Enter the amount from Form 1040, line 47, Form 1040A, line 30, or Form 1040NR, line 45. **9** **[REDACTED]**
10. **1040 filers:** Enter the total of the amounts from lines 48 through 51.*
1040A filers: Enter the total of the amounts from lines 31 through 34.
1040NR filers: Enter the total of the amounts from lines 46 through 48.* } **10** **[REDACTED]**
11. Are you claiming any of the following credits?
 - Residential energy efficient property credit, Form 5695, Part I.
 - Mortgage interest credit, Form 8396
 - Qualified adoption expenses, Form 8839
 - District of Columbia first-time homebuyer credit, Form 8859 **No.** Enter the amount from line 10. } **11** **[REDACTED]**
 Yes. Complete the Line 11 Worksheet to figure the amount to enter here.
12. Subtract line 11 from line 9. Enter the result. **12** **[REDACTED]**
13. Is the amount on line 8 of this worksheet more than the amount on line 12?
 - No.** Enter the amount from line 8.
 - Yes.** Enter the amount from line 12. } **This is your child tax credit.** **13** **[REDACTED]**

* Also include amounts from:
 Form 5695, line 30
 Form 8910, line 15
 Form 8936, line 23
 Schedule R, line 22

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Itemized Deductions

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

OMB No. 1545-0074

2014
Attachment
Sequence No. **07**

Your social security number

PAUL A. & VICTORIA E. CAPPIALI

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5 State and local (check only one box):		5	
a	<input checked="" type="checkbox"/> Income taxes, or	}			
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6			
7	Personal property taxes	7			
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9			
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	
Note. Your mortgage interest deduction may be limited (see instructions).		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶		11	
12	Points not reported to you on Form 1098. See instructions for special rules	12			
13	Mortgage insurance premiums (see instructions)	13			
14	Investment interest. Attach Form 4952 if required. (See instructions.)	14			
15	Add lines 10 through 14	15			
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	
18	Carryover from prior year	18			
19	Add lines 16 through 18	19			
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶		21	
		22 Tax preparation fees		22	
		23 Other expenses - investment, safe deposit box, etc. List type and amount ▶		23	
		24 Add lines 21 through 23		24	
		25 Enter amount from Form 1040, line 38		25	
		26 Multiply line 25 by 2% (.02)		26	
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	
Other Miscellaneous Deductions		28 Other - from list in instructions. List type and amount ▶		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$152,525?		29	
		<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		} STMT 7	
		<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here					

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

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

OMB No. 1545-0074

2014

Attachment
Sequence No. **12**

Name(s) shown on return

PAUL A. & VICTORIA E. CAPPIALI

Your social number

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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				
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 page 2				7

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
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
13 Capital gain distributions				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 page 2				15

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

Schedule D (Form 1040) 2014

Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

Name(s) shown on return PAUL A. & VICTORIA E. CAPPIALI	Your SSN [REDACTED]
--	------------------------

Before you begin:

- ✓ See the instructions for line 44 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 through line 43.
- ✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

1. Enter the amount from Form 1040, line 43. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet		1. [REDACTED].
2. Enter the amount from Form 1040, line 9b*	2. [REDACTED]	
3. Are you filing Schedule D?*		
<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0- ...	3. [REDACTED]	
<input type="checkbox"/> No. Enter the amount from Form 1040, line 13		
4. Add lines 2 and 3	4. [REDACTED]	
5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- ...	5. [REDACTED]	
6. Subtract line 5 from line 4. If zero or less, enter -0-	6. [REDACTED]	
7. Subtract line 6 from line 1. If zero or less, enter -0-	7. [REDACTED]	
8. Enter: \$ 36,900 if single or married filing separately, \$ 73,800 if married filing jointly or qualifying widow(er), \$ 49,400 if head of household. }	8. [REDACTED]	
9. Enter the smaller of line 1 or line 8	9. [REDACTED]	
10. Enter the smaller of line 7 or line 9	10. [REDACTED]	
11. Subtract line 10 from line 9. This amount is taxed at 0%	11. [REDACTED]	
12. Enter the smaller of line 1 or line 6	12. [REDACTED]	
13. Enter the amount from line 11	13. [REDACTED]	
14. Subtract line 13 from line 12	14. [REDACTED]	
15. Enter: \$ 406,750 if single, \$ 228,800 if married filing separately, \$ 457,600 if married filing jointly or qualifying widow(er), \$ 432,200 if head of household. }	15. [REDACTED]	
16. Enter the smaller of line 1 or line 15	16. [REDACTED]	
17. Add lines 7 and 11	17. [REDACTED]	
18. Subtract line 17 from line 16. If zero or less, enter -0-	18. [REDACTED]	
19. Enter the smaller of line 14 or line 18	19. [REDACTED]	
20. Multiply line 19 by 15% (.15)	20. [REDACTED]	
21. Add lines 11 and 19	21. [REDACTED]	
22. Subtract line 21 from line 12	22. [REDACTED]	
23. Multiply line 22 by 20% (.20)	23. [REDACTED]	
24. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet	24. [REDACTED]	
25. Add lines 20, 23, and 24	25. [REDACTED]	
26. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	26. [REDACTED]	
27. Tax on all taxable income. Enter the smaller of line 25 or line 26. Also include this amount on Form 1040, line 44. If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	27. [REDACTED].	

*If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Child and Dependent Care Expenses

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
▶ Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

Name(s) shown on return

Your social security number

PAUL A. & VICTORIA E. CAPPIALI

Part I **Persons or Organizations Who Provided the Care** - You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED].

Did you receive dependent care benefits?

No → Complete only Part II below.

Yes → Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2014 for the person listed in column (a)
First	Last		
PAUL ANTHONY	CAPPIALI III	[REDACTED]	[REDACTED].

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	[REDACTED]																																																												
4 Enter your earned income . See instructions	4	[REDACTED]																																																												
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	[REDACTED]																																																												
6 Enter the smallest of line 3, 4, or 5	6	[REDACTED].																																																												
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	[REDACTED]																																																												
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X . [REDACTED]																																																												
<table border="0"> <tr> <td colspan="3">If line 7 is:</td> <td colspan="3">If line 7 is:</td> </tr> <tr> <td>Over</td> <td>But not over</td> <td>Decimal amount is</td> <td>Over</td> <td>But not over</td> <td>Decimal amount is</td> </tr> <tr> <td>\$0 - 15,000</td> <td></td> <td>.35</td> <td>\$29,000 - 31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>15,000 - 17,000</td> <td></td> <td>.34</td> <td>31,000 - 33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>17,000 - 19,000</td> <td></td> <td>.33</td> <td>33,000 - 35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>19,000 - 21,000</td> <td></td> <td>.32</td> <td>35,000 - 37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>21,000 - 23,000</td> <td></td> <td>.31</td> <td>37,000 - 39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>23,000 - 25,000</td> <td></td> <td>.30</td> <td>39,000 - 41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>25,000 - 27,000</td> <td></td> <td>.29</td> <td>41,000 - 43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>27,000 - 29,000</td> <td></td> <td>.28</td> <td>43,000 - No limit</td> <td></td> <td>.20</td> </tr> </table>	If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	\$0 - 15,000		.35	\$29,000 - 31,000		.27	15,000 - 17,000		.34	31,000 - 33,000		.26	17,000 - 19,000		.33	33,000 - 35,000		.25	19,000 - 21,000		.32	35,000 - 37,000		.24	21,000 - 23,000		.31	37,000 - 39,000		.23	23,000 - 25,000		.30	39,000 - 41,000		.22	25,000 - 27,000		.29	41,000 - 43,000		.21	27,000 - 29,000		.28	43,000 - No limit		.20	8	
If line 7 is:			If line 7 is:																																																											
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is																																																									
\$0 - 15,000		.35	\$29,000 - 31,000		.27																																																									
15,000 - 17,000		.34	31,000 - 33,000		.26																																																									
17,000 - 19,000		.33	33,000 - 35,000		.25																																																									
19,000 - 21,000		.32	35,000 - 37,000		.24																																																									
21,000 - 23,000		.31	37,000 - 39,000		.23																																																									
23,000 - 25,000		.30	39,000 - 41,000		.22																																																									
25,000 - 27,000		.29	41,000 - 43,000		.21																																																									
27,000 - 29,000		.28	43,000 - No limit		.20																																																									
9 Multiply line 6 by the decimal amount on line 8. If you paid 2013 expenses in 2014, see the instructions	9	[REDACTED]																																																												
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	STATEMENT 9 [REDACTED].																																																												
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47	11	[REDACTED].																																																												

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

Part III Dependent Care Benefits

<p>12 Enter the total amount of dependent care benefits you received in 2014. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership</p>	12	
<p>13 Enter the amount, if any, you carried over from 2013 and used in 2014 during the grace period. See instructions</p>	13	
<p>14 Enter the amount, if any, you forfeited or carried forward to 2015. See instructions</p>	14 ()	
<p>15 Combine lines 12 through 14. See instructions</p>	15	
<p>16 Enter the total amount of qualified expenses incurred in 2014 for the care of the qualifying person(s)</p>	16	
<p>17 Enter the smaller of line 15 or 16</p>	17	
<p>18 Enter your earned income. See instructions</p>	18	
<p>19 Enter the amount shown below that applies to you.</p> <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	
<p>20 Enter the smallest of line 17, 18, or 19</p>	20	
<p>21 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)</p>	21	
<p>22 Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.)</p> <p><input type="checkbox"/> No. Enter -0-.</p> <p><input type="checkbox"/> Yes. Enter the amount here</p>	22	
<p>23 Subtract line 22 from line 15</p>	23	
<p>24 Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions</p>	24	
<p>25 Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21</p>	25	
<p>26 Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"</p>	26	

To claim the child and dependent care credit,
complete lines 27 through 31 below.

<p>27 Enter \$3,000 (\$6,000 if two or more qualifying persons)</p>	27	
<p>28 Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25</p>	28	
<p>29 Subtract line 28 from line 27. If zero or less, stop. You cannot take the credit. Exception. If you paid 2013 expenses in 2014, see the instructions for line 9</p>	29	
<p>30 Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here</p>	30	
<p>31 Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11</p>	31	

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

Your social security number

PAUL A. & VICTORIA E. CAPPIALI

Part I Alternative Minimum Taxable Income

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

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2014, see instructions.)		
	IF your filing status is...	AND line 28 is not over...	THEN enter on line 29...
	Single or head of household	\$117,300	\$52,800
	Married filing jointly or qualifying widow(er)	156,500	82,100
	Married filing separately	78,250	41,050
	If line 28 is over the amount shown above for your filing status, see instructions.		
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34		
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. • All others: If line 30 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result.		
32	Alternative minimum tax foreign tax credit (see instructions)		
33	Tentative minimum tax. Subtract line 32 from line 31		
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)		
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45		

Part III Tax Computation Using Maximum Capital Gains Rates

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

Table with 4 columns: Line number, Description, and two columns for numerical values. Rows 36-64 contain tax computation steps and results.

Health Savings Accounts (HSAs)

▶ Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889 .

▶ Attach to Form 1040 or Form 1040NR.

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

PAUL A. CAPPIALI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2014 (see instructions)	▶ <input type="checkbox"/> Self-only <input type="checkbox"/> Family	
2	HSA contributions you made for 2014 (or those made on your behalf), including those made from January 1, 2015, through April 15, 2015, that were for 2014. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	
3	If you were under age 55 at the end of 2014, and on the first day of every month during 2014, you were, or were considered, an eligible individual with the same coverage, enter \$3,300 (\$6,550 for family coverage). All others , see the instructions for the amount to enter	3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2014 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2014, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2014, see the instructions for the amount to enter	6	
7	If you were age 55 or older at the end of 2014, married, and you or your spouse had family coverage under an HDHP at any time during 2014, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	
9	Employer contributions made to your HSAs for 2014	9	
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13	
Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).			

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2014 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		<input type="checkbox"/>
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. On the dotted line next to Form 1040, line 62, or Form 1040NR, line 60, enter "HSA" and the amount	17b	

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

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18 Last-month rule	18	
19 Qualified HSA funding distribution	19	
20 Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21 Additional tax. Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. On the dotted line next to Form 1040, line 62, or Form 1040NR, line 60, enter "HDHP" and the amount	21	

Additional Medicare Tax

2014

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. 71

Name(s) shown on return **PAUL A. & VICTORIA E. CAPPALI** Your social security number XXXXXXXXXX

Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1			
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4			
5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5			
6 Subtract line 5 from line 4. If zero or less, enter -0-	6			
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go to Part II	7			

Part II Additional Medicare Tax on Self-Employment Income

8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions)	8			
9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9			
10 Enter the amount from line 4	10			
11 Subtract line 10 from line 9. If zero or less, enter -0-	11			
12 Subtract line 11 from line 8. If zero or less, enter -0-	12			
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter here and go to Part III	13			

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

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15			
16 Subtract line 15 from line 14. If zero or less, enter -0-	16			
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (.009). Enter here and go to Part IV	17			

Part IV Total Additional Medicare Tax

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

Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19			
20 Enter the amount from line 1	20			
21 Multiply line 20 by 1.45% (.0145). This is your regular Medicare tax withholding on Medicare wages	21			
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22			
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24			

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**

▶ **Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.**

Your name	Occupation in which you incurred expenses	Social security number
[REDACTED]	[REDACTED]	[REDACTED]

You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2014.

Caution: You can use the standard mileage rate for 2014 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1	Complete Part II. Multiply line 8a by 56¢ (.56). Enter the result here	1	[REDACTED]
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	[REDACTED]
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	[REDACTED]
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment .. [REDACTED]	4	[REDACTED]
5	Meals and entertainment expenses: \$ [REDACTED] x 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	5	[REDACTED]
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	[REDACTED]

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (month, day, year) ▶ [REDACTED]

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

a Business [REDACTED] b Commuting (see instructions) [REDACTED] c Other [REDACTED]

9 Was your vehicle available for personal use during off-duty hours? [REDACTED] **Yes** [REDACTED] **No**

10 Do you (or your spouse) have another vehicle available for personal use? [REDACTED] **Yes** [REDACTED] **No**

11a Do you have evidence to support your deduction? [REDACTED] **Yes** [REDACTED] **No**

b If "Yes," is the evidence written? [REDACTED] **Yes** [REDACTED] **No**

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

Form **2106-EZ** (2014)



FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 1

2013

2012

2011

CONNECTICUT

GROSS STATE/LOCAL INC TAX REFUNDS

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]





1. IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS?
 NO. STOP. MULTIPLY \$3,950 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42.
 YES. CONTINUE
2. MULTIPLY \$3,950 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D
3. ENTER THE AMOUNT FROM FORM 1040, LINE 38
4. ENTER THE AMOUNT FOR YOUR FILING STATUS
 SINGLE
 MARRIED FILING JOINTLY OR WIDOW(ER)
 MARRIED FILING SEPARATELY
 HEAD OF HOUSEHOLD
5. SUBTRACT LINE 4 FROM LINE 3. IF THE RESULT IS MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATELY), STOP. ENTER -0- ON LINE 42
6. DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MARRIED FILING SEPARATELY). IF THE RESULT IS NOT A WHOLE NUMBER, INCREASE IT TO THE NEXT HIGHER WHOLE NUMBER (FOR EXAMPLE, INCREASE 0.0004 TO 1)
7. MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL
8. MULTIPLY LINE 2 BY LINE 7
9. SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 42.



	2013	2012	2011
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.			
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION			
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT			
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1			
5 LINE 2 MINUS LINES 3 AND 4			
6 MULT LN 5 BY APPL SEC. 68 PCT			
7 PRIOR YEAR AGI			
8 ITEM. DED. PHASEOUT THRESHOLD			
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)			
10 MULT LN 9 BY APPL SEC. 68 PCT			
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)			
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS			
13B PRIOR YR. STD. DED. AVAILABLE			
14 PRIOR YR. ALLOWABLE ITEM. DED.			
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14			
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)			
17 ALLOWABLE PRIOR YR. ITEM. DED.			
18 PRIOR YEAR STD. DED. AVAILABLE			
19 SUBTRACT LINE 18 FROM LINE 17			
20 LESSER OF LINE 16 OR LINE 19			
21 PRIOR YEAR TAXABLE INCOME			
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2011			
TOTAL TO FORM 1040, LINE 10			



FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 4

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

FORM 1040

QUALIFIED DIVIDENDS

STATEMENT 5

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
[REDACTED]	[REDACTED]	[REDACTED]

FORM 1040

FEDERAL INCOME TAX WITHHELD

STATEMENT 6

T S DESCRIPTION	AMOUNT
[REDACTED]	[REDACTED]





SCHEDULE A

ITEMIZED DEDUCTIONS WORKSHEET

STATEMENT 7

1. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28. [REDACTED]
2. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28. [REDACTED]
3. IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1. [REDACTED]
4. MULTIPLY LINE 3 BY 80% (.80). [REDACTED]
5. ENTER THE AMOUNT FROM FORM 1040, LINE 38. [REDACTED]
6. ENTER \$305,050 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$279,650 IF HEAD OF HOUSEHOLD; \$254,200 IF SINGLE; OR \$152,525 IF MARRIED FILING SEPARATELY. [REDACTED]
7. IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5. [REDACTED]
8. MULTIPLY LINE 7 BY 3% (.03). [REDACTED]
9. ENTER THE SMALLER OF LINE 4 OR LINE 8. [REDACTED]
10. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29. [REDACTED]





SCHEDULE D

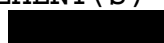
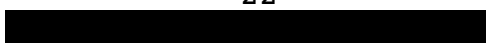
CAPITAL LOSS CARRYOVER

STATEMENT 8

1. ENTER THE AMOUNT FROM FORM 1040, LINE 41
2. ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT
3. COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0-
4. ENTER THE SMALLER OF LINE 2 OR LINE 3

5. ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT
6. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15
7. ADD LINES 4 AND 6
8. SHORT-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR.
SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0-

9. ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT
10. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7
11. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-
12. ADD LINES 10 AND 11
13. LONG-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR.
SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0-







FORM 2441

CREDIT LIMIT WORKSHEET

STATEMENT 9

- 1 ENTER THE AMOUNT FROM FORM 1040, LINE 47; FORM 1040A, LINE 28;
OR FORM 1040NR, LINE 45 
- 2 ENTER THE AMOUNT FROM FORM 1040, LINE 48, OR FORM 1040NR,
LINE 46; FORM 1040A FILERS, ENTER -0-
- 3 SUBTRACT LINE 2 FROM LINE 1. ALSO ENTER THE AMOUNT ON FORM 2441,
LINE 10. BUT IF ZERO OR LESS, STOP; YOU CANNOT TAKE THE CREDIT 





FORM 6251

EXEMPTION WORKSHEET

STATEMENT 10

- 1 ENTER: \$52,800 IF SINGLE OR HEAD OF HOUSEHOLD; \$82,100 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$41,050 IF MARRIED FILING SEPARATELY
- 2 ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FORM 6251, LINE 28
- 3 ENTER: \$117,300 IF SINGLE OR HEAD OF HOUSEHOLD; \$156,500 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$78,250 IF MARRIED FILING SEPARATELY
- 4 SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS ENTER -0-
- 5 MULTIPLY LINE 4 BY 25% (.25)
- 6 SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF ANY OF THE THREE CONDITIONS UNDER CERTAIN CHILDREN UNDER AGE 24 APPLY TO YOU, COMPLETE LINES 7 THROUGH 10. OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30
- 7 MINIMUM EXEMPTION AMOUNT FOR CERTAIN CHILDREN UNDER AGE 24
- 8 ENTER YOUR EARNED INCOME, IF ANY
- 9 ADD LINES 7 AND 8
- 10 ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30



FORM 2106-EZ

OTHER BUSINESS EXPENSES

STATEMENT 11

OUTSIDE SALESMAN

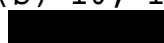
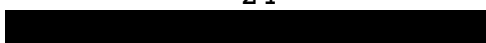
DESCRIPTION

AMOUNT

OTHER BUSINESS EXPENSES



TOTAL TO FORM 2106-EZ, PART I, LINE 4



MARTINI, BENISATTO & REINFURT, CPAS PC
ONE HUNTINGTON QUAD. STE. 2C13
MELVILLE, NY 11747
631-630-4700

MARCH 25, 2015

PAUL A. & VICTORIA E. CAPPIALI
28 HARTFORD AVENUE
GREENWICH, CT 06830

DEAR MR. AND MRS. CAPPIALI:

ENCLOSED IS YOUR 2014 CONNECTICUT INCOME TAX RETURN.

WE HAVE PREPARED THE ENCLOSED RETURNS FROM INFORMATION PROVIDED BY YOU. WE SUGGEST THAT YOU EXAMINE THESE RETURNS TO ACQUAINT YOURSELF WITH ALL ITEMS CONTAINED THEREIN TO ENSURE THERE ARE NO OMISSIONS OR MISSTATEMENTS.

ALSO ENCLOSED IS ANY MATERIAL YOU FURNISHED FOR USE IN PREPARING THE RETURNS. IF THE RETURNS ARE EXAMINED, REQUESTS WILL BE MADE FOR SUPPORTING DOCUMENTATION. THEREFORE, WE RECOMMEND THAT YOU RETAIN ALL PERTINENT RECORDS FOR SEVEN YEARS.

IF YOU ARE E-FILING YOUR RETURN PLEASE BE SURE TO RETURN ALL EFILE AUTHORIZATIONS TO US IMMEDIATELY UPON COMPLETION OF YOUR REVIEW.

IF YOU ARE NOT E-FILING YOUR RETURN, BUT ARE MAILING YOUR RETURN WE SUGGEST YOU SEND IT CERTIFIED RETURN RECEIPT OR USE A PRIVATE DELIVERY SERVICE TO INSURE THE TIMELY FILING OF YOUR RETURN.

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. WE WILL TRANSMIT YOUR RETURN ELECTRONICALLY TO THE CTRS. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE CTRS. RETURN FORM 8879 TO US BY APRIL 15, 2015.

████████████████████ TO COMMISSIONER OF REVENUE SERVICES, MUST BE MAILED BY APRIL 15, 2015. BE SURE TO ATTACH YOUR PAYMENT TO CONNECTICUT FORM CT-1040V, PAYMENT VOUCHER. INCLUDE YOUR SOCIAL SECURITY NUMBER, DAYTIME PHONE NUMBER AND THE WORDS "2014 FORM CT-1040" ON YOUR CHECK.

MAIL TO - DEPARTMENT OF REVENUE SERVICES
STATE OF CONNECTICUT
P.O. BOX 2921
HARTFORD, CT 06104-2921

YOUR COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE
SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

MARTINI, BENISATTO & REINFURT, CPAS PC

CT-1040V

2014 Connecticut Electronic Filing Payment Voucher

Complete this form in blue or black ink only.

Purpose: Complete **CT-1040V** if you filed your Connecticut income tax return electronically and **elect to make payment by check**. You must pay the total amount of tax due on or before April 15, 2015. Any unpaid balance will be subject to penalty and interest.

