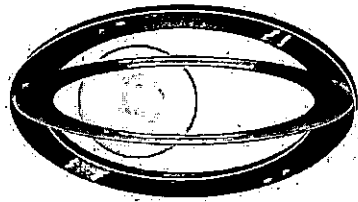


ORGANIC CARE
(STAMFORD - HIGHRIDGE)

MMP - RFA

"REDACTED"



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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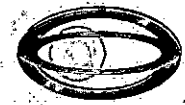
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Organic Care LLC

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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

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: dcp.mmp@ct.gov • Website: www.ct.gov/dcp/mmp



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 Farmacy | | | | | | |
| 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: _____@_____ | | | |
| 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: _____ | | 19. Primary Contact Telephone Number: _____ | |
| 20. OPTIONAL - Name of Alternate Contact: Randy Caravella | | 21. Alternate Contact Title: COO | |
| 22. Alternate Contact E-mail Address: _____ | | 23. Alternate Contact Telephone Number: _____ | |

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: 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: 984 High Ridge Rd | | | 29. City: Stamford |
| 30. State: CT | 31. Zip Code: 06905 | 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 | |
| Randy Caravella | |
| | |
| | |



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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: <u>Securix</u> | |
| 56. Primary Security Company Address (including Apartment or Suite #): <u>5</u> | 57. City: <u>...</u> |



Medical Marijuana Program

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E-mail: dcp.nmp@ct.gov • Website: www.ct.gov/dcp/nmp



| | | | |
|---|------------------------|---|-----------------------------------|
| 58. State: CT | 59. Zip Code: 06026 | 60. Telephone Number: (800) 851-6012 | 61. Fax Number: |
| 62. E-mail Address: commandco.com | | | |
| 63. Backup Security Company Name (if applicable): CustomVault | | | |
| 64. Backup Security Company Address (including Apartment or Suite #): 4 Research Drive | | | 65. City: Bethel |
| 66. State: CT | 67. Zip Code: 06801 | 68. Telephone Number: (203) 403-4205 | 69. Fax Number: (203) 403-4206 |
| 70. E-mail Address: " | | | |
| 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



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:

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

Location: Amity Plaza
130 Amity Road, Unit 330
New Haven, CT 06515

Landlord Wellmakara, LLC

**Designation
Of Tenant:** Natural Care of New Haven, Inc.
Tax ID # _____

Guarantor Paul Cappiali (Occupancy Guaranty including Unamortized leasing costs)

Permitted Use: Fully Licensed Medical Marijuana Dispensary.

Leased Premises: Approximately 1,522 S.F. ±

Initial Term: Five (5) Year Initial Term. At the end of month six of the lease, Tenant shall have the one time right to terminate the lease by providing notice within 30 days from the sixth month. As part of termination agreement Tenant shall remit all unamortized leasing cost and legal expense associated with the lease. Tenant shall also remit with Termination Notice a termination fee equal to 3 months total rent. Tenant shall not open another dispensary within 10 miles.

ACRE GROUP, LLC

36 Main Street - P.O. Box 422 - New Hartford, CT 06057 - Tel: (860) 738-2222 - Fax: (860) 738-2872 - dcharest@acregroup.com - www.acregroup.com

| | | | | |
|-------------------|--------------|--|---------------|----------------|
| Base Rent: | TERM: | RENT: | ANNUAL | MONTHLY |
| | Year 1-2: |  | | |
| | Year 3-5: | | | |

Landlord Delivery: Landlord shall deliver the premises "AS IS"

Possession Date: Upon Lease Execution & Contingencies

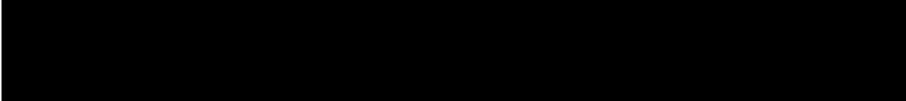
Contingencies: Tenant shall obtain Official Notification/Authorization from the State of Connecticut to be a certified Dispensary. To be determined by not later than January 31, 2014.

Permits and Approvals: Tenant will be responsible for obtaining all necessary regulatory permits and approvals for construction of Tenant Improvements and for the opening and operation of their intended use from the City of New Haven, and the State of Connecticut. All improvements to the exterior and interior of the premises shall be subject to the Landlord's prior approval, which shall not be unreasonably withheld.

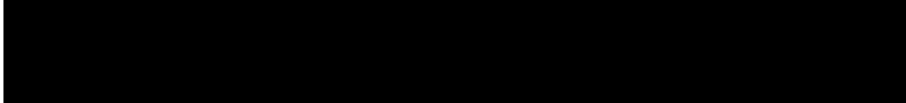
Rent Commencement: Upon Tendering Possession of Premises

Security Deposit: 2 month base rent -

Common Area Maintenance (includes Liability and Property Insurance): 

R.E. Taxes: 

Utilities (Electric, Gas,): 

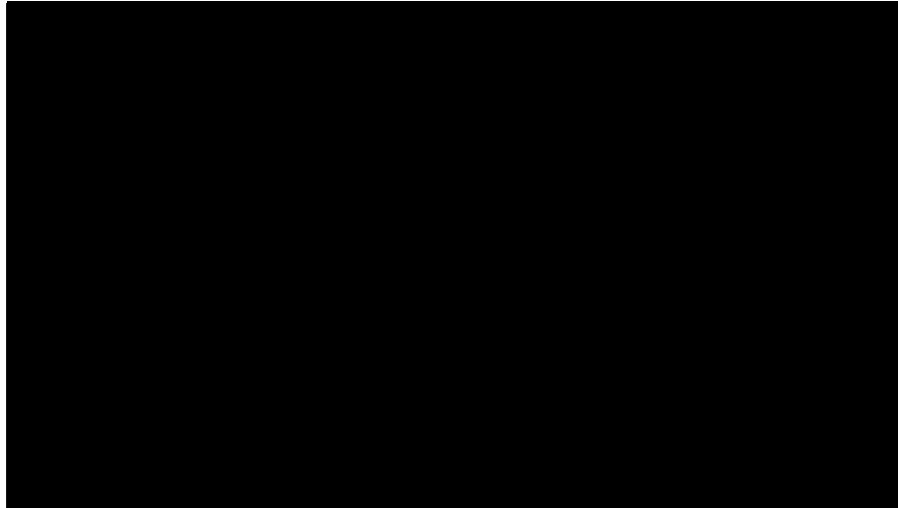
Water/Sewer: 

Trash:

Signage:

Broker:

Lease Form:



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,

Agreed & Accepted:

Daniel M. Charest, SCSM, RPA
Operations Manager

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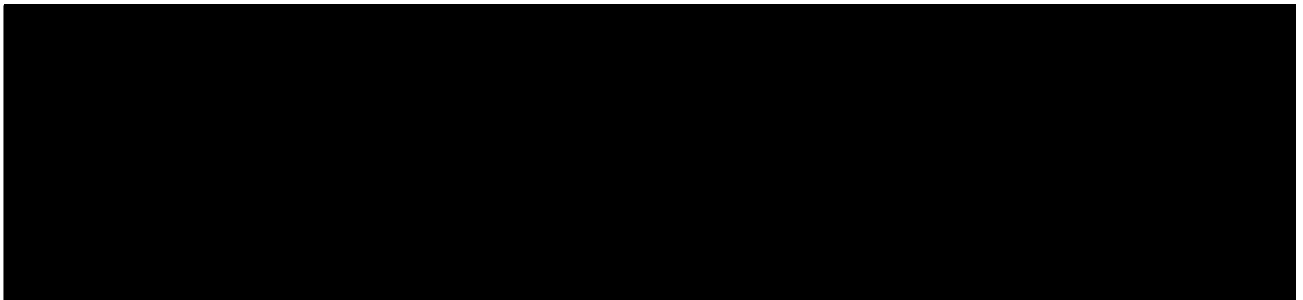
John A. Bazyk
(800) 851-6012
59 Rainbow Road
E. Granby, CT 06026

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

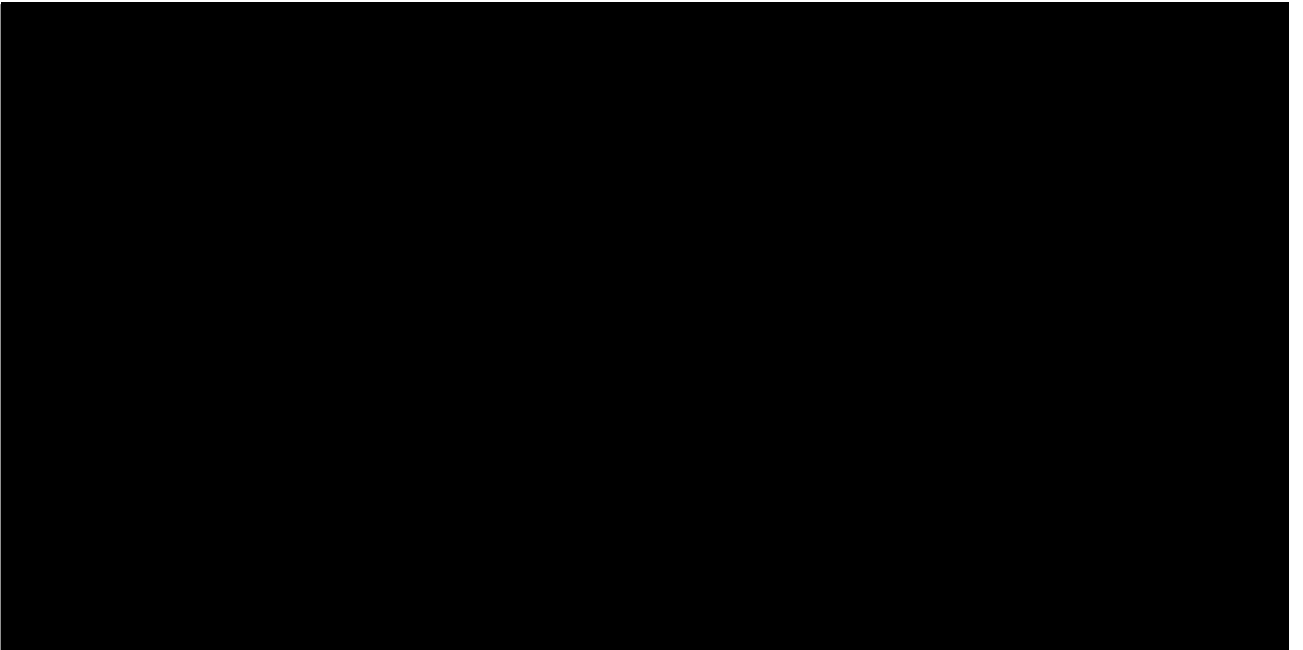
Date: 9 / 15 / 15
From: John Bazyk
Subject: Proposal: Installation of Security and Video Surveillance System

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:



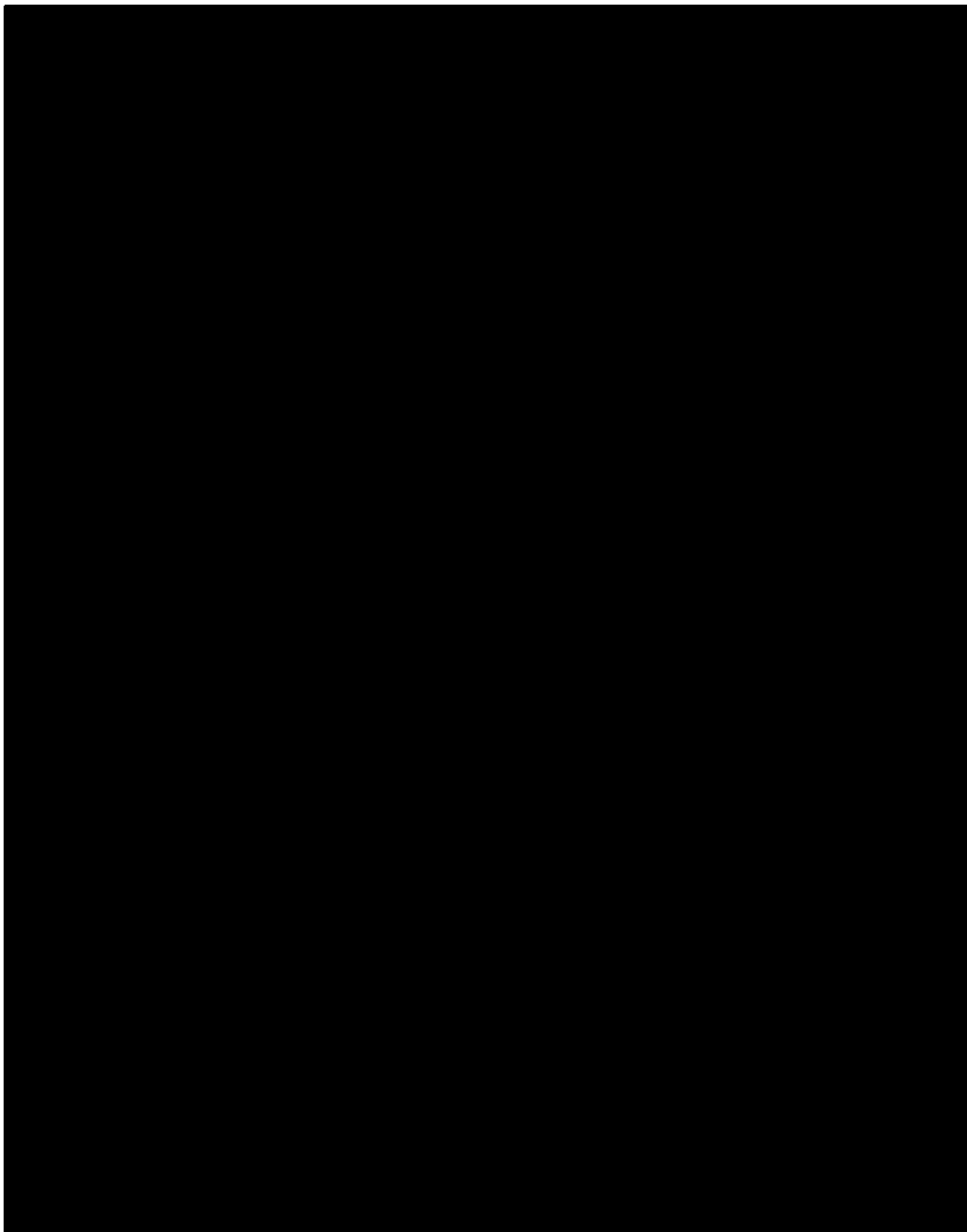
Building Electronic Access Control:





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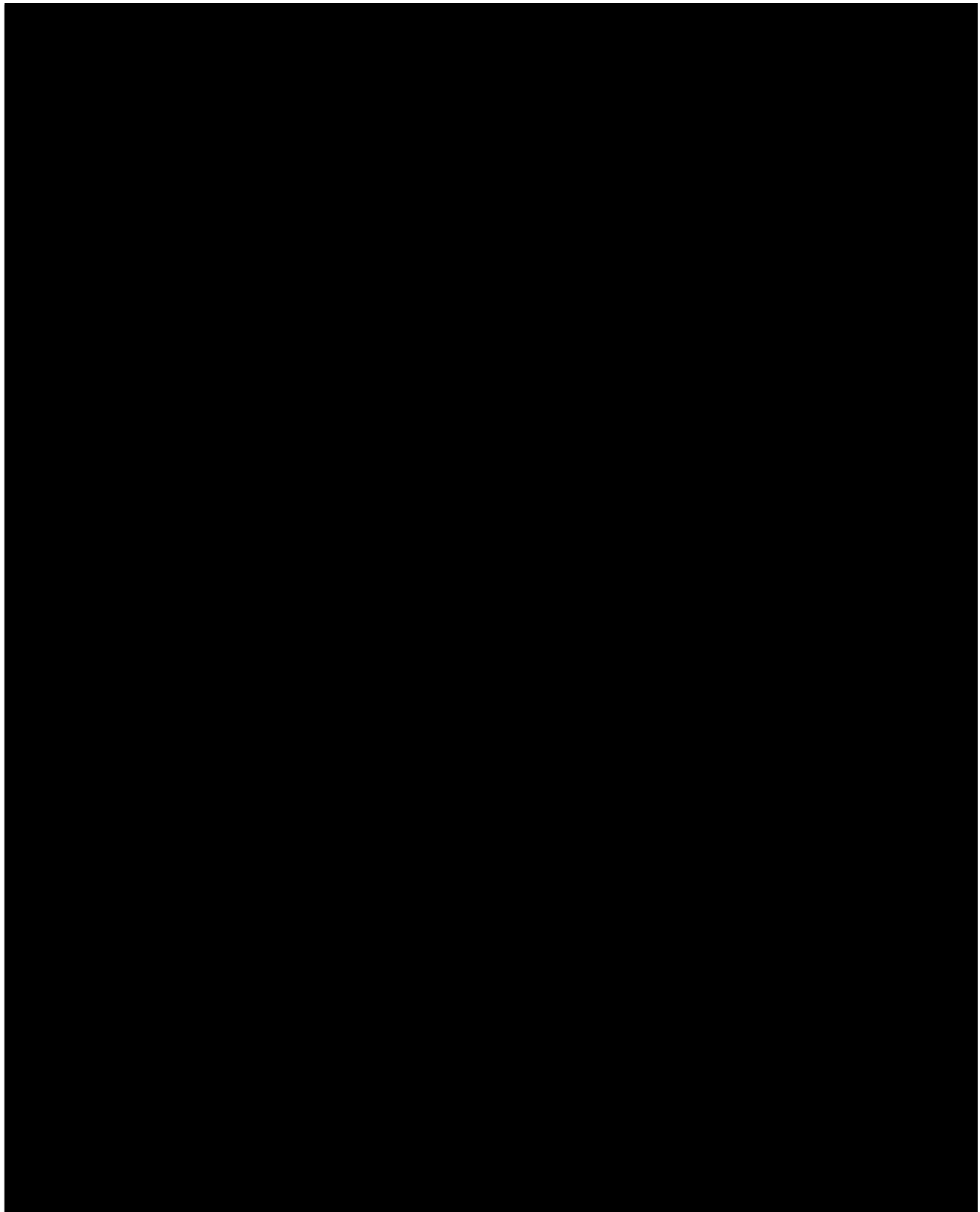
John A. Bazyk
(800) 851-6012
59 Rainbow Road
E. Granby, CT 06026





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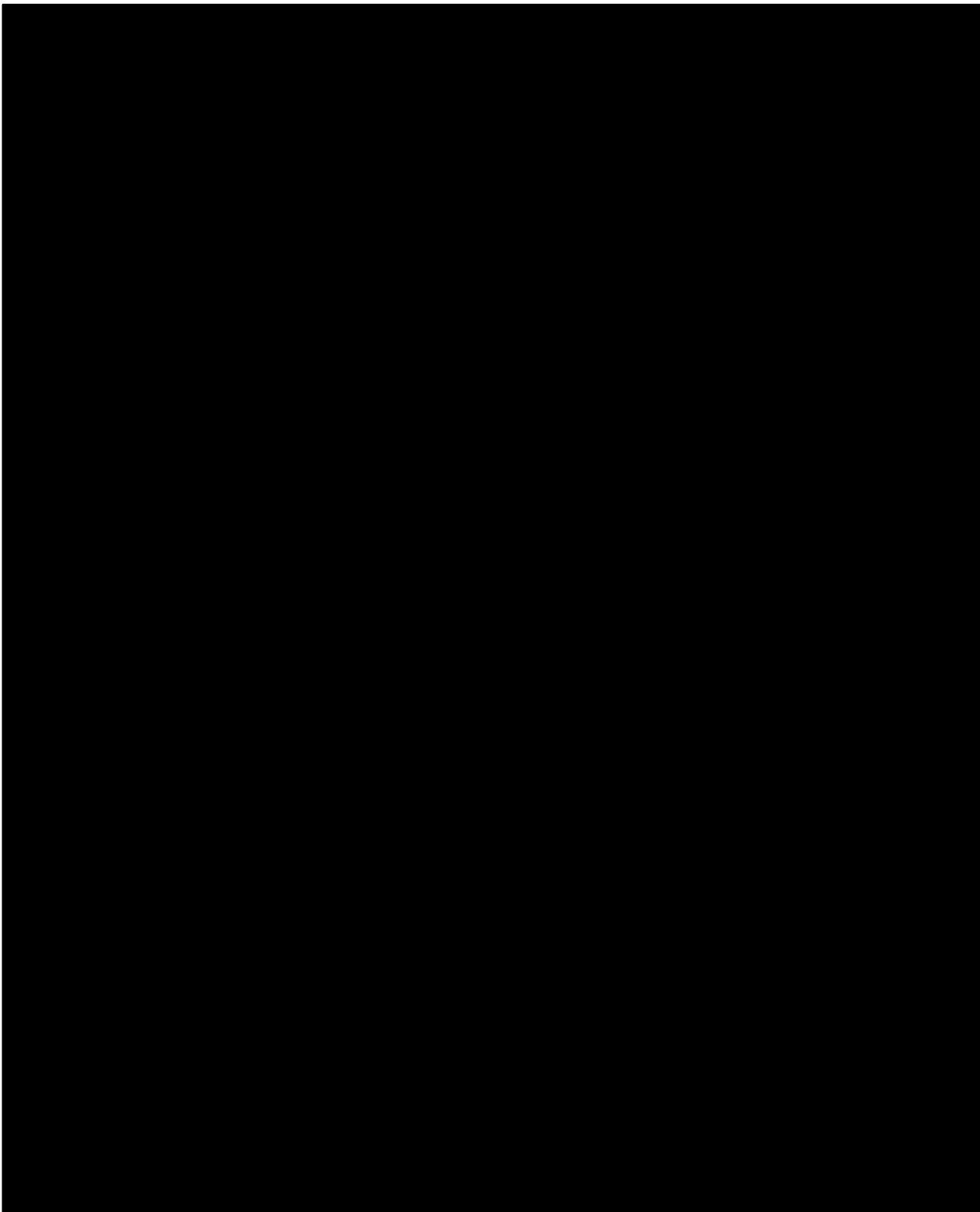
John A. Bazyk
(800) 851-6012
59 Rainbow Road
E. Granby, CT 06026