Pay by Mail: Make check payable to **Commissioner of Revenue Services**. To ensure payment is applied to the correct account, write "2014 CT-1040V e-file" and your Social Security Number (SSN), optional, on the front of the check. Sign the check and clip it to the front of the voucher. Do not send cash. The Department of Revenue Services (DRS) may submit the check to your bank electronically. Return the voucher below with your payment.

Mail to: Department of Revenue Services
State of Connecticut
PO Box 2921
Hartford, CT 06104-2921

Do not submit a paper copy of your Connecticut income tax return with this voucher.

Other Payment Options

A. Pay Electronically: Visit www.ct.gov/TSC to use the **Taxpayer Service Center (TSC)** to make a direct tax payment. After logging into the **TSC**, select the *Make Payment Only* option. Using this option authorizes DRS to electronically withdraw a payment from your bank account (checking or savings) on a date you select up to the due date. As a reminder, even if you pay electronically, you must still file your return by the due date. Tax not paid on or before the due date will be subject to penalty and interest.

B. Pay by Credit Card or Debit Card: You may elect to pay your 2014 tax liability using a credit card (American Express®, Discover®, MasterCard®, VISA®) or comparable debit card. A convenience fee will be charged by the service provider. You will be informed of the amount of the fee and may elect to cancel the transaction. At the end of the transaction, you will be given a confirmation number for your records.

There are three ways to pay by credit card or comparable debit card:

- Log in to your account in the **TSC** and select *Make Payment by Credit Card*,
- Visit www.officialpayments.com and select *State Payments*, or
- Call Official Payments Corporation toll-free at **800-2PAY-TAX** (800-272-9829) and follow the instructions.

You will be asked to enter the Connecticut Jurisdiction Code: 1777.

Your payment will be effective on the date you make the charge.

441451
11-13-14

----- Separate here and mail voucher to DRS. Make a copy for your records. -----

Department of Revenue Services
State of Connecticut
(Rev. 12/14)

1019

CT-1040V

2014 Connecticut Electronic Filing Payment Voucher

CT-1040V CT-1040V

Do not submit a paper copy of your Connecticut income tax return with this voucher.

Your first name PAUL A	Middle initial	Last name CAPPIALI	Your SSN [REDACTED]
If a joint return, spouse's first name VICTORIA E	Middle initial	Last name CAPPIALI	Spouse's SSN [REDACTED]
Home address (number and street) [REDACTED]		PO Box	<input type="checkbox"/> Check here if this is the first time you are filing a Connecticut income tax return.
City or town [REDACTED]		State ZIP code [REDACTED]	
1. Enter the amount enclosed			1. [REDACTED] 00

Make check payable to **Commissioner of Revenue Services**. Write your SSN (optional) and "2014 CT-1040V e-file" on your check.

Mail to:
DRS
State of Connecticut
PO Box 2921
Hartford CT 06104-2921

1401110190

Form CT-1040 - 2014, Page 1 of 4
Connecticut Resident Income Tax Return

Other taxable year, beginning: 2014 and ending:

N S Y FJ N FS N HH N QW

PAUL A CAPPIALI
VICTORIA E CAPPIALI

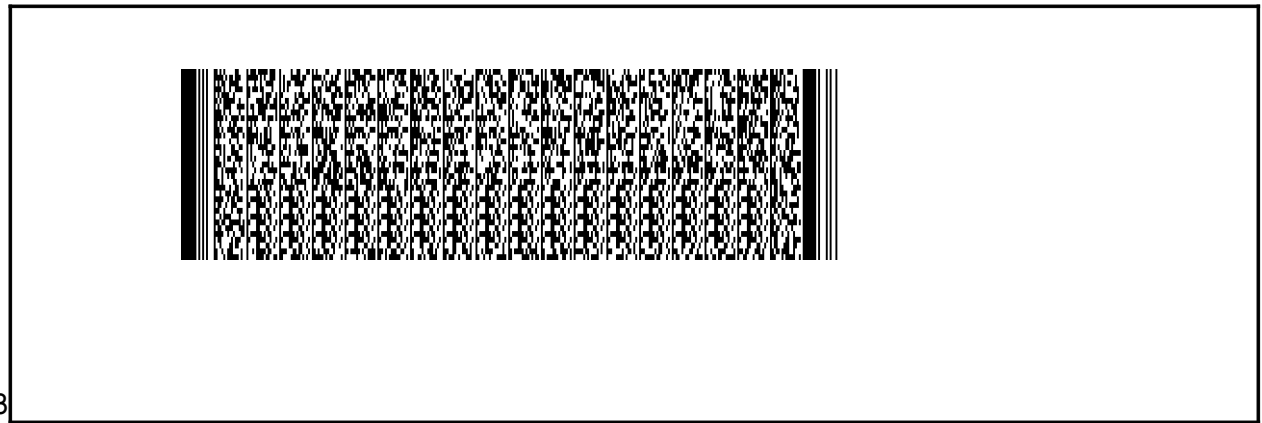
Dec. Dec.

CT-2210

CT-8379 CT-1040CRC

- 1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)
2. Additions to federal adjusted gross income (from Schedule 1, Line 39)
3. Add Line 1 and Line 2
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50)
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.
6. Income tax
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)
8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered.
9. Connecticut alternative minimum tax (from Form CT-6251)
10. Add Line 8 and Line 9.
11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68)
12. Line 11 subtracted from Line 10. If less than zero, "0" is entered.
13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)
14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered.
15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered.
16. Total tax: Add Line 14 and Line 15.

Clip check here. Do not staple. Do not send W-2 or 1099 forms.



441101 10-28-14

804623

17. Amount from Line 16

17.

W-2, W-2G, and 1099 Information

Col. A - Employer or Payer's Fed. ID#

Col. B - CT Wages, Tips, etc.

Col. C - CT Income Tax Withheld

18a.	-	0	0
18b.	-	0	0
18c.	-	0	0
18d.	-	0	0
18e.	-	0	0

18f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 18f. 0

- 18. **Total Connecticut income tax withheld:** Amounts in Column C. 18.
- 19. All 2014 estimated tax payments and any overpayments applied from a prior year 19.
- 20. Payments made with Form CT-1040 EXT 20.
- 20a. Earned income tax credit (from Schedule CT-EITC, Line 16) 20a.
- 20b. Claim of right credit (from Form CT-1040CRC, Line 6) 20b.
- 21. **Total payments:** Add Lines 18, 19, 20, 20a, and 20b. 21.
- 22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21. 22.

23. Amount of Line 22 you want **applied to your 2015 estimated tax** 23.

24. CHET contribution (from Schedule CT-CHET, Line 4) 24.

24a. Total contributions of refund to designated charities (from Schedule 5, Line 70) 24a.

25. **Refund:** Lines 23, 24, and 24a subtracted from Line 22. 25.

If you have not elected to direct deposit, the refund may be issued by debit card or check.

25a. Acct. type Ck. Sv. 25b. Rout. # 25c. Acct. #

25d. Refund going to a bank account outside the U.S. 25d. 25e. Debit card

26. **Tax due:** If Line 17 is more than Line 21, Line 21 subtracted from Line 17. 26.

27. If late: Penalty entered. Line 26 multiplied by 10% (.10). 27.

28. If late: Interest entered.
Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01). 28.

29. Interest on underpayment of estimated tax (from Form CT-2210) 29.

30. **Total amount due:** Add Lines 26 through 29. 30.

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature		Date	Home/cell telephone number
Spouse's signature (if joint return)		Date	Daytime telephone number
Paid preparer's signature		Date	Preparer's SSN or PTIN
Firm's name, address, and ZIP code		Telephone number	FEIN
● MARTINI, BENISATTO & REINFURT, CPAS P MELVILLE, NY 11747		● 032515 ● 631 6304700	

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
● E. BENISATTO, CPA	● 631 6304700	●

Sign Here
Keep a copy for your records.

Schedule 1 - Modifications to Federal Adjusted Gross Income

- 31. Interest on state and local government obligations other than Connecticut 31.
- 32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations 32.
- 33. Reserved for future use. 33.
- 34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income 34.
- 35. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero. 35.
- 36. Loss on sale of Connecticut state and local government bonds 36.
- 37. Domestic production activities (from federal Form 1040, Line 35) 37.
- 38. Other - specify ● 38.
- 39. **Total additions:** Add Lines 31 through 38. 39.
- 40. Interest on U.S. government obligations 40.
- 41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations 41.
- 42. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet) 42.
- 43. Refunds of state and local income taxes 43.
- 44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities 44.
- 45. 50% of military retirement pay 45.
- 46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero. 46.
- 47. Gain on sale of Connecticut state and local government bonds 47.
- 48. CHET contributions Acct. #: 48.
- 49. Other - specify ● 49.
- 50. **Total subtractions:** Add Lines 40 through 49. 50.

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

- 51. Modified Connecticut adjusted gross income 51.
- | | | Col. A | Col. B |
|--|-----|--------------------|------------|
| 52. Qualifying jurisdiction's name and two-letter code | 52. | ● NY STATE ●
NY | |
| 53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return | 53. | [REDACTED] | [REDACTED] |
| 54. Line 53 divided by Line 51 | 54. | [REDACTED] | [REDACTED] |
| 55. Income tax liability: Line 11 subtracted from Line 6. | 55. | [REDACTED] | [REDACTED] |
| 56. Line 54 multiplied by Line 55 | 56. | [REDACTED] | [REDACTED] |
| 57. Income tax paid to a qualifying jurisdiction | 57. | [REDACTED] | [REDACTED] |
| 58. Lesser of Line 56 or Line 57 | 58. | [REDACTED] | [REDACTED] |
| 59. Total credit: Add Line 58, all columns. | 59. | | [REDACTED] |

Schedule 3 - Property Tax Credit

Qualifying Property	Primary Residence	Auto 1	Auto 2
Name of Connecticut Tax Town or District	GREENWICH		
Description of Property	RESIDENCE		
Date(s) Paid	07312014		
Amount Paid	60.	61.	62.
		0	0
63. Total property tax paid: Add Lines 60, 61, and 62.			63.
64. Maximum property tax credit allowed			64.
65. Lesser of Line 63 or Line 64.			65.
66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68.			66.
67. Line 65 multiplied by Line 66.			67.
68. Line 67 subtracted from Line 65.			68.

Schedule 4 - Individual Use Tax

69a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	69a.
69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	69b.
69c. Use tax at 7% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	69c.
69. Individual use tax: Add Lines 69a, 69b, and 69c.	69.

Schedule 5 - Contributions to Designated Charities

70a. AR	70a.
70b. OT	70b.
70c. ES/W	70c.
70d. BCR	70d.
70e. SNS	70e.
70f. MR	70f.
70g. CBS	70g.
70. Total Contributions: Add Lines 70a through 70g.	70.

Taxpayer email

Form CT-1040

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Verify that the address lines on the return are correct and proper abbreviations are used.
3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at **www.ct.gov/TSC** using the Taxpayer Service Center.)
8. Do not attach or send copies of forms W-2 or 1099.
9. Send **all** completed pages of CT-1040, Schedule CT-EITC, and Schedule CT-CHET. Send **all** four pages of your completed return, both pages of your completed CT EITC schedule, the completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2014 Form CT-1040" on your check.
12. To mail your return, use the following addresses:
For all tax returns with payment:
Department of Revenue Services
PO Box 2935
Hartford CT 06104-2935

For refunds and tax returns without payment:
Department of Revenue Services
PO Box 5002
Hartford CT 06102-5002
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited.

Do not send this sheet with your return.

Form CT-6251

Connecticut Alternative Minimum Tax Return - Individuals

You must attach this form to the back of Form CT-1040 or Form CT-1040NR/PY. Complete in blue or black ink only.

Your first name and middle initial PAUL A CAPPIALI	Last name CAPPIALI	Your Social Security Number [REDACTED]
If a joint return, spouse's first name and middle initial VICTORIA E CAPPIALI	Last name CAPPIALI	Spouse's Social Security Number [REDACTED]

Part I - Read the instructions before you complete this form.

1. Federal alternative minimum taxable income: See instructions.	▶ 1.	[REDACTED]	00
2. Additions to federal alternative minimum taxable income: See instructions.	▶ 2.	[REDACTED]	00
3. Add Line 1 and Line 2.	3.	[REDACTED]	00
4. Subtractions from federal alternative minimum taxable income: See instructions.	▶ 4.	[REDACTED]	00
5. Adjusted federal alternative minimum taxable income: Subtract Line 4 from Line 3. If filing separately and Line 5 is more than \$242,450, see instructions.	▶ 5.	[REDACTED]	00
6. Enter \$82,100 if filing jointly or qualifying widow(er); \$52,800 if single or head of household; or \$41,050 if filing separately.	6.	[REDACTED]	00
7. Enter \$156,500 if filing jointly or qualifying widow(er); \$117,300 if single or head of household; or \$78,250 if filing separately.	7.	[REDACTED]	00
8. Subtract Line 7 from Line 5. If zero or less, enter "0" here and on Line 9.	8.	[REDACTED]	00
9. Multiply Line 8 by 25% (.25).	9.	[REDACTED]	00
10. Exemption: Subtract Line 9 from Line 6. If zero or less, enter "0." If you were under age 24 at the end of 2014, see instructions.	▶ 10.	[REDACTED]	00
11. Subtract Line 10 from Line 5. If more than zero, go to Line 12. If zero or less, enter "0" here and on Line 23 and skip Lines 12 through 22.	11.	[REDACTED]	00
12. If Lines 2 and 4 above are zero, enter the amount from federal Form 6251, Line 31, here. If you entered an amount on Lines 2 or 4 above and : <ul style="list-style-type: none"> You filed federal Form 2555 or Form 2555-EZ, see the Line 12 instructions for the amount to enter. You completed Part III of federal Form 6251, complete Part II of this form and enter the amount from Line 52 here. All others: If Line 11 is \$182,500 or less (\$91,250 or less if filing separately), multiply Line 11 by 26% (.26). Otherwise, multiply Line 11 by 28% (.28) and subtract \$3,650 (\$1,825 if filing separately) from the result.	▶ 12.	[REDACTED]	00
13. Alternative minimum tax foreign tax credit from federal Form 6251, Line 32.	▶ 13.	[REDACTED]	00
14. Adjusted federal tentative minimum tax: Subtract Line 13 from Line 12.	14.	[REDACTED]	00
15. Multiply Line 14 by 19% (.19).	15.	[REDACTED]	00
16. Multiply Line 5 by 5.5% (.055).	16.	[REDACTED]	00
17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16.	17.	[REDACTED]	00
18. Apportionment factor: Residents , enter 1.0000; nonresidents and part-year residents , see instructions.	▶ 18.	[REDACTED]	00
19. Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18.	19.	[REDACTED]	00
20. Connecticut income tax from Form CT-1040, Line 6, or Form CT-1040NR/PY, Line 10.	▶ 20.	[REDACTED]	00
21. Net Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0."	21.	[REDACTED]	00
22. Credit for alternative minimum tax paid to qualifying jurisdictions: Residents and part-year residents only from Schedule A, Line 61.	▶ 22.	[REDACTED]	00
23. Subtract Line 22 from Line 21. Enter the amount here and on Form CT-1040, Line 9, or Form CT-1040NR/PY, Line 13.	▶ 23.	[REDACTED]	00

Part II

Complete Part II of this form only if you are required to complete Part III of federal Form 6251

24. Enter the amount from Line 11. If you are filing federal Form 2555 or Form 2555-EZ, enter the amount from Line 3 of the <i>Connecticut Foreign Earned Income Tax Worksheet</i> in the instructions.	24.		00
25. Enter the amount from federal Form 6251, Line 37. See instructions.	25.		00
26. Enter the amount from federal Form 6251, Line 38. See instructions.	26.		00
27. Enter the amount from federal Form 6251, Line 39. See instructions.	27.		00
28. Enter the smaller of Line 24 or Line 27.	28.		00
29. Subtract Line 28 from Line 24.	29.		00
30. If Line 29 is \$182,500 or less (\$91,250 or less if filing separately), multiply Line 29 by 26% (.26). Otherwise, multiply Line 29 by 28% (.28) and subtract \$3,650 (\$1,825 if filing separately) from the result.	30.		00
31. Enter: • \$73,800, if filing jointly or qualifying widow(er); • \$36,900, if single or filing separately; or • \$49,400, if head of household.	31.		00
32. Enter the amount from federal Form 6251, Line 44. See instructions.	32.		00
33. Subtract Line 32 from Line 31. If zero or less, enter "0."	33.		00
34. Enter the smaller of Line 24 or Line 25.	34.		00
35. Enter the smaller of Line 33 or Line 34.	35.		00
36. Subtract Line 35 from Line 34.	36.		00
37. Enter \$406,750 if single; \$228,800 if filing separately; \$457,600 if filing jointly or qualifying widow(er); or \$432,200 if head of household.	37.		00
38. Enter the amount from Line 33.	38.		00
39. Enter the amount from federal Form 6251, Line 51. See instructions.	39.		00
40. Add Line 38 and Line 39.	40.		00
41. Subtract Line 40 from Line 37. If zero or less, enter - 0 -.	41.		00
42. Enter the smaller of Line 36 or Line 41.	42.		00
43. Multiply Line 42 by 15% (.15).	43.		00
44. Add Line 35 and Line 42.	44.		00
- If Line 44 and Line 24 are the same, skip Lines 45 through 49 and go to Line 50. Otherwise, go to Line 45. -			
45. Subtract Line 44 from Line 34.	45.		00
46. Multiply Line 45 by 20% (.20).	46.		00
- If Line 26 is zero or blank, skip Lines 47 through 49 and go to Line 50. Otherwise, go to Line 47. -			
47. Add Lines 29, 44, and 45.	47.		00
48. Subtract Line 47 from Line 24.	48.		00
49. Multiply Line 48 by 25% (.25).	49.		00
50. Add Lines 30, 43, 46, and 49.	50.		00
51. If Line 24 is \$182,500 or less (\$91,250 or less if filing separately), multiply Line 24 by 26% (.26). Otherwise, multiply Line 24 by 28% (.28) and subtract \$3,650 (\$1,825 if filing separately) from the result.	51.		00
52. Enter the smaller of Line 50 or Line 51 here and on Line 12. If you are filing federal Form 2555 or Form 2555-EZ, do not enter this amount on Line 12. Enter it on Line 4 of the <i>Connecticut Foreign Earned Income Worksheet</i> on Page 4 of the instructions.	52.		00

Form CT-6251 Schedule A

Schedule A - Credit for Alternative Minimum Tax Paid to Qualifying Jurisdictions

You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed.

53. Modified adjusted federal alternative minimum taxable income: See instructions.

53. 00

For each column, enter the following:

- 54. Enter qualifying jurisdiction's name and two-letter code.
- 55. Enter the non-Connecticut adjusted federal alternative minimum taxable income included on Line 55 which is subject to a qualifying jurisdiction's alternative minimum tax.
- 56. Divide Line 55 by Line 53. Round to four decimal places.
- 57. Enter the net Connecticut minimum tax (from Form CT-6251, Line 21). Part-Year Residents, see instructions.
- 58. Multiply Line 56 by Line 57.
- 59. Alternative minimum tax paid to a qualifying jurisdiction: See instructions.
- 60. Enter the lesser of Line 58 or Line 59.
- 61. **Total credit:** Add Line 60, all columns. Enter amount here and on Line 22 on page 1 of this form.

	Column A		Column B	
	Name	Code	Name	Code
54.				
55.		00		00
56.				
57.		00		00
58.		00		00
59.		00		00
60.		00		00
61.				00

MARTINI, BENISATTO & REINFURT, CPAS PC
ONE HUNTINGTON QUAD. STE. 2C13
MELVILLE, NY 11747
631-630-4700

MARCH 25, 2015

PAUL A. & VICTORIA E. CAPPIALI


DEAR MR. AND MRS. CAPPIALI:

ENCLOSED IS YOUR 2014 NEW YORK INCOME TAX RETURN.

WE HAVE PREPARED THE ENCLOSED RETURNS FROM INFORMATION PROVIDED BY YOU. WE SUGGEST THAT YOU EXAMINE THESE RETURNS TO ACQUAINT YOURSELF WITH ALL ITEMS CONTAINED THEREIN TO ENSURE THERE ARE NO OMISSIONS OR MISSTATEMENTS.

ALSO ENCLOSED IS ANY MATERIAL YOU FURNISHED FOR USE IN PREPARING THE RETURNS. IF THE RETURNS ARE EXAMINED, REQUESTS WILL BE MADE FOR SUPPORTING DOCUMENTATION. THEREFORE, WE RECOMMEND THAT YOU RETAIN ALL PERTINENT RECORDS FOR SEVEN YEARS.

IF YOU ARE E-FILING YOUR RETURN PLEASE BE SURE TO RETURN ALL EFILE AUTHORIZATIONS TO US IMMEDIATELY UPON COMPLETION OF YOUR REVIEW.

IF YOU ARE NOT E-FILING YOUR RETURN, BUT ARE MAILING YOUR RETURN WE SUGGEST YOU SEND IT CERTIFIED RETURN RECEIPT OR USE A PRIVATE DELIVERY SERVICE TO INSURE THE TIMELY FILING OF YOUR RETURN.

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM TR-579-IT TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE NY TAX DEPT. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE NY TAX DEPT. IF AFTER THREE WEEKS YOU HAVE NOT RECEIVED YOUR REFUND, YOU MAY CONTACT THE NY TAX DEPT AT 1-518-457-5149. RETURN FORM TR-579-IT TO US BY APRIL 15, 2015.



YOUR COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE
SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

MARTINI, BENISATTO & REINFURT, CPAS PC

**New York State E-File Signature Authorization for Tax Year 2014
For Forms IT-201, IT-203, IT-214, NYC-208, and NYC-210**

Electronic return originator (ERO): **do not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: PAUL A. CAPPIALI

Spouse's name: VICTORIA E. CAPPIALI
(jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*. Go to our Web site at www.tax.ny.gov to view this document.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Form IT-201, *Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, NYC-208, *Claim for New York City Enhanced Real Property Tax Credit*, or NYC-210, *Claim for New York City School Tax Credit*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2014 Form IT-370*.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-203, IT-214, NYC-208, and NYC-210).

Part A - Tax return information

1 Federal adjusted gross income (from Form IT-201, line 19, or IT-203, line 19)	1.	
2 Refund (from Form IT-201, line 78, or IT-203, line 68)	2.	
3 Amount you owe (from Form IT-201, line 80, or IT-203, line 70)	3.	

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-203, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2014 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2014 New York State electronic return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2014 electronic return, and I authorize my financial institution to withdraw the amount from my account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five (5) business days prior to the payment date.

Taxpayer's signature: _____ Date: _____

Spouse's signature: _____ Date: _____
(jointly filed return only)

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2014 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2014 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2014 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2014 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: _____ Date: 03-25-15

Print name: JUDY MAHER

Paid preparer's signature: _____ Date: 03-25-15

Print name: E. BENISATTO, CPA

2014

Nonresident and Part-Year Resident Income Tax Return

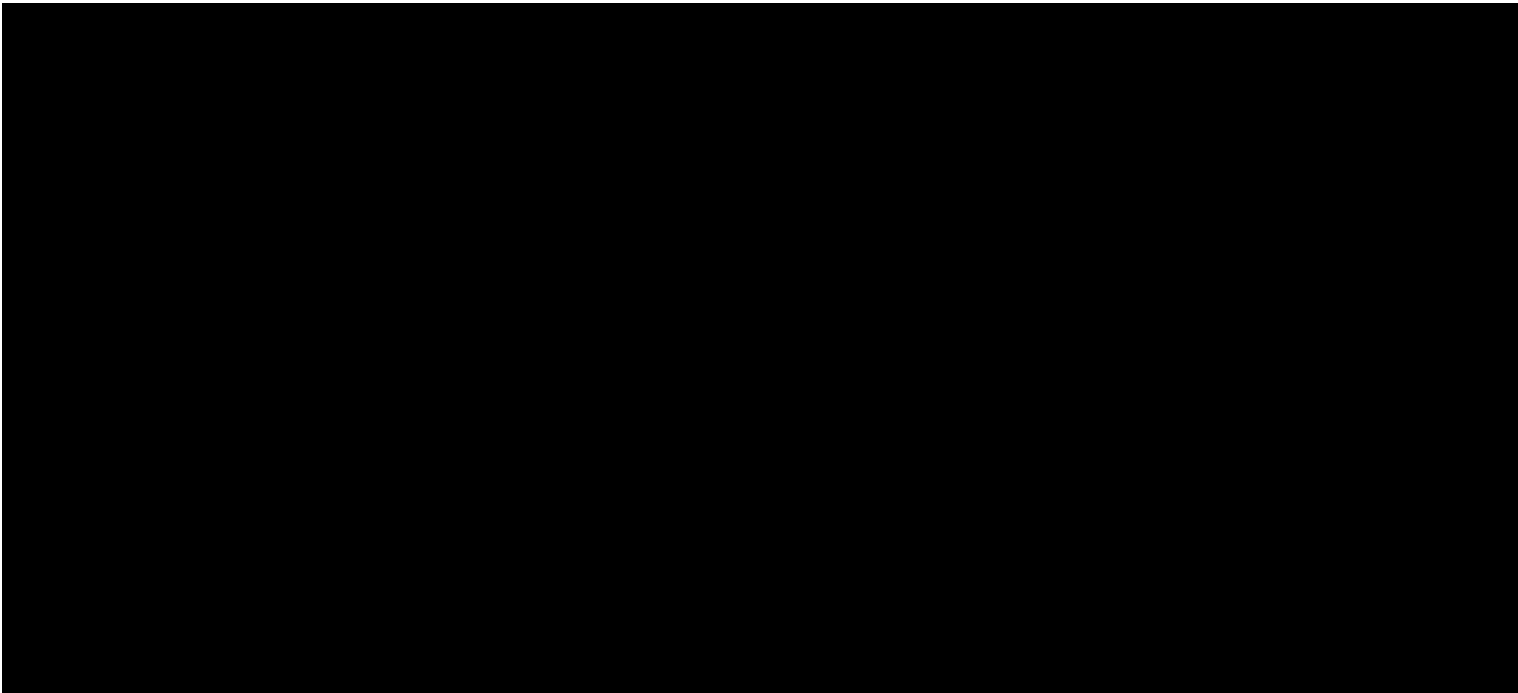
New York State • New York City • Yonkers

IT-203

For the year January 1, 2014, through December 31, 2014, or fiscal year beginning ...
and ending ...

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial PAUL A		Your last name (for a joint return, enter spouse's name on line below) CAPPIALI		Your date of birth (mm-dd-yyyy) [REDACTED]	Your social security number [REDACTED]
Spouse's first name and middle initial VICTORIA E		Spouse's last name CAPPIALI		Spouse's date of birth (mm-dd-yyyy) [REDACTED]	Spouse's social security number [REDACTED]
Mailing address (see instructions, page 13) (number and street or PO box) [REDACTED]				Apartment number [REDACTED]	New York State county of residence NR
City, village, or post office [REDACTED]		State [REDACTED]	ZIP code [REDACTED]	Country (if not United States) [REDACTED]	School district name NR
Taxpayer's permanent home address (see instr., pg. 13) (no. and street or rural route) Apartment no. City, village, or post office					School district code number [REDACTED]
State	ZIP code	Country (if not United States)		Taxpayer's date of death Decedent information [REDACTED]	Spouse's date of death [REDACTED]



..... Yes No Yes

I Dependent exemption information (see page 15)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mm-dd-yyyy)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

If more than 6 dependents, mark an X in the box.



For office use only

Enter your social security number

Federal income and adjustments (see page 16)

	Federal amount Whole dollars only	New York State amount Whole dollars only
1 Wages, salaries, tips, etc.	1	1
2 Taxable interest income	2	2
3 Ordinary dividends	3	3
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	4
5 Alimony received	5	5
6 Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040)	6	6
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	7
8 Other gains or losses (submit a copy of federal Form 4797)	8	8
9 Taxable amount of IRA distributions. Beneficiaries: mark <input checked="" type="checkbox"/> in box <input type="checkbox"/>	9	9
10 Taxable amount of pensions/annuities. Beneficiaries: mark <input checked="" type="checkbox"/> in box <input type="checkbox"/>	10	10
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	11
12 Rental real estate included in line 11 (federal amount) <input type="text" value=""/> .00	12	
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	13
14 Unemployment compensation	14	14
15 Taxable amount of social security benefits (also enter on line 26)	15	15
16 Other income (see page 22) Identify: <input type="text" value=""/>	16	16
17 Add lines 1 through 11 and 13 through 16	17	17
18 Total federal adjustments to income (see page 22) Identify: <input type="text" value=""/>	18	18
19 Federal adjusted gross income (subtract line 18 from line 17)	19	19

New York additions (see page 23)

20 Interest income on state and local bonds (but not those of New York State or its localities)	20	20
21 Public employee 414(h) retirement contributions	21	21
22 Other (Form IT-225, line 9)	22	22
23 Add lines 19 through 22	23	23

New York subtractions (see page 24)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	24
25 Pensions of NYS and local governments and the federal government (see page 24)	25	25
26 Taxable amount of social security benefits (from line 15)	26	26
27 Interest income on U.S. government bonds	27	27
28 Pension and annuity income exclusion	28	28
29 Other (Form IT-225, line 18)	29	29
30 Add lines 24 through 29	30	30
31 New York adjusted gross income (subtract line 30 from line 23)	31	31
32 Enter the amount from line 31, Federal amount column	32	32

Standard deduction or itemized deduction (see page 26)

33 Enter your standard deduction (table on page 26) or your itemized deduction (from Form IT-203-D). Mark an <input checked="" type="checkbox"/> in the appropriate box: <input type="checkbox"/> Standard - or - <input checked="" type="checkbox"/> Itemized	33	33
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	34
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 26)	35	35
36 New York taxable income (subtract line 35 from line 34)	36	36

203002141019



Name(s) as shown on page 1
PAUL A & VICTORIA E CAPPIALI

Enter your social security number

Tax computation, credits, and other taxes (see page 26)

37	New York taxable income (from line 36 on page 2)				37		.00
38	New York State tax on line 37 amount (see page 27 and Tax computation on pages 60, 61, and 62)				38		.00
39	New York State household credit (page 27, table 1, 2, or 3)				39		.00
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)				40		.00
41	New York State child and dependent care credit (see page 28)				41		.00
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)				42		.00
43	New York State earned income credit (see page 28)				43		.00
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)				44		.00
45	Income percentage (see page 28)	New York State amount from line 31	Federal amount from line 31	Round result to 4 decimal places	45		
46	Allocated New York State tax (multiply line 44 by the decimal on line 45)				46		.00
47	New York State nonrefundable credits (Form IT-203-ATT, line 8)				47		.00
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)				48		.00
49	Net other New York State taxes (Form IT-203-ATT, line 33)				49		.00
50	Total New York State taxes (add lines 48 and 49)				50		.00

New York City and Yonkers taxes and credits

51	Part-year New York City resident tax (Form IT-360.1)	51		.00	See instructions on pages 28 and 29 to compute New York City and Yonkers taxes, credits, and surcharges.
52	Part-year resident nonrefundable New York City child and dependent care credit	52		.00	
52a	Subtract line 52 from line 51	52a		.00	
53	Yonkers nonresident earnings tax (Form Y-203)	53		.00	
54	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54		.00	
55	Total New York City and Yonkers taxes (add lines 52a, 53, and 54)	55		.00	
56	Sales or use tax (See the instructions on page 29. Do not leave line 56 blank.)	56		0.00	

Voluntary contributions (see page 30)

57a	Return a Gift to Wildlife	57a		.00
57b	Missing/Exploited Children Fund	57b		.00
57c	Breast Cancer Research Fund	57c		.00
57d	Alzheimer's Fund	57d		.00
57e	Olympic Fund (\$2 or \$4)	57e		.00
57f	Prostate and Testicular Cancer Research and Education Fund	57f		.00
57g	9/11 Memorial	57g		.00
57h	Volunteer Firefighting & EMS Recruitment Fund	57h		.00
57i	Teen Health Education	57i		.00
57j	Veterans Remembrance	57j		.00
57	Total voluntary contributions (add lines 57a through 57j)	57		.00
58	Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57)	58		.00

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Enter your social security number
[REDACTED]

59 Enter amount from line 58 59 [REDACTED] .00

Payments and refundable credits (see page 31)

60 Part-year NYC school tax credit (also complete E on pg. 1; see pg. 31)	60	.00
61 Other refundable credits (Form IT-203-ATT, line 17)	61	.00
62 Total New York State tax withheld	62	[REDACTED] .00
63 Total New York City tax withheld	63	.00
64 Total Yonkers tax withheld	64	.00
65 Total estimated tax payments/amount paid with Form IT-370	65	.00
66 Total payments and refundable credits (add lines 60 through 65)	66	[REDACTED] .00

Submit your wage and tax statements with your return (see page 31) .

Your refund, amount you owe, and account information (see pages 32 through 35)

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)	67	[REDACTED] .00
68 Amount of line 67 to be refunded Mark one refund choice: <input checked="" type="checkbox"/> direct deposit (fill in line 73) -or- <input type="checkbox"/> debit card -or- <input type="checkbox"/> paper check	68	[REDACTED] .00
69 Amount of line 67 that you want applied to your 2015 estimated tax (see instructions)	69	.00
70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return	70	.00
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 33)	71	.00
72 Other penalties and interest (see page 33)	72	.00

See pages 32 and 33 for information about your three refund choices.

See page 33 for payment options.

See page 36 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 34).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 34)

73a Account type: Personal checking -or- Personal savings -or- Business checking -or- Business savings

73b Routing number [REDACTED] 73c Account number [REDACTED]

74 Electronic funds withdrawal (see page 34) Date [REDACTED] Amount [REDACTED] .00

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name E. BENISATTO, CPA	Designee's phone number 631-630-4700	Personal identification number (PIN) [REDACTED]
	E-mail:		

▼ Paid preparer must complete (see instr.) ▼		Date 03-25-2015
Preparer's signature	Preparer's NYTPRN	
Firm's name (or yours, if self-employed) MARTINI, BENISATTO & REINFU	Preparer's PTIN or SSN [REDACTED]	
Address 1 HUNTINGTON QUAD-STE 2C13 MELVILLE, NY 11747	Employer identification number [REDACTED]	
E-mail:	NYTPRN excl. code	03

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation OUTSIDE SALESMAN	
Spouse's signature and occupation (if joint return) TEACHER	
Date	Daytime phone number
E-mail:	

See instructions for where to mail your return.

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2014

**Nonresident and Part-Year Resident
Itemized Deduction Schedule**

Submit this form with Form IT-203. See instructions for completing Form IT-203-D in the instructions for Form IT-203.

Name(s) as shown on your Form IT-203 PAUL A & VICTORIA E CAPPIALI	Your social security number [REDACTED]
---	---

Whole dollars only

1 Medical and dental expenses (federal Schedule A, line 4)	1	.00
2 Taxes you paid (federal Schedule A, line 9)	2	[REDACTED].00
3 Interest you paid (federal Schedule A, line 15)	3	[REDACTED].00
4 Gifts to charity (federal Schedule A, line 19)	4	[REDACTED].00
5 Casualty and theft losses (federal Schedule A, line 20)	5	.00
6 Job expenses/miscellaneous deductions (federal Schedule A, line 27)	6	[REDACTED].00
7 Other miscellaneous deductions (federal Schedule A, line 28)	7	.00
8 Enter amount from federal Schedule A, line 29	8	[REDACTED].00
STATEMENT 2		
9 State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions)	9	[REDACTED].00
10 Subtract line 9 from line 8	10	[REDACTED].00
11 College tuition itemized deduction (Form IT-203-B, line 2; see instructions)	11	.00
12 Addition adjustments (see instructions)	12	.00
13 Add lines 10, 11, and 12	13	[REDACTED].00
14 Itemized deduction adjustment (see instructions)	14	[REDACTED].00
STATEMENT 1		
15 New York State itemized deduction (subtract line 14 from line 13; enter on Form IT-203, line 33)	15	[REDACTED].00

203005141019



2014

Claim for Child and Dependent Care Credit

IT-216

New York State • New York City

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return PAUL A & VICTORIA E CAPPIALI	Your social security number [REDACTED]
---	---

1 Have you already filed your New York State income tax return? Yes No

If Yes, you must file an amended New York State return and include Form IT-216 to claim this credit.

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

A - Care provider's first name, middle initial, and last name	B - Address	C - Identifying number (SSN or EIN)	D - Amount paid (see instructions)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] 00
			00

3 Qualifying persons you are claiming. List in order from youngest to oldest.

(If you are claiming more than four qualifying persons, mark an X in the box and see instructions.)

A - First name	MI	B - Last name	C - Qualified expenses paid	D - Person with disability (see instr.)	E - Social security number	F - Date of birth (mmd/yyyy)
[REDACTED]		[REDACTED]	[REDACTED] 00	<input type="checkbox"/>	[REDACTED]	[REDACTED]
			00	<input type="checkbox"/>		
			00	<input type="checkbox"/>		
			00	<input type="checkbox"/>		

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any **3a** [REDACTED] 00

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)? Yes No

5 Enter the **smallest** of:

- line 3a above; **or**
- federal Form 2441, line 3; **or**
- 3,000 if one qualifying person, or 6,000 if two or more qualifying persons

Whole dollars only

6 Enter your earned income (see instructions) **5** [REDACTED] 00

7 If your filing status is [Ⓜ] Married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions) **6** [REDACTED] 00

8 Enter the smallest of line 5, 6, or 7 **7** [REDACTED] 00

8 Enter the smallest of line 5, 6, or 7 **8** [REDACTED] 00

9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38 **9** [REDACTED] 00

10 Enter the decimal amount that applies to the amount on line 9 from the Table for line 10 in the instructions **10** [REDACTED]

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on page 2) **11** [REDACTED] 00

216001141019



- 12 Amount from line 11 12 [] [] 00
- 13 Enter your **New York adjusted gross income** (Form IT-201 filers, line 33; Form IT-203 filers, line 32) [] [] 00
 Use the *New York State child and dependent care credit limitation table* in the instructions to determine the decimal to be entered on this line 13 [] []
- 14 Multiply line 12 by the decimal amount on line 13. This is your **New York State** child and dependent care credit (*see instructions*) 14 [] [] 00

Part-year New York State residents

- 15 Enter the amount from Form IT-203, line 40 15 [] [] 00
 If line 15 is equal to or more than line 14, **stop. You do not have excess credit.**
 If line 15 is less than line 14, **continue on line 16 below.**
- 16 Subtract line 15 from line 14. **This is your excess child and dependent care credit** 16 [] [] 00
- 17 Enter the amount from Form IT-203-ATT, line 29 (*If you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.*) 17 [] [] 00
 If line 17 is equal to or more than line 16, **stop. Do not continue with this worksheet.**
 Enter the line 16 amount on Form IT-203-ATT, line 30. If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.
- 18 Subtract line 17 from line 16. **This is your remaining excess child and dependent care credit** 18 [] [] 00
- 19 Enter the amount from line 19, Column D, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 19 [] [] 00
- 20 Enter the amount from line 19, Column A, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 20 [] [] 00
- 21 Divide line 19 by line 20 (*round the result to the fourth decimal place*). This amount cannot exceed 100% (1.0000) 21 [] [] [] []
- 22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. **This is the refundable portion of your New York State part-year resident child and dependent care credit.** 22 [] [] [] [] 00

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year **and** your federal adjusted gross income is \$30,000 or less (*see Note under New York City credit* on page 1 of the instructions) **and** you listed a child under 4 years old as of December 31, on line 3, complete line 23 and see page 4 of the instructions.

- 23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old 23 [] [] [] [] 00

IT-201 filers:

- 24 Refundable New York City child and dependent care credit (*from Worksheet 1, line 7 or line 13*) 24 [] [] [] [] 00
- 25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64 25 [] [] [] [] 00

- 26 Part-year New York City resident nonrefundable New York City child and dependent care credit (*from Worksheet 1, line 8*); also enter this amount on Form IT-201-ATT, line 9a 26 [] [] [] [] 00

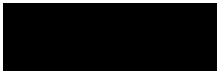
IT-203 filers:

- 27 Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (*from Worksheet 1, line 8*); also enter this amount on Form IT-203, line 52 27 [] [] [] [] 00
- 28 Refundable portion of your part-year New York City resident New York City child and dependent care credit (*from Worksheet 1, line 13*); also enter this amount on Form IT-203-ATT, line 9a 28 [] [] [] [] 00

Part-year New York City resident filers only:

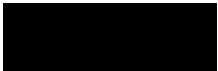
- 29 Enter the amount from Worksheet 1, line 10 29 [] [] [] [] 00
- 30 Enter the amount from Worksheet 1, line 11 30 [] [] [] [] 00





1. NEW YORK ADJUSTED GROSS INCOME FROM FORM IT-201,
LINE 33 OR FORM IT-203, LINE 32 [REDACTED].
2. FILING STATUS 1 OR 3 ENTER \$100,000, OR FILING
STATUS 4 ENTER \$150,000, OR FILING STATUS 2 OR
5 ENTER \$200,000 [REDACTED].
3. SUBTRACT LINE 2 FROM LINE 1 [REDACTED].
4. ENTER THE LESSOR OF LINE 3 OR \$50,000 [REDACTED].
5. DIVIDE LINE 4 BY \$50,000 AND CARRY THE RESULT
TO 4 DECIMAL PLACES [REDACTED].
6. ENTER 25% OF FORM IT-201-D, LINE 12 (IT-203-D, LINE 13) [REDACTED].
7. MULTIPLY LINE 5 BY LINE 6 AND TRANSFER THIS AMOUNT TO
FORM IT-201-D LINE 13 (IT-203-D, LINE 14) [REDACTED].





1. ENTER AMOUNT FROM FEDERAL ITEMIZED DEDUCTION
WORKSHEET, LINE 9
2. ENTER AMOUNT FROM FEDERAL ITEMIZED DEDUCTION
WORKSHEET, LINE 3
3. DIVIDE LINE 1 BY LINE 2 AND CARRY THE RESULT TO FOUR
DECIMAL PLACES
4. AMOUNT OF STATE, LOCAL AND FOREIGN INCOME TAXES FROM
FEDERAL SCHEDULE A, LINES 5 AND 8
5. AMOUNT OF SUBTRACTION ADJUSTMENTS (FROM ITEMIZED
DEDUCTIONS) THAT ARE INCLUDED IN TOTAL FEDERAL ITEMIZED
DEDUCTIONS FROM FEDERAL SCHEDULE A, LINE 29, BEFORE
ANY FEDERAL DISALLOWANCE
6. ADD LINE 4 AND LINE 5
7. MULTIPLY LINE 6 BY LINE 3
8. SUBTRACT LINE 7 FROM LINE 6
9. ENTER ANY OTHER SUBTRACTION ADJUSTMENTS TO ITEMIZED
DEDUCTIONS
10. ENTER THE AMOUNT FROM WORKSHEET 1, LINE 5 (SEE BELOW)
11. ADD LINES 8, 9, 10. ENTER THE TOTAL ON
FORM IT-203-D, LINE 9

WORKSHEET 1
LONG-TERM CARE ADJUSTMENT

1. AMOUNT OF LONG-TERM CARE PREMIUMS INCLUDED ON FEDERAL
SCHEDULE A, LINE 1 0
2. AMOUNT FROM FEDERAL SCHEDULE A, LINE 1
3. DIVIDE LINE 1 BY LINE 2 AND CARRY THE RESULT TO FOUR
DECIMAL PLACES
4. AMOUNT FROM FEDERAL SCHEDULE A, LINE 4
5. MULTIPLY LINE 4 BY LINE 3



**BRIA, FLYNN & COMPANY
100 MELROSE AVE SUITE 207
GREENWICH, CT 06830
(203) 661-0888
FLYNNANDCOMPANY@AOL.COM**

August 24, 2015

RANDY CARAVELLA and KIM A. FEDAK
17 TOMNEY ROAD
GREENWICH, CT 06830

Statement of Charges for Services Rendered:

Total fee



The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

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

Your first name and initial: **RANDY** Last name: **CARAVELLA** Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: **KIM A** Last name: **FEDAK** Spouse's social security number: [REDACTED]

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

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

Foreign country name: [REDACTED] Foreign province/state/county: [REDACTED] Foreign postal code: [REDACTED]

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

Filing Status

1 Single

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

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

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

b Spouse

Boxes checked on 6a and 6b [REDACTED]

No. of children on 6c who:

- lived with you [REDACTED]
- did not live with you due to divorce or separation (see instructions) [REDACTED]

Dependents on 6c not entered above [REDACTED]

Add numbers on lines above [REDACTED]

(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)
GABRIELLE	CARAVELLA	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed [REDACTED]

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 [REDACTED]

8a Taxable interest. Attach Schedule B if required 8a [REDACTED]

b Tax-exempt interest. Do not include on line 8a 8b [REDACTED]

9a Ordinary dividends. Attach Schedule B if required 9a [REDACTED]

b Qualified dividends 9b [REDACTED]

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

11 Alimony received 11

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

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ 13 [REDACTED]

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a [REDACTED] b Taxable amount 15b [REDACTED]

16a Pensions and annuities 16a [REDACTED] b Taxable amount 16b [REDACTED]

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 [REDACTED]

18 Farm income or (loss). Attach Schedule F 18

19 Unemployment compensation 19

20a Social security benefits 20a [REDACTED] b Taxable amount 20b [REDACTED]

21 Other income. List type and amount 21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 [REDACTED]

Adjusted Gross Income

23 Educator expenses 23 [REDACTED]

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

25 Health savings account deduction. Attach Form 8889 25 [REDACTED]

26 Moving expenses. Attach Form 3903 26 [REDACTED]

27 Deductible part of self-employment tax. Attach Schedule SE 27 [REDACTED]

28 Self-employed SEP, SIMPLE, and qualified plans 28 [REDACTED]

29 Self-employed health insurance deduction 29 [REDACTED]

30 Penalty on early withdrawal of savings 30 [REDACTED]

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

32 IRA deduction 32 [REDACTED]

33 Student loan interest deduction 33 [REDACTED]

34 Tuition and fees. Attach Form 8917 34 [REDACTED]

35 Domestic production activities deduction. Attach Form 8903 35 [REDACTED]

36 Add lines 23 through 35 36 [REDACTED]

37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 [REDACTED]

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2014

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

RANDY CARAVELLA & KIM A FEDAK

Caution. Do not include expenses reimbursed or paid by others.			
Medical and Dental Expenses	1 Medical and dental expenses (see instructions)	1	[REDACTED]
	2 Enter amount from Form 1040, line 38 2 [REDACTED]		[REDACTED]
	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead	3	[REDACTED]
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	[REDACTED]
Taxes You Paid	5 State and local (check only one box):	5	[REDACTED]
	a <input checked="" type="checkbox"/> Income taxes, or		
	b <input type="checkbox"/> General sales taxes		
	6 Real estate taxes (see instructions)	6	[REDACTED]
	7 Personal property taxes	7	
	8 Other taxes. List type and amount ►	8	

	9 Add lines 5 through 8	9	[REDACTED]
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	[REDACTED]
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11	

	12 Points not reported to you on Form 1098. See instructions for special rules	12	
	13 Mortgage insurance premiums (see instructions)	13	
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14	[REDACTED]
15 Add lines 10 through 14	15	[REDACTED]	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	[REDACTED]
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	[REDACTED]
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	[REDACTED]
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21	
	22 Tax preparation fees	22	[REDACTED]
	23 Other expenses—investment, safe deposit box, etc. List type and amount ► <u>Investment Advisory Fees</u>	23	[REDACTED]

	24 Add lines 21 through 23	24	[REDACTED]
	25 Enter amount from Form 1040, line 38 25 [REDACTED]	25	[REDACTED]
	26 Multiply line 25 by 2% (.02)	26	[REDACTED]
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	[REDACTED]	
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ►	28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$152,525?	29	[REDACTED]
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here		<input type="checkbox"/>

SCHEDULE B
(Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2014
Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040A or 1040.**

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

Name(s) shown on return

Your social security number

[Redacted Name]

[Redacted SSN]

Part I
Interest

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

[Redacted Payer Name]
[Redacted Address]

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

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

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

Amount	
1	[Redacted]
2	[Redacted]
3	[Redacted]
4	[Redacted]

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

Part II
Ordinary Dividends

5 List name of payer ▶ [Redacted Payer Name]

[Redacted Payer Name]
[Redacted Address]

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

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

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

Amount	
5	[Redacted]
6	[Redacted]

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

Part III
Foreign Accounts and Trusts

(See instructions on back.)