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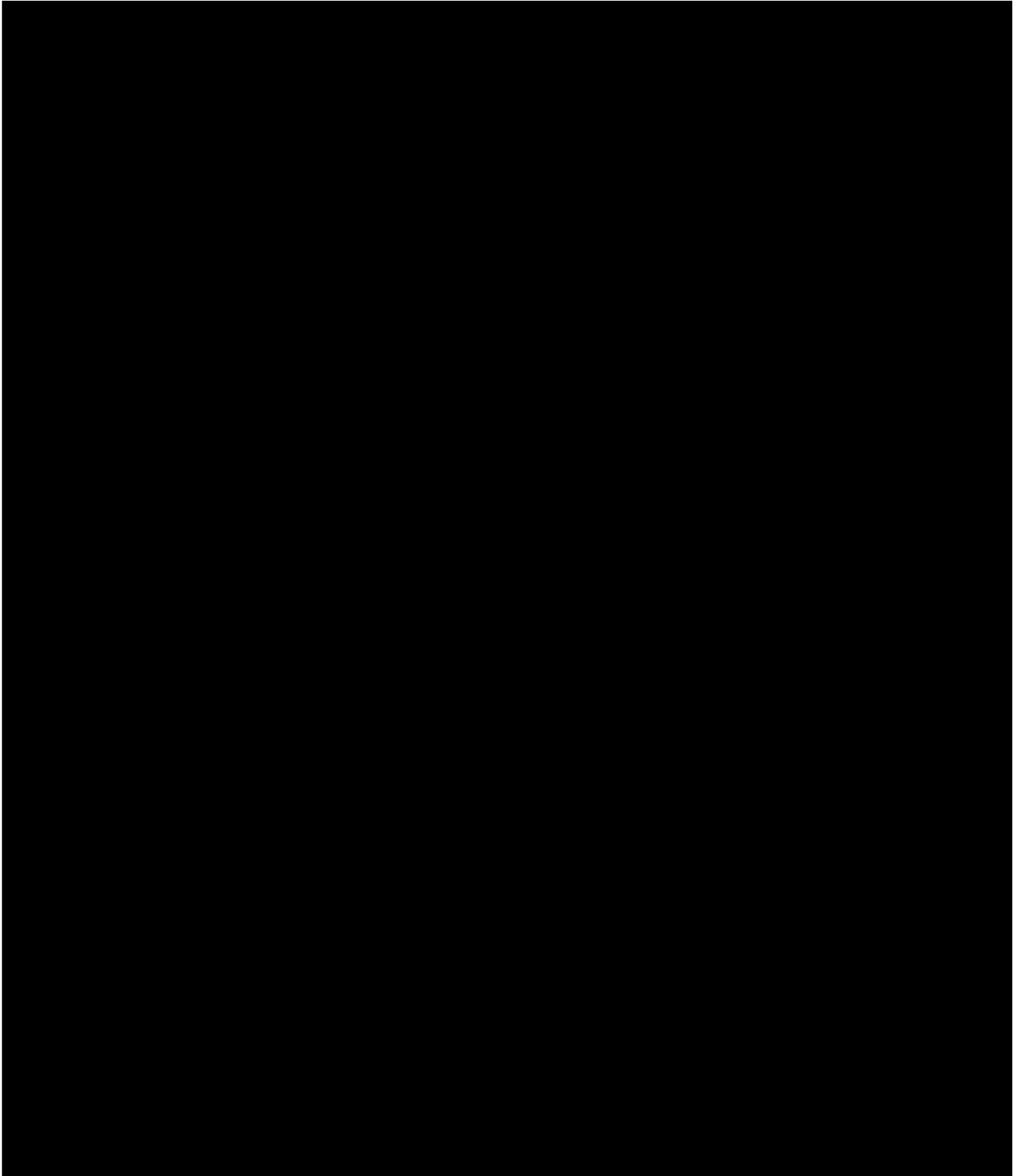
John A. Bazyk
(800) 851-6012
59 Rainbow Road
E. Granby, CT 06026





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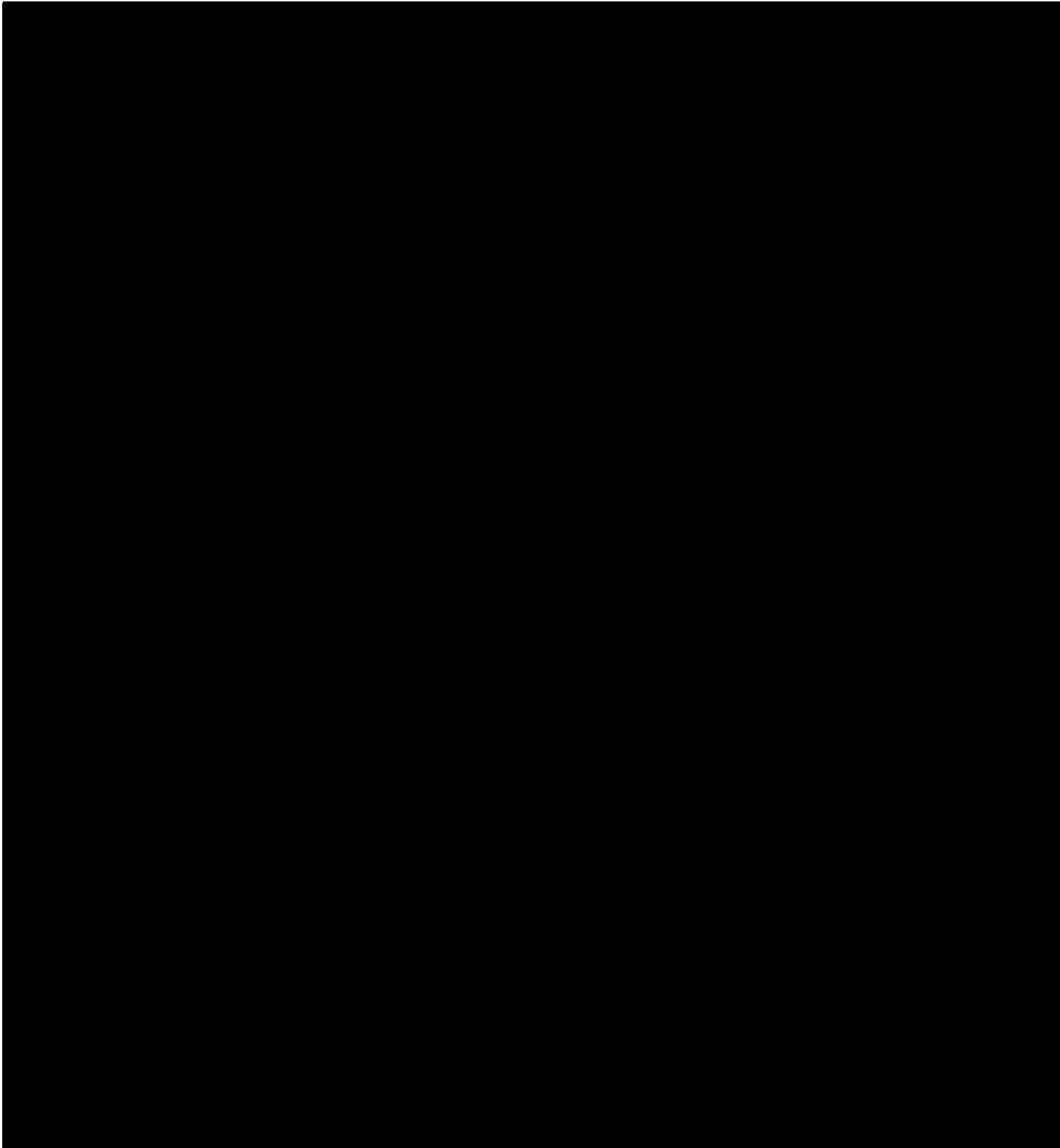
John A. Bazyk
(800) 851-6012
59 Rainbow Road
E. Granby, CT 06026





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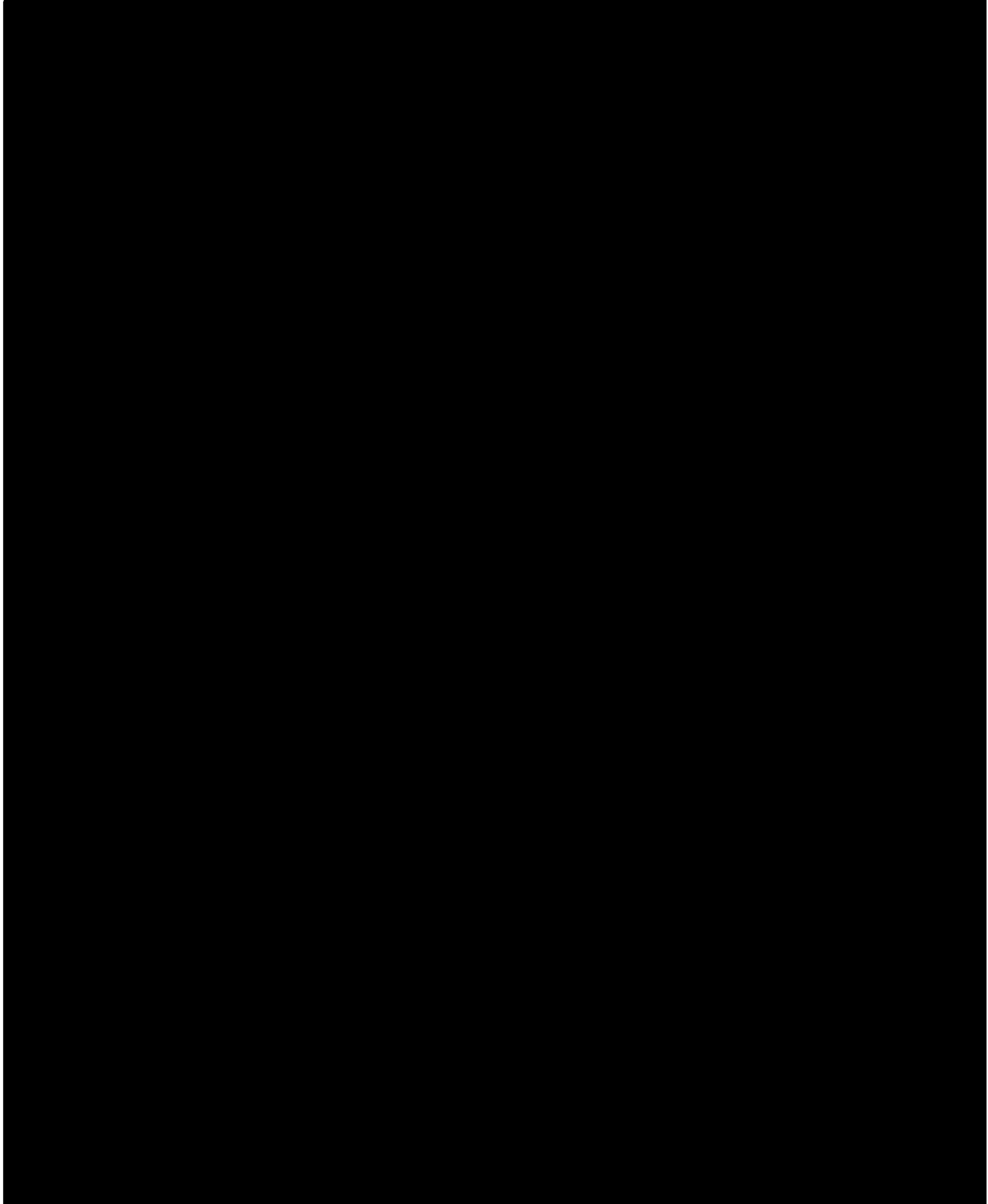
John A. Bazyk
(800) 851-6012
59 Rainbow Road
E. Granby, CT 06026





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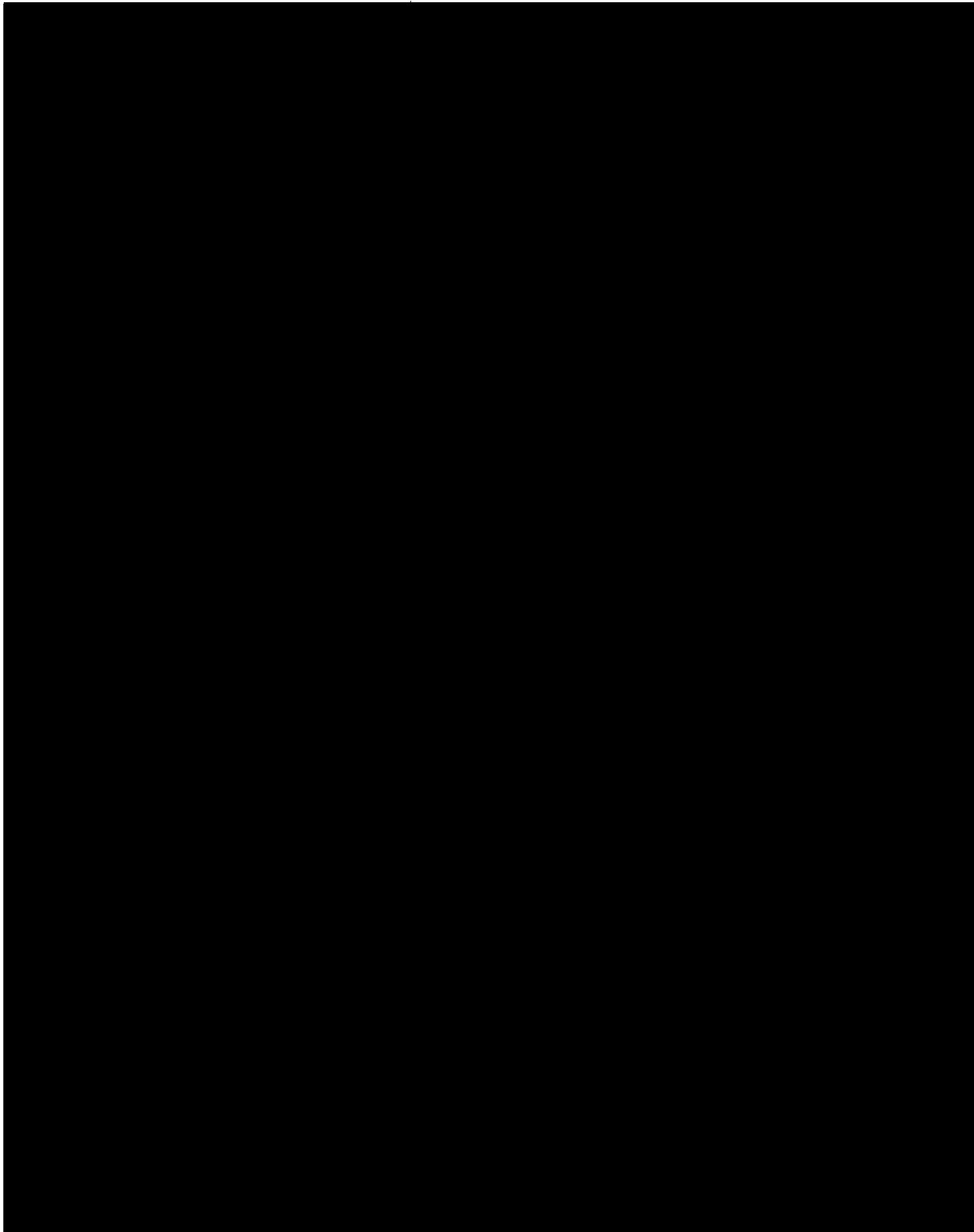
John A. Bazyk
(800) 851-6012
59 Rainbow Road
E. Granby, CT 06026





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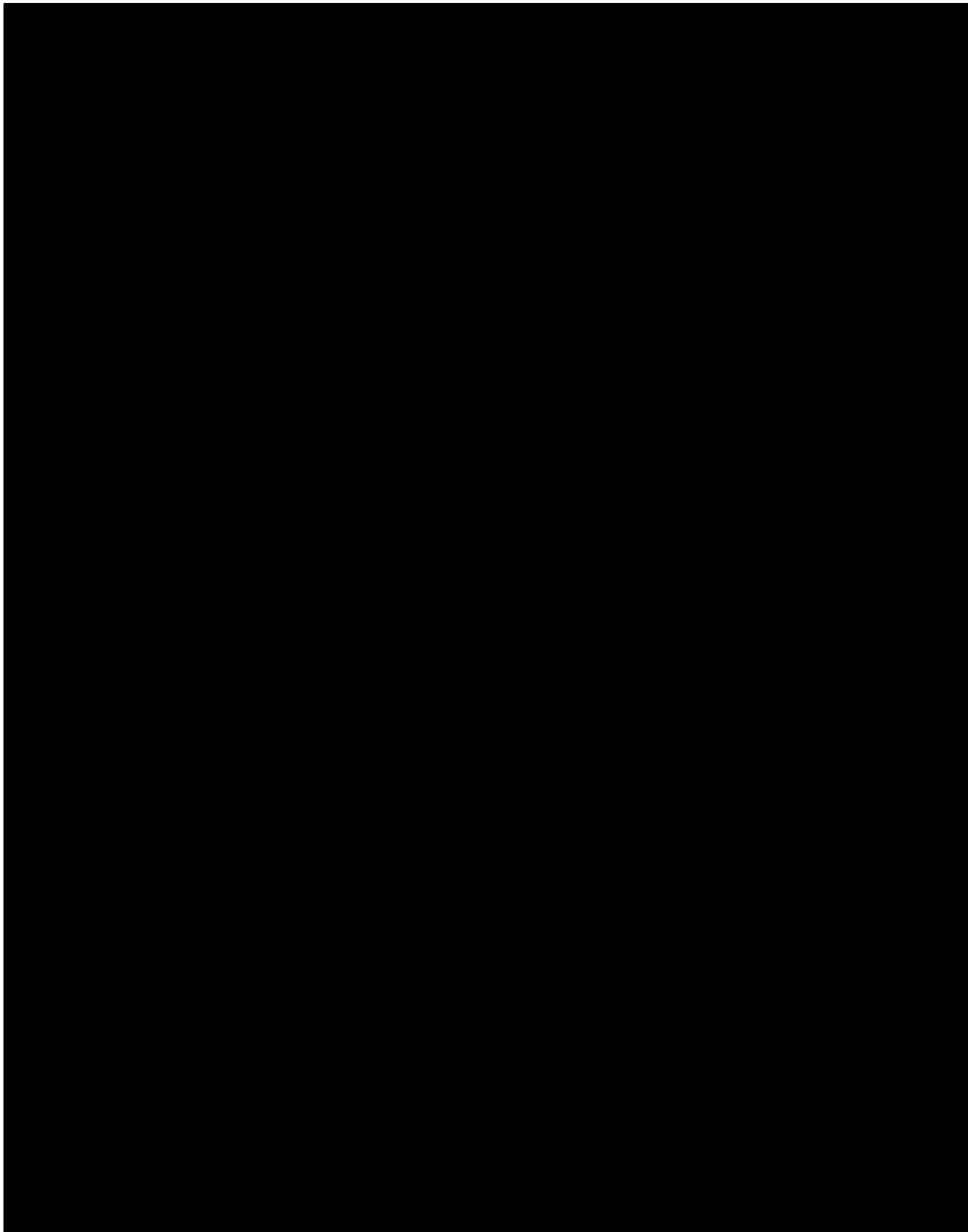
John A. Bazyk
(800) 851-6012
59 Rainbow Road
E. Granby, CT 06026





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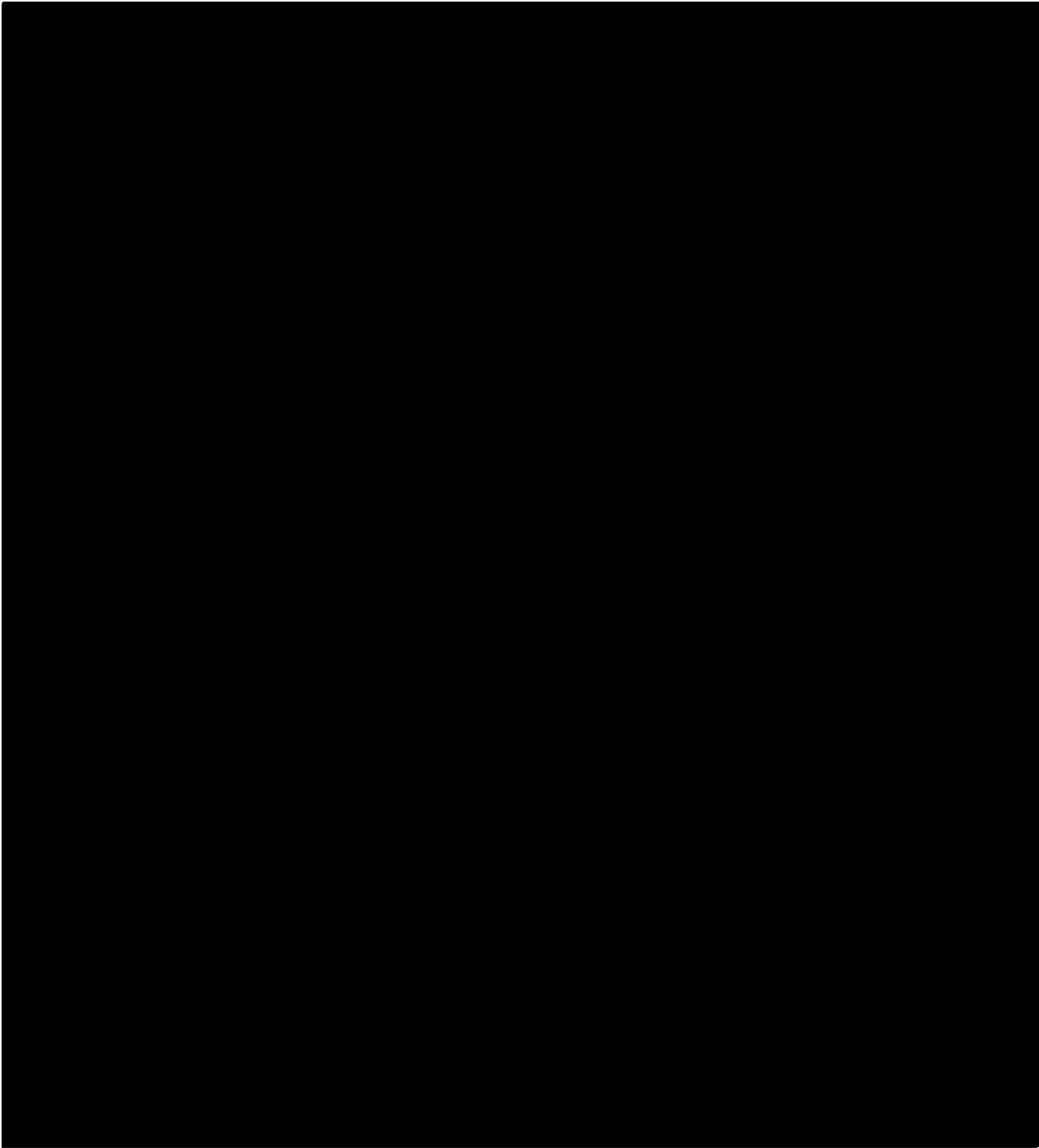
John A. Bazyk
(800) 851-6012
59 Rainbow Road
E. Granby, CT 06026





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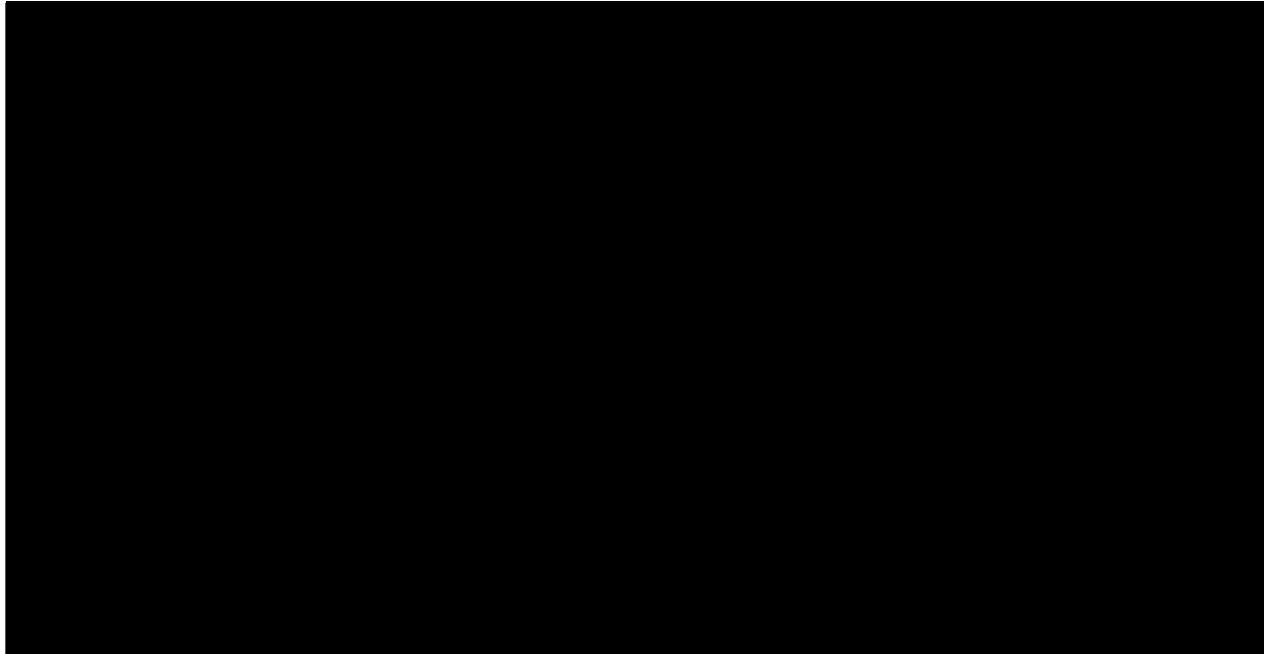
John A. Bazyk
(800) 851-6012
59 Rainbow Road
E. Granby, CT 06026





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



WE GUARANTEE that your security system will be installed with the utmost professionalism by Command Corporation's skilled technicians. Cable, cords, pipe, connectors, bushings, all ladders, lifts, and labor to install program and test as necessary, will be provided by Command.