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

- 7a** At any time during 2014, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶
- 8** During 2014, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

Yes	No
	X
	X

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**
▶ **Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

2014
Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
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
13 Capital gain distributions. See the instructions				13 [REDACTED]
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ([REDACTED])
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 [REDACTED]

Part III Summary

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2014

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

Your social security number

RANDY CARAVELLA & KIM A FEDAK

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

A Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) Yes No

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

1a	Physical address of each property (street, city, state, ZIP code)				
A	[REDACTED]				
B	[REDACTED]				
C	[REDACTED]				
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		365	0	<input type="checkbox"/>
B	[REDACTED]		[REDACTED]	[REDACTED]	<input type="checkbox"/>
C	[REDACTED]		[REDACTED]	[REDACTED]	<input type="checkbox"/>

Type of Property:

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

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

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

Your social security number

RANDY CARAVELLA & KIM A FEDAK

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 [X] No

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows A, B, C, D.

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Rows A, B, C, D, 29a Totals, b Totals, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

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

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows A, B, 34a Totals, b Totals, 35, 36, 37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Rows 38, 39.

Part V Summary

Table with 2 columns: Description, Amount. Rows 40, 41, 42, 43.

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

Name(s) shown on return

RANDY CARAVELLA & KIM A FEDAK

Identifying number

Part I 2014 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

- 1a Activities with net income (enter the amount from Worksheet 1, column (a))
- 1b Activities with net loss (enter the amount from Worksheet 1, column (b))
- 1c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))
- 1d Combine lines 1a, 1b, and 1c

1a	
1b	()
1c	()
1d	

Commercial Revitalization Deductions From Rental Real Estate Activities

- 2a Commercial revitalization deductions from Worksheet 2, column (a)
- 2b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)
- 2c Add lines 2a and 2b

2a	(0)
2b	()
2c	()

All Other Passive Activities

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

3a	
3b	()
3c	()
3d	

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

4	
---	--

- If line 4 is a loss and:
 - Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

- 5 Enter the **smaller** of the loss on line 1d or the loss on line 4
- 6 Enter \$150,000. If married filing separately, see instructions
- 7 Enter modified adjusted gross income, but not less than zero (see instructions)
- Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.
- 8 Subtract line 7 from line 6
- 9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions
- 10 Enter the **smaller** of line 5 or line 9
- If line 2c is a loss, go to Part III. Otherwise, go to line 15.

5	
6	
7	
8	
9	
10	

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

- 11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions
- 12 Enter the loss from line 4
- 13 Reduce line 12 by the amount on line 10
- 14 Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13

11	
12	
13	
14	

Part IV Total Losses Allowed

- 15 Add the income, if any, on lines 1a and 3a and enter the total
- 16 **Total losses allowed from all passive activities for 2014.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return

15	
16	

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

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

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

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

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

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

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

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

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

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Total		[REDACTED]	[REDACTED]	[REDACTED]

Worksheet 6—Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Total		[REDACTED]	[REDACTED]	[REDACTED]

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

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

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**

▶ **Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

RANDY CARAVELLA & KIM A FEDAK

Sch E 8 COVE VIEW DRIVE

[REDACTED]

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	[REDACTED]
2	Total cost of section 179 property placed in service (see instructions)	2	[REDACTED]
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	[REDACTED]
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	[REDACTED]
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	[REDACTED]
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	[REDACTED]
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	[REDACTED]
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	[REDACTED]
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	[REDACTED]
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	[REDACTED]
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	[REDACTED]
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	[REDACTED]

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

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

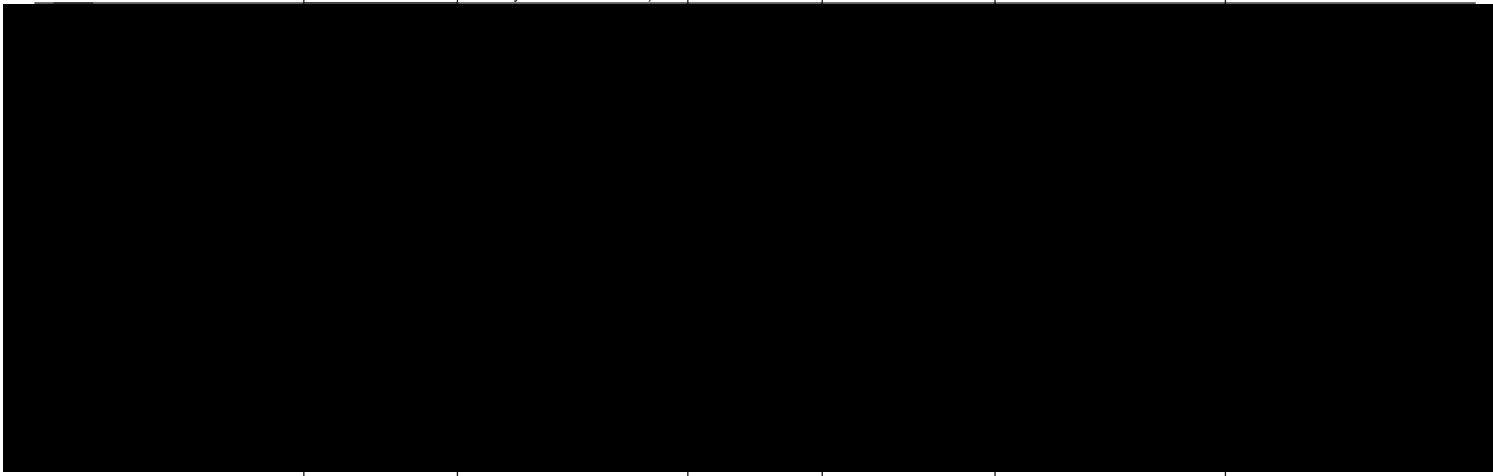
Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	[REDACTED]
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B – Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
--------------------------------	--------------------------------------	--	---------------------	----------------	------------	----------------------------



Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	[REDACTED]
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	[REDACTED]
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	[REDACTED]

Name(s) Shown on Return RANDY CARAVELLA & KIM A FEDAK	Social Security Number [REDACTED]
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Prepare Form 4868 for Electronic Filing

Form 4868 accepted

Date Form 4868 was EFiled 04/04/2015

Date Form 4868 was accepted by the IRS 04/04/2015

Electronic Funds Withdrawal - Amount paid with Form 4868

NOTE - A Practitioner PIN is required for Form 4868 efile if using electronic funds withdrawal

Enter the payment date to withdraw tax payment ▶ _____

Amount you are paying with Form 4868 ▶ _____

Payment by Check - Amount paid with Form 4868

If the amount you are paying with Form 4868 will not be electronically withdrawn, payment may be submitted to the IRS by mail. Send the payment to the address listed on Form 4868.

Practitioner PIN information for Form 4868

NOTE - A Practitioner PIN is required for Form 4868 efile if using electronic funds withdrawal

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

Automatically generate a PIN equal to last 5 digits of client's SSN ▶

Taxpayer(s) entered PIN(s) ▶

ERO entered Primary Taxpayer's PIN ▶

ERO entered Secondary Taxpayer's PIN ▶

ERO entered Primary Taxpayer's PIN and Secondary Taxpayer's PIN ▶

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

Consent to Disclosure: I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send this form to IRS and to receive the following information from IRS: (1) acknowledgement of receipt or reason for rejection of transmission, and (2) if delayed, reason for any delay in processing.

Electronic Funds Withdrawal Consent (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 for payment of my Federal taxes owed, 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 a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Form and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Date _____

Taxpayer's PIN (enter any 5 numbers) _____

Spouse's PIN if filing joint return (enter any 5 numbers) _____

Keep for your records

Name as shown on return RANDY CARAVELLA Social Security Number [REDACTED]

Employer EIN [REDACTED] Employer Name R.L.C. INC. Name (cont.) Street Address or P. O. Box 230 POST ROAD City COS COB State CT ZIP 06807 Foreign Addr Foreign Country

Spouse's W-2 Do not transfer this W-2 to next year Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp 2 Federal tax withheld 3 Social security wages 4 Social sec tax withheld 5 Medicare wages and tips 6 Medicare tax withheld 7 Social security tips 8 Allocated tips

13 b Retirement plan Foreign source income eligible for exclusion on Form 2555 Active duty military pay

Table with 2 columns: Box 12 Code, Box 12 Amount. Includes instructions for codes A, M, P, R, W, G.

Table with 4 columns: Box 15 State, Employer's state I.D. no., Box 16 State wages, tips, etc., Box 17 State income tax.

Table with 4 columns: Box 20 Locality name, Box 18 Local wages, tips, etc., Box 19 Local income tax, Associated State.

9 (Not Used) 10 Dependent care benefits (Check if employer furnished care at work) 11 Distributions from Section 457 and other nonqualified plans

Table with 3 columns: Box 14 Description or Code on Actual Form W-2, Amount, ProSeries Identification of Description or Code.

RANDY CARAVELLA

Page 2

Employer Name R.L.C. INC.

Part I Statutory employees

- A Box 13a. Statutory employee
- B Deducting expenses in connection with this income
- C *If deducting expenses, double click to link to Schedule C*

C

Part II Clergy, church employees, members of recognized religious sects

Clergy only:

- D Designated housing or parsonage allowance
- E Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value
- F **If no FICA was withheld**, check the applicable box below
 - 1 Pay self-employment tax on housing or parsonage allowance only
 - 2 Pay self-employment tax on W-2 income only
 - 3 Pay self-employment tax on W-2 income and housing allowance
 - 4 Exempt from self-employment tax and has approved Form 4361

D

E

Non-Clergy only:

- G **If no FICA was withheld**, check the applicable box below
 - 1 Pay self-employment tax on this W-2 income
 - 2 Exempt from self-employment tax and has approved Form 4029

Part III Unreported Tip Income

- H 1 Tips \$20 or more in a month which were not reported to employer
- 2 Tips less than \$20 in a month which were not required to be reported
- 3 Value of non-cash tips, such as tickets or passes, not reported
- 4 Actual amount of allocated tips if different than the amount in box 8
- 5 Tips paid out through a tip-sharing arrangement
- 6 Employer is a federal, state, or local government and tips are only subject to Medicare tax

H1

H2

H3

H4

H5

Part IV Substitute Form W-2

I a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution

Part VI Additional Information for Electronic Filing and Certain States (See Help)

- 13 c Third-party sick pay
- Non-standard W-2 (handwritten, typewritten, or altered in any way)
- Corrected W-2
- Income from Paid Family Leave
- Control number (optional)

Employee information: Correct to match employee information on W-2

Employee's SSN.

First name M.I. Last name Suff.
RANDY CARAVELLA

Address City St ZIP code

Foreign Country

► Keep for your records

Partner's Name RANDY CARAVELLA	Social Security Number [REDACTED]
-----------------------------------	--------------------------------------

Part I Information About the Partnership

A Partnership's Employer Identification Number 45-5199051

B Partnership's Name MARA INVESTMENT MANAGEMENT, LP

D Check if this is a publicly traded partnership (PTP)
 Check if foreign partnership

Part II Information About the Partner

Partner is Taxpayer . . . Spouse Joint

G General Partner or LLC manager Limited Partner or other LLC member

I 2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.) check here
 All investment in partnership is at-risk
 Some investment in partnership is **not** at-risk

Final / Amended Final K-1 and Amended K-1 Checkboxes

Final K-1
 Check applicable box(es):
 Partnership was discontinued during 2014
 Partner sold or otherwise disposed of entire interest in the partnership in 2014
 Partner sold a portion of interest in partnership in 2014
 Amended K-1

Part III Partner's Share of Current Year Income, Deductions, Credits, Other Items

1 Ordinary business income (loss) [REDACTED]
 Check if "materially" participated in the business activities
 Check if "working interest" in oil or gas well

2 Net rental real estate income (loss) _____
 Check if "materially" participated in rental real estate activities
 Check if "actively" participated in rental real estate activities
 Check if rental of property is a type subject to recharacterization rules
 Check if rental real estate activity is a trade or business.

3 Other net rental income (loss) _____
 Check if rental of property is a type subject to recharacterization rules
 Check if rental activity is a trade or business.

4 Guaranteed payments _____

5 Interest income _____
 Interest income from U.S. obligations included in box 5. _____

6 a Ordinary dividends _____

6 b Qualified dividends _____
 Interest income from U.S. obligations included in box 6. _____

7 Royalties _____
Double-click to link royalties to Schedule E Worksheet ► _____

Section A Passive Activity Adjustment to Income or Loss – For Regular Tax Purposes

Activity net income (loss) _____ Classification _____

Passive Activity Income (Loss) Description	(a) Gain (Loss) Limited by Form 6198 if Applicable	(b) Suspended Loss Carryover From Prior Year <i>Enter as Negative</i>	(c) Net Income (Loss) Allowed	(d) Loss Suspended for Current Year
1 Ordinary income (loss) for Schedule E:				
a Ordinary income (loss) pass through	█		█	█
b Section 179 expense	█		█	
c Section 59(e)(2) expense	█		█	
d Unreimbursed expenses	█		█	
e Depletion expense				
f Interest expense				
g Total	█		█	█
2 Ordinary income (loss) for Form 1040:				
a Ordinary income from recoveries				
b Cancellation of debt income				
c Total				
3 Total ordinary income (loss) Add 1g, 2c.	█		█	█
4 Commercial revitalization deduction:				
a Commercial revitalization deduction	█		█	
b Memo: Net to Sch E. Line 1g less 4a.	█		█	█
5 Short-term capital gain (loss) for Sch D:				
a Non-portfolio capital gain (loss)	█		█	
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total	█		█	
6 Long-term capital gain (loss) for Sch D:				
a Non-portfolio capital gain (loss)	█		█	
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total	█		█	
7 Section 1231 gain (loss) for Form 4797:				
a Section 1231 gain (loss) pass through	█		█	
b Installment sales				
c Sale of assets				
d Total	█		█	
8 Ordinary gain (loss) for Form 4797:				
a Ordinary gain (loss) pass through				
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total				
9 Total Combine lines 3,4a,5e,6e,7d,8e.	█		█	█

Section B Passive Activity Adjustment to Income or Loss – Alternative Minimum Tax Purposes

Passive Activity Income (Loss) Description	(a) Gain (Loss) Limited by Form 6198 if Applicable	(b) Suspended Loss Carryover From Prior Year <i>Enter as Negative</i>	(c) Net Income (Loss) Allowed	(d) Loss Suspended for Current Year
1 Ordinary income (loss) for Schedule E:				
a Ordinary income (loss) pass through				
b Section 179 expense				
c Section 59(e)(2) expense				
d Unreimbursed expenses				
e Depletion expense				
f Interest expense				
g Total				
2 Ordinary income (loss) for Form 1040:				
a Ordinary income from recoveries				
b Cancellation of debt income				
c Total				
3 Total ordinary income (loss) Add 1g, 2c.				
4 Commercial revitalization deduction:				
a Commercial revitalization deduction				
b Memo: Net to Sch E. Line 1g less 4a.				
5 Short-term capital gain (loss) for Sch D:				
a Non-portfolio capital gain (loss)				
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total				
6 Long-term capital gain (loss) for Sch D:				
a Non-portfolio capital gain (loss)				
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total				
7 Section 1231 gain (loss) for Form 4797:				
a Section 1231 gain (loss) pass through				
b Installment sales				
c Sale of assets				
d Total				
8 Ordinary gain (loss) for Form 4797:				
a Ordinary gain (loss) pass through				
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total				
9 Total Combine lines 3,4a,5e,6e,7d,8e.				

► Keep for your records

Partner's Name RANDY CARAVELLA	Social Security Number [REDACTED]
-----------------------------------	--------------------------------------

Part I Information About the Partnership

A Partnership's Employer Identification Number [REDACTED]

B Partnership's Name [REDACTED]

D Check if this is a publicly traded partnership (PTP)
 Check if foreign partnership

Part II Information About the Partner

Partner is Taxpayer . . . Spouse Joint

G General Partner or LLC manager Limited Partner or other LLC member

I 2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.) check here
 All investment in partnership is at-risk
 Some investment in partnership is **not** at-risk

Final / Amended Final K-1 and Amended K-1 Checkboxes

Final K-1
 Check applicable box(es):
 Partnership was discontinued during 2014
 Partner sold or otherwise disposed of entire interest in the partnership in 2014
 Partner sold a portion of interest in partnership in 2014
 Amended K-1

Part III Partner's Share of Current Year Income, Deductions, Credits, Other Items

1 Ordinary business income (loss) [REDACTED]
 Check if "materially" participated in the business activities
 Check if "working interest" in oil or gas well

2 Net rental real estate income (loss) _____
 Check if "materially" participated in rental real estate activities
 Check if "actively" participated in rental real estate activities
 Check if rental of property is a type subject to recharacterization rules
 Check if rental real estate activity is a trade or business.

3 Other net rental income (loss) _____
 Check if rental of property is a type subject to recharacterization rules
 Check if rental activity is a trade or business.

4 Guaranteed payments _____

5 Interest income. _____
 Interest income from U.S. obligations included in box 5. _____

6 a Ordinary dividends _____

6 b Qualified dividends _____
 Interest income from U.S. obligations included in box 6. _____

7 Royalties _____
Double-click to link royalties to Schedule E Worksheet ► _____

Section A Passive Activity Adjustment to Income or Loss – For Regular Tax Purposes

Activity net income (loss) _____ Classification _____

Passive Activity Income (Loss) Description	(a) Gain (Loss) Limited by Form 6198 if Applicable	(b) Suspended Loss Carryover From Prior Year <i>Enter as Negative</i>	(c) Net Income (Loss) Allowed	(d) Loss Suspended for Current Year
1 Ordinary income (loss) for Schedule E:				
a Ordinary income (loss) pass through	██████████		██████████	██████████
b Section 179 expense	██████████		██████████	
c Section 59(e)(2) expense	██████████		██████████	
d Unreimbursed expenses	██████████		██████████	
e Depletion expense				
f Interest expense				
g Total	██████████		██████████	██████████
2 Ordinary income (loss) for Form 1040:				
a Ordinary income from recoveries				
b Cancellation of debt income				
c Total				
3 Total ordinary income (loss) Add 1g, 2c.	██████████		██████████	██████████
4 Commercial revitalization deduction:				
a Commercial revitalization deduction	██████████		██████████	
b Memo: Net to Sch E. Line 1g less 4a.	██████████		██████████	██████████
5 Short-term capital gain (loss) for Sch D:				
a Non-portfolio capital gain (loss)	██████████		██████████	
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total	██████████		██████████	
6 Long-term capital gain (loss) for Sch D:				
a Non-portfolio capital gain (loss)	██████████		██████████	
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total	██████████		██████████	
7 Section 1231 gain (loss) for Form 4797:				
a Section 1231 gain (loss) pass through	██████████		██████████	
b Installment sales				
c Sale of assets				
d Total	██████████		██████████	
8 Ordinary gain (loss) for Form 4797:				
a Ordinary gain (loss) pass through				
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total				
9 Total Combine lines 3,4a,5e,6e,7d,8e.	██████████		██████████	██████████

Partnership Name [REDACTED]

Section B Passive Activity Adjustment to Income or Loss – Alternative Minimum Tax Purposes

Passive Activity Income (Loss) Description	(a) Gain (Loss) Limited by Form 6198 if Applicable	(b) Suspended Loss Carryover From Prior Year <i>Enter as Negative</i>	(c) Net Income (Loss) Allowed	(d) Loss Suspended for Current Year
1 Ordinary income (loss) for Schedule E:				
a Ordinary income (loss) pass through	[REDACTED]		[REDACTED]	[REDACTED]
b Section 179 expense				
c Section 59(e)(2) expense				
d Unreimbursed expenses				
e Depletion expense				
f Interest expense				
g Total	[REDACTED]		[REDACTED]	[REDACTED]
2 Ordinary income (loss) for Form 1040:				
a Ordinary income from recoveries				
b Cancellation of debt income				
c Total				
3 Total ordinary income (loss) Add 1g, 2c.	[REDACTED]		[REDACTED]	[REDACTED]
4 Commercial revitalization deduction:				
a Commercial revitalization deduction				
b Memo: Net to Sch E. Line 1g less 4a.	[REDACTED]		[REDACTED]	[REDACTED]
5 Short-term capital gain (loss) for Sch D:				
a Non-portfolio capital gain (loss)				
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total				
6 Long-term capital gain (loss) for Sch D:				
a Non-portfolio capital gain (loss)				
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total				
7 Section 1231 gain (loss) for Form 4797:				
a Section 1231 gain (loss) pass through				
b Installment sales				
c Sale of assets				
d Total				
8 Ordinary gain (loss) for Form 4797:				
a Ordinary gain (loss) pass through				
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total				
9 Total Combine lines 3,4a,5e,6e,7d,8e.	[REDACTED]		[REDACTED]	[REDACTED]

► Keep for your records

Partner's Name RANDY CARAVELLA	Social Security Number [REDACTED]
-----------------------------------	--------------------------------------

Part I Information About the Partnership

A Partnership's Employer Identification Number [REDACTED]

B Partnership's Name [REDACTED]

D Check if this is a publicly traded partnership (PTP)
 Check if foreign partnership

Part II Information About the Partner

Partner is Taxpayer . . . Spouse Joint

G General Partner or LLC manager Limited Partner or other LLC member

I 2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.) check here
All investment in partnership is at-risk
Some investment in partnership is **not** at-risk

Final / Amended Final K-1 and Amended K-1 Checkboxes

Final K-1
Check applicable box(es):
 Partnership was discontinued during 2014
 Partner sold or otherwise disposed of entire interest in the partnership in 2014
 Partner sold a portion of interest in partnership in 2014
 Amended K-1

Part III Partner's Share of Current Year Income, Deductions, Credits, Other Items

1 Ordinary business income (loss) [REDACTED]
Check if "materially" participated in the business activities
Check if "working interest" in oil or gas well

2 Net rental real estate income (loss) _____
Check if "materially" participated in rental real estate activities
Check if "actively" participated in rental real estate activities
Check if rental of property is a type subject to recharacterization rules
Check if rental real estate activity is a trade or business.

3 Other net rental income (loss) _____
Check if rental of property is a type subject to recharacterization rules
Check if rental activity is a trade or business.

4 Guaranteed payments _____

5 Interest income _____
Interest income from U.S. obligations included in box 5. _____

6 a Ordinary dividends _____

6 b Qualified dividends _____
Interest income from U.S. obligations included in box 6. _____

7 Royalties _____
Double-click to link royalties to Schedule E Worksheet ► _____

Partnership Name [REDACTED]

Part III Partner's Share of Current Year Income, Deductions, Credits, Other Items (continued)

8	Net short-term capital gain (loss)	_____
9 a	Net long-term capital gain (loss)	_____
9 b	Collectibles (28%) gain (loss)	_____
9 c	Unrecaptured section 1250 gain	_____
10	Net section 1231 gain (loss)	_____
11	Other income (loss)	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
12	Section 179 deduction	_____
13	Other deductions	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
14	Self-employment earnings (loss)	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
15	Credits & credit recapture	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
16	Foreign transactions	
	A Name of country or U.S. possession	_____
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
17	Alternative minimum tax (AMT) items	
	Code Description	Amount
	[REDACTED]	[REDACTED]
	_____	_____
	_____	_____
18	Tax-exempt income and nondeductible expenses	
	Code Description	Amount
	[REDACTED]	[REDACTED]
	_____	_____
	_____	_____
19	Distributions	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
20	Other information	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____

Partnership Name _____)

Section A **Passive Activity Adjustment to Income or Loss – For Regular Tax Purposes**

Activity net income (loss) -32,488. Classification Passive

Passive Activity Income (Loss) Description	(a) Gain (Loss) Limited by Form 6198 if Applicable	(b) Suspended Loss Carryover From Prior Year <i>Enter as Negative</i>	(c) Net Income (Loss) Allowed	(d) Loss Suspended for Current Year
1 Ordinary income (loss) for Schedule E:				
a Ordinary income (loss) pass through				
b Section 179 expense				
c Section 59(e)(2) expense				
d Unreimbursed expenses				
e Depletion expense				
f Interest expense				
g Total				
2 Ordinary income (loss) for Form 1040:				
a Ordinary income from recoveries				
b Cancellation of debt income				
c Total				
3 Total ordinary income (loss) Add 1g, 2c.				
4 Commercial revitalization deduction:				
a Commercial revitalization deduction				
b Memo: Net to Sch E. Line 1g less 4a.				
5 Short-term capital gain (loss) for Sch D:				
a Non-portfolio capital gain (loss)				
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total				
6 Long-term capital gain (loss) for Sch D:				
a Non-portfolio capital gain (loss)				
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total				
7 Section 1231 gain (loss) for Form 4797:				
a Section 1231 gain (loss) pass through				
b Installment sales				
c Sale of assets				
d Total				
8 Ordinary gain (loss) for Form 4797:				
a Ordinary gain (loss) pass through				
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total				
9 Total Combine lines 3,4a,5e,6e,7d,8e.				

Partnership Name _____)

Section B Passive Activity Adjustment to Income or Loss – Alternative Minimum Tax Purposes

Passive Activity Income (Loss) Description	(a) Gain (Loss) Limited by Form 6198 if Applicable	(b) Suspended Loss Carryover From Prior Year <i>Enter as Negative</i>	(c) Net Income (Loss) Allowed	(d) Loss Suspended for Current Year
1 Ordinary income (loss) for Schedule E:				
a Ordinary income (loss) pass through	██████████		██████████	██████████
b Section 179 expense				
c Section 59(e)(2) expense				
d Unreimbursed expenses				
e Depletion expense				
f Interest expense				
g Total	██████████		██████████	██████████
2 Ordinary income (loss) for Form 1040:				
a Ordinary income from recoveries				
b Cancellation of debt income				
c Total				
3 Total ordinary income (loss) Add 1g, 2c.	██████████		██████████	██████████
4 Commercial revitalization deduction:				
a Commercial revitalization deduction				
b Memo: Net to Sch E. Line 1g less 4a.	██████████		██████████	██████████
5 Short-term capital gain (loss) for Sch D:				
a Non-portfolio capital gain (loss)				
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total				
6 Long-term capital gain (loss) for Sch D:				
a Non-portfolio capital gain (loss)				
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total				
7 Section 1231 gain (loss) for Form 4797:				
a Section 1231 gain (loss) pass through				
b Installment sales				
c Sale of assets				
d Total				
8 Ordinary gain (loss) for Form 4797:				
a Ordinary gain (loss) pass through				
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total				
9 Total Combine lines 3,4a,5e,6e,7d,8e.	██████████		██████████	██████████

► Keep for your records

Shareholder's Name RANDY CARAVELLA	Social Security Number [REDACTED]
---------------------------------------	--------------------------------------

Part I Information About the Corporation

A Corporation's Employer Identification Number [REDACTED]

B Corporation's Name R.L.C. INC.

Part II Information About the Shareholder

Shareholder is Taxpayer . . . Spouse. Joint

At-Risk Status (check one):
 All investment in corporation is at-risk
 Some investment in corporation **not** at-risk

Final / Amended Final K-1 and Amended K-1 Checkboxes

Final K-1 Amended K-1

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

1 Ordinary business income (loss) [REDACTED]
 Check if "materially" participated in the business activities

2 Net rental real estate income (loss) _____
 Check if "materially" participated in rental real estate activities
 Check if "actively" participated in rental real estate activities
 Check if rental of property is a type subject to recharacterization rules
 Check if rental real estate activity is a trade or business.

3 Other net rental income (loss) _____
 Check if rental of property is a type subject to recharacterization rules
 Check if rental activity is a trade or business.

4 Interest income. _____
 Interest income from U.S. obligations included in box 4. _____

5 a Ordinary dividends _____

5 b Qualified dividends _____
 Interest income from U.S. obligations included in box 5. _____

6 Royalties _____
Double-click to link royalties to Schedule E Worksheet ► _____

Name(s) Shown on Return
RANDY CARAVELLA

Social Security Number
[REDACTED]

S Corporation Name R.L.C. INC.

Box 8c : Unrecaptured section 1250 gain

- 1 Included in net section 1231 gain _____
- 2 Included in long-term gain — passed through from estate, trust, REIT or mutual fund _____
- 3 Included in long-term gain — from disposition of interest in a partnership _____

Box 10 : Other income (loss)

Code A : Other portfolio income (loss)

- 1 Income or loss from REMIC — residual holder _____
- 2 Excess inclusion from REMIC _____
- 3 Section 212 expense from REMIC _____
- 4 Other * (enter description):

- 5 Total box 10, code A _____

Code B : Involuntary conversions

- 1 Loss from casualty or theft of trade, business, rental, or royalty property _____
- 2 Loss from casualty or theft of income-producing and employee property _____
- 3 Gain from casualty or theft _____
- 4 Total box 10, code B _____

Code E : Other income

- 1 Recoveries (bad debt, prior tax, etc. reported on Form 1040, line 21) _____
- 2 Ordinary gain (loss) (reported on Form 4797, Part II) _____
- 3 Net short-term capital gain (loss) **not** portfolio income _____
- 4 Net long-term capital gain (loss) **not** portfolio income _____
- 5 Other nonpassive income (loss) to be reported on Schedule E, page 2 (enter description):

- 6 Other * (enter description):

- 7 Total box 10, code E _____

Box 11: Section 179 deduction

- 1 Section 179 carryover from prior year Form 4562 _____
- 2 Section 179 deduction allowed per current year Form 4562 (see Help) _____
- 3 Reserved for future use _____
- 4 State section 179 expense information:
State . . . ▶ _____ State 179 deduction ▶ _____ Reserved . . . ▶ _____
State . . . ▶ _____ State 179 deduction ▶ _____ Reserved . . . ▶ _____
State . . . ▶ _____ State 179 deduction ▶ _____ Reserved . . . ▶ _____
State . . . ▶ _____ State 179 deduction ▶ _____ Reserved . . . ▶ _____



Smart Worksheets from your 2014 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax _____
	Check if from:
1	Tax table
2	Tax Computation Worksheet (see instructions)
3	Schedule D Tax Worksheet
4	Qualified Dividends and Capital Gain Tax Worksheet
5	Schedule J
6	Form 8615
7	Foreign Earned Income Tax Worksheet
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Tax. Add lines A through F. Enter the result here and on line 44 _____

State and Local Taxes Smart Worksheet

Enter sales tax information below. The greater of sales taxes from line I plus line J, or income taxes on line K, will flow to line 5. See Help.

- A Income from Form 1040, line 38
- B Nontaxable income entered elsewhere on return
- C Available income: 2013 refundable credits in excess of tax
- D **Enter** any additional nontaxable income
- E Total available income for sales taxes
- F Sales tax table information:

Enter total (combined) state and local sales tax rate in column (d) for each state listed in column (a).

If CO, IL, LA, NJ, NY or SC column (a):

QuickZoom to Misc Global Options to enter default locality

or Double-click in column (d) to select your locality for each state entered.

(a) ST	(b) Lived in State From	(c) Lived in State To	(d) Enter Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total general sales taxes from table

- H **Enter** additions to table amount (motor vehicle, boat)
- I Total sales taxes from table plus additions to table amount
- J **Enter** actual sales taxes paid (in lieu of table amount)
- K Total income taxes paid



SMART WORKSHEET FOR: Schedule A: Itemized Deductions

Mortgage Interest and Points Smart Worksheet

A Enter a description and an amount for fully deductible mortgage interest and points. Check the box if the mortgage was sold to another lender, or the mortgage has been paid off; the lender's name will **not** transfer to next year's return.
Check the box if the mortgage interest and/or points are **not** reported on Form 1098.
Note: When the points must be deducted over the life of the loan, enter this information on the Other Points Smart Worksheet.
If the interest deduction may be limited, enter all information on the Deductible Home Mortgage Interest Worksheet instead.
QuickZoom to Deductible Home Mortgage Interest Worksheet ▶ _____

Lender's Name/Description	Deductible Mortgage Interest	Fully Deductible Points	Paid Off	Not on Form 1098
	[REDACTED]		<input type="checkbox"/>	<input type="checkbox"/>
	[REDACTED]		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

A Adjust Home mortgage interest and points reported on Form 1098:

1 Total home mortgage interest and points from 1098's from detail. _____ [REDACTED]

2 Enter amount to deduct on Line 10 if different. _____



SMART WORKSHEET FOR: Sch K-1 Wks-S Corporations (R.L.C. INC.)

Form 4562, Line 12 Smart Worksheet	
(Only applies if Summary Form 4562 used)	
A	Total Section 179 before limitation _____
B	Section 179 allowable, if different. _____



Additional information from your 2014 Federal Tax Return

Schedule A: Itemized Deductions

Ln 17, Noncash cont

Itemization Statement

Description	Amount
[REDACTED]	[REDACTED]
Total	[REDACTED]

Schedule E: Supplemental Income and Loss

Line 19 Other Expenses: Property (A)

Continuation Statement

Expense Description	Amount
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Total	[REDACTED]

Schedule E: Supplemental Income and Loss

Line 19 Other Expenses: Property (B)

Continuation Statement

Expense Description	Amount
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Total	[REDACTED]



SMART WORKSHEET FOR: Schedule A: Itemized Deductions
Mortgage Interest and Points

Continuation Statement

Lender's Name/Description	Deductible Mortgage Interest	Fully Deductible Points	Paid Off	Not on Form 1098
[REDACTED]	[REDACTED]		<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]		<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]		<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]			

CT-1040ES		Estimated Connecticut Income Tax Payment	2015
Your Social Security Number [REDACTED]	Spouse's Social Security Number ▶ [REDACTED]	Due date 06/15/2015	

If the Social Security Number(s) is incorrect, make corrections directly on this coupon and cross out numeric scan line on bottom right. **If name or address is incorrect, complete Form CTC-ES, Correction Form, on Page 6 of the enclosed instructions.**

This is a personalized machine readable document - submit original coupon only.



1. Payment amount ▶	[REDACTED]
---------------------	------------

- If you are paying by check, make it payable to **Commissioner of Revenue Services**.
- To ensure proper posting, write your SSN(s) (optional) and "2015 Form CT-1040ES" on your check. DRS may submit your check to your bank electronically.
- Use the enclosed mailing label to send your coupon and payment to: **Department of Revenue Services, PO Box 5053, Hartford CT 06102-5053**

RANDY
KIM A
[REDACTED]

CARAVELLA
FEDAK
[REDACTED]



CT-1040ES		Estimated Connecticut Income Tax Payment	2015
Your Social Security Number [REDACTED]	Spouse's Social Security Number ▶ [REDACTED]	Due date 09/15/2015	

If the Social Security Number(s) is incorrect, make corrections directly on this coupon and cross out numeric scan line on bottom right. **If name or address is incorrect, complete Form CTC-ES, Correction Form, on Page 6 of the enclosed instructions.**

This is a personalized machine readable document - submit original coupon only.



1. Payment amount ▶	[REDACTED]
---------------------	------------

- If you are paying by check, make it payable to **Commissioner of Revenue Services**.
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RANDY
KIM A
[REDACTED]

CARAVELLA
FEDAK
[REDACTED]



CT-1040ES		Estimated Connecticut Income Tax Payment	2015
Your Social Security Number [REDACTED]	Spouse's Social Security Number ▶ [REDACTED] 3	Due date 01/15/2016	

If the Social Security Number(s) is incorrect, make corrections directly on this coupon and cross out numeric scan line on bottom right. **If name or address is incorrect, complete Form CTC-ES, Correction Form, on Page 6 of the enclosed instructions.**

This is a personalized machine readable document - submit original coupon only.



1. Payment amount ▶	[REDACTED]
---------------------	------------

- If you are paying by check, make it payable to **Commissioner of Revenue Services**.
- To ensure proper posting, write your SSN(s) (optional) and "2015 Form CT-1040ES" on your check. DRS may submit your check to your bank electronically.
- Use the enclosed mailing label to send your coupon and payment to: **Department of Revenue Services, PO Box 5053, Hartford CT 06102-5053**

RANDY
[REDACTED]

CARAVELLA
[REDACTED]



Form CT-1040 - 2014, Page 1 of 4
Connecticut Resident Income Tax Return

Other taxable year, beginning: 2014 and ending:

N S Y FJ N FS N HH N QW

RANDY CARAVELLA Dec.
KIM A FEDAK Dec.
CT-2210
CT-8379 CT-1040CRC

- 1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4) 1.
2. Additions to federal adjusted gross income (from Schedule 1, Line 39) 2.
3. Add Line 1 and Line 2 3.
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50) 4.
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3. 5.
6. Income tax 6.
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59) 7.
8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered. 8.
9. Connecticut alternative minimum tax (from Form CT-6251) 9.
10. Add Line 8 and Line 9. 10.
11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68) 11.
12. Line 11 subtracted from Line 10. If less than zero, "0" is entered. 12.
13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11) 13.
14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered. 14.
15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered. 15.
16. Total tax: Add Line 14 and Line 15. 16.

Clip check here. Do not staple. Do not send W-2 or 1099 forms.



Form CT-1040, Page 2 of 4

17. Amount from Line 16

17. •

W-2, W-2G, and 1099 Information

Col. A - Employer or Payer's Fed. ID #

Col. B - CT Wages, Tips, etc.

Col. C - CT Income Tax Withheld

18a.
18b.
18c.
18d.
18e.

-
-
-
-
-

•
•
•
•
•

18f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 18f.

0

18. **Total Connecticut income tax withheld:** Amounts in Column C.

18.

19. All 2014 estimated tax payments and any overpayments applied from a prior year

19.

20. Payments made with Form CT-1040 EXT

20.

20a. Earned income tax credit (from Schedule CT-EITC, Line 16)

20a.

20b. Claim of right credit (from Form CT-1040CRC, Line 6)

20b.

21. **Total payments:** Add Lines 18, 19, 20, 20a, and 20b.

21.

22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21.

22.

23. Amount of Line 22 you want **applied to your 2015 estimated tax**

23.

24. CHET contribution (from Schedule CT-CHET, Line 4)

24.

24a. Total contributions of refund to designated charities (from Schedule 5, Line 70)

24a.

25. **Refund:** Lines 23, 24, and 24a subtracted from Line 22.

25.

If you have not elected to direct deposit, the refund may be issued by debit card or check.

25a. Acct. type

Ck.

Sv.

25b. Rout. #

25c. Acct. #

25d. Refund going to a bank account outside the U.S.

25e. Debit card

26. **Tax due:** If Line 17 is more than Line 21, Line 21 subtracted from Line 17.

26.

27. If late: Penalty entered. Line 26 multiplied by 10% (.10).

27.

28. If late: Interest entered.

Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01).

28.

29. Interest on underpayment of estimated tax (from Form CT-2210)

29.

30. **Total amount due:** Add Lines 26 through 29.

30.

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature		Date	Home/cell telephone number
Spouse's signature (if joint return)		Date	Daytime telephone number
Paid preparer's signature		Date	Telephone number
Preparer's SSN or PTIN			
Firm's name, address, and ZIP code			FEIN

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
-----------------	------------------	--------------------------------------

Sign Here
Keep a copy for your records.

Schedule 1 - Modifications to Federal Adjusted Gross Income

31. Interest on state and local government obligations other than Connecticut	31.	
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.	
33. Reserved for future use.	33.	
34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	34.	
35. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	35.	
36. Loss on sale of Connecticut state and local government bonds	36.	
37. Domestic production activities (from federal Form 1040, Line 35)	37.	
38. Other - specify	38.	
39. Total additions: Add Lines 31 through 38.	39.	
40. Interest on U.S. government obligations	40.	
41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	41.	
42. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	42.	
43. Refunds of state and local income taxes	43.	
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	44.	
45. 50% of military retirement pay	45.	
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	46.	
47. Gain on sale of Connecticut state and local government bonds	47.	
48. CHET contributions Acct. #:	48.	
49. Other - specify	49.	
50. Total subtractions: Add Lines 40 through 49.	50.	

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

51. Modified Connecticut adjusted gross income	51.		
		Col. A	Col. B
52. Qualifying jurisdiction's name and two-letter code	52.		
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return	53.		
54. Line 53 divided by Line 51	54.		
55. Income tax liability: Line 11 subtracted from Line 6.	55.		
56. Line 54 multiplied by Line 55	56.		
57. Income tax paid to a qualifying jurisdiction	57.		
58. Lesser of Line 56 or Line 57	58.		
59. Total credit: Add Line 58, all columns.	59.		

Schedule 3 - Property Tax Credit

	Qualifying Property	Primary Residence	Auto 1	Auto 2
Name of Connecticut Tax Town or District	• [REDACTED]	• [REDACTED]	• [REDACTED]	• [REDACTED]
Description of Property	• [REDACTED]	• [REDACTED]	• [REDACTED]	• [REDACTED]
Date(s) Paid	• 12312014	• [REDACTED]	• [REDACTED]	• [REDACTED]
Amount Paid	60. [REDACTED]	61. [REDACTED]	0	62. 0
63. Total property tax paid: Add Lines 60, 61, and 62.			[REDACTED]	63. [REDACTED]
64. Maximum property tax credit allowed				64. • [REDACTED]
65. Lesser of Line 63 or Line 64.				65. • [REDACTED]
66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68.				66. • 0 [REDACTED]
67. Line 65 multiplied by Line 66.				67. • [REDACTED]
68. Line 67 subtracted from Line 65.			[REDACTED]	68. [REDACTED]

Schedule 4 - Individual Use Tax

69a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	69a.	[REDACTED]
69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	69b.	[REDACTED]
69c. Use tax at 7% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	69c.	[REDACTED]
69. Individual use tax: Add Lines 69a, 69b, and 69c.	69. •	[REDACTED]

Schedule 5 - Contributions to Designated Charities

70a. AR	70a.	[REDACTED]
70b. OT	70b.	[REDACTED]
70c. ES/W	70c.	[REDACTED]
70d. BCR	70d.	[REDACTED]
70e. SNS	70e.	[REDACTED]
70f. MR	70f.	[REDACTED]
70g. CBS	70g.	[REDACTED]
70. Total Contributions: Add Lines 70a through 70g.	70. •	[REDACTED]
Taxpayer email		[REDACTED]

(Rev. 01/15)

Underpayment of Estimated Income Tax by Individuals, Trusts, and Estates

Your first name and middle initial RANDY	Last name (as shown on your income tax return) CARAVELLA	Y
If a joint return, spouse's first name and middle initial KIM A	Last name FEDAK	Spous
Name of estate or trust	Fiduciary's name	Federal Employer Identification Number

Complete Form CT-2210 in blue or black ink only.

Purpose: Filers of **Forms CT-1040, CT-1040NR/PY, and CT-1041** who underpaid their estimated Connecticut income tax may use this form to calculate the amount of interest due or to lower or eliminate interest that would otherwise apply.

My Taxes Are Underpaid: In general, if you do not make timely installments of your required annual payment and your Connecticut income tax (after tax credits) minus Connecticut income tax withheld is \$1,000 or more, you will be charged interest on the underpaid amount. You are not subject to interest on the underpayment if the income tax shown on your 2014 Connecticut income tax return minus Connecticut income tax withheld is less than \$1,000.

Your required annual payment is the lesser of:

- 90% of the income tax shown on your 2014 Connecticut income tax return; **or**
- 100% of the income tax shown on your 2013 Connecticut income tax return if you filed a 2013 Connecticut income tax return that covered a 12-month period.