This proposal is good for 30 days from the above date. The proposal is subject to Command Customer's Order form. Applicable sales tax required. 110 VAC power and phone jacks are not included. See drawing for location detail.

All Network connections and router configurations for remote offsite access to be provided by customer and configured in advance of installation. Command Corporation is not responsible for slow or no network connection as a result of poor quality or slow Internet at mobile phone, access control, alarm panel or network video recorder location.

CT State License No. 105944

NY State License No.12000041727

NJ State License Nos. BA1101843, FA110182

Other states by affiliates

MA State License No. 367 C

PA Warminster C-2629

RI State License No. 9914

I am happy to make myself available to answer any additional questions you may have. Please feel free to call me directly if I can assist in any way.

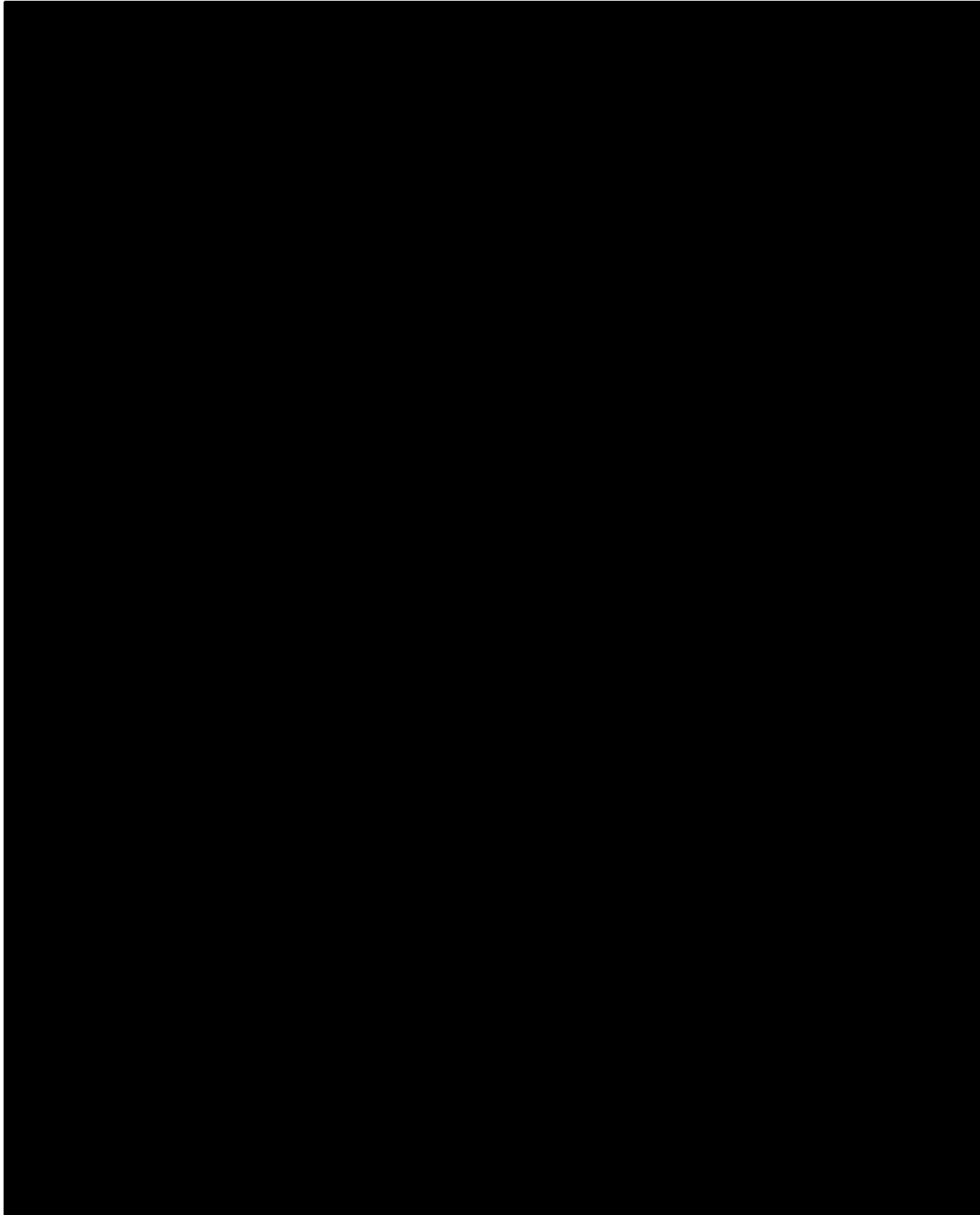
Yours sincerely,

Director of Sales and Marketing



Confidential

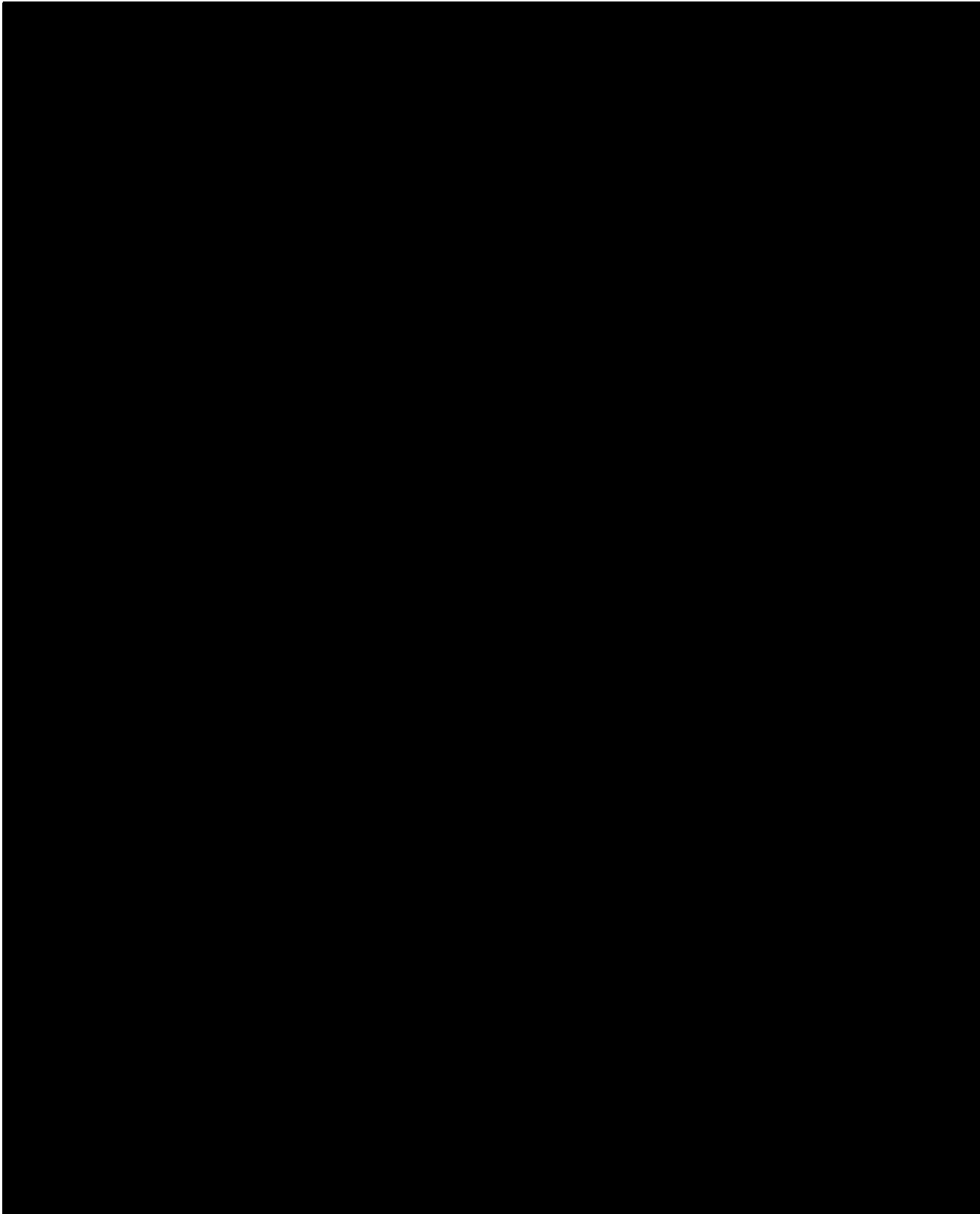
John A. Bazyk
(800) 851-6012
59 Rainbow Road
E. Granby, CT 06026





Confidential

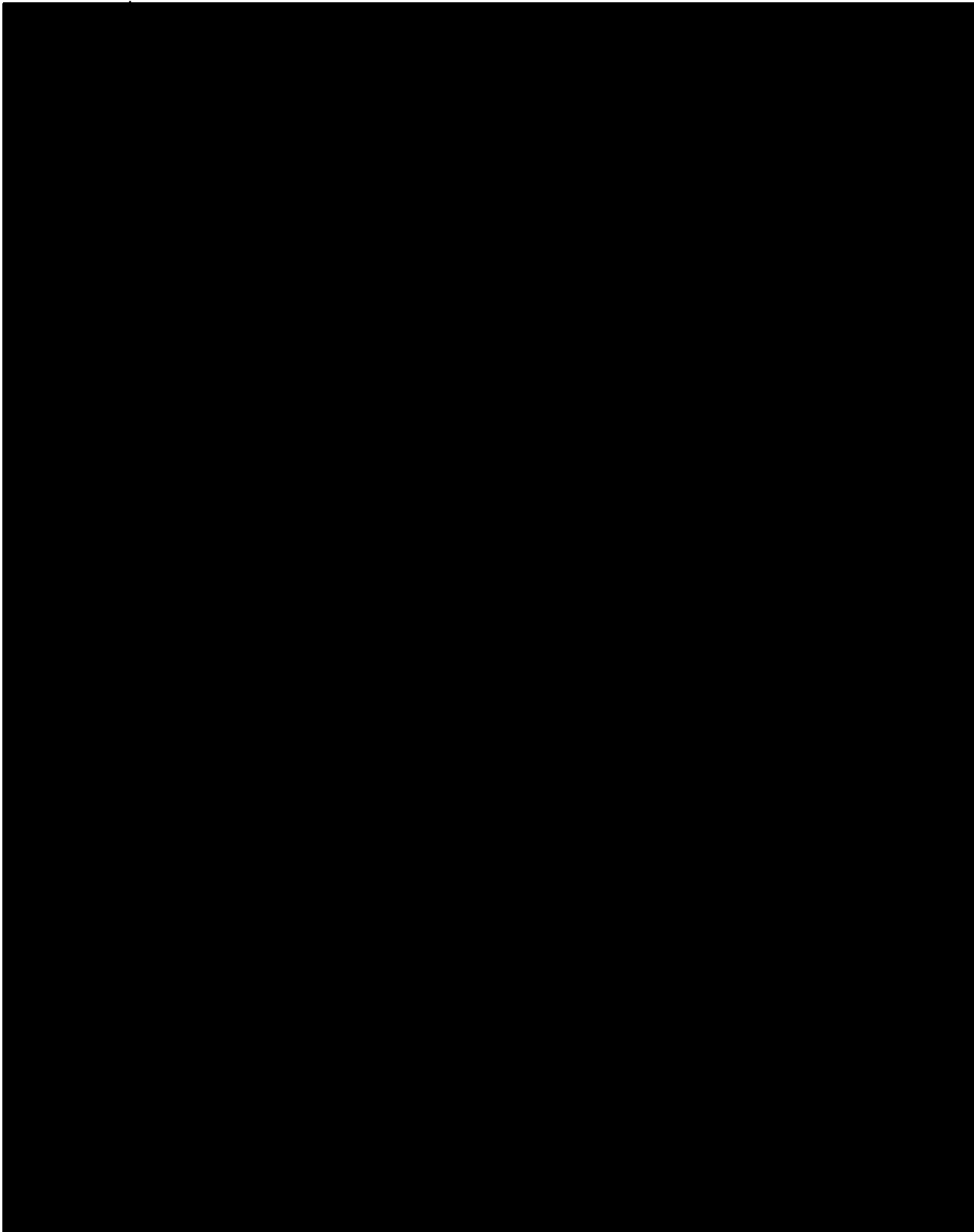
John A. Bazyk
(800) 851-6012
59 Rainbow Road
E. Granby, CT 06026





Confidential

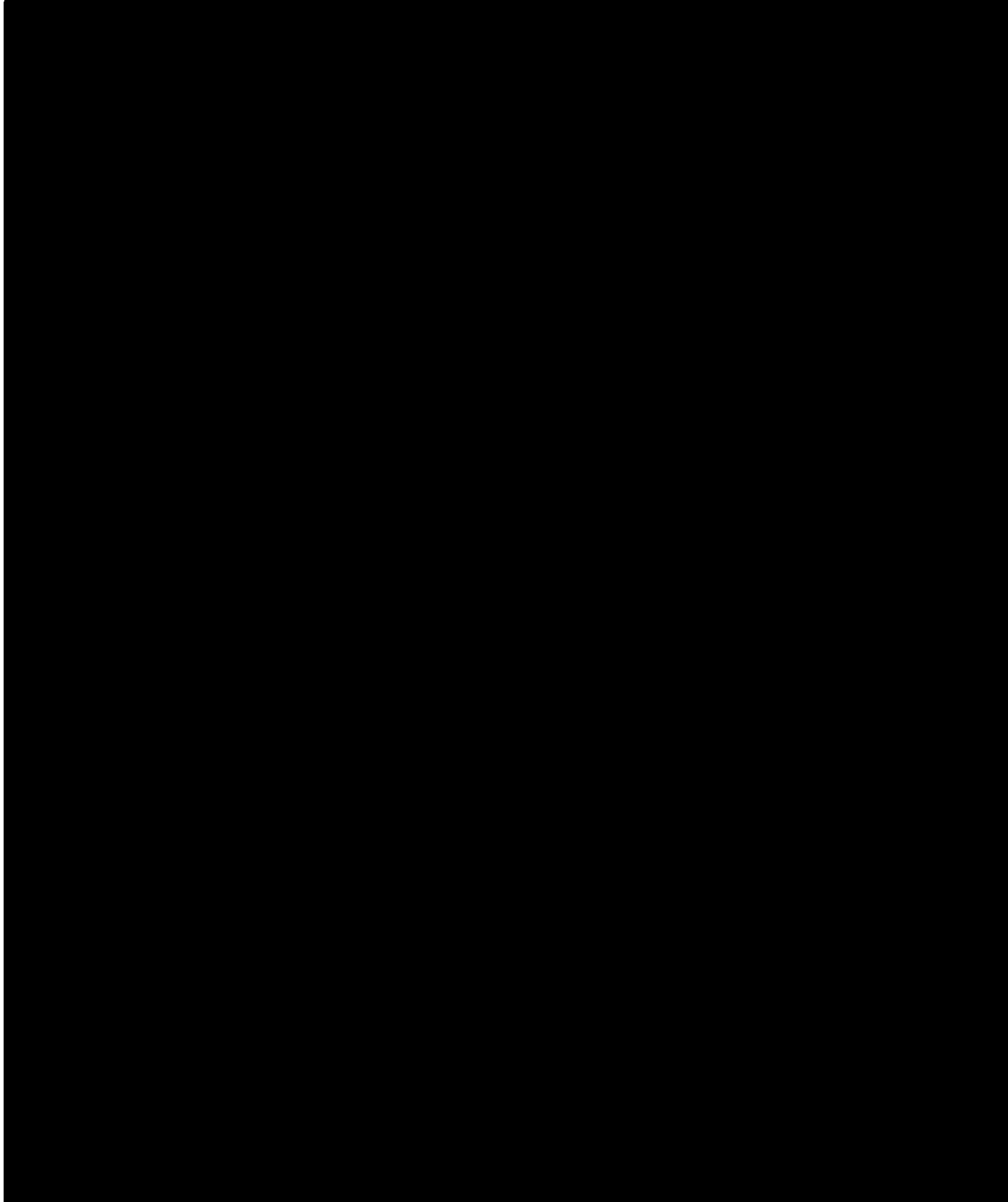
John A. Bazyk
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Confidential

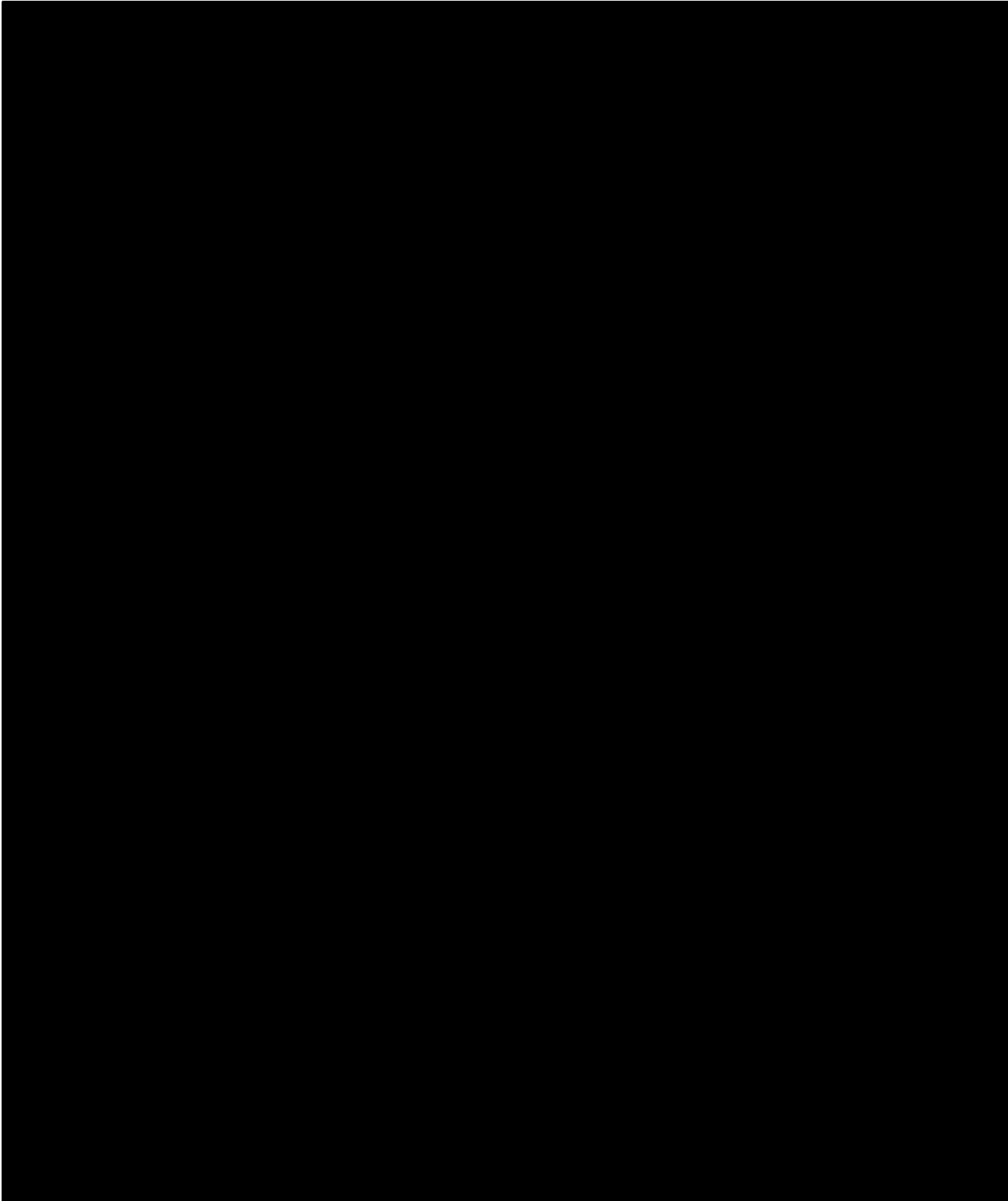
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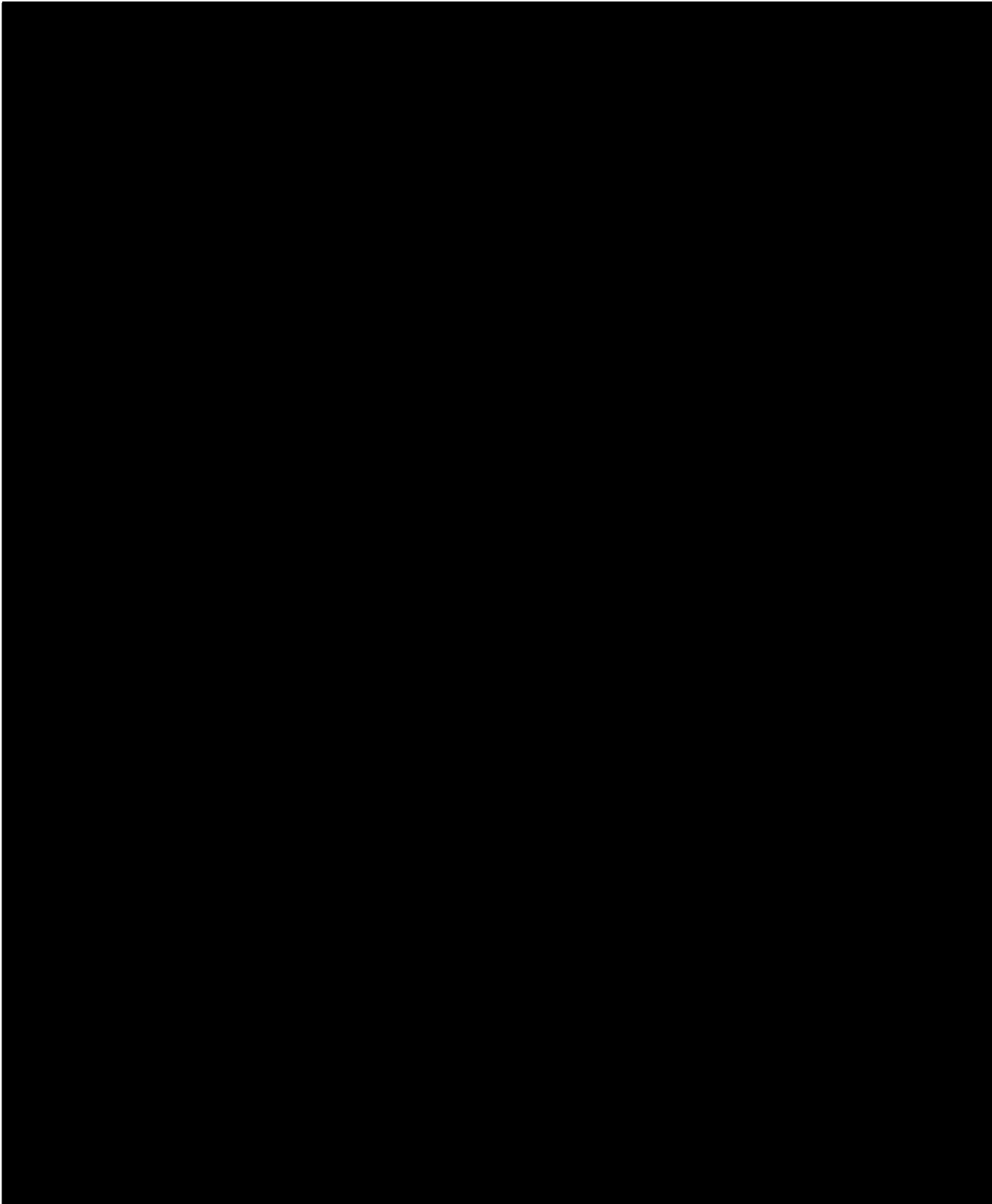
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E. Granby, CT 06026





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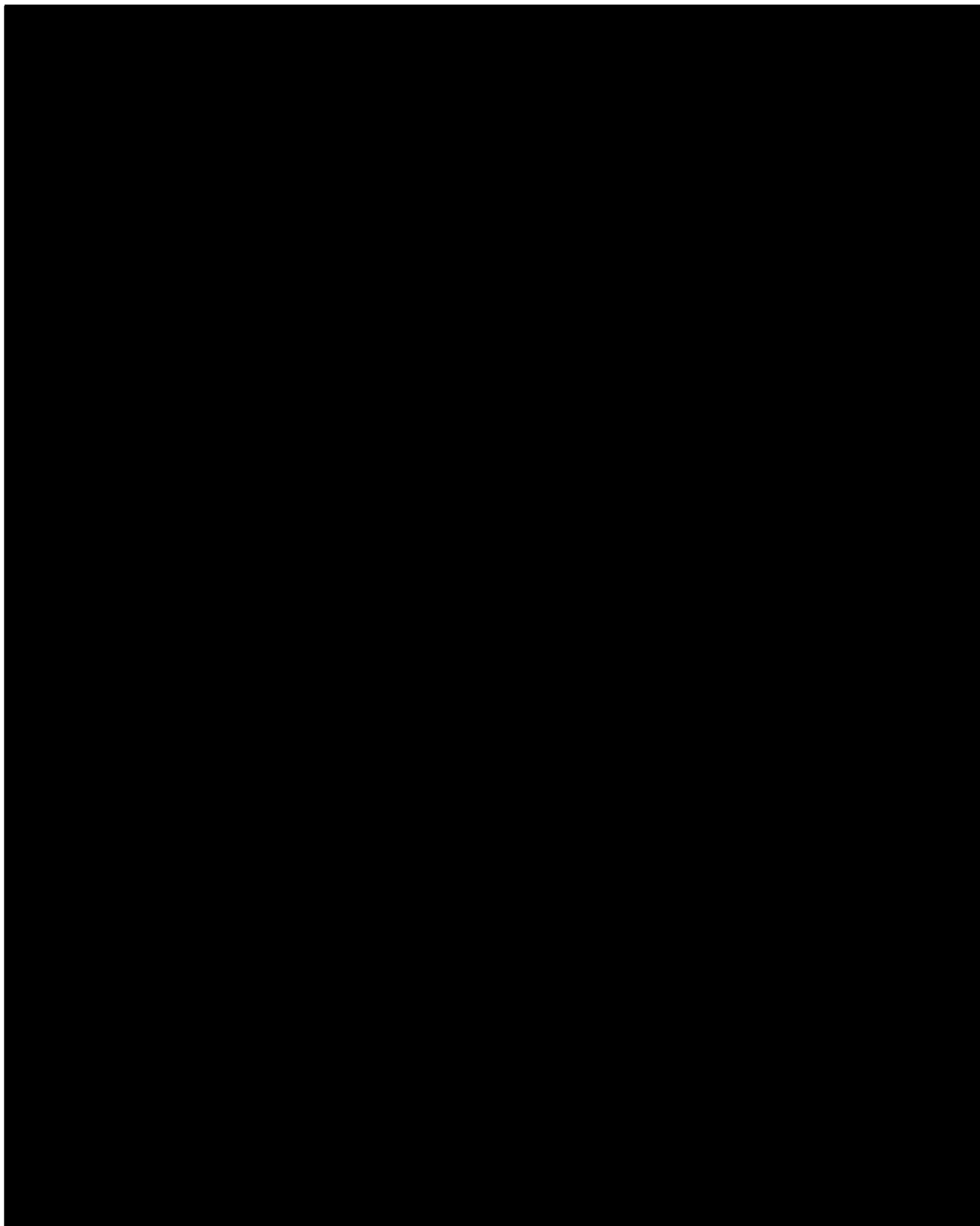
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Organic Care LLC

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:

3. Trade Name of Backer (if applicable):

N/A

4. Street Address (including Apartment or Suite #):

| |
|------------|
| [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: |
| | | | |

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



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





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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]

3. Trade Name of Backer (if applicable):

N/A

4. Street Address (including Apartment or Suite #):

[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 CT | 14. Issue Date (month/year): Expiration Date (month/year): | [REDACTED] | | |
| 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

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 33a-157h of the Connecticut General Statutes.

28.



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): Paul Anthony Cappiali | | |
| 2. Street Address (including Apartment or Suite #): [REDACTED] | | |
| 3. City: [REDACTED] | | |
| 6. Title: CEO | 7. Telephone Number: [REDACTED] | 8. E-mail Address: [REDACTED] |
| 9. Date of Birth: [REDACTED] | 10. Social Security Number: [REDACTED] | 11. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |

Section B: Employment Information

| | | | |
|--|-----------------|--|------------------------|
| 12. Current or Most Recent Employer: North American Access LLC | | 13. Date of Employment: Start Date: 01 / 08 / 12 End Date: : / / | |
| 14. Employer Address (including Apartment or Suite #): One Technology Place, Suite 2100 | | | |
| 15. City: Hawthorne | | 16. State: NY | 17. Zip Code: 10532 |
| 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.

| | | | |
|-----------------|---|---------------------------------------|------------------------|
| 29. State NY | 30. Issue Date (month/year): 07 / 93 Expiration Date (month/year): 12 / 15 | 31. Type: Alcohol Solicitor Permit | 32. Number: 1030676 |
| 33. State CT | 34. Issue Date (month/year): 11 / 11 Expiration Date (month/year): 11 / 16 | 35. Type: r | 36. 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

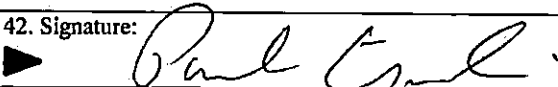
41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No

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:



43. Date Signed:

9/17/15



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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:



Paul Carlin

45. Date Signed:

9/17/15



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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): Randy Caravella | | |
| 2. Street Address (including Apartment or Suite #): 17 Tomney Road | | |
| 3. City: Greenwich | 4. State: CT | 5. Zip Code: 06830 |
| 6. Title: COO | 7. Telephone Number: | 8. E-mail Address: |
| 9. Date of Birth: | 10. Social Security Number: | 11. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |

Section B: Employment Information

| | | | |
|--|-----------------|--|---------------------|
| 12. Current or Most Recent Employer: Post Wines & Liquors | | 13. Date of Employment: Start Date: 06 / 15 / 87 End Date: : / / | |
| 14. Employer Address (including Apartment or Suite #): 230 E. Putnam Avenue | | | |
| 15. City: Cos Cob | | 16. State: CT | 17. Zip Code: 06807 |
| 18. Telephone Number: (203) 661-0929 | 19. Fax Number: | 20. E-mail Address: randy@thefarm | |

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): | 04 / 15 | 31. Type: | 32. Number: |
| CT | Expiration Date (month/year): | 04 / 16 | Liquor Permit | LIP.0015012 |
| 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. Signature:

43. Date Signed:

9/17/15



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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:

45. Date Signed:

9/17/12



Medical Marijuana Program

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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): William Francis Kakowski | | |
| 2. Street Address (including Apartment or Suite #): [REDACTED] | | |
| 3. City: [REDACTED] | | 4. State: [REDACTED] |
| 6. Title: Managing Pharmacist | | 7. Telephone Number: [REDACTED] |
| 8. E-mail Address: [REDACTED] | | |
| 9. Date of Birth: [REDACTED] | 10. Social Security Number: [REDACTED] | 11. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |

Section B: Employment Information

| | | | |
|---|--|--|---------------------|
| 12. Current or Most Recent Employer: VA Connecticut Healthcare System | | 13. Date of Employment: Start Date: 01 / 19 / 99 End Date: : / / | |
| 14. Employer Address (including Apartment or Suite #): 950 Campbell Ave. | | | |
| 15. City: West Haven | | 16. State: CT | 17. Zip Code: 06516 |
| 18. Telephone Number: (203) 932-5711 | | 19. Fax Number: (203) 937-4899 | |
| 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, 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): | 01 / 14 | 31. Type: | 32. Number: |
| CT | Expiration Date (month/year): | 01 / 16 | Pharmacist License | |
| 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. Signature:

43. Date Signed:

8/24/15



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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:



William K. K...

45. Date Signed:

8/14/15



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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): Robert Kraljevic | | |
| 2. Street Address (including Apartment or Suite #): [REDACTED] | | |
| 3. City: [REDACTED] | | |
| 6. Title: Pharmacist | 7. Telephone Number: [REDACTED] | 8. E-mail Address: |
| 9. Date of Birth: [REDACTED] | 10. Social Security Number: [REDACTED] | 11. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |

| Section B: Employment Information | | |
|--|-----------------|--|
| 12. Current or Most Recent Employer: MasterPharm | | 13. Date of Employment: Start Date: 01 / 01 / 15 End Date: : / / |
| 14. Employer Address (including Apartment or Suite #): 11506 Liberty Avenue | | |
| 15. City: South Richmond Hill | | 16. State: CT 17. Zip Code: 11419 |
| 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Are you currently associated with a pharmacy in any state? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <ul style="list-style-type: none"> • 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): | 02 / 14 | 31. Type: | 32. Number: |
| CT | Expiration Date (month/year): | 01 / 16 | Pharmacist | ██████████ |
| 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. Signature:

43. Date Signed:

16 SEPT 2015



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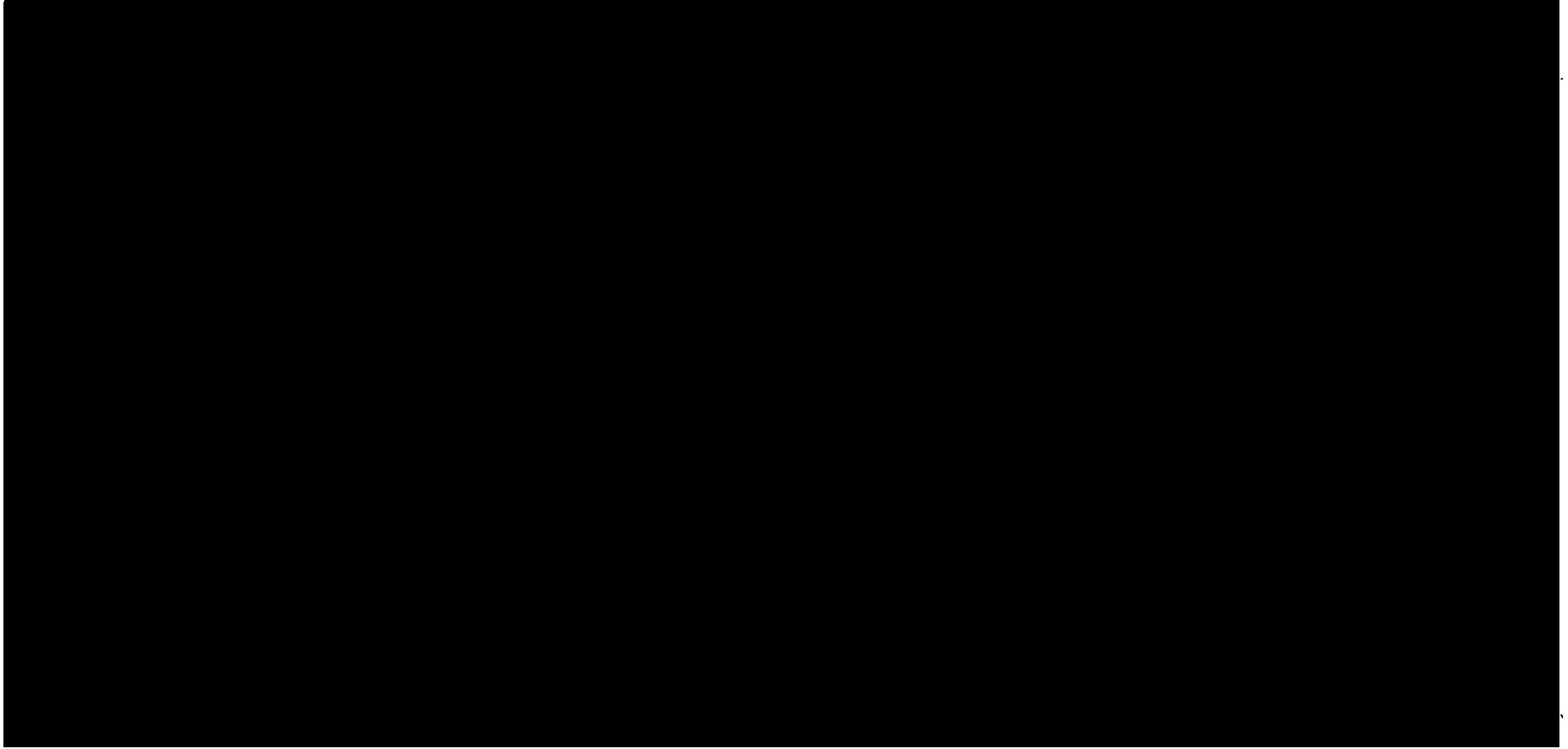
I hereby certify that the above information is correct and complete.

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:

45. Date Signed:

16 SEPT 2015

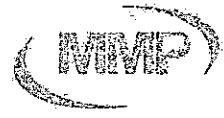


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Appendix C

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): Dana K Gherardi PharmD. | | |
| 2. Street Address (including Apartment or Suite #): [REDACTED] | | |
| 3. City: [REDACTED] | 5. Zip Code: [REDACTED] | |
| 6. Title: Pharmacist | 7. Telephone Number: [REDACTED] | 8. E-mail Address: [REDACTED] |
| 9. Date of Birth: [REDACTED] | 10. Social Security Number: [REDACTED] | 11. Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female |

Section B: Employment Information

| | | |
|--|--|---|
| 12. Current or Most Recent Employer: Stamford Pharmacist | 13. Date of Employment: Start Date: 10 / 01 / 2014 End Date: : / / | |
| 14. Employer Address (including Apartment or Suite #): 1055 High Ridge Road | | |
| 15. City: Stamford | 16. State: CT | 17. Zip Code: 06905 |
| 18. Telephone Number: (203) 883-8484 | 19. Fax Number: (203) 883-8486 | 20. E-mail Address: stamrx@gmail.com |

Section C: Pharmacy Business Experience

| |
|---|
| 21. Do you have any experience controlling, managing, operating or working for a pharmacy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Are you currently associated with a pharmacy in any state? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <ul style="list-style-type: none">• 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): | 07 / 10 | 31. Type: | 32. Number: |
| CT | Expiration Date (month/year): | 01 / 16 | Pharmacist | |
| 33. State | 34. Issue Date (month/year): | 12 / 11 | 35. Type: | |
| NY | Expiration Date (month/year): | 07 / 17 | Pharmacist | |

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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:

43. Date Signed:

September 16, 2015



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• Website:



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:



Dana Gheraude

45. Date Signed:

September 16, 2015



Section: A-1
Appendix: C
Question: 28

C28. Requisition: 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:

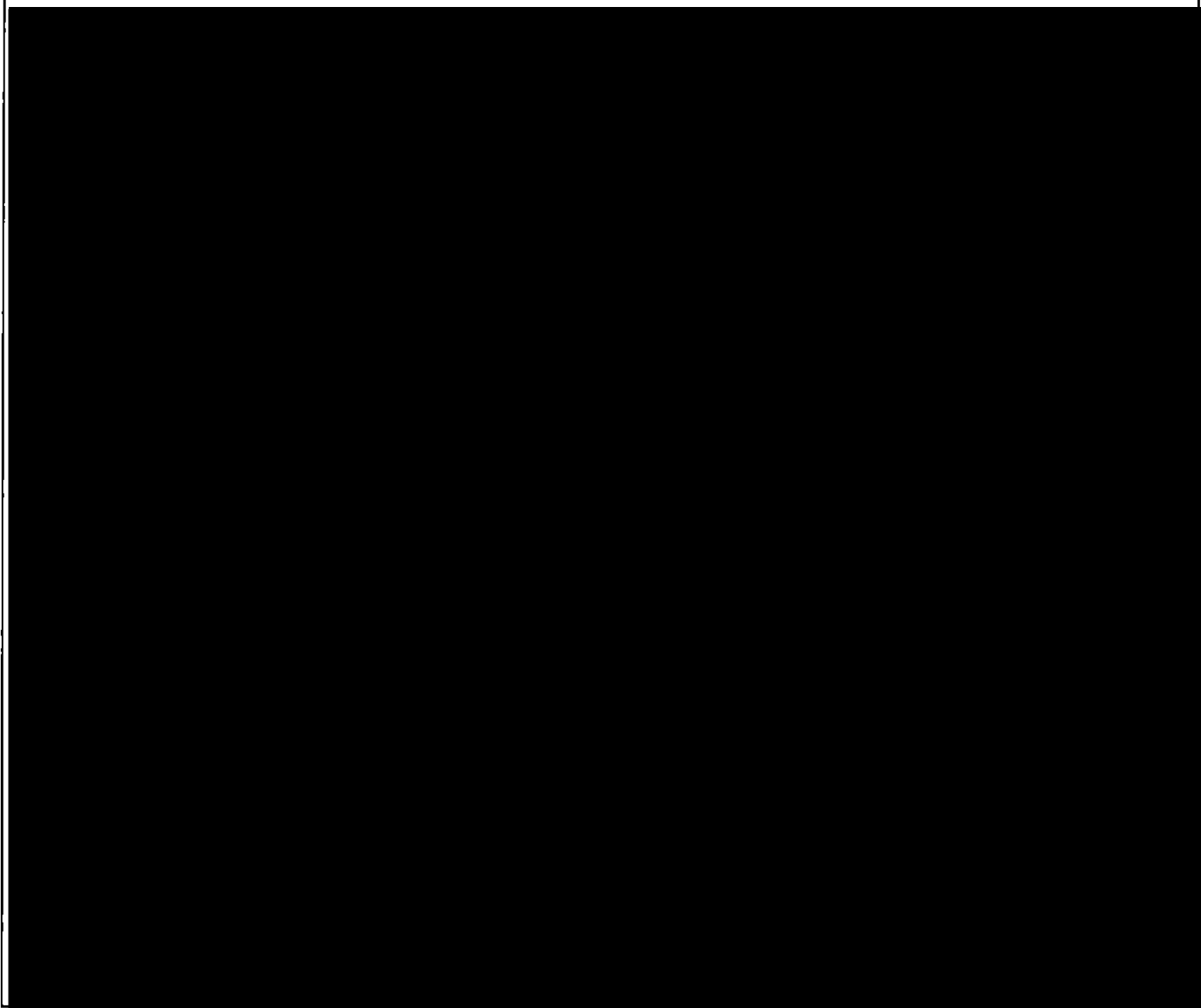
- The Business name
- Products or Services offered
- The Business Location
- All titles and responsibilities held by you at the business, including the time frame for each
- The dates of your association with the business
- Whether you currently have a role at the business and, if not, when your involvement 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.
-