If either of the following applies to you, you are not subject to interest on the underpayment. You must check Box F or G in Part I below and attach this page to your Connecticut income tax return:

- You were a Connecticut resident during the 2013 taxable year and did not file a 2013 Connecticut income tax return because you had no Connecticut income tax liability; **or**
- You were a part-year resident or nonresident with Connecticut-sourced income during the 2013 taxable year but did not file a 2013 Connecticut income tax return because you had no Connecticut income tax liability.

If you were a Connecticut part-year resident or nonresident in 2013 and you did not have Connecticut-sourced income during the 2013 taxable year, you must use 90% of the income tax shown on your 2014 Connecticut income tax return as your required annual payment.

Interest: You may be charged interest if you did not pay enough tax through withholding, estimated tax payments, or both, by any installment due date. This is true even if you are due a refund when you file your tax return. Interest is calculated separately for each installment. Therefore, you may owe interest for an earlier installment even if you paid enough tax later to make up the underpayment. Overpayment of any estimated tax will be credited against any future installment.

Interest on the underpayment of estimated income tax, at 1% per month or fraction of a month, will continue to accrue until the earlier of April 15, 2015, or the date on which the underpayment is paid.

A taxpayer who files his or her income tax return for the taxable year on or before January 31, 2015, and pays the total amount computed on the return as payable for the taxable year, does not have to pay the January 15, 2015, estimate and will not incur interest on the underpayment of estimated income tax for the fourth required installment. Do not complete *Schedule B, Worksheet D*, if you file your income tax return by January 31.

Farmers or fishermen who file Forms CT-1040, CT-1040NR/PY, or CT-1041 for the taxable year on or before March 1, 2015, and pay the total amount computed on the return as payable for the taxable year, do not have to pay the January 15, 2015 estimate, which is the only estimate required, and will not incur interest on the underpayment of estimated income tax. See *Special Rules for Farmers and Fishermen* on Page 5.

Name and Identifying Number

Individuals: Enter in the space provided at the top of the form your name and Social Security Number (SSN) as it appears on your Connecticut income tax return. If you filed a joint return, also enter your spouse's name and SSN.

Trusts and Estates: Enter the name of the trust or estate and the name of the fiduciary as it appears on Form CT-1041 in the space provided at the top of the form. Also enter the Federal Employer Identification Number of the trust or estate.

Generally, the rules above also apply in determining whether a Connecticut resident trust or estate, a nonresident trust or estate, or a part-year resident trust has made the required annual payment.

Except as provided below, a trust created in 2014 must use 90% of the income tax shown on the 2014 **Form CT-1041, Connecticut Income Tax Return for Trusts and Estates**, as the required annual payment.

Exceptions

Decedent's Estates: For any taxable year ending before the date that is two years after a decedent's death, the decedent's estate is not required to make estimated payments and no underpayment interest will be charged.

Certain Grantor Trusts: For any taxable year ending before the date that is two years after a decedent's death, a trust is not required to make estimated payments and no underpayment interest will be charged if:

- The trust was created under IRC §§671 through 679, inclusive, as owned by the decedent and will receive the residue of the decedent's estate under the will; **or**
- If no will is admitted to probate, the trust is primarily responsible for paying debts, taxes, and expenses of administration.

Part I – Reasons For Filing

If one of the following boxes applies to you, you may be able to reduce or eliminate interest charges that would otherwise accrue if we calculated the interest for you. You must check the box that applies and file this form with your tax return. If you checked any of these boxes, also be sure to **check the box for Form CT-2210 on the front page of your Connecticut income tax return and attach this form to the back of the return.**

Check the boxes that apply. See instructions.

- A. Your income varied during the year and your interest is reduced or eliminated when computed using the annualized income installment method.
- B. Your required annual payment is based on the tax shown on your 2013 Connecticut income tax return and you filed or are filing a joint return for either 2013 or 2014, but not for both years.
- C. Your interest is lower by treating your Connecticut income tax withheld from your income as paid on the dates it was actually withheld instead of in equal amounts on the payment due dates.
- D. You are a farmer or fisherman as defined in IRC §6654(i)(2). See instructions on Page 5.
- E. You cannot use the prior year tax liability as a basis for your required annual payment. See instructions on Page 5.
- F. You were a Connecticut resident during the entire 2013 taxable year and you did not file a 2013 Connecticut income tax return because you did not have a Connecticut income tax liability.
- G. You were a part-year resident or nonresident of Connecticut during the 2013 taxable year and you had Connecticut-sourced income in 2013, but you did not file a 2013 Connecticut income tax return because you did not have a Connecticut income tax liability.

Part II – Required Annual Payment

Complete Part II to determine if you were required to make estimated payments. See Instructions.

- 1. 2014 Connecticut income tax 1. _____ [REDACTED]
- 2. Multiply Line 1 by 90% (.90). Farmers and fishermen, see instructions. 2. _____ [REDACTED]
- 3. Connecticut income tax withheld 3. _____ [REDACTED]
- 4. Subtract Line 3 from Line 1. **If the result is less than \$1,000, stop here.** Do not complete or file this form. 4. _____ [REDACTED]
- 5. Enter your 2013 Connecticut income tax. See instructions. 5. _____ [REDACTED]
- 6. Enter the smaller of Line 2 or Line 5. **This is your required annual payment for 2014.** 6. _____ [REDACTED]
- 7. Subtract Line 3 from Line 6. **If the result is zero or less, stop here.** Do not complete or file this form. 7. _____ [REDACTED]

Part III – Calculate Your Underpayment and Interest for Each Calendar Quarter See instructions.

	A	B	C	D	Total	
8. Enter the required annual payment from Part II, Line 6. Enter the same amount in Columns A, B, C, and D. If you checked Part I, Box A, or Box D, see instructions.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
9. Installment percentages	.25	.50	.75	1.00		
10. Multiply Line 8 by Line 9. Enter each result in the appropriate column. If you checked Part I, Box A, see instructions.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
11. Enter the total Connecticut tax withheld, Part II, Line 3. Enter the same amount in Columns A, B, C, and D. If you checked Part I, Box C, skip this line and see instructions for Line 13.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
12. Withholding percentages	.25	.50	.75	1.00		
13. Multiply Line 11 by Line 12. Enter each result in the appropriate column. If you checked Part 1, Box C, see instructions.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
14. Subtract Line 13 from Line 10. Enter each result in the appropriate column. If Line 13 is equal to or greater than Line 10 in any column, enter "0" in that column.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
15. Enter the estimated tax payments. See instructions.						
16. Underpayments - Subtract Line 15 from Line 14. Enter each result in the appropriate column. If Line 15 is equal to or greater than Line 14 in any column, enter "0" in that column.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
17. Interest - Use Worksheets A, B, C, and D of <i>Schedule B</i> and enter each result in the appropriate column. Add Columns A, B, C, and D. Enter the total in the Total Column and on the appropriate line of your Connecticut income tax return.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]

**Attach this form to the back of your Connecticut income tax return.
Keep a copy of this worksheet for your records.**



Schedule B Interest Calculation

See *Schedule B Interest Calculation* instructions, on Page 7.

Worksheet A — For period beginning after April 15, 2014, and ending on or before June 15, 2014.

	Date	Amount	Interest Rate	Interest
	1	2	3	4
Line a - Underpayment		[REDACTED]	.01	[REDACTED]
Line b - Late payment	4-16-2014 to 5-15-2014			
Line c - Revised underpayment		[REDACTED]	.01	[REDACTED]
Line d - Late payment	5-16-2014 to 6-15-2014			
Line e - Total interest				[REDACTED]

Worksheet B — For period beginning after June 15, 2014, and ending on or before September 15, 2014.

	1	2	3	4
Line a - Underpayment		[REDACTED]	.01	[REDACTED]
Line b - Late payment	6-16-2014 to 7-15-2014			
Line c - Revised underpayment		[REDACTED]	.01	[REDACTED]
Line d - Late payment	7-16-2014 to 8-15-2014			
Line e - Revised underpayment		[REDACTED]	.01	[REDACTED]
Line f - Late payment	8-16-2014 to 9-15-2014			
Line g - Total interest				[REDACTED]

Worksheet C — For period beginning after September 15, 2014, and ending on or before January 15, 2015.

	1	2	3	4
Line a - Underpayment		[REDACTED]	.01	[REDACTED]
Line b - Late payment	9-16-2014 to 10-15-2014			
Line c - Revised underpayment		[REDACTED]	.01	[REDACTED]
Line d - Late payment	10-16-2014 to 11-15-2014			
Line e - Revised underpayment		[REDACTED]	.01	[REDACTED]
Line f - Late payment	11-16-2014 to 12-15-2014			
Line g - Revised underpayment		[REDACTED]	.01	[REDACTED]
Line h - Late payment	12-16-2014 to 1-15-2015			
Line i - Total interest				[REDACTED]

Worksheet D — For period beginning after January 15, 2015, and ending on or before April 15, 2015.

	1	2	3	4
Line a - Underpayment		[REDACTED]	.01	[REDACTED]
Line b - Late payment	1-16-2015 to 2-15-2015			
Line c - Revised underpayment		[REDACTED]	.01	[REDACTED]
Line d - Late payment	2-16-2015 to 3-15-2015			
Line e - Revised underpayment		[REDACTED]	.01	[REDACTED]
Line f - Late payment	3-16-2015 to 4-15-2015			
Line g - Total interest				[REDACTED]

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes **No**
 Elect **direct deposit** of state tax refund
 Use **electronic funds withdrawal** of state tax payment (EF Only)

Bank Information:

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) _____
 Account type Checking Savings
 Routing number _____
 Account number _____

Payment date to withdraw from the account above _____
 State balance-due amount from this return _____

Yes **No**
 Elect to receive a state issued debit card instead of a paper check

International ACH Transactions

Yes **No**
 Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VII – Paid Preparer and Third Party Designee Information

Enter Preparer Code from Firm/Preparer Info 1

Preparer is the third party designee
 Do **not** transfer third party designee information from federal return

If Not, Complete the following:

Designee's name _____
 Designee's phone number _____
 Personal identification number _____

Part VIII – Extension Status

Yes **No**
 Tax return due date extended?
 Extended due date _____

QuickZoom to Form CT-1040 EXT: Application for Extension of Time to File Inc Tax Return ▶ _____

QuickZoom to Form CT-1040: Resident Income Tax Return ▶ _____

QuickZoom to Form CT-1040NR/PY: Nonresident and Part-Year Resident Income Tax Return ▶ _____

► Keep for your records

Name(s) Shown on Return
RANDY CARAVELLA & KIM A FEDAK

Your Social Security Number

Part I 2015 Estimated Tax Amount Options

1 Select One of Six Ways to Calculate the Required Annual Payment for 2015 Estimates:

- a 100% of **2014** taxes (default, see Tax Help) _____
- b 100% of tax on **2015** estimated taxable income _____
- c 90% of tax on **2015** estimated taxable income _____
- d 66-2/3% of tax on **2015** estimated taxable income (farmers and fishermen) _____
- e Equal to 100% of overpayment (no vouchers) _____
- f Enter total amount you want to use for estimates and check box _____

2 Selected estimated tax amount:

- a 2015 Required Annual Payment based on your choice above _____
- b Estimated amount of 2015 state income tax withholding _____
- c **Total of estimated tax payments required for 2015** (line 2a less line 2b) _____

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$1000 or more (default)
- b Calculate estimates if _____ (specify amount) or more
- c Calculate estimates regardless of amount
- d Do **not** calculate estimates

Part II Overpayment Application Options

1 Amount of overpayment available (Form CT-1040, line 22, or Form CT-1040NR/PY, line 24) _____

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment)
- b Apply all (increase estimate if required)
- c Apply to extent of total estimated tax and refund excess _____
- d Apply to extent of first quarter amount and refund excess _____
- e Enter amount you want to apply _____
- f Amount applied to 2015 estimated tax _____
- g Overpayment to be refunded (line 1 less line 2f) _____

3 Select Overpayment Application Sequence:

- a ◀ Consecutively b ◀ Evenly

Part III Rounding and Printing Options (see Tax Help for printing ES amounts on Client Letter)

1 Select Rounding Option:

- a ◀ Round up to next \$1 b ◀ Round up to next \$10 c ◀ Round up to next \$100 d ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ◀ Print (per Part I, lines 3a - c) b ◀ Print only name, etc. c ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 4/15/2015	2 6/15/2015	3 9/15/2015	4 1/15/2016	Total
1 If you have already made payments, enter amounts					
2 Indicate which payment is due next. (e.g. if it is now April 25, 2015, check col. 2) . .					
3 Required Payment					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					
QuickZoom to voucher . . ►					

Part V Changes to Income, Deductions and Withholding for 2015

2014 income and deductions are shown in the 2014 Actual column below.

***Caution:** For each line in the 2015 Estimated column, enter the estimated 2015 amount **if different** from 2014. Otherwise, the 2014 Actual amount will be used for that line. If zero, you **must** enter zero.

	2014 Actual	2015 Estimated
1 Adjusted gross income	[REDACTED]	[REDACTED]
2 Allowable Connecticut adjustments	_____	_____
3 Allowable credits from Schedule CT-IT Credit	_____	_____
4 Net credit for taxes paid to other jurisdictions	_____	_____
5 Connecticut alternative minimum tax.	_____	_____
6 Income tax withheld	[REDACTED]	_____
Non- or part-year residents only:		
7 Income from Connecticut sources	_____	_____
8 The greater of Part VII, line 3 or Part V, line 7.	_____	_____

Part VI Filing Status for 2015

Choose your 2015 filing status:

- Single
- Married filing jointly
- Married filing separately
- Head of household (with qualifying person)
- Qualifying widow(er) with dependent child

Part VII 2015 Estimated Taxable Income and Tax

1 Federal adjusted gross income you expect in the 2015 taxable year (from 2015 federal Form 1040ES, 2015 Estimated Tax Worksheet, line 1)	1	[REDACTED]
2 Allowable Connecticut modifications (additions or subtractions (to your AGI), see instructions)	2	_____
3 Connecticut adjusted gross income (combine line 1 and line 2) Nonresidents and Part-Year Residents: Enter your Connecticut source income if greater than your Connecticut adjusted gross income.	3	[REDACTED]
4 Connecticut income tax	4	[REDACTED]
5 Apportionment factor (Connecticut residents enter 1.0000. Nonresidents and part-year residents, see instructions).	5	[REDACTED]
6 Multiply line 5 by line 4	6	[REDACTED]
7 Credit for income taxes paid to qualifying jurisdictions	7	_____
8 Subtract line 7 from line 6	8	[REDACTED]
9 Estimated Connecticut alternative minimum tax.	9	_____
10 Add line 8 and line 9	10	[REDACTED]
11 Estimated allowable credits from Schedule CT-IT Credit.	11	_____
12 Total estimated income tax (subtract line 11 from line 10)	12	[REDACTED]

Caution: Generally, you may owe interest if you do not prepay (through timely estimates, or withholding, or both) the lesser of 100% of the income tax shown on your 2014 CT income tax return, or 90% of the income tax shown on your 2015 CT income tax return. To avoid interest charges, make sure your estimate is as accurate as possible. You may prefer to pay 100% of the income tax shown on your 2014 Connecticut income tax return.

Tax Payments Worksheet

2014

▶ Keep for your records

Name _____	Social Security Number _____
---------------	---------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
13	Other state tax withholding	13	
14	Total income tax withheld	14	
15	Date return will be filed and balance paid	15	

OTHV0301.SCR 04/30/15

**BRIA, FLYNN & COMPANY
100 MELROSE AVE SUITE 207
GREENWICH, CT 06830
(203) 661-0888
FLYNNANDCOMPANY@AOL.COM**

August 24, 2015

R.L.C. INC.
230 POST ROAD
COS COB, CT 06807

Statement of Charges for Services Rendered:

Total fee \$ 

Department of the Treasury Internal Revenue Service

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

For calendar year 2014 or tax year beginning , 2014, ending

Header section containing: A S election effective date (09/15/95), B Business activity code, C Check if Schedule M-3 attached, D Employer identification number, E Date incorporated (09/15/95), F Total assets, TYPE OR PRINT, Name (R.L.C. INC.), Address (230 POST ROAD, COS COB, CT 06807)

G Is the corporation electing to be an S corporation beginning with this tax year? (Yes/No), H Check if: (1) Final return, (2) Name change, (3) Address change, (4) Amended return, (5) S election termination or revocation, I Enter the number of shareholders who were shareholders during any part of the tax year (1)

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Main table with columns for Income (1a-6), Deductions (7-21), and Tax and Payments (22a-27). Includes sub-headers INCOME, DEDUCTIONS, TAX AND PAYMENTS.

Sign Here section: Declaration of preparer, Signature of officer, Date, Title (PRES.), and a box for 'May the IRS discuss this return with the preparer shown below?' (Yes/No).

Paid Preparer Use Only section: Print/Type preparer's name (PATRICK R. BRIA, CPA), Preparer's signature, Date (08/24/15), Check self-employed (checked), Firm's name (BRIA, FLYNN & COMPANY), Firm's address (100 MELROSE AVE SUITE 207, GREENWICH, CT 06830), Firm's EIN, and Phone no.

Schedule B Other Information (see instructions)	Yes	No
1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____		
2 See the instructions and enter the: a Business activity. ▶ <u>RETAIL SALES</u> b Product or service. ▶ <u>WINES & SPIRITS</u>		
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X
4 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation
(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made	
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity
(iv) Country of Organization		
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below. (i) Total shares of restricted stock ▶ _____ (ii) Total shares of non-restricted stock ▶ _____		
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below. (i) Total shares of stock outstanding at the end of the tax year ▶ _____ (ii) Total shares of stock outstanding if all instruments were executed ▶ _____		
6 Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction?		
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$ _____		
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ _____		
10 Does the corporation satisfy both of the following conditions? a The corporation's total receipts (see instructions) for the tax year were less than \$250,000 b The corporation's total assets at the end of the tax year were less than \$250,000 If "Yes," the corporation is not required to complete Schedules L and M-1.		
11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction \$ _____		
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		
13 a Did the corporation make any payments in 2014 that would require it to file Form(s) 1099?		
b If "Yes," did the corporation file or will it file required Forms 1099?		

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

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

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach stmt)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10 a Buildings and other depreciable assets				
b Less accumulated depreciation				
11 a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)				
13 a Intangible assets (amortizable only)				
b Less accumulated amortization				
14 Other assets (attach stmt)				
15 Total assets				
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach stmt)				
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock				
23 Additional paid-in capital				
24 Retained earnings				
25 Adjustments to shareholders' equity (att stmt)				
26 Less cost of treasury stock				
27 Total liabilities and shareholders' equity				

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

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

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

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

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

Cost of Goods Sold

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.**
▶ **Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.**

Name R.L.C. INC.	Employer identification number [REDACTED]
----------------------------	--

1 Inventory at beginning of year	1	[REDACTED]
2 Purchases	2	[REDACTED]
3 Cost of labor	3	[REDACTED]
4 Additional section 263A costs (attach schedule)	4	[REDACTED]
5 Other costs (attach schedule)	5	[REDACTED]
6 Total. Add lines 1 through 5	6	[REDACTED]
7 Inventory at end of year	7	[REDACTED]
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8	[REDACTED]

- 9 a** Check all methods used for valuing closing inventory:
- (i) Cost
 - (ii) Lower of cost or market
 - (iii) Other (Specify method used and attach explanation) . . . ▶
- b** Check if there was a writedown of subnormal goods ▶
- c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶
- d** If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d** [REDACTED]
- e** If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? Yes No
- f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation Yes No

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

Department of the Treasury
Internal Revenue Service

2014

For calendar year 2014, or tax
year beginning _____, 2014
ending _____,

Final K-1

Amended K-1

OMB No. 1545-0123

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

Part I Information About the Corporation

A Corporation's employer identification number
[REDACTED]

B Corporation's name, address, city, state, and ZIP code
R.L.C. INC.
POST WINES & SPIRITS
230 POST ROAD
COS COB, CT 06807

C IRS Center where corporation filed return
Cincinnati, OH 45999-0013

Part II Information About the Shareholder

D Shareholder's identifying number
[REDACTED]

E Shareholder's name, address, city, state, and ZIP code
RANDY CARAVELLA
17 TOMNEY ROAD
GREENWICH, CT 06830

F Shareholder's percentage of stock ownership for tax year. [REDACTED] %

FOR USE ONLY

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

1	Ordinary business income (loss)	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5 a	Ordinary dividends		
5 b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8 a	Net long-term capital gain (loss)		
8 b	Collectibles (28%) gain (loss)		
8 c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
		17	Other information

*See attached statement for additional information.