Resolution: Please see the following pages, Appendix C; Question 28, for Paul Cappiali and Randy Caravella



Organic Care LLC

Section: A-1
Appendix: C
Question: 28



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Organic Care LLC

Section: A-1
Appendix: C
Question: 28



STRICTLY CONFIDENTIAL – NOT FOR DISTRIBUTION



Organic Care LLC

Section: A-1
Appendix: C
Question: 28

Randy Caravella

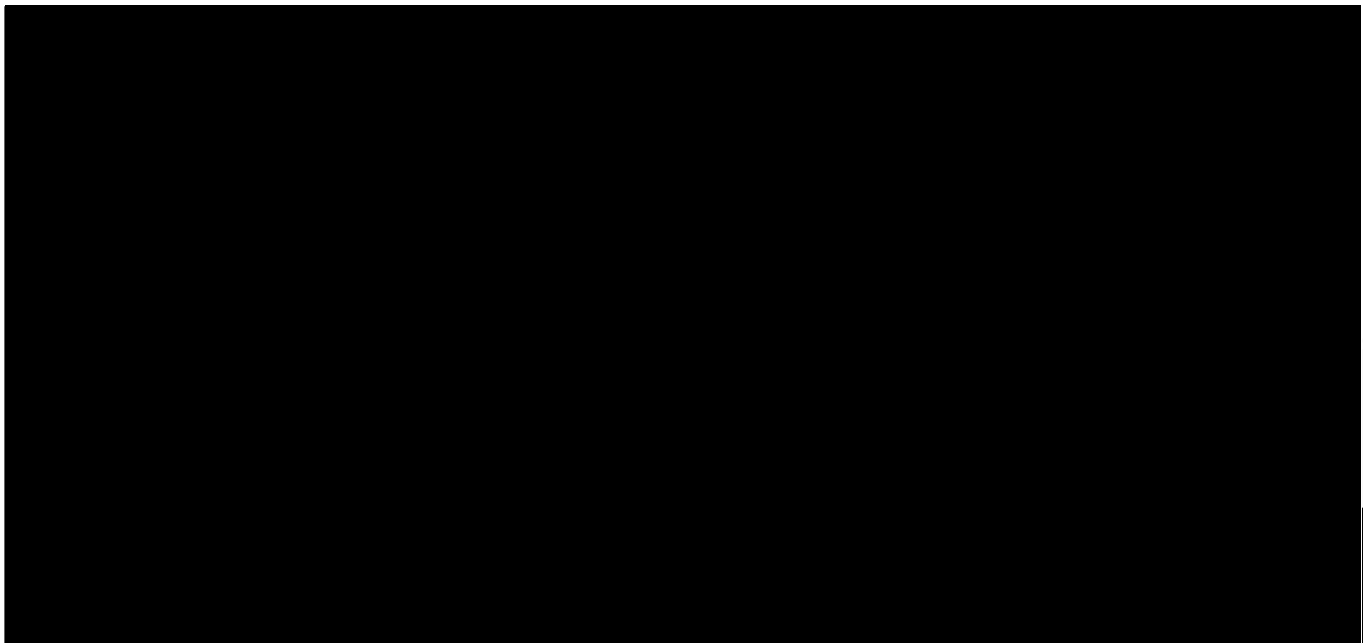




Organic Care LLC

Section: A-1
Appendix: C
Question: 28

Randy Caravella



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Organic Care LLC

Section: A-1

Appendix: C

Question: 23

C23. Requisition: 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.**

Resolution: Please see attached, Appendix C; Question 23 for William F. Kakowski on the following page.



Organic Care LLC

Section: A-1
Appendix: C
Question: 23

William Francis Kakowski

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Organic Care LLC

Section: A-1
Appendix: C
Question: 23

William Francis Kakowski

Page: 2



STRICTLY CONFIDENTIAL – NOT FOR DISTRIBUTION



Organic Care LLC

Section: A-1
Appendix: C
Question: 23

William Francis Kakowski

Page: 3



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Section: A-1

Appendix: C

C23. Requisition: 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.

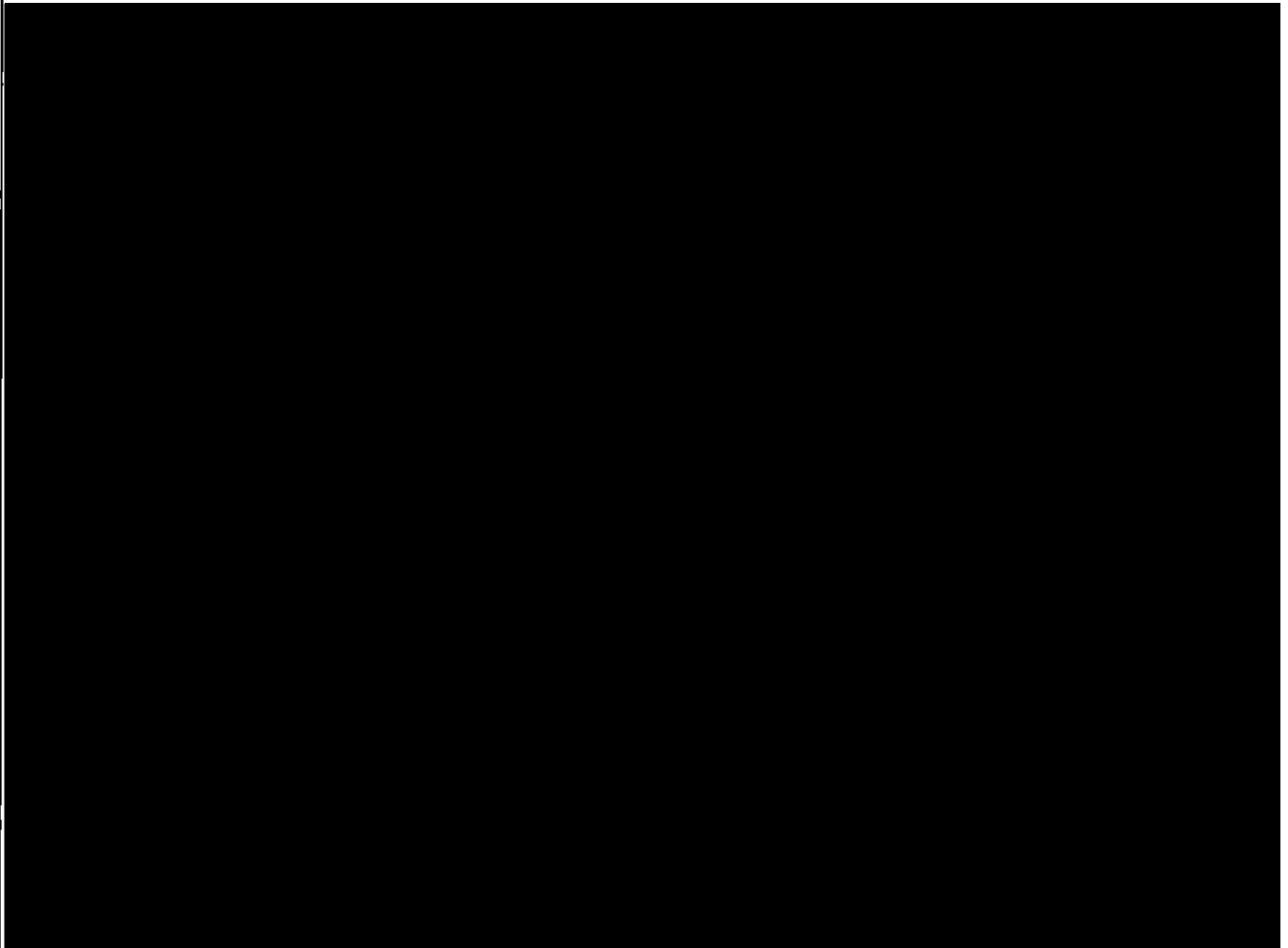
Resolution: Please see attached, Appendix C; Question 23 for Robert Kraljevic on the following page.



Organic Care LLC

Section: A-1
Appendix: C
Question: 23

Robert Kraljevic



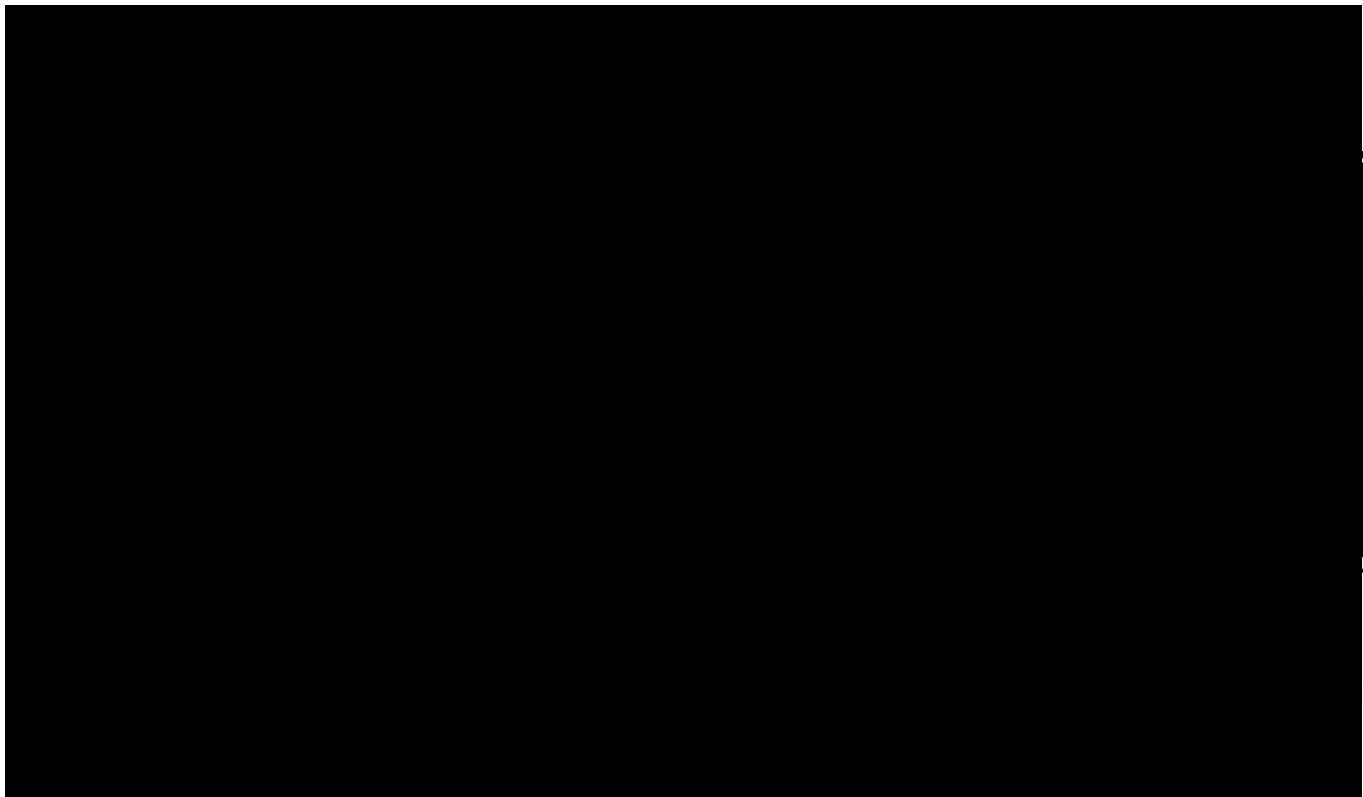
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Organic Care LLC

Section: A-1
Appendix: C
Question: 23

Robert Kraljevic
Page 2



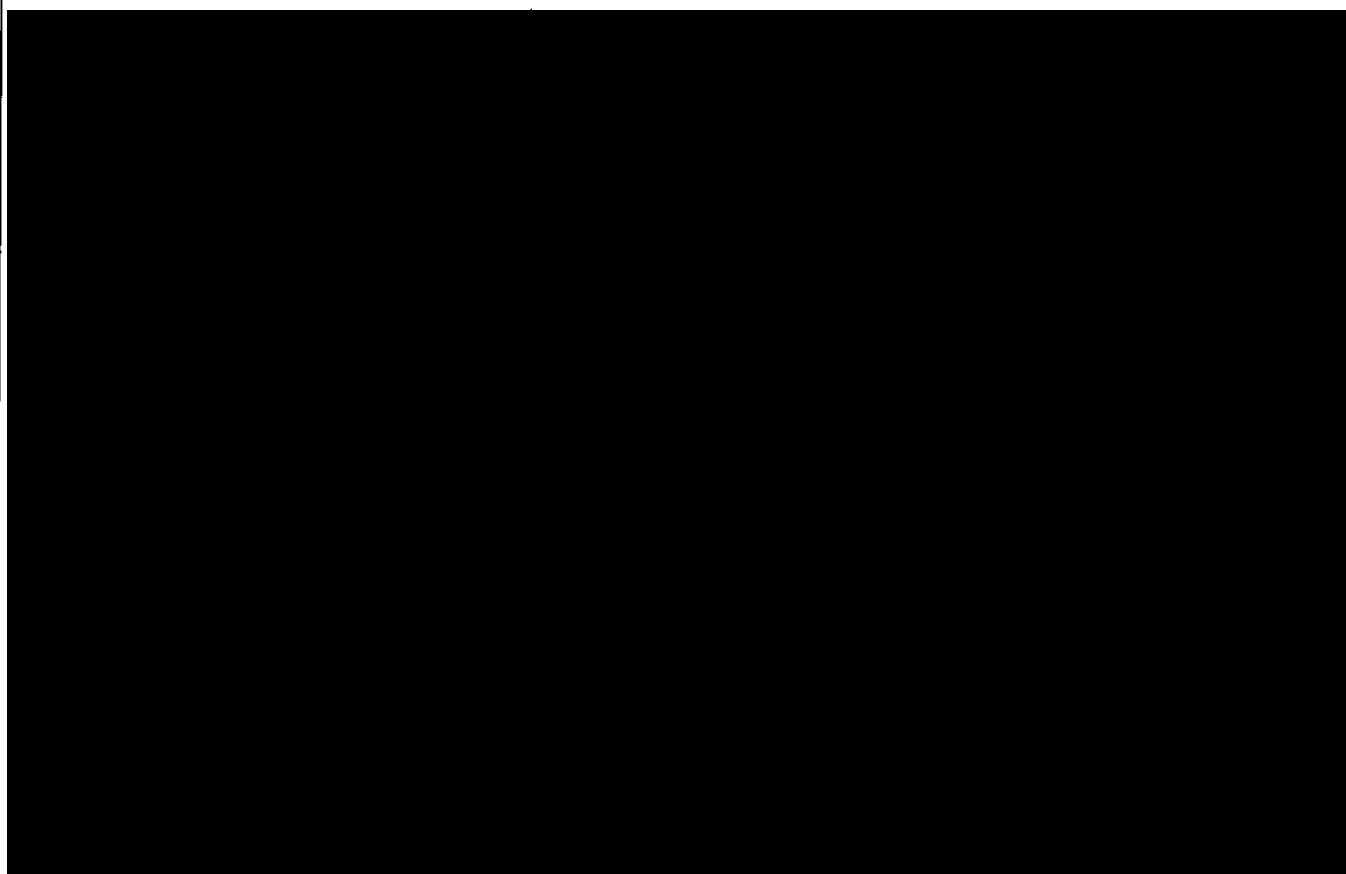
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Organic Care LLC

Section: A-1
Appendix: C
Question: 23

Robert Kraljevic
Page 2



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Section: A-1
Appendix: C
Question: 23

C23. Requisition: 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.**

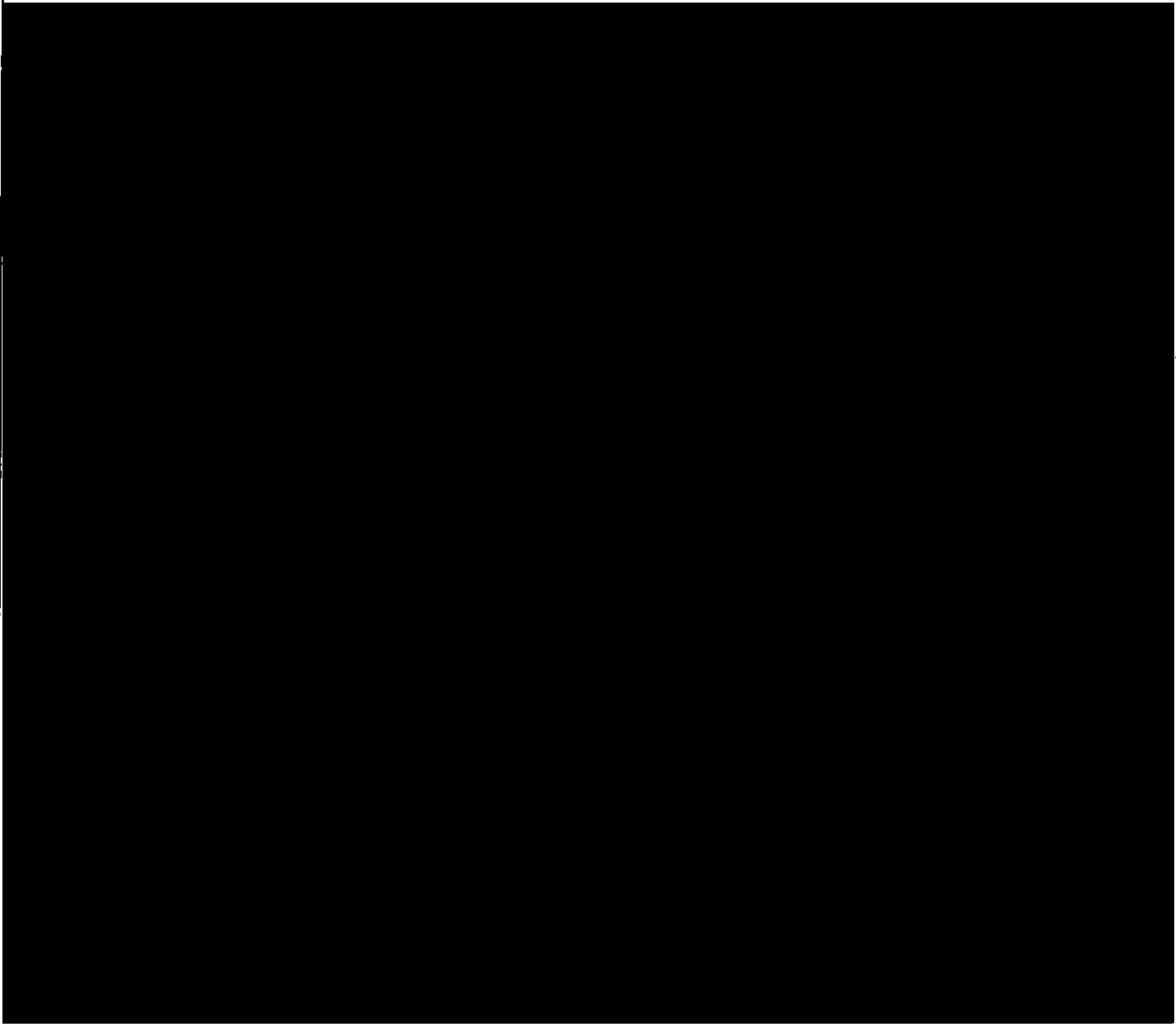
Resolution: Please see attached, Appendix C; Question 23 for Dana K. Gherardi, on the following page.



Organic Care LLC

Section: A-1
Appendix: C
Question: 23

Dana K. Gherardi, PharmD.



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Organic Care LLC

Section: A

A2. Requisition: Provide a brief summary (no longer than five doubled-spaced pages) of the applicant's qualifications, experience and industry knowledge relevant to the development and operation of a dispensary facility.

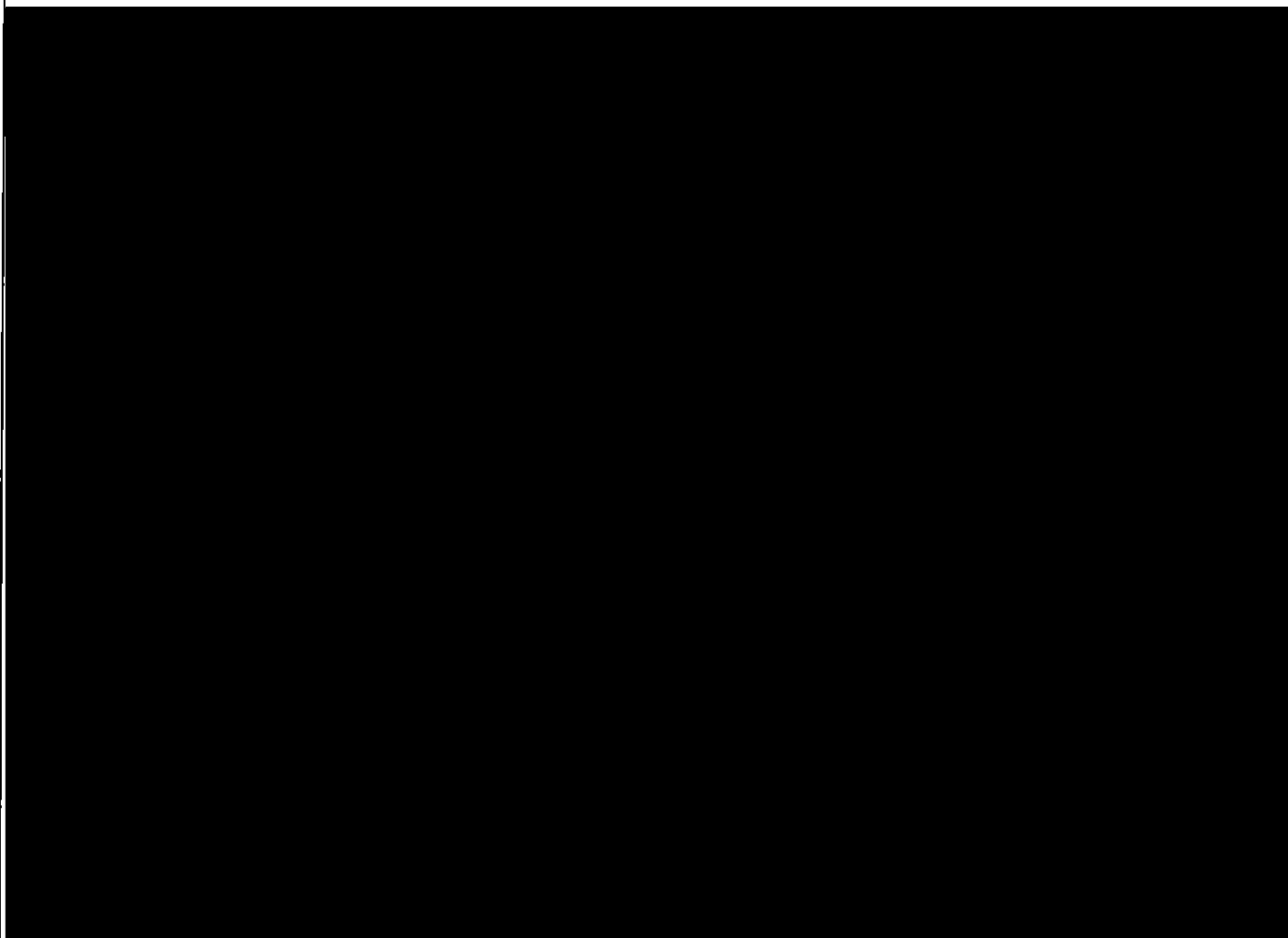
Resolution: Please see attached, Appendix A2-1, Organic Care LLC



Organic Care LLC

Section: A-2

Organic Care LLC , was formed with a collective goal; To provide patient and community wellness.





Organic Care LLC

Section: A

A3. Requisition: Provide a financial statement setting forth the elements and details of all transactions connected with your application.

Resolution: Please see attached, Appendix A3-1, Organic Care, Application Accounting, on the following page.

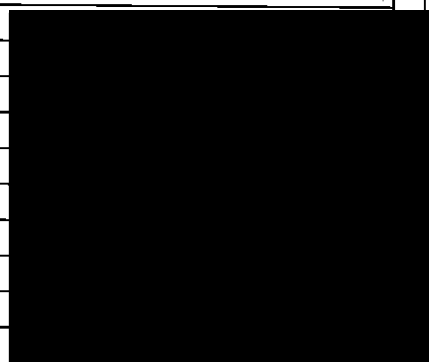


Organic Care LLC

Appendix: A3-1, Organic Care LLC, Application Accounting Statement

Summary:

| Expense | Detail | Amount |
|------------------|-------------------------|--------|
| Attorney | Corporation Fees | |
| Mitchell Studios | Architect & Design | |
| Host Gator | Web Site Domain & Email | |
| JCM Design | Design of Company Logo | |
| DCP | Application Fee | |
| Andrew Vizcarra | Internet Security | |
| Total | | |





Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: dcp.mmp@ct.gov • Website: www.ct.gov/dcp/mmp



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 #): | | | 3. City: |
| 4. State: | 5. Zip Code: | 6. Date of Birth: | 7. Telephone Number: |
| 8. Social Security Number: | | | 9. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | 11. Connecticut Pharmacist License Number: pct 0004871 |

| Section B: Employment Information | | | |
|--|-----------------------------------|---|------------------------|
| 12. Current or Most Recent Employer: VA Connecticut Healthcare Sysytem | | 13. Date of Employment: Start Date: 01 / 19 / 199 End Date: : / / | |
| 14. Employer Address (including Apartment or Suite #): 950 Campbell Ave | | | |
| 15. City: West Haven | | 16. State: CT | 17. Zip Code: 06516 |
| 18. Daytime Telephone Number: (203) 932-5711 | 19. Fax Number: (203) 937-4899 | 20. E-mail Address: Patricia.Strilbyckij@va.gov | |

| Section C: Pharmacy Business Experience |
|---|
| 21. Do you have any experience controlling, managing, operating or working for a pharmacy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Are you currently associated with a pharmacy in any state? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <ul style="list-style-type: none"> • 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. |



Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: dcp.mmp@ct.gov • Website: www.ct.gov/dcp/mmp



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

Section: B

B1. Requisition: The Location of the proposed facility.

Resolution: The Location Organic Care LLC has secured for operation is located at
984 High Ridge Road, Stamford CT 06905.



Organic Care LLC

Section: B

B2. Requisition: Documents sufficient to establish that the applicant is authorized to conduct business in Connecticut and that the state and local building, fire and zoning requirements and local ordinances are met for the proposed location of the dispensary facility.

Resolution: Please see the following pages: The IRS letter of assigned Taxpayer ID. Limited Liability Registration document. Connecticut Issued, Sales and Use tax permit.



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

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

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

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.

| | |
|-----------|------------|
| Form 940 | 01/31/2017 |
| Form 1065 | 04/15/2016 |
| Form 944 | 01/31/2017 |

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: 043624327

Home Address: 125 Greenwich Ave

Greenwich, CT 06830

Telephone Number: 203-253-4492

Bank Name:

Organic Care llc

Owner Type: Business

FEIN: 045742404

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? 1. Yes

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.) 2. No
3. Do you intend to withhold Connecticut income tax from any of the following: pension plans; annuity plans; retirement distributions; or gambling distributions? 3. No

- 4. Do you pay nonresident athletes or entertainers for services they render in Connecticut? 4. No
- 5. Do you only have household employees and wish to withhold Connecticut income tax? 5. No
- 6. Do you only have agricultural employees and wish to withhold Connecticut income tax? 6. No

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. Yes
- 2. Do you rent equipment or other tangible personal property to individuals or businesses in Connecticut? 2. No
- 3. Do you serve meals or beverages in Connecticut? 3. No
- 4. Do you provide a taxable service in Connecticut? (See the Informational Publication, Getting Started in Business, for a list of taxable services.) 4. No

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. Yes

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 |
|------------------------|-----------------|---------------------|
| | Checking | |
| Tax Type | Fee | |
| Sales and Use Tax | \$100.00 | |
| Total: | \$100.00 | |

Signature



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 Newmark Grubb Knight Frank permitting Organic Care LLC the right to operate a dispensary facility on the leased property.



September 17, 2015

Re: 984 High Ridge Road, Stamford, CT

On behalf of our client, we have been authorized to submit the following proposal for Organic Care LLC to lease space at the above referenced address. If agreeable, these terms will serve as a framework from which a lease shall be drafted.

Tenant: Organic Care LLC

Guarantors: Randy Caravella & Paul Cappiali

Premises: 2,134 square feet (SF) on the first floor.

Term: [REDACTED]

Lease Commencement Date: Upon Lease execution and satisfaction of contingencies.

Rent Commencement Date: Upon Lease Commencement.

Use: Fully Licensed Medical Marijuana Dispensary.

Contingencies: Tenant shall obtain official Notification/Authorization from the State of Connecticut to be a certified Dispensary. To be determined by not later than February 28, 2016.

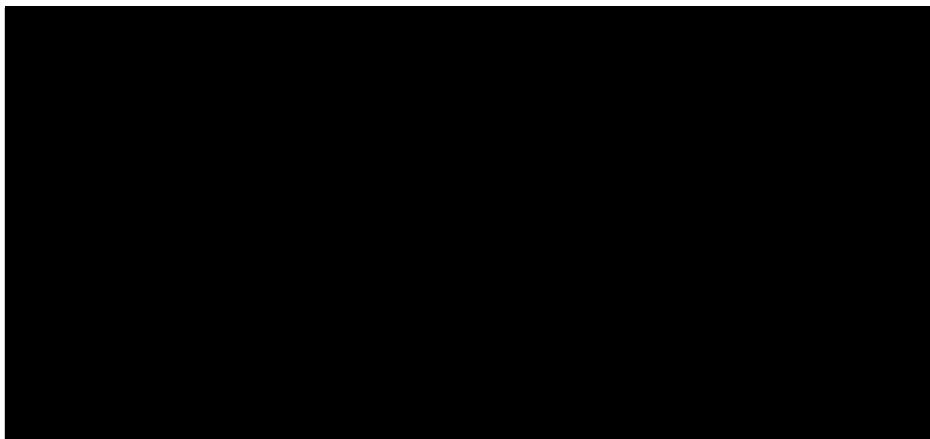
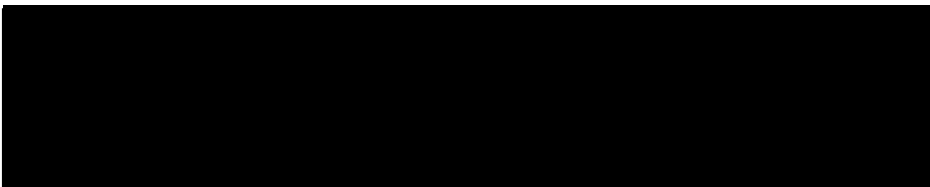
Tenant Improvement Allowance:

Landlord's Work:

Annual Base Rent:

Rent Abatement:

Operating Expenses:



Real Estate Taxes:

HVAC:

Tenant Electric:

Parking:

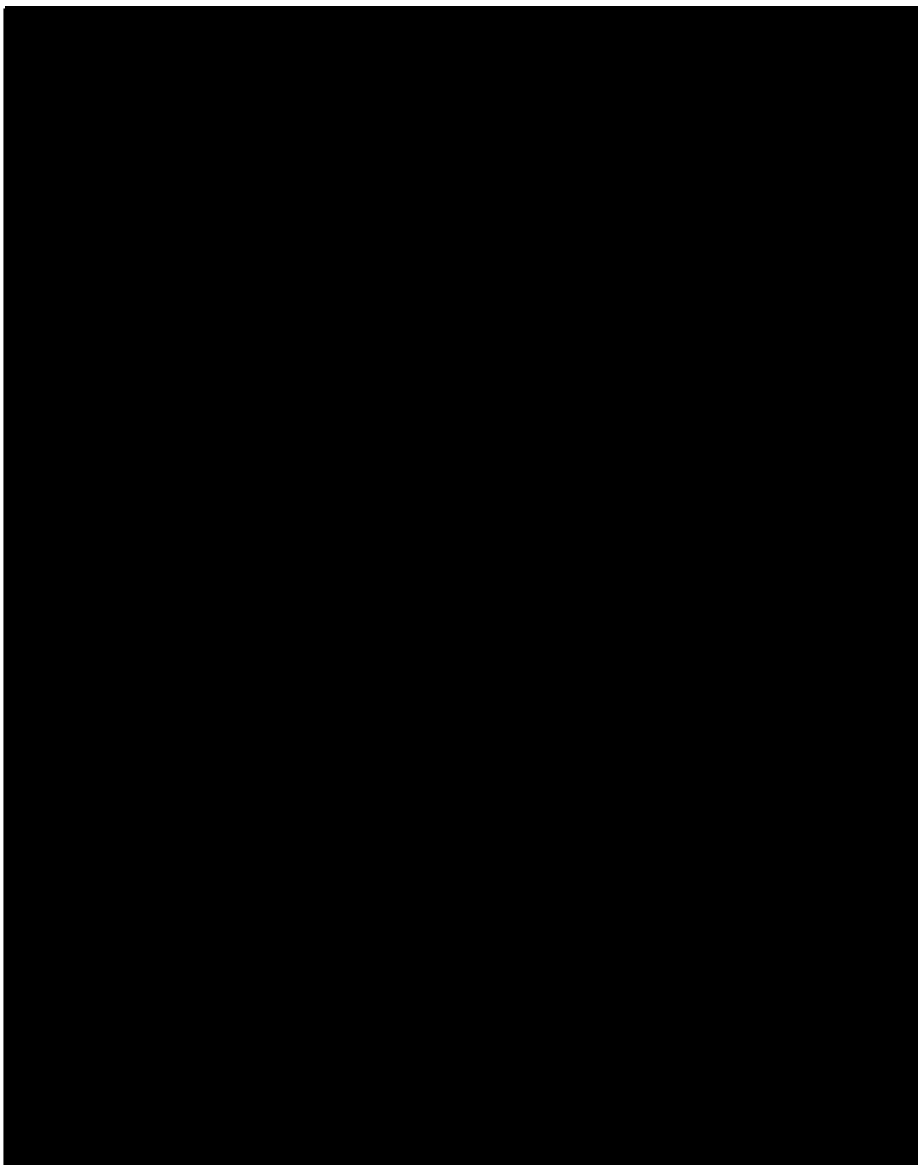
Renewal Option:

Subleasing & Assignment:

Signage:

Security Deposit:

Brokerage:



Nothing contained herein shall be construed as binding upon either party until such time as lease agreements are executed and delivered between parties. We look forward to hearing back from you. If you have any questions, please feel free to call us anytime.

Sincerely,

A handwritten signature in cursive script, appearing to read "Chris Cortese", is written in black ink.

Christopher Cortese
Managing Director
203.531.3611
ccortese@ngkf.com

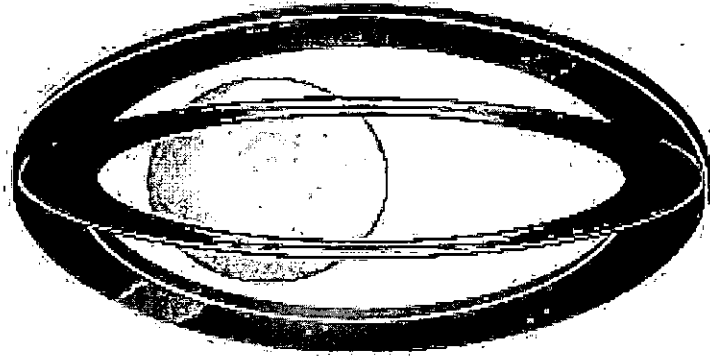


Organic Care LLC

Section: B

B4. Requisition: Any text or graphic materials that will be shown on the exterior of the proposed dispensary facility;

Resolution: Please see the following page, a sixteen inch in height by eighteen inch in width, digital copy of the exterior graphic for the proposed dispensary facility.



Organic Care LLC

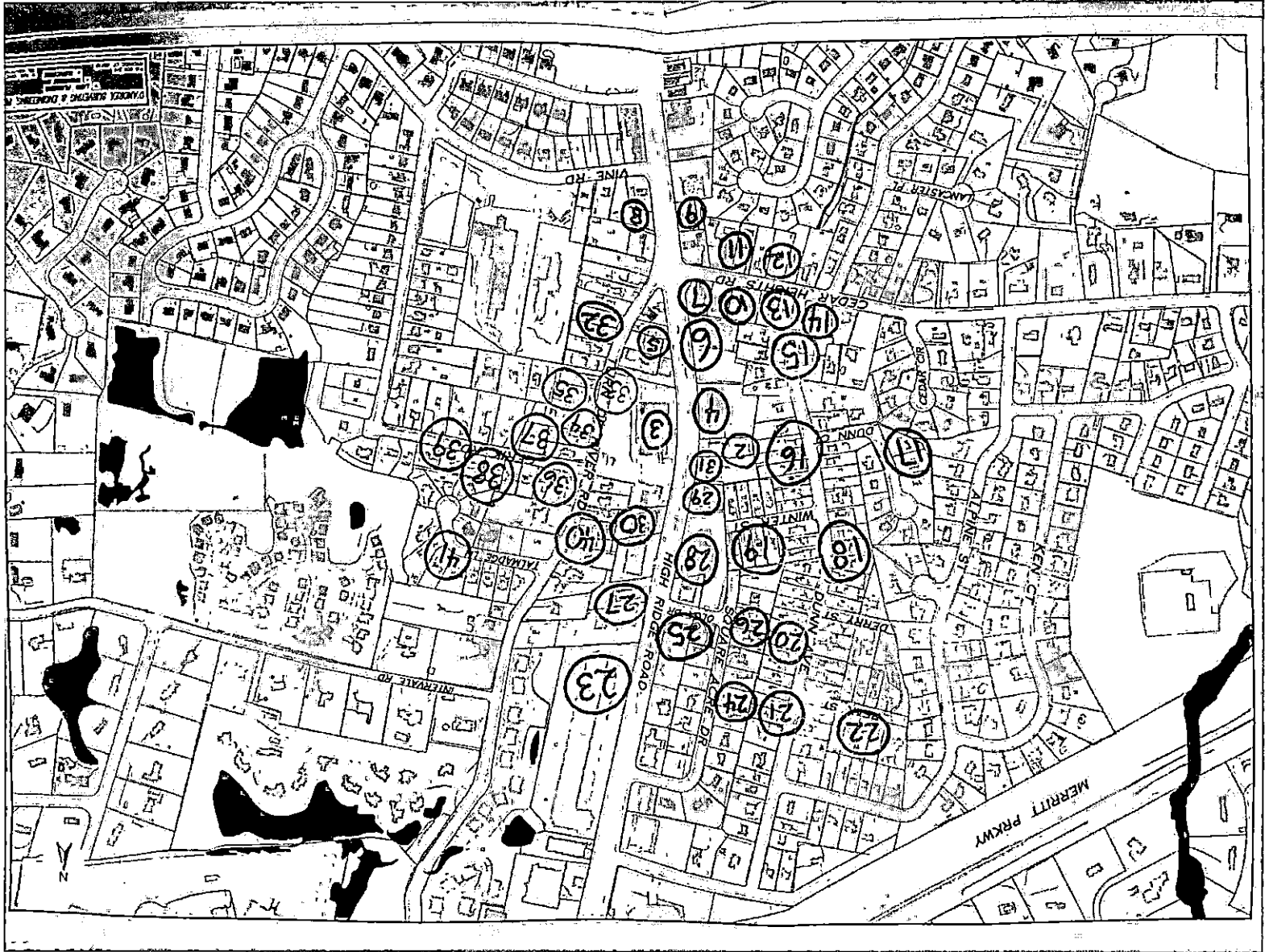


Organic Care LLC

Section: B

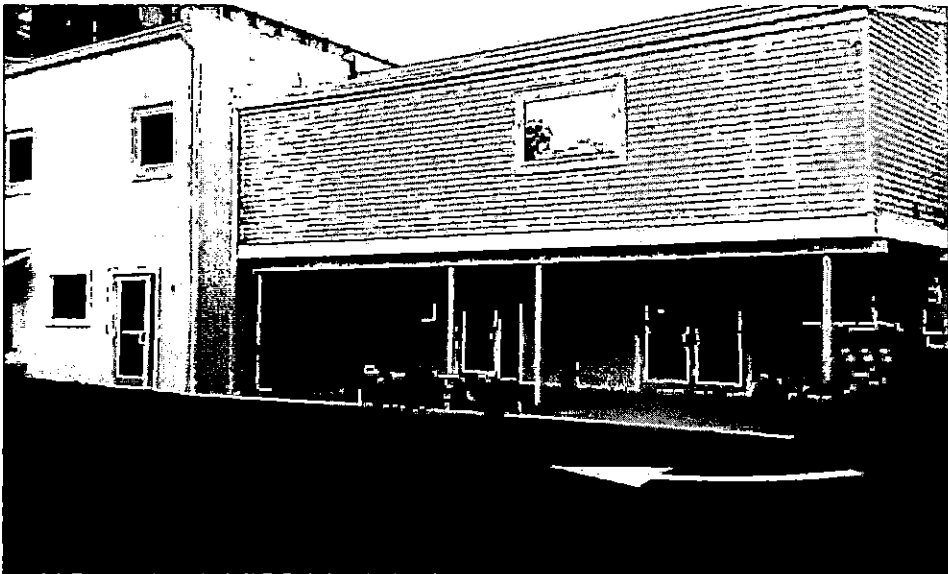
- B5. Requisition:** Photographs of the surrounding neighborhood and businesses sufficient to evaluate the proposed dispensary facility's compatibility with commercial or residential structures already constructed, or under construction, within the immediate neighborhood.

Resolution: Please see the following pages, a detailed description of the surrounding area of our proposed facility.



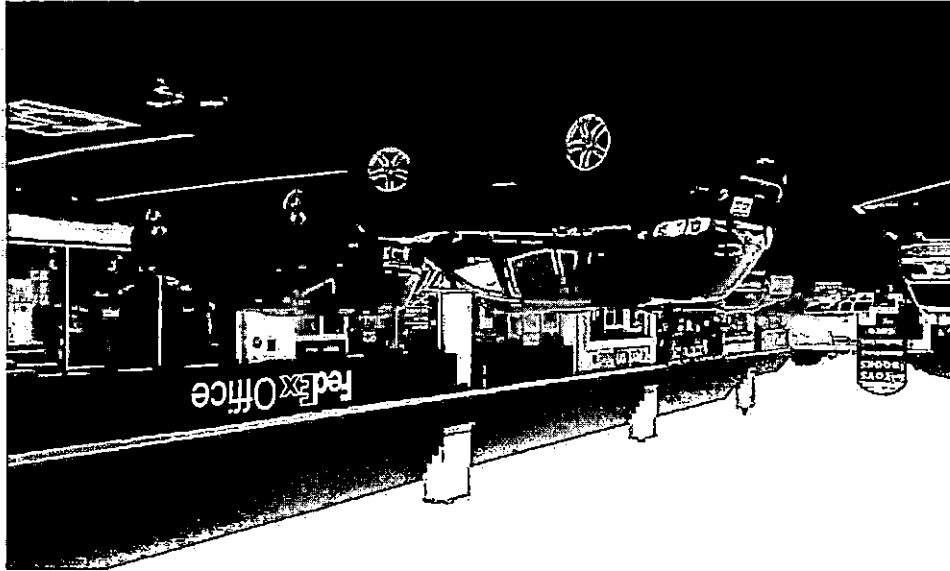


01.jpg



02¹⁰².jpg

04.jpg



03.jpg





05.jpg



06¹⁰².jpg



07.jpg



08¹⁰⁵.jpg



09.jpg



10.¹⁰⁶.jpg



11.jpg



12.¹⁰⁷.jpg



13.jpg



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16.jpg



15.jpg





17.jpg



18.jpg



19.jpg



20.jpg



21.jpg



22.jpg



23.jpg



24.¹¹³.jpg



25.jpg



26¹¹.jpg



27.jpg



28¹⁵.jpg



29.jpg



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34.jpg



35.jpg



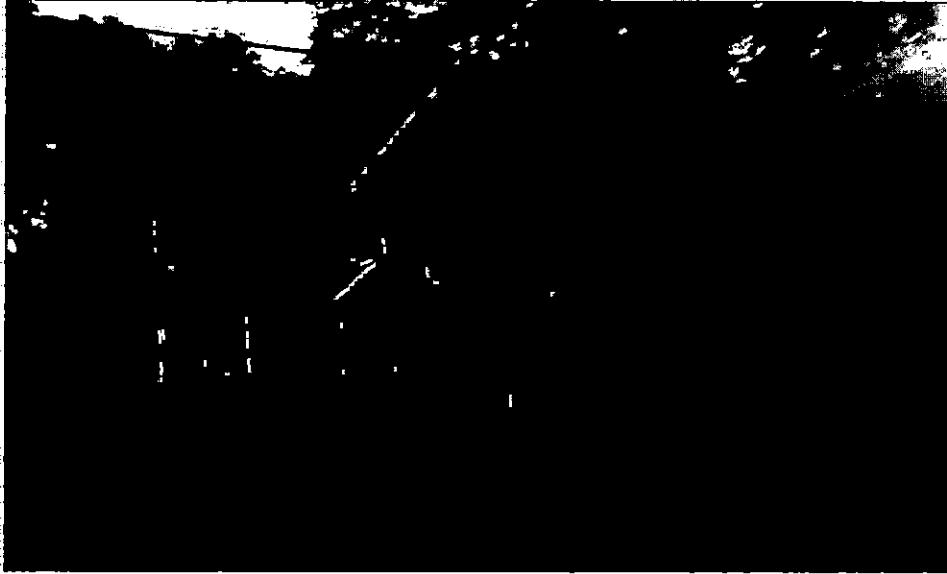
36¹¹⁹.jpg



37.jpg



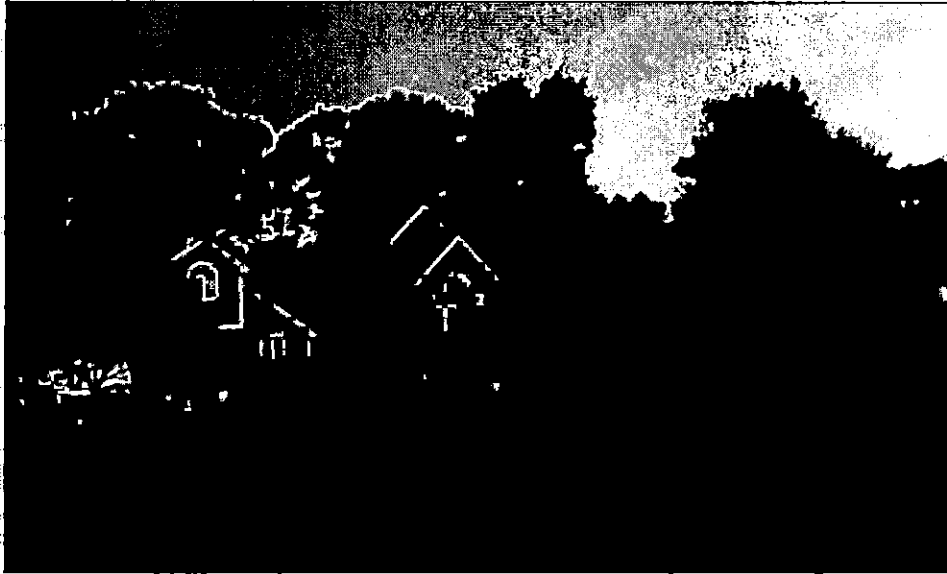
38¹²⁰.jpg



39.jpg



40¹²¹.jpg



41.jpg



Organic Care LLC

Section: B

B6. Requisition: A site plan drawn to scale of the proposed dispensary facility showing streets, property lines, buildings, parking areas, and outdoor areas, if applicable, that are within within the same block as the dispensary;

Resolution: Please see the following page: A detailed site plan of the proposed dispensary property:



D'ANDREA SURVEYING & ENGINEERING, P.C.
 LAND PLANNERS
 ENGINEERS
 SURVEYORS & REAL ESTATE BROKERS
 P.O. BOX 519
 WINDSOR, CT 06095
 TEL. 867-7779



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.