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

1 Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:	
Passive loss	Report on See the Shareholder's Instructions
Passive income	Schedule E, line 28, column (g)
Nonpassive loss	Schedule E, line 28, column (h)
Nonpassive income	Schedule E, line 28, column (j)
2 Net rental real estate income (loss)	See the Shareholder's Instructions
3 Other net rental income (loss)	
Net income	Schedule E, line 28, column (g)
Net loss	See the Shareholder's Instructions
4 Interest income	Form 1040, line 8a
5 a Ordinary dividends	Form 1040, line 9a
5 b Qualified dividends	Form 1040, line 9b
6 Royalties	Schedule E, line 4
7 Net short-term capital gain (loss)	Schedule D, line 5
8 a Net long-term capital gain (loss)	Schedule D, line 12
8 b Collectibles (28%) gain (loss)	28% Rate Gain Worksheet, line 4 (Schedule D instructions)
8 c Unrecaptured section 1250 gain	See the Shareholder's Instructions
9 Net section 1231 gain (loss)	See the Shareholder's Instructions
10 Other income (loss)	
<i>Code</i>	
A Other portfolio income (loss)	See the Shareholder's Instructions
B Involuntary conversions	See the Shareholder's Instructions
C Sec. 1256 contracts and straddles	Form 6781, line 1
D Mining exploration costs recapture	See Pub 535
E Other income (loss)	See the Shareholder's Instructions
11 Section 179 deduction	See the Shareholder's Instructions
12 Other deductions	
A Cash contributions (50%)	See the Shareholder's Instructions
B Cash contributions (30%)	
C Noncash contributions (50%)	
D Noncash contributions (30%)	
E Capital gain property to a 50% organization (30%)	
F Capital gain property (20%)	
G Contributions (100%)	
H Investment interest expense	Form 4952, line 1
I Deductions — royalty income	Schedule E, line 19
J Section 59(e)(2) expenditures	See the Shareholder's Instructions
K Deductions — portfolio (2% floor)	Schedule A, line 23
L Deductions — portfolio (other)	Schedule A, line 28
M Preproductive period expenses	See the Shareholder's Instructions
N Commercial revitalization deduction from rental real estate activities	See Form 8582 instructions
O Reforestation expense deduction	See the Shareholder's Instructions
P Domestic production activities information	See Form 8903 instructions
Q Qualified production activities income	Form 8903, line 7b
R Employer's Form W-2 wages	Form 8903, line 17
S Other deductions	See the Shareholder's Instructions
13 Credits	
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	See the Shareholder's Instructions
B Low-income housing credit (other) from pre-2008 buildings	
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings	
D Low-income housing credit (other) from post-2007 buildings	
E Qualified rehabilitation expenditures (rental real estate)	
F Other rental real estate credits	
G Other rental credits	
H Undistributed capital gains credit	Form 1040, line 73, box a
I Biofuel producer credit	See the Shareholder's Instructions
J Work opportunity credit	
K Disabled access credit	
L Empowerment zone employment credit	
M Credit for increasing research activities	

<i>Code</i>		<i>Report on</i>
N Credit for employer social security and Medicare taxes		See the Shareholder's Instructions
O Backup withholding		
P Other credits		
14 Foreign transactions		
A Name of country or U.S. possession		Form 1116, Part I
B Gross income from all sources		
C Gross income sourced at shareholder level		
<i>Foreign gross income sourced at corporate level</i>		
D Passive category		Form 1116, Part I
E General category		
F Other		
<i>Deductions allocated and apportioned at shareholder level</i>		
G Interest expense		Form 1116, Part I
H Other		Form 1116, Part I
<i>Deductions allocated and apportioned at corporate level to foreign source income</i>		
I Passive category		Form 1116, Part I
J General category		
K Other		
<i>Other information</i>		
L Total foreign taxes paid		Form 1116, Part II
M Total foreign taxes accrued		Form 1116, Part II
N Reduction in taxes available for credit		Form 1116, line 12
O Foreign trading gross receipts		Form 8873
P Extraterritorial income exclusion		Form 8873
Q Other foreign transactions		See the Shareholder's Instructions
15 Alternative minimum tax (AMT) items		
A Post-1986 depreciation adjustment		See the Shareholder's Instructions and the Instructions for Form 6251
B Adjusted gain or loss		
C Depletion (other than oil & gas)		
D Oil, gas, & geothermal — gross income		
E Oil, gas, & geothermal — deductions		
F Other AMT items		
16 Items affecting shareholder basis		
A Tax-exempt interest income		Form 1040, line 8b
B Other tax-exempt income		See the Shareholder's Instructions
C Nondeductible expenses		
D Distributions		
E Repayment of loans from shareholders		
17 Other information		
A Investment income		Form 4952, line 4a
B Investment expenses		Form 4952, line 5
C Qualified rehabilitation expenditures (other than rental real estate)		See the Shareholder's Instructions
D Basis of energy property		See the Shareholder's Instructions
E Recapture of low-income housing credit (section 42(j)(5))		Form 8611, line 8
F Recapture of low-income housing credit (other)		Form 8611, line 8
G Recapture of investment credit		See Form 4255
H Recapture of other credits		See the Shareholder's Instructions
I Look-back interest — completed long-term contracts		See Form 8697
J Look-back interest — income forecast method		See Form 8866
K Dispositions of property with section 179 deductions		See the Shareholder's Instructions
L Recapture of section 179 deduction		
M Section 453(l)(3) information		
N Section 453A(c) information		
O Section 1260(b) information		
P Interest allocable to production expenditures		
Q CCF nonqualified withdrawals		
R Depletion information — oil and gas		
S Reserved		
T Section 108(i) information		
U Net investment income		
V Other information		

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

► **File a separate application for each return.**
► **Information about Form 7004 and its separate instructions is at www.irs.gov/form7004.**

**Print
or
Type**

Name	Identifying number
R.L.C. INC. Number, street, and room or suite number. (If P.O. box, see instructions.)	
230 POST ROAD City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).	
COS COB	CT 06807

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

Part I Automatic 5-Month Extension

1 a Enter the form code for the return that this application is for (see below)

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

Part II Automatic 6-Month Extension

b Enter the form code for the return that this application is for (see below) 25

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

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here
If checked, attach a statement, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

Part III All Filers Must Complete This Part

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here.

5 a The application is for calendar year 20 14, or tax year beginning _____, 20 __, and ending _____, 20 __

b Short tax year. If this tax year is less than 12 months, check the reason: Initial return Final return

Change in accounting period Consolidated return to be filed Other (see instructions – attach explanation)

6 Tentative total tax	6	
7 Total payments and credits (see instructions)	7	
8 Balance due. Subtract line 7 from line 6 (see instructions)	8	

Name R.L.C. INC.	Social Security Number [REDACTED]
---------------------	--------------------------------------

Prepare Form 7004 for Electronic Filing

Extension accepted (will be blanked if extension not previously transmitted)

Signature of Officer

Officer's Name

Officer's Title

Signature Date

Electronic Funds Withdrawal - Amount paid with Form 7004

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

Enter the payment date to withdraw tax payment

Practitioner PIN information for Form 7004

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

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

Officer entered PIN

ERO entered Officer's PIN

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

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

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

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

Electronic Funds Withdrawal Consent (if applicable): I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's Federal taxes owed on Form 7004, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I certify that I have the authority to execute this consent on behalf of the organization. I am signing this Disclosure Consent by entering my self-selected PIN below.

Date

Officer's PIN (enter any 5 numbers)

S Corporation Information Worksheet

2014

▶ Keep for your records

Part I – Identifying Information

Employer Identification Number . . . XXXXXXXXXX Date Incorporated 09/15/1995
 Name R.L.C. INC.
 Doing Business As POST WINES & SPIRITS
 Address 230 POST ROAD
 City COS COB State CT ZIP Code 06807

Foreign Province/State _____ Foreign Postal Code . . _____
 Foreign Code _____ Foreign Country . _____

Telephone Number _____ Extension _____
 Fax Number _____ E-Mail Address . . . _____
 Tax Shelter Registration Number . . _____

Eligible for qualified disaster area tax relief benefits

Part II – Tax Year and Filing Information

Calendar year
 Fiscal year — Ending month _____
 Short year — Beginning date _____ Ending date _____

Enrolled in the Electronic Federal Tax Payment System (EFTPS)
 IRS Service Center where S Corporation return is filed Cincinnati, OH XXXXXXXXXX

Part III – 2014 1120S Corporation Estimated Tax Paid

Amount of 2013 overpayment credited to 2014 estimated tax			
Payment Quarters	Due Date	Date Paid	Amount Paid
First Quarter Payment		_____	_____
Second Quarter Payment		_____	_____
Third Quarter Payment		_____	_____
Fourth Quarter Payment		_____	_____
Additional Payment 1		_____	_____
Additional Payment 2		_____	_____
Additional Payment 3		_____	_____
Additional Payment 4		_____	_____

Part IV – K-1 Information

K-1 Rounding Options

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

Print Schedules K-1 with tax return?

- Yes
- No

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

- Yes
- No

Part V – Electronic Filing Information

Electronic Filing:

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

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

State(s) *

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

Practitioner PIN program:

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

Officer's PIN (enter any 5 numbers) _____

Date PIN entered _____

Information required for Electronic Filing:

Officer's Name RANDY CARAVELLA

QuickZoom to the Electronic Filing Information Worksheet ► _____

Electronic Filing of Extensions:

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

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

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

State(s) *

Electronic Filing of Estimated Payments:

- Check this box to file the state estimated payments electronically (FL, NY, TN States & NY City only)

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

State(s) *

Electronic Filing of Amended Return:

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

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

State/City *

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

Part VI – Direct Deposit or Electronic Funds Withdrawal Information

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

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

Bank Information

Name of Financial Institution (optional) . . . _____

Check the appropriate box Checking Savings

Routing number _____

Account number _____

Payment Information

Enter the payment date to withdraw tax payment _____

Balance due amount from this return _____

Enter an amount to withdraw tax payment _____

If partial payment is made, the remaining balance due _____

QuickZoom here to Form 1120S, Pages 1 and 2 ▶ _____

QuickZoom here to Schedule K-1 Worksheet ▶ _____

QuickZoom here to Client Status ▶ _____

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

► Keep for your records

Name
R. L. C. INC.

Employer Identification No.
[REDACTED]

Income Items:	Per Books	Per Tax Return	Difference (Book - Tax)
Description			
<i>Permanent items (tax-exempt income):</i>			
Tax-exempt interest — in state:			
Direct Entry			
From K-1s			
.....			
Tax-exempt interest — out of state			
Life insurance proceeds			
Other permanent income items:			
.....			
.....			
Gain (Loss) on disposition of Section 179 assets			
Alcohol used as fuel credit included in income			
<i>Timing (temporary) items:</i>			
Unearned rent income			
Unearned income			
Gain on sale of assets			
Installment sale income			
Fuels tax credit included in income			
Other timing income items:			
.....			
.....			
Total			

Expense Items:	Per Books	Per Tax Return	Difference (Tax - Book)
Description			
<i>Permanent items (nondeductible expenses):</i>			
Disallowed meals and entertainment			
Employment credits wage reduction			
Federal underpayment penalty			
State underpayment penalty			
Other fines and penalties			
Officers' life insurance premiums			
Interest paid to carry tax-exempt investments			
Payroll Taxes for Employer SS Tax on Tips Credit			
Employee benefit reduction credit from Form 8845			
Small employer pension plan startup costs credit from Form 8881			
Credit for Small Employer Health Ins Premiums from Form 8941			
Other expenses related to tax-exempt income			
Other permanent expense items:			
.....			
.....			
Lease inclusion amount - enter as a negative			
<i>Timing (temporary) items:</i>			
Depreciation and Section 179 expense			
Amortization			
Depletion other than oil and gas			
Loss on sale of assets			
Organizational costs			
Bad debt expense			
Prepaid expenses			
Other timing expense items:			
.....			
.....			
Total			

► Keep for your records.

Name of Corporation R.L.C. INC.	Employer Identification Number [REDACTED]
------------------------------------	--

Ordinary Income (Loss)	2014		2013		Difference 2014- 2013	
	Amount	% of Total Income	Amount	% of Total Income	Amount	%
1 a Gross receipts or sales	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
b Less returns and allowances	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
c Net receipts ►	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2 Cost of goods sold (Form 1125-A)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
3 Gross profit ►	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
4 Net gain or loss (Form 4797)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
5 Other income	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
6 Total income (loss) ►	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Deductions						
7 Compensation of officers	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
8 Salaries and wages (less employment credits)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
9 Repairs and maintenance	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
10 Bad debts	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11 Rents	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12 Taxes and licenses	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
13 Interest	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
14 a Depreciation (Form 4562)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
b Depreciation on Schedule A and elsewhere	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
c Net depreciation	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15 Depletion (not oil and gas)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
16 Advertising	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17 Pension, profit-sharing, etc, plans	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
18 Employee benefit programs	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 Other deductions	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
20 Total deductions ►	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
21 Ordinary income (loss) from trade/business ►	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Tax						
22 a Excess net passive income tax or LIFO recapture	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
b Tax from Schedule D	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Additional taxes	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
c Total tax ►	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Tax Payments and Credits						
23 d Total payments and credits	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
24 Estimated tax penalty	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
25 Tax due	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
26 Overpayment	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Schedule K Items: Income (Loss)	2014		2013		Difference 2014 - 2013	
	Amount	%	Amount	%	Amount	%
1 Ordinary business income (loss)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2 Net rental real estate income (loss)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
3 Other net rental income (loss)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
4 Interest income	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
5 a Dividends — ordinary	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
b Dividends — qualified	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
6 Royalty income	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
7 Net short-term capital gain (loss)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
8 Net long-term capital gain (loss)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
9 Net gain (loss) under section 1231	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
10 Other income (loss)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Schedule K Items (continued):

Deductions	2014	2013	Difference 2014 - 2013	
			Amount	%
11 Section 179 expense deduction				
12a Charitable contributions				
b Interest expense on investment debts.				
c Section 59(e)(2) expenditures				
d Other deductions				

Credits

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

Foreign Taxes

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

Alternative Minimum Tax (AMT) Items

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

Items Affecting Shareholder Basis

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

Other Information

17a Investment income				
b Investment expenses				
c Dividend distributions paid from E & P				
d Income (loss) ▶				

S Corporation Five Year Tax History

2014

▶ Keep for your records

Name as Shown on Return R.L.C. INC.				Employer Identification No. [REDACTED]	
	2010	2011	2012	2013	2014
1 Gross receipts					[REDACTED]
2 Cost of sales					[REDACTED]
3 Gross profit					[REDACTED]
4 Net 4797 gain (loss)					
5 Other income (loss)					
6 Total income (loss)					[REDACTED]
7 Salaries					[REDACTED]
8 Depreciation					
9 Other deductions					[REDACTED]
10 Total deductions					[REDACTED]
11 Business income					[REDACTED]
12 Passive investment income					
13 Passive investment expense					
14 Net passive investment income					
15 Excess net passive income tax					
16 Tax from Schedule D					
17 Additional taxes					
18 Tax liability					

Electronic Filing Information Worksheet

Keep for your records

2014

Name(s) shown on return
R.L.C. INC.

Identifying number

Part I - State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically

Part II - Electronic Return Originator Information

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

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter the EFIN for the ERO that is responsible for this return.

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return.

ERO Name: PATRICK P. BRIA
ERO Address: 100 MELROSE AVE. SUITE 207
City: GREENWICH State: CT ZIP Code: 06830
ERO Electronic Filers Identification Number (EFIN)
ERO Employer Identification Number
ERO Social Security Number or PTIN

Part III - Paid Preparer Information

Firm Name: BRIA, FLYNN & COMPANY
Preparer Name: PATRICK R. BRIA, CPA
Address: 100 MELROSE AVE SUITE 207
City: GREENWICH State: CT ZIP Code: 06830
Preparer Social Security Number or PTIN
Employer Identification Number
Phone Number Fax Number
Preparer E-mail Address: FLYNNANDCOMPANY@AOL.COM

Part IV - Amended Returns

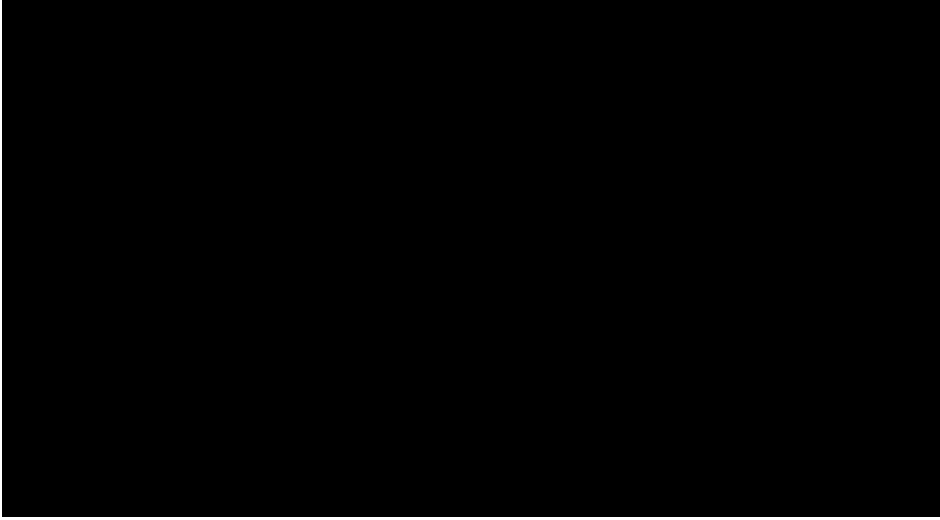
Enter the payment date to withdraw tax payment
Amount you are paying with the amended return
Check this box to file another federal amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically
* Select the state and/or city amended return(s) to file electronically.

Table with columns for State/City and checkboxes. Includes options like California State S Corporation, Georgia State S Corporation, Massachusetts State S Corporation, Michigan Business Tax, New York State S Corporation, New York State Corporation, New York City Corporation, Pennsylvania State S Corporation, Virginia State S Corporation, West Virginia State S Corporation, Wisconsin Non-Combined Corporation, Wisconsin State S Corporation.

Part V - Name Control

Name Control, enter here to override default RL CI

Form 1120S, Page 1, Line 19
Other Deductions



Total

Form 1120S, Page 5, Schedule M-2, Line 5
Schedule M-2, Other Reductions

OTHER DEDUCTIONS	<u> </u>	<u> </u>
[REDACTED]	<u> </u>	<u> </u>

Schedule K Reconciliation
Pro Rata Share Items

Lines 1 thru 18

Shareholder	-1-	-18-			
	Ordinary Income	Total Income			
RANDY CARAVELLA [REDACTED]	<u> </u>	<u> </u>			
[REDACTED]	<u> </u>	<u> </u>			

Supporting Statement of:

Form 1120S p1-2/Payroll Taxes

Description	Amount
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

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

Shareholder-Employee Compensation Smart Worksheet	
Shareholder-employee compensation (for information only)	[REDACTED]

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

Salaries and Wages (less employment credits) Smart Worksheet	
A Salaries and wages	[REDACTED]
Less:	
B Work Opportunity Credit (Form 5884)	_____
C Empowerment Zone Employment Credit (Form 8844)	_____
D Indian Employment Credit (Form 8845)	_____
E Other credits	_____
F Total Employment Credits	_____

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

Taxes and Licenses Smart Worksheet	
A State franchise or income taxes	[REDACTED]
B Local property taxes	[REDACTED]
C 1 Payroll taxes	[REDACTED]
2 Less: Credit from Form 8846	_____
D Other miscellaneous taxes	_____
E Licenses	[REDACTED]
F Built-In Gains tax allocated to ordinary income — SEE TAX HELP	
Click here Enter amount from tax allocation wks here	_____

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

Employee Benefit Programs Smart Worksheet	
A Employee benefit programs	[REDACTED]
Less:	
B Health insurance credit from Form 8845	_____
C Credit for Small Employer Health Ins Premiums from Form 8941	_____

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

Schedule M-1 Smart Worksheet

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

Computed Net Income (Loss) per books

A Income (loss) per return from Schedule K, line 18 [REDACTED]

B Income item tax/book differences from M-1 items worksheet _____

C Expense item tax/book differences from M-1 items worksheet _____

D Net tax/book differences (combine lines B and C) _____

E Computed net income (loss) per books (combine lines A and D) [REDACTED]

F Use amount on line E for Schedule M-1, line 1? Yes No

Form 7004: Application for Automatic Extension

Filing Address Smart Worksheet

Minimum information needed to determine filing address:
 Enter two letter state abbreviation for location of principal business, office, or agency. ▶ CT

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

Send Form 7004 to: Filed electronically - do not mail
 Cincinnati, OH 45999-0045

Schedule M-1 Items Worksheet

Schedule M-1 Display Options Smart Worksheet

Display book and tax return amounts on Schedule M-1 ▶

Display only difference amounts on Schedule M-1 ▶

Schedule M-1 Items Worksheet

Book Depreciation and Amortization Options Smart Worksheet

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

If No, enter book amounts below. →

Schedule M-1 Items Worksheet

Computed Net Income (Loss) Per Books Smart Worksheet

A Income(loss) per return (Schedule K, line 18) [REDACTED]

B Income item tax/book differences _____

C Expense item tax/book differences _____

D Net tax/book differences (combine lines B and C) _____

E Computed net income (loss) per books (combine lines A and D) [REDACTED]

August 24, 2015

RANDY CARAVELLA
17 TOMNEY ROAD
GREENWICH, CT 06830

Dear RANDY CARAVELLA,

Enclosed is your 2014 Schedule K-1 (Form 1120S), Shareholder's Share of Income, Credits, Deductions, etc., which has been filed with the 2014 Form 1120S U.S. Income Tax Return for an S Corporation for R.L.C. INC..

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

Enclosed is your 2014 Connecticut Schedule CT K-1 (Form CT-1065/1120SI), which has been filed with the 2014 Form CT-1065/1120SI Connecticut Composite Income Tax Return of R.L.C. INC..

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

Sincerely,

R.L.C. INC.
230 POST ROAD
COS COB, CT 06807

Connecticut S Corporation Information Worksheet

2014

Keep for your records

Part I - Identifying Information

Federal Employer ID Number, CT Tax Registration No., Name (R.L.C. INC.), Doing Business As (POST WINES & SPIRITS), Address (230 POST ROAD), City (COS COB), State (CT), ZIP Code (06807), Foreign Province/State, Foreign Code, Foreign Country, Telephone Number, Fax Number, E-mail Address.

Per Connecticut Dept. of Revenue Services Requirement USPS Abbreviation address
Abbreviated Address Line 1: 230 POST RD
Abbreviated Address Line 2

IMPORTANT INFORMATION MEMBER FILING TYPE

You must choose a Member Type for filing this return on the Connecticut Schedule K-1 Worksheet. Based on what you've chosen determines where figures are placed on the Connecticut return.

If you wish to choose a different member type, go to the Connecticut Schedule K-1 Worksheet, "Member Type" and change your selection for the appropriate member type required to be filed with this return. QuickZoom to Schedule K-1 Worksheet

Part II - Tax Year Information

Calendar year (checked), Fiscal year, Short year, Ending month, Beginning date, Ending date.

Part III - K-1 Information

Rounding Options

Distribute the rounding difference to shareholder with the largest percentage (checked), Distribute the rounding difference among shareholders, Do not distribute the rounding difference to any shareholder.

Print Schedule K-1's with tax return?

Yes (checked), No

Part IV - Electronic Filing Information

Electronic Filing of Return

The state return will be filed electronically (unchecked), Date return was electronically filed, Date return was accepted by the state.

Electronic Filing of Extension

Extension will be filed electronically (unchecked)

Required Signing Officer Information

First name, MI, Last name, Title.

Part V - Direct Deposit or Electronic Funds Withdrawal Information

Yes/No options for direct deposit of state tax refund, Return - Use electronic funds withdrawal of state balance due, Extension - Use electronic funds withdrawal of balance due.

Important: Check this box if you will be making this payment at the Connecticut website through the Taxpayer Service Center (TSC)

Bank Information

Name of financial institution, Routing number, Account number, Account type (Checking/Business, Savings/Personal), Account ownership type.

Payment Information (Electronic Filing Only)

Date to withdraw payment with state return. 330

Amount due with state return _____

Date to withdraw payment with state extension _____

Amount paid with state extension Form XXX _____

International ACH Transactions

Yes No

Is the account for this transaction located outside the US?

Part VI – Extension Status

Yes No

Has the tax return due date been extended? Extended due date _____

Extension accepted by the state

Extension filing date _____

Extension acceptance date _____

QuickZoom here to Form CT-1065/1120SI, page 1. ►

Form OP-424
Business Entity Tax Return

2013-2014

Detach and return bottom portion.

State of Connecticut (Rev. 01/15) Form OP-424 – Business Entity Tax Return 2013-2014

For taxable period ending ▶ 12/31/2014	Connecticut Tax Registration Number ▶ [REDACTED]	Federal Employer ID Number ▶ [REDACTED]	Secretary of State Business ID ▶	DRS use only ▶ — — 20
---	---	--	-------------------------------------	--------------------------

1 Business entity tax	1	[REDACTED]	
2 If late: Enter penalty. See <i>Penalty</i> instructions . . . ▶	2		00
3 If late: Enter interest. See <i>Interest</i> instructions . . . ▶	3		00
4 Total amount due. Add Lines 1, 2, and 3. ▶	4	[REDACTED]	00

- Check if this is a final return.
- Check if the entity has been dissolved/withdrawn with the CT Secretary of State.
- Check if changing status (example S Corp to a C Corp)

Declaration: I declare under penalty of law that I have examined this return and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

Sign here _____ Date _____

Visit www.ct.gov/TSC to file and pay Form OP-424 using the TSC.

R.L.C. INC.
 POST WINES & SPIRITS
 230 POST RD
 COS COB

CT 06807

Mail to: Department of Revenue Services
 State of Connecticut
 PO Box 2936
 Hartford CT 06104-2936



This return MUST be filed electronically! DO NOT MAIL paper return to DRS. See www.ct.gov/DRS for electronic filing instructions.

Department of Revenue Services
State of Connecticut
(Rev. 12/14)

Form CT-1065/CT-1120SI
Connecticut Composite Income Tax Return

CT-1065/CT-1120SI

Complete this form in blue or black ink only. See instructions before completing this return.
Visit www.ct.gov/TSC to file and pay this return electronically.

2014

For calendar year 2014, or other taxable year beginning , 2014, and ending ,

Name of pass-through entity (PE) ▶ R.L.C. INC.		Federal Employer ID Number (FEIN) ▶ [REDACTED]
Number and street ▶ 230 POST RD		PO Box ▶
City or town ▶ COS COB		State ZIP code ▶ CT 06807
		DRS use only - - 20
		Connecticut Tax Registration Number ▶

Type of PE: ▶ Electing large partnership (ELP) ▶ General partnership (GP) ▶ S corporation
▶ Limited liability partnership (LLP) ▶ Limited partnership (LP) ▶ Partnership (LLC treated as a partnership)

Pass-Through Entity Information

Complete this section first and then complete Part I, *Schedule C*.

A Check here if Final return (out of business in Connecticut) Date of dissolution: _____
 Amended return Short period return Explanation: _____

B Change of address. See instructions.

C Total number of noncorporate members as of the close of the PE's taxable year:
 Resident (RI, RE, RT) ▶ 1 Nonresident (NI, NE, NT, PE) ▶ 0

D Enter the six-digit Business Code Number from federal Form 1065 or federal Form 1120S.
 Business Code Number ▶ [REDACTED]

E Date business began: 09/15/95 Date business began in Connecticut: 09/15/95

F Does this PE own, directly or indirectly, an interest in Connecticut real property? If the answer to this question is **Yes**, and either answer to Item G or H is **Yes**, provide a listing of all Connecticut real property owned. ▶ **Yes** ▶ **No**

G Was a controlling interest in this PE transferred? If **Yes**, enter transferor name and Social Security Number (SSN) or FEIN, transferee name, and date of transfer below ▶ **Yes** ▶ **No**
 Transferor name: _____ SSN or FEIN: _____
 Transferee name: _____ Date of transfer: _____

H Did this PE transfer a controlling interest in an entity that owns, directly or indirectly, an interest in Connecticut real property? If **Yes**, enter name and FEIN, transferee name, and date of transfer below ▶ **Yes** ▶ **No**
 Name: _____ FEIN: _____
 Transferee name: _____ Date of transfer: _____

You are required to file this form and remit payments electronically. See instructions.

Part I Schedule A – PE Computation of Composite Tax Due

1	Total Connecticut-sourced income included in composite return from Part I, <i>Schedule B</i> , Line 10, Column C	▶	1		00
2	Multiply Line 1 by 6.7% (.067)	▶	2		00
3	Members' credits from Part I, <i>Schedule B</i> , Line 12, Column E	▶	3		00
4	Tax liability: Subtract Line 3 from Line 2	▶	4		00
5	Payment made with Form CT-1065/CT-1120SI EXT	▶	5		00
6	Parent PE only: Enter amount from Part I, <i>Schedule D</i> , Line 10, Column C	▶	6		00
7	Add Line 5 and Line 6	▶	7		00
8	Amount to be refunded to PE: If Line 7 is more than Line 4, subtract Line 4 from Line 7	▶	8		00
For faster refund, use Direct Deposit by completing Lines 8a, 8b, and 8c.					
8a	Checking ▶ <input type="checkbox"/> Savings ▶ <input type="checkbox"/>		8b	Routing number ▶ _____	
8c	Account number ▶ _____		8d	Will this refund go to a bank account outside the U.S.? ▶ <input type="checkbox"/> Yes	
9	Amount of tax owed: If Line 4 is more than Line 7, subtract Line 7 from Line 4	▶	9		00
10	If late, enter penalty. See instructions	▶	10		00
11	If late, enter interest. Multiply the amount on Line 9 by 1% (.01). Multiply the result by the number of months or fraction of a month late.	▶	11		00
12	Balance due with this return: Add Lines 9 through 11	▶	12		00

Partnership: Attach a complete copy of federal Form 1065 (excluding federal K-1s).
S corporation: Attach a complete copy of federal Form 1120S (excluding federal K-1s).
For a faster refund, choose direct deposit (Lines 8a - 8c).

Part I Schedule B – PE Member Composite Return Attach supplemental attachment(s), if needed.

Column A Member # From Part IV	Column B Identification Number See instructions.	Column C Connecticut-Sourced Income See instructions.	Column D Multiply Column C by 6.7% (0.067)	Column E Members' Credit Schedule CT K-1, Part IV, Line 5, Col. B	Column F Connecticut Income Tax Liability Column D minus Column E
10 Add Lines 1 through 9, Column C. Enter amount here and on Part I, <i>Schedule A</i> , Line 1 . . .					
11 Add Lines 1 through 9, Column D.					
12 Add Lines 1 through 9, Column E. Enter amount here and on Part I, <i>Schedule A</i> , Line 3 . . .					
Composite return tax liability. Add Lines 1 through 9, Column F					

PART I Schedule C – Federal Schedule K Information (Form 1065 or Form 1120S)

All PEs must complete this schedule.	Column A Amounts Reported by This PE on Federal Schedule K	Column B Amount From Subsidiary PE(s)	Column C Column A minus Column B

PART I Schedule D – Connecticut-Sourced Income From Subsidiary PE(s) Attach supplemental attachment(s), if needed.

Only a parent PE must complete this schedule.

- Refer to federal Schedule K-1 and Schedule CT K-1 for amounts to enter in Columns A, B, and C.
- Amounts reported in Column B are subject to the passive activity limitations, at-risk limitations, and capital loss limitations.

Name of Subsidiary PE	FEIN	Column A Amount Reported on Federal K-1	Column B Amount From Connecticut Sources	Column C CT Income Tax Liability Schedule CT K-1, Part III, Line 1
10 Add Lines 1 through 9, Column C. Enter amount here and on Part I, <i>Schedule A</i> , Line 6				

Part II – Allocation and Apportionment of Income

Complete only if all of the following apply:

- There are one or more nonresident noncorporate members or one or more members that are PEs;
- The PE carries on business both within and outside Connecticut; and
- The PE does not maintain books and records that satisfactorily disclose the portion of income, gain, loss, or deduction derived from or connected with Connecticut sources.

		Column A Totals Everywhere		Column B Connecticut Only		Column C Fraction Enter as a decimal.	
1	Real property owned	1	00	00	Divide Column B by Column A		
2	Real property rented from others	2	00	00			
3	Tangible personal property owned or rented	3	00	00			
4	Property owned or rented: Add Lines 1, 2, and 3.	4 ▶	00 ▶	00 ▶			
5	Employee wages and salaries	5 ▶	00 ▶	00 ▶			
6	Gross income from sales and services	6 ▶	00 ▶	00 ▶			
7	Total: Add Lines 4, 5, and 6, Column C	7					
8	Apportionment fraction: Divide Line 7 by three or actual number of fractions.	8					

Part III – Place(s) of Business Attach supplemental attachment(s), if needed.

Complete only if the PE carries on business both within and outside Connecticut.

Location	Description	Owned or Rented to PE	Activity

Part IV – Member Information Attach supplemental attachment(s), if needed.

Member #	Member Name and Address See instructions for order in which to list and for member type codes.	Member Type Code	FEIN or SSN	Profit Sharing % Enter as a decimal.	Loss Sharing % Enter as a decimal.	Capital Ownership % Enter as a decimal.
▶ 1	▶ RANDY CARAVELLA [REDACTED]	▶ RI	▶ [REDACTED]	▶ [REDACTED]	▶ [REDACTED]	▶ [REDACTED]
▶	▶	▶	▶	▶	▶	▶
▶	▶	▶	▶	▶	▶	▶
▶	▶	▶	▶	▶	▶	▶

Part V – Member’s Share of Connecticut Modifications Attach supplemental attachment(s), if needed.

	Member #	Member #	Member #	Totals for All Members		
Additions: Enter all amounts as positive numbers.						
1	▶ Interest on state and local govt obligations other than Connecticut	1 ▶	00 ▶	00 ▶	00	0.00
2	2 ▶ Mutual fund exempt-interest dividends from non-Connecticut state or municipal govt obligations	2 ▶	00 ▶	00 ▶	00	0.00
3	3 ▶ Certain deductions relating to inc exempt from Connecticut inc tax	3 ▶	00 ▶	00 ▶	00	0.00
4	4 Reserved for future use.	4				
5	5 Other – specify:	5 ▶	00 ▶	00 ▶	00	0.00
Subtractions: Enter all amounts as positive numbers.						
6	6 ▶ Interest on U.S. govt obligations	6 ▶	00 ▶	00 ▶	00	0.00
7	7 ▶ Exempt dividends from certain qualifying mutual funds derived from U.S. govt obligations	7 ▶	00 ▶	00 ▶	00	0.00
8	8 ▶ Certain expenses related to income exempt from fed income tax but subject to Connecticut tax	8 ▶	00 ▶	00 ▶	00	0.00
9	9 Reserved for future use.	9				
10	10 Other – specify:	10 ▶	00 ▶	00 ▶	00	0.00

Connecticut
**Members' Share of Income
and Modifications**

2014

For calendar year 2014 or tax year
beginning _____, 2014, and ending _____, _____

► Keep for your records

Corporation's Name R.L.C. INC.	CT Tax Registration No.
-----------------------------------	-------------------------

(a) Distributive Share Items	(b) Distributive share amount	(c) Connecticut source income
Connecticut Additions - Enter amounts as positive		
1 Interest on state and local obligations other than Connecticut		
2 Mutual fund exempt-interest dividends from non CT state or municipal government obligations.		
3 Certain deductions relating to income exempt from Connecticut income tax		
4 Reserved for future use		
5 Other (specify) . . . ► _____		
Connecticut Subtractions - Enter amounts as positive		
6 Interest on U.S. obligations		
7 Exempt dividends from certain qualifying mutual funds		
8 Certain expenses related to income exempt from federal income tax but subject to Connecticut tax.		
9 Allocated for future use		
10 Other (specify) . . . ► _____		

Member's Share of Connecticut-sourced Portion of Items from Federal Schedule K-1

1 Ordinary business income (loss) ► _____		
Special Depreciation Adjustment ► _____		
Modified ordinary income (loss)	_____	_____
2 Net income (loss) from rental real estate activities		
3 Other net rental income (loss)		
4 Guaranteed payments		
5 Interest income		
6a Ordinary dividends		
6b Qualified dividends		
7 Royalties		
8 Net short-term capital gain (loss)		
9a Net long-term capital gain (loss)		
b Collectibles (28% gain (loss)		
c Unrecaptured section 1250 gain		
10 Net section 1231 gain (loss)		
11 Other income (loss)		
12 Section 179 deduction		
13 Other deductions . . . ► _____		

Member's Share of Connecticut Income Tax Credits

1 Qualified small business tax credit	► _____
2 Job expansion tax credit	► _____
3 Angel investor tax credit	► _____
4 Insurance reinvestment fund tax credit	► _____

Schedule CT K-1
Member's Share of Certain Connecticut Items

2014

For calendar year 2014 or other taxable year ▶ beginning _____, 2014, and ▶ ending _____, _____.

Pass-through entity (PE) information		Member information	
Federal Employer ID Number (FEIN) ▶ [REDACTED]	CT Tax Registration Number ▶	Member's Social Security Number (SSN) or FEIN ▶ [REDACTED] <input checked="" type="checkbox"/> SSN ▶ [REDACTED] <input type="checkbox"/> FEIN	
Name ▶ R. L. C. INC.		Name ▶ RANDY CARAVELLA	
Number and street address ▶ 230 POST RD		Number and street address ▶ [REDACTED]	
City or town ▶ COS COB		City or town ▶ [REDACTED]	
State ZIP code CT 06807		State ZIP code [REDACTED] [REDACTED]	
Check the box if this is an amended or a final Schedule CT K-1. ▶ <input type="checkbox"/> Amended Schedule CT K-1 ▶ <input type="checkbox"/> Final Schedule CT K-1		Type of member (check one): ▶ <input checked="" type="checkbox"/> RI ▶ <input type="checkbox"/> RE ▶ <input type="checkbox"/> RT ▶ <input type="checkbox"/> PE ▶ <input type="checkbox"/> NI ▶ <input type="checkbox"/> NE ▶ <input type="checkbox"/> NT ▶ <input type="checkbox"/> CM	

Part I – Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.		
1 Interest on state and local obligations other than Connecticut	▶	1
2 Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	▶	2
3 Certain deductions relating to income exempt from Connecticut income tax	▶	3
4 <i>Reserved for future use.</i>	▶	4
5 Other – specify.	▶	5
Subtractions Enter all amounts as positive numbers.		
6 Interest on U.S. government obligations	▶	6
7 Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	▶	7
8 Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	▶	8
9 <i>Reserved for future use.</i>	▶	9
10 Other – specify.	▶	10

Part II – Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or 1120S

Column A
From Federal Schedule K-1

Column B
From Form CT-1065/
CT-1120SI, Part VI

1 Ordinary business income (loss)	1	
2 Net rental real estate income (loss)	2	
3 Other net rental income (loss)	3	
4 Guaranteed payments	4	
5 Interest income	5	
6 a Ordinary dividends	6 a	
6 b Qualified dividends	6 b	
7 Royalties	7	
8 Net short-term capital gain (loss)	8	
9 a Net long-term capital gain (loss)	9 a	
9 b Collectibles 28% gain (loss)	9 b	
9 c Unrecaptured section 1250 gain	9 c	
10 Net section 1231 gain (loss)	10	
11 Other income (loss): Attach statement	11	
12 Section 179 deduction	12	
13 Other deductions: Attach statement.	13	

Part III – Connecticut Income Tax Information

1 Member's Connecticut income tax liability as reported by the PE for the member on Form CT-1065/CT-1120SI, Part I, <i>Schedule B</i> , Column F	▶	1
--	---	---



Part IV – Connecticut Income Tax Credit Summary

	Column A Total credit earned by member in 2014 (from Form CT-1065/CT-1120SI, Part VII)	Column B Credit allowed on behalf of member on composite return (amounts from worksheet below)

Income Tax Credit Worksheet

Completed for nonresident, noncorporate, and PE members only.	Column A Tax credit limitation	Column B 2014 credit amount earned (enter amounts from Part IV, Column A)	Column C Amount of credit applied to 2014 income tax liability
1 Income tax liability: PE should enter member's amount from Form CT-1065/CT-1120SI, Part I, <i>Schedule B</i> , Column D	1		
2 Qualified small business tax credit: Enter in Column C the lesser of Line 2, Column B, or Line 1, Column A	2		
3 Balance of income tax liability: Subtract Line 2, Column C from Line 1, Column A. If less than zero, enter '0'	3		
4 Job expansion tax credit: Enter in Column C the lesser of Line 4, Column B, or Line 3, Column A	4		
5 Balance of income tax liability: Subtract Line 4, Column C from Line 3, Column A. If less than zero, enter '0'	5		
6 Angel investor tax credit: Enter in Column C the lesser of Line 6, Column B, or Line 5, Column A	6		
7 Balance of income tax liability: Subtract Line 6, Column C from Line 5, Column A. If less than zero, enter '0'	7		
8 Insurance reinvestment fund tax credit: Enter in Column C the lesser of Line 8, Column B, or Line 7, Column A	8		

Form CT K-1T
Transmittal of Schedule CT K-1,
Member's Share of Certain Connecticut Items

2014

For DRS use only
- - 20

Pass-Through Entity Information

▶ Federal Employer ID Number (FEIN) [REDACTED]	CT Tax Registration Number	
▶ Pass-through entity name R.L.C. INC.		
▶ Number and street address 230 POST RD	PO Box	
▶ City or town COS COB	State CT	ZIP code 06807

Part I – Schedule CT K-1s Submitted

1 Total number of Schedule CT K-1s submitted with this Form CT K-1T. ▶	1	1
--	---	---

Part II – Number of Members

	Column A Number of Members	Column B Ownership Percentage by Member Type
1 Resident (RI, RT, RE) ▶	1	[REDACTED]
2 Nonresident (NI, NT, NE, PE). ▶		
3 Corporate (CM). ▶		

Part III – Summary of Schedule CT K-1 Information

1 Total Connecticut-sourced income (NI, NT, NE). ▶	1	[REDACTED]
2 Total Connecticut-sourced income (PE) ▶	2	[REDACTED]
3 Connecticut-sourced income: Amount from Form CT-1065/CT-1120SI, Part I, <i>Schedule A</i> , Line 1 ▶	3	[REDACTED]
4 Connecticut tax liability: Amount from Form CT-1065/CT-1120SI, Part I, <i>Schedule A</i> , Line 4. ▶	4	[REDACTED]

Part IV – Summary of Income Tax Credits

	Total Credit Allocated to Members	
1 Qualified small business tax credit ▶	1	[REDACTED]
2 Job expansion tax credit ▶	2	[REDACTED]
3 Angel investor tax credit ▶	3	[REDACTED]
4 Insurance reinvestment fund tax credit ▶	4	[REDACTED]
5 Total credits earned in 2014: Add Lines 1 through 4. ▶	5	[REDACTED]

Do not attach Form CT K-1T or copies of **Schedule CT K-1, Member's Share of Certain Connecticut Items** to **Form CT-1065/CT-1120SI, Connecticut Composite Income Tax Return**. Form CT K-1T and copies of Schedule CT K-1 **must be mailed separately**.

Attach Schedule CT K-1s to Form CT K-1T and **mail to:**
 Department of Revenue Services
 State of Connecticut
 PO Box 150420
 Hartford CT 06115-0420

A penalty of \$5 per schedule (up to a total of \$2,000 per calendar year) will be imposed for failure to provide a copy of Schedule CT K-1 to DRS unless the failure is due to reasonable cause and not to willful neglect.

Declaration: I declare under the penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

Sign Here Keep a copy of this return for your records.	Signature	Date
	Title	Telephone number

Schedule K Reconciliation
Distributive Share Items

Line 10

Shareholder	-10-				
	Ordinary Income				
RANDY CARAVELLA					

Total

CT K-1T: Transmittal of Schedule CT K-1

Filing Address Smart Worksheet

Form CT K-1T and Schedule CT K-1s must be submitted on or before the 15th day of the fourth month following the close of the taxable year (April 15 if the PE's taxable year for federal income tax purposes is the calendar year). If the PE requested an extension of time to file **Form CT-1065/CT-1120SI EXT**, *Application for Extension of Time to File Connecticut Composite Income Tax Return*, the deadline is automatically extended to the 15th day of the ninth month following the close of the taxable year (September 15 if the PE's taxable year for federal income tax purposes is the calendar year).

Send Form CT K-1T and Schedule CT K-1s to:

Department of Revenue Services
State of Connecticut
PO Box 150420
Hartford, CT 06115-0420



Organic Care LLC

Section: F

BONUS POINTS



Section: F

F1. Requisition: Employee Working Environment Plan: Describe any plans you have to provide a safe, healthy and economically beneficial working environment for your employees, including, but not limited to, your plans regarding workplace safety and environmental standards, codes of conduct, healthcare benefits, educational benefits, retirement benefits, and wage standards.

Resolution: First and foremost; Organic Care LLC will comply with OSHA guidelines

[REDACTED]



Section: F

F3. Requisition: **Research Plan: Provide the Department with a detailed proposal to conduct, or facilitate, a scientific study or studies related to the medicinal use of marijuana. To the extent it has been determined, include in your proposal, a detailed description of:**

- The methodology of the study;
- The issue(s) you intend to study;
- The method you will use to identify and select study participants;
- The identity of all persons or organizations you intend to work with in connection with the study, including the role of each;
- The duration of the study; and
- The intended use of the study results.

[REDACTED]

[REDACTED]



Section: F

F3.

[REDACTED]



September 4, 2015

To Whom It May Concern:

The purpose of this letter is to inform the State of Connecticut Department of Consumer Protection(DCP) that the **Connecticut Pharmacists Association (CPA)**, a 501(c)6 professional organization representing pharmacists in the State of Connecticut since 1876, will be conducting a Research Monitoring Program in the State of Connecticut related to the medicinal use of cannabis.

It is the intent of the CPA to partner with the **Yale University School of Medicine** in order to conduct this proposed research monitoring program with the marijuana growers and dispensaries that receive licenses from the State of Connecticut. In addition, CPA will continue to collaborate with the Canadian Consortium on (CCIC), a federally registered Canadian nonprofit organization of basic and clinical researchers and health care professionals established to promote evidence-based research and education concerning the endocannabinoid system and therapeutic applications of endocannabinoid and cannabinoid agents.

Please note that **Organic Care LLC**, the applicant, has committed to the CPA that it fully supports and will cooperate in the data collection efforts that are needed to support this Research Plan, the accompanying financial commitment, and the study initiative if their company is selected by the State of Connecticut to dispense medical cannabis.

The Research Plan will be designed independently by CPA and Yale University School of Medicine. The main objective of the research is to ensure the safety and efficacy of the product that patients use. In this study we will track all cannabinoid strengths in regard to patient benefits, effectiveness, and adverse events (AEs) as well as to differentiate benefits across the therapeutic disease states. We will also look to quantify doses and modes of cannabis administration as well as documenting any noted drug interactions. All information will be uploaded into a highly-secure electronic database - **Research Electronic Data Capture (REDCap)** which has been designed exclusively to support data capture for research studies.

It is our estimation that the results and data gleaned from the estimated 2 year study period will be used to inform policy-makers and regulatory agencies about safety aspects of medical cannabis; clinicians will be better informed about best practice guidelines and safety issues, and the medical cannabis producers will receive beneficial information about the efficacy of their products in real world situations. Most importantly, due to how the Connecticut regulations are written, the pharmacists, who are an integral

piece to both the data collection and dispensing activities, will have a comprehensive and data driven approach when educating patients about their medical use of cannabis.

The CPA has a strong and positive history of working with state agencies, universities and the pharmacists we represent in programs that involve both pharmacists and patient outcomes. It is due to this synergy and focus that the CPA feels that it is well-positioned to be the critical component to ensure that the Research Plan reflects the highest quality evidence-based “best practices” and continuing education for all those involved in this, emerging sector of patient care in Connecticut.

Sincerely,

A handwritten signature in black ink that reads "Margherita R. Giuliano". The signature is written in a cursive, flowing style.

Margherita R. Giuliano, RPh
Executive Vice President
Connecticut Pharmacists Association



Section: F

F4. Requisition: **Community Benefits Plan: Provide the Department with a detailed description of any plans you to give back to the community either at a state or local level if awarded a dispensary facility license.**

[REDACTED]