984

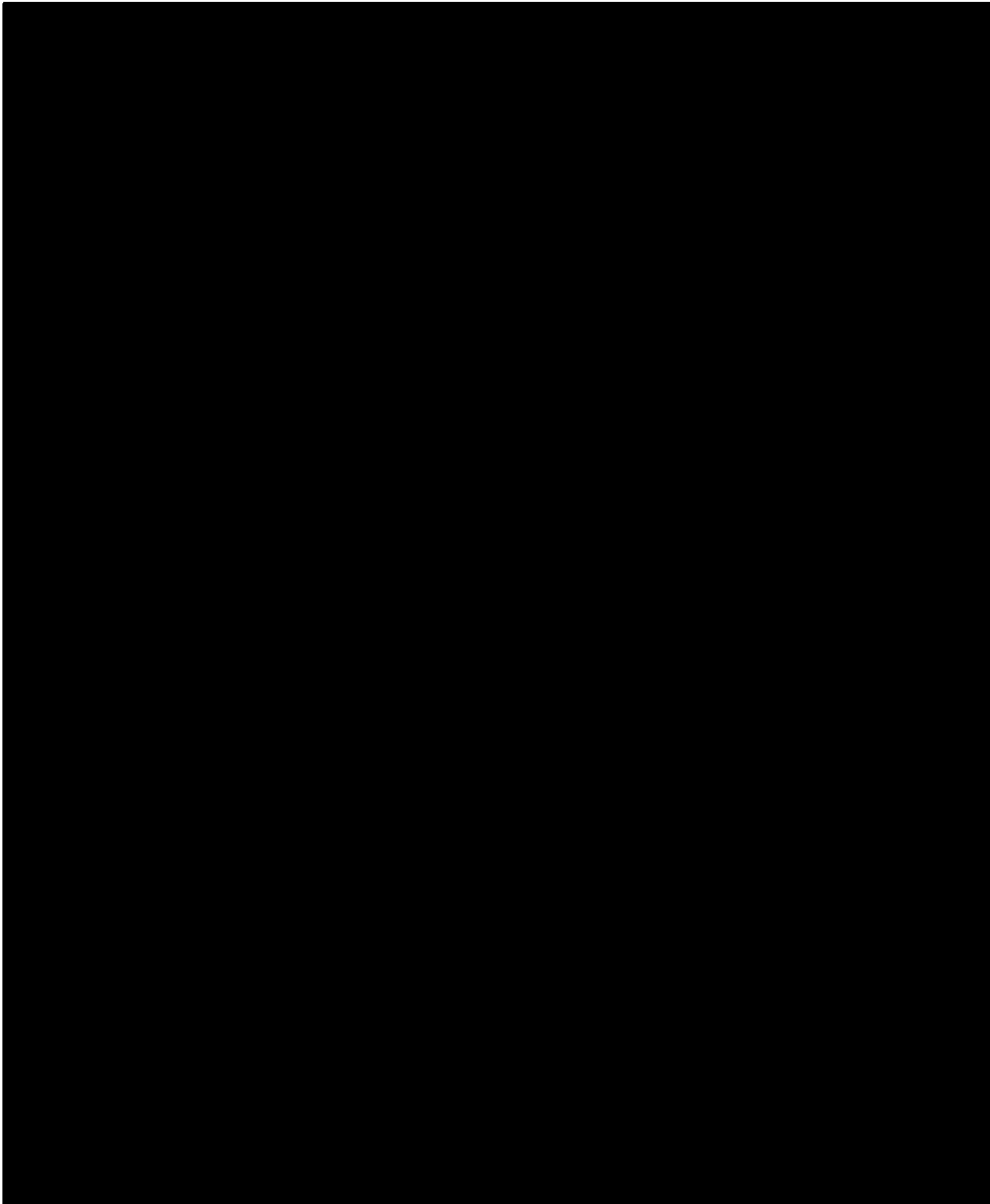


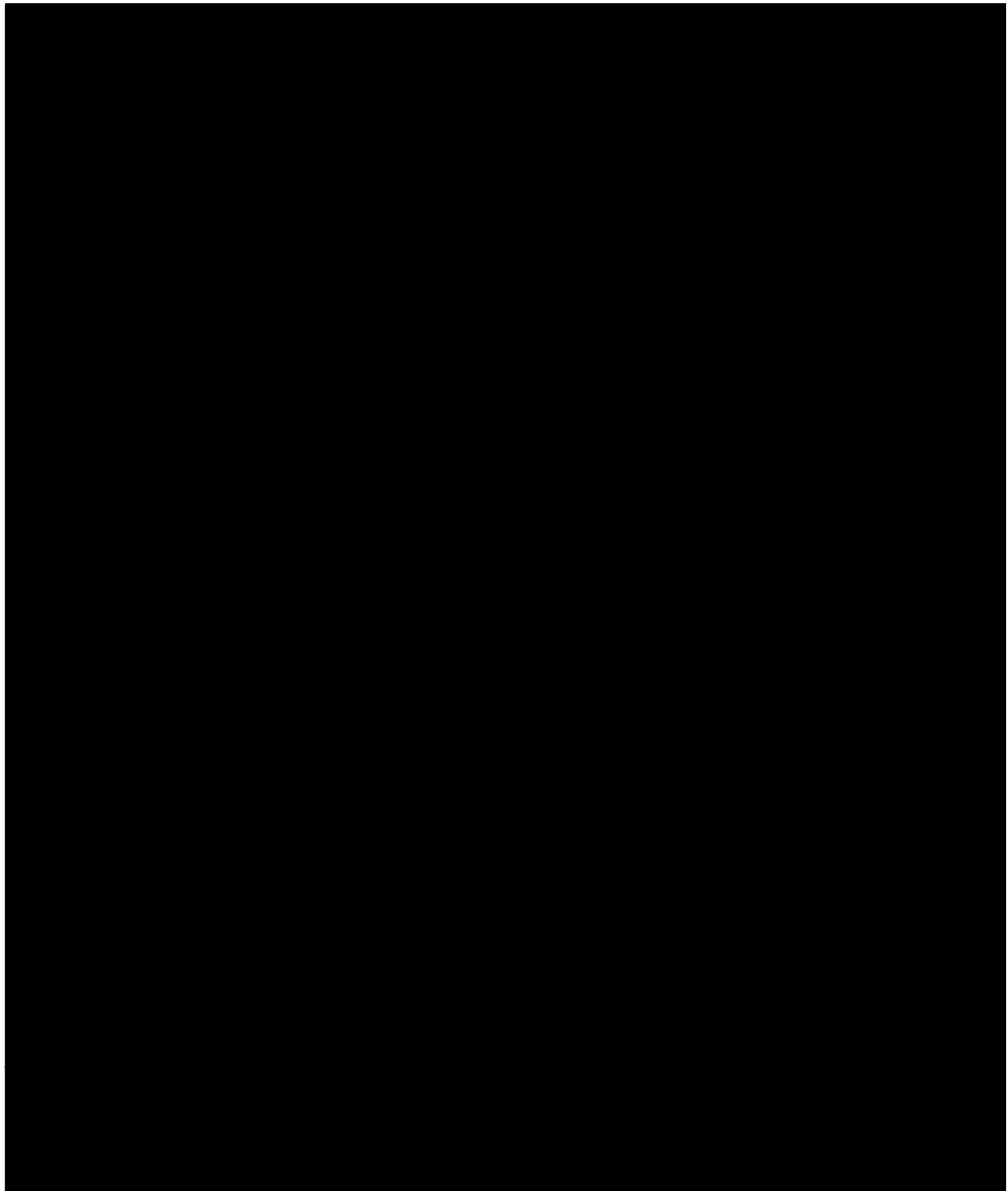
Section: B

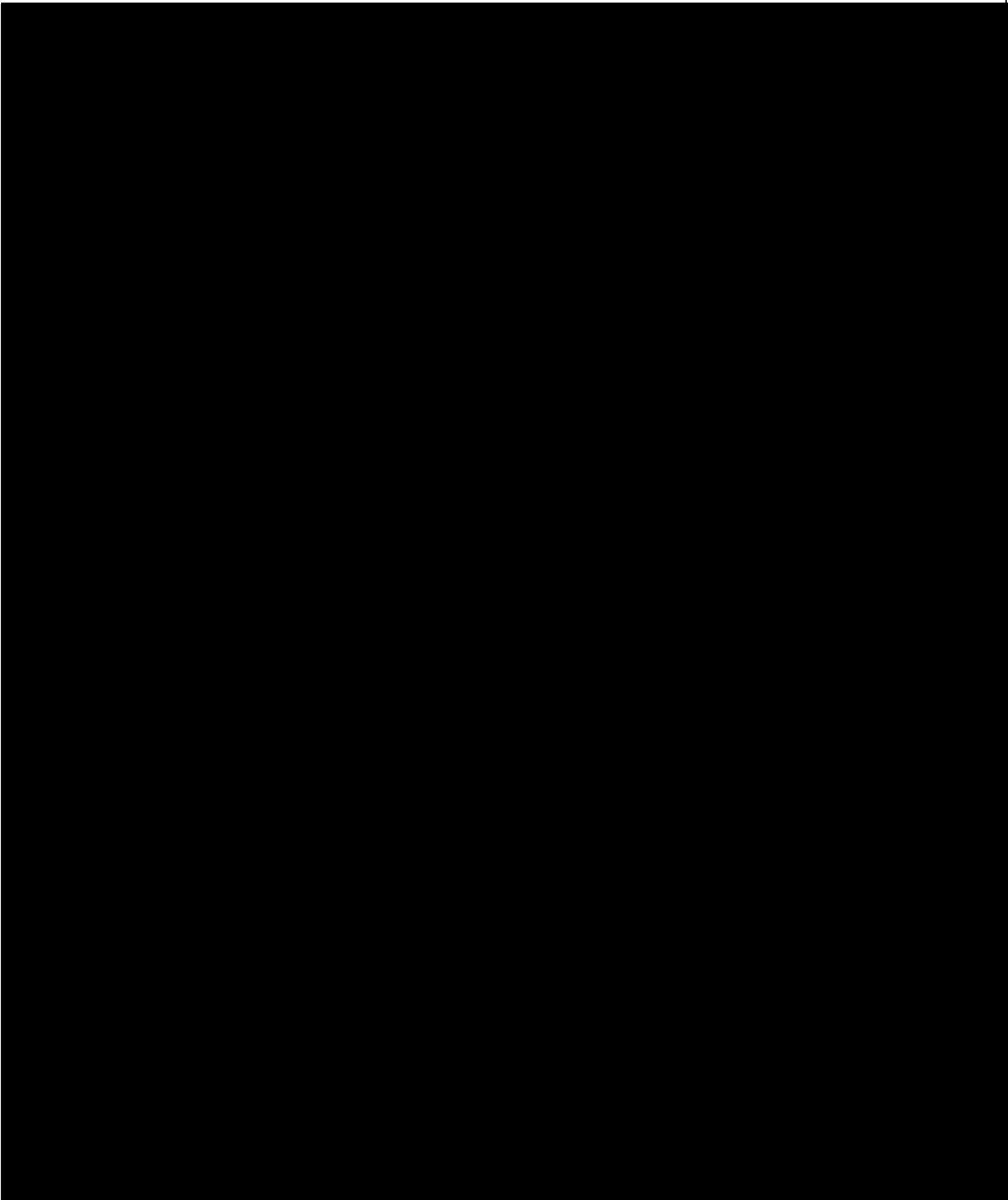
B8. Requisition: A blueprint, or floor plan drawn to scale, of the proposed dispensary facility, which shall, at a minimum, show and identify the following:

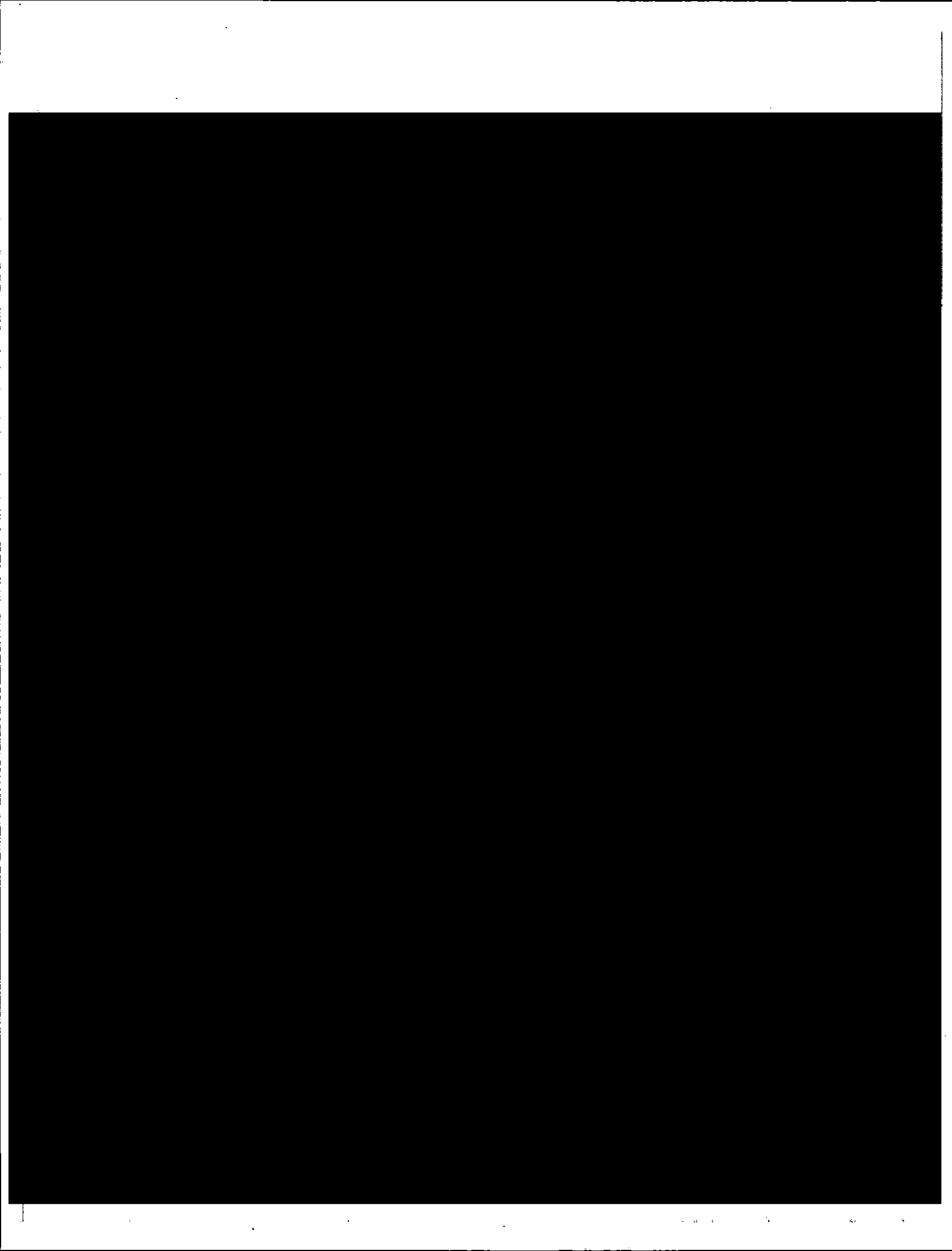
- a. The location and square footage of the area which will constitute the dispensary department from which marijuana and marijuana products will be sold;
- b. The square footage of the overall dispensary facility;
- c. The square footage and location of areas used as storerooms or stockrooms within the dispensary department;
- d. The size of the counter that will be used for selling marijuana and marijuana products within the dispensary department;
- e. The location of the dispensary facility sink and refrigerator, if any;
- f. The location of all approved safes and approved vaults that will be used to store marijuana and marijuana products;
- g. The location of the toilet facilities;
- h. The location of a break room and location of personal belonging lockers;
- i. The location and size of patient counseling areas, if any;
- j. The locations where any other products or services, in addition to marijuana and marijuana products, will be offered, if any; and
- k. The location of all areas that may contain marijuana and marijuana products showing the location of walls, partitions, counters and all areas of ingress and egress

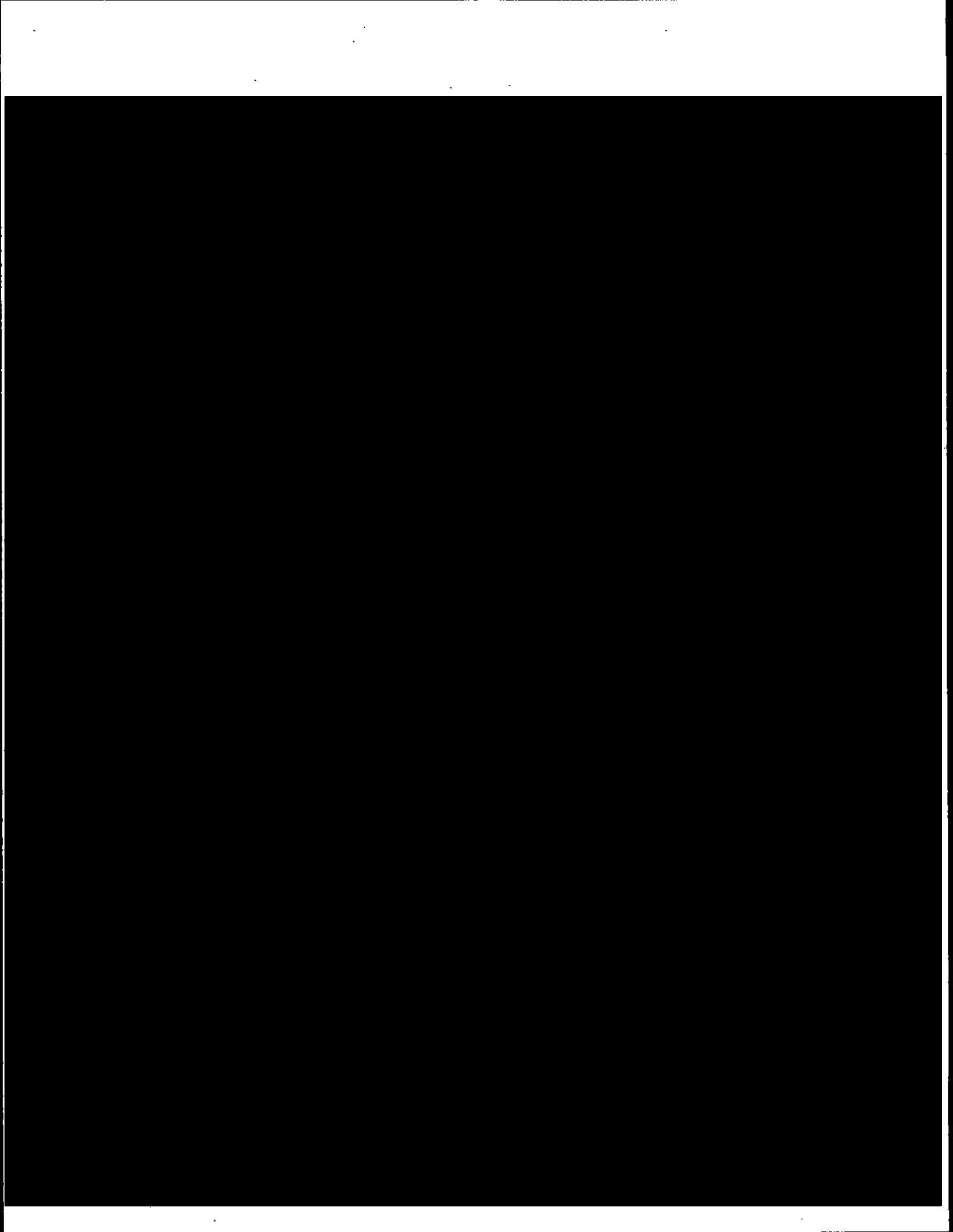
Resolution: Please see the blueprint on the following page, detailing subsections, a., b., c., d., e., f., g., h., i., j., and k.:



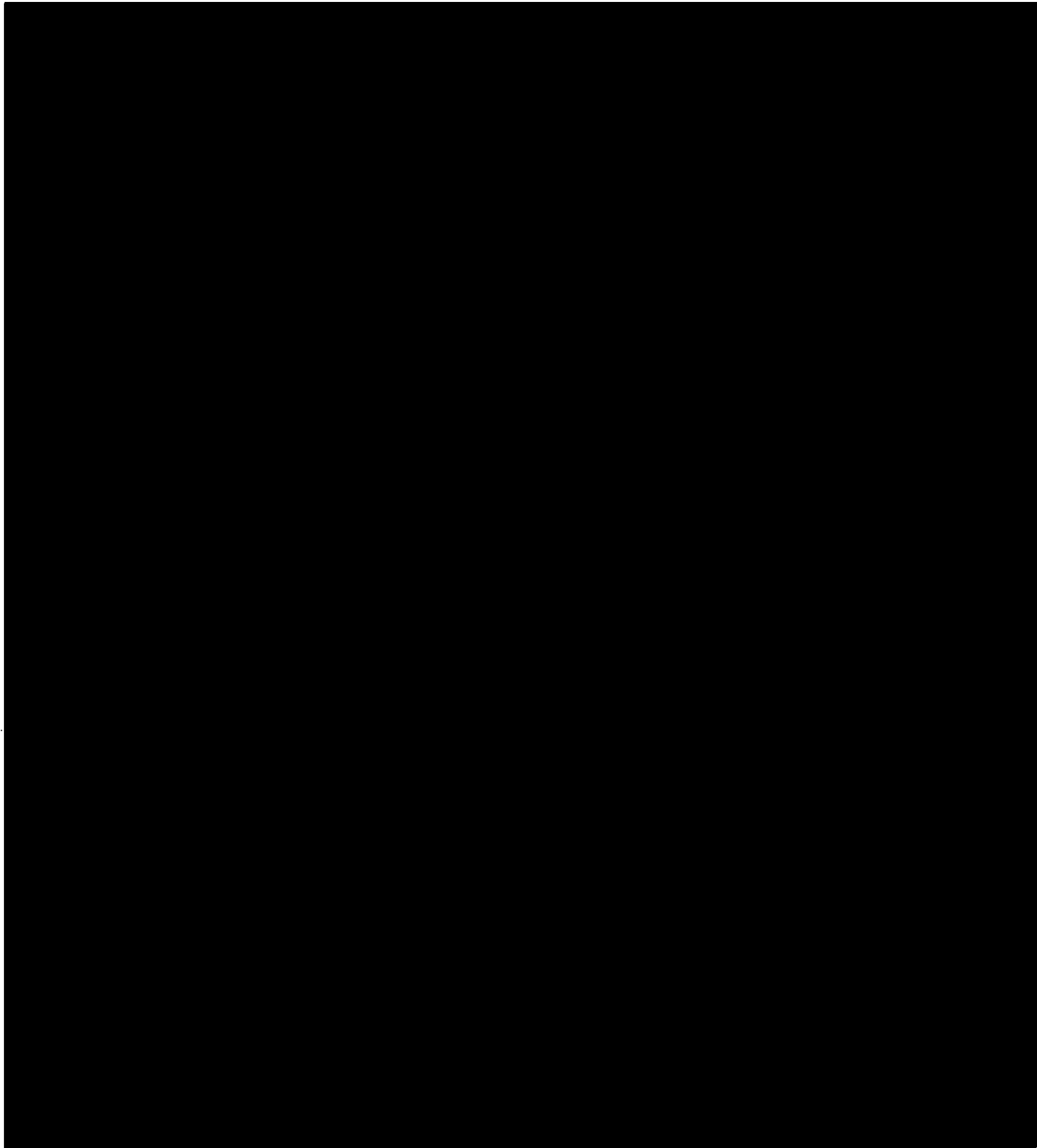


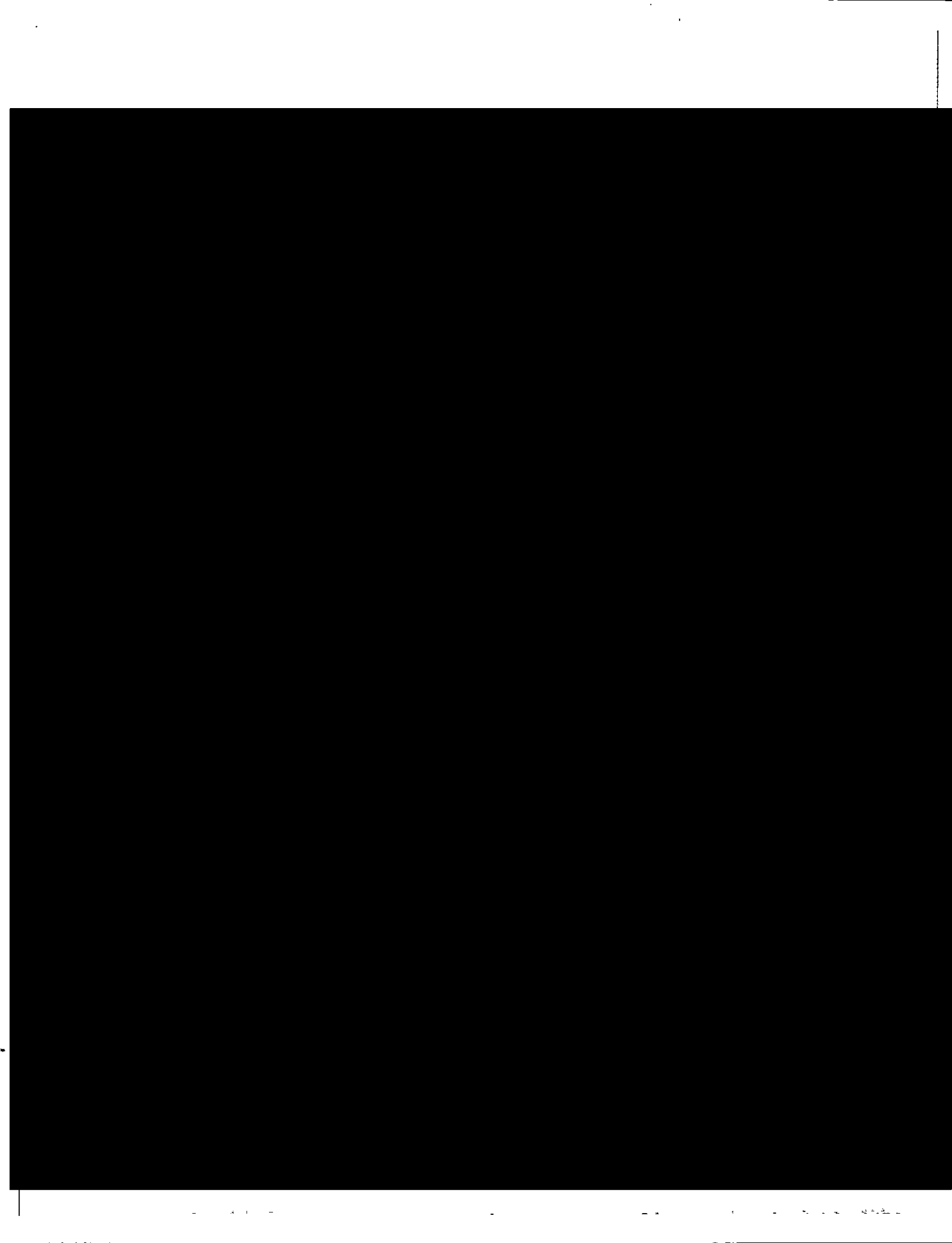














Organic Care LLC

Section: C

PROPOSED BUSINESS PLAN

STRICTLY CONFIDENTIAL – NOT FOR DISTRIBUTION

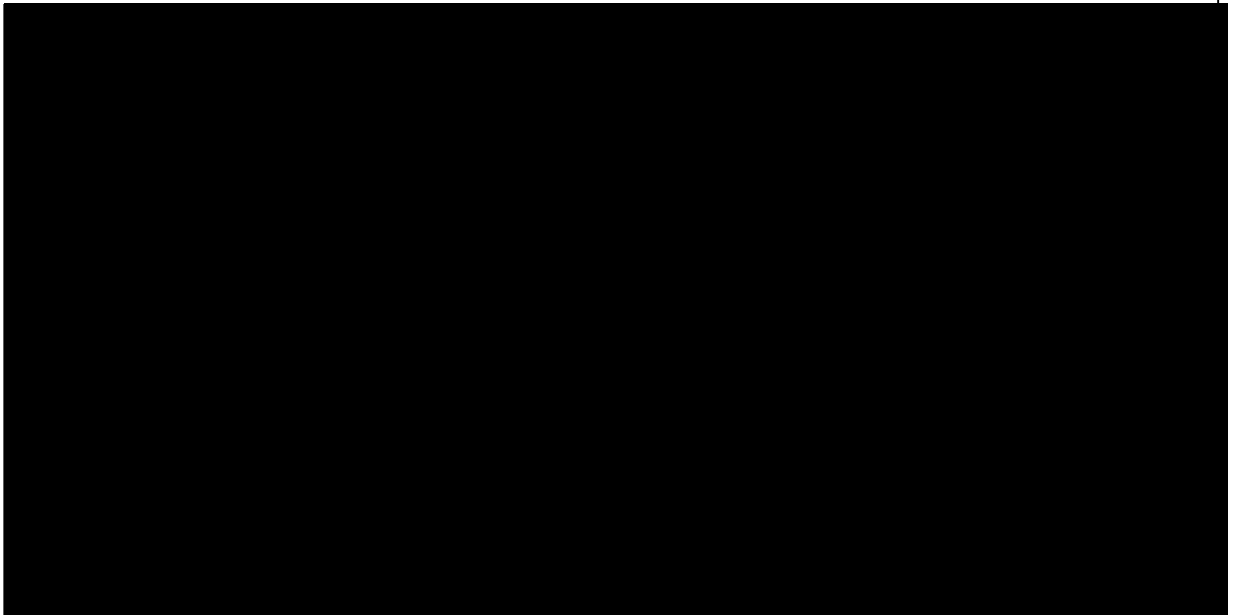


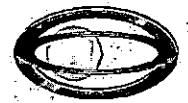
Organic Care LLC

- C1. Requisition:** A detailed description of all products, aside from marijuana and marijuana products, intended to be offered by the dispensary facility during the first year of operation.

Resolution:

During the first year of operation, Organic Care LLC intends to offer the following:



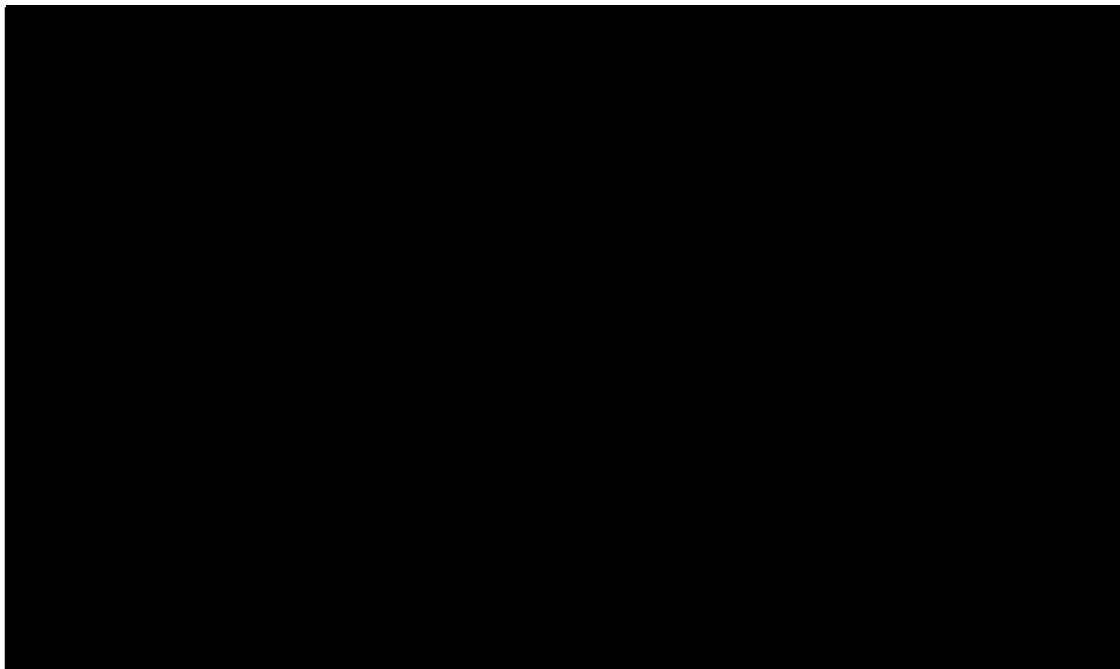


Organic Care LLC

Section: C

- C2. Requisition:** A detailed description of all services to be offered by the dispensary facility during the first year of operation.

Resolution:

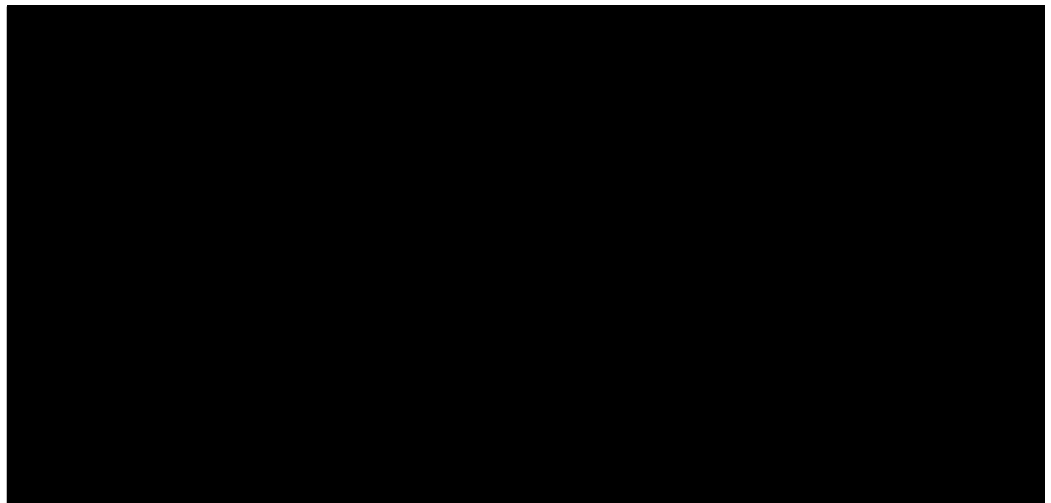




Section: C

- C3. Requisition:** A detailed description of the process that a dispensary facility will take to ensure that access to the dispensary facility premises will be limited only to employees, qualifying patients and primary caregivers.

Resolution: Organic Care LLC, will take every measure to professionally ensure the integrity of the proposed facility while maintaining the sensitivity and understanding, qualified patients and caregivers deserve. Organic Care LLC will control access to the facility in the following ways:





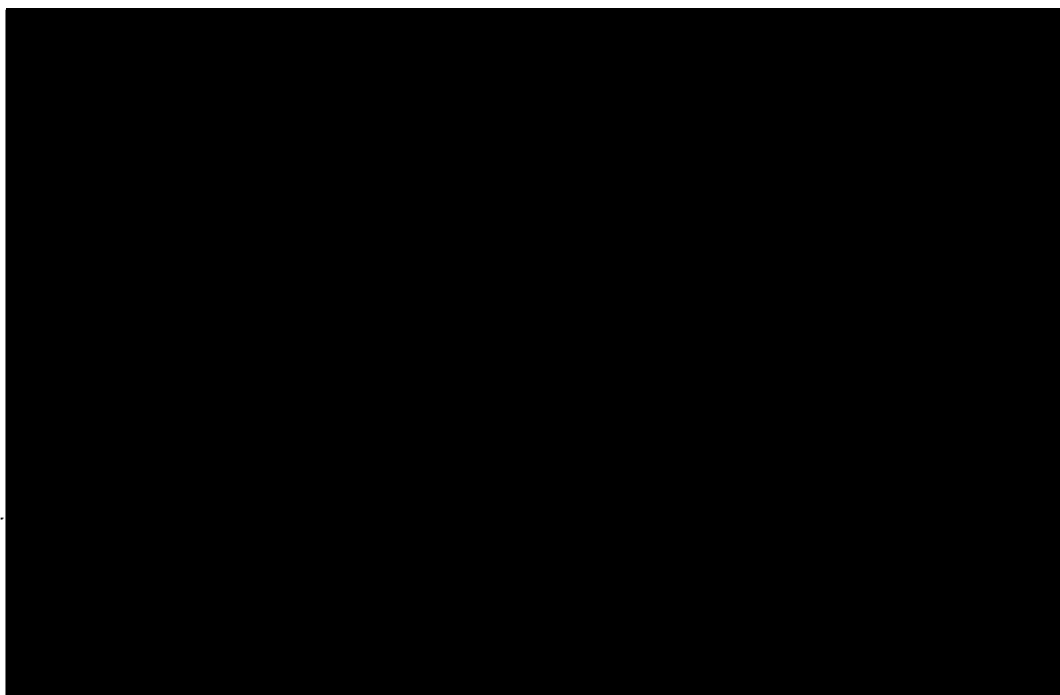
Organic Care LLC

Section: C

- C4. Requisition:** A detailed description of the features, if any, that will provide accessibility to qualifying patients and primary caregivers beyond what is required by the Americans with Disabilities Act.

Resolution:

Organic Care LLC's proposed dispensary facility will have the following features, which make it accessible to employees, patients and caregivers with disabilities, the standards required by the Americans with Disabilities Act.



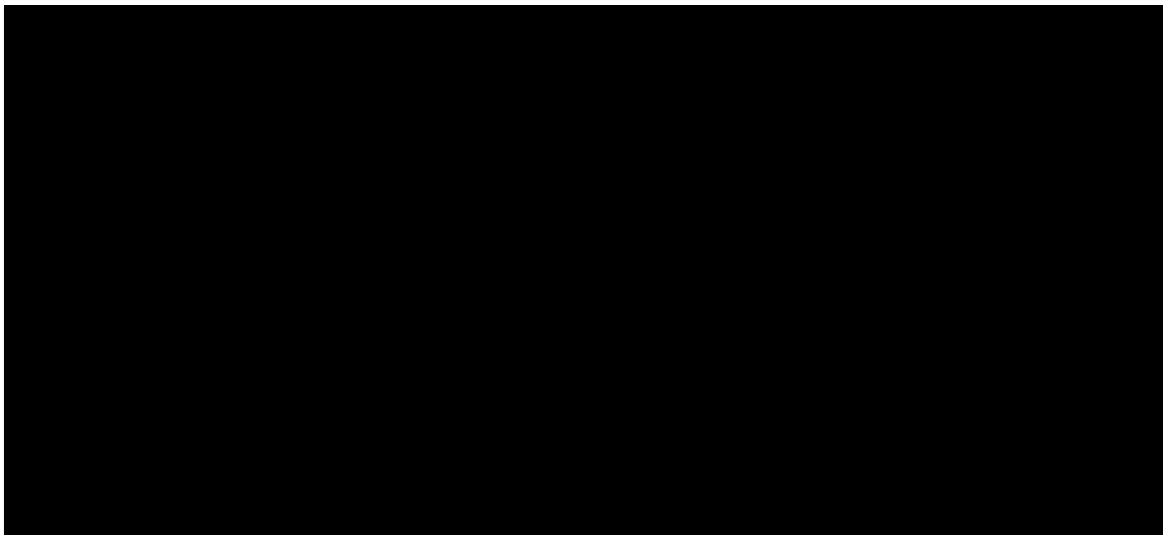


Organic Care LLC

Section: C

- C5. Requisition:** A detailed description of any air treatments or other system that will be installed and used to reduce off-site odors.

Resolution:





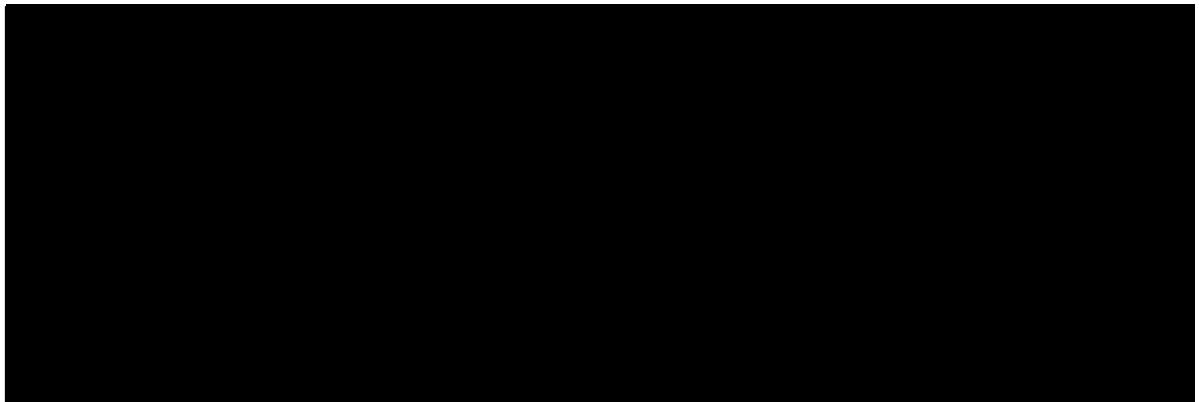
Organic Care LLC

Section: C

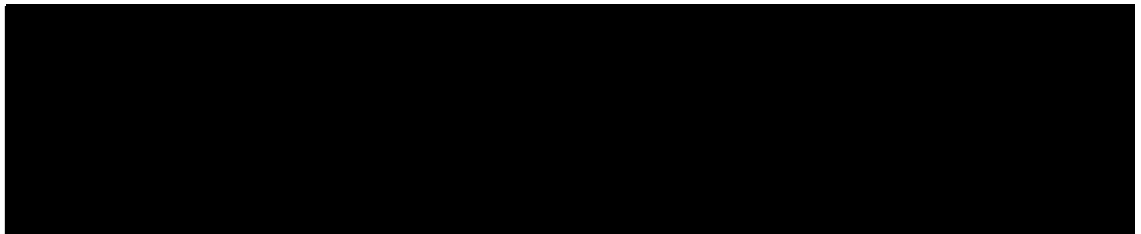
- C6. Requisition:** A detailed description of the process by which marijuana and marijuana products will be delivered to a dispensary facility from a producer, including the protocols that will be used to avoid any diversion, theft or loss of marijuana.

Resolution:

To ensure products will be safely delivered to Organic Care LLC, from a producer the following procedures will include, but are not limited to:



To avoid any diversion, theft or loss of marijuana upon delivery, Organic Care LLC will:

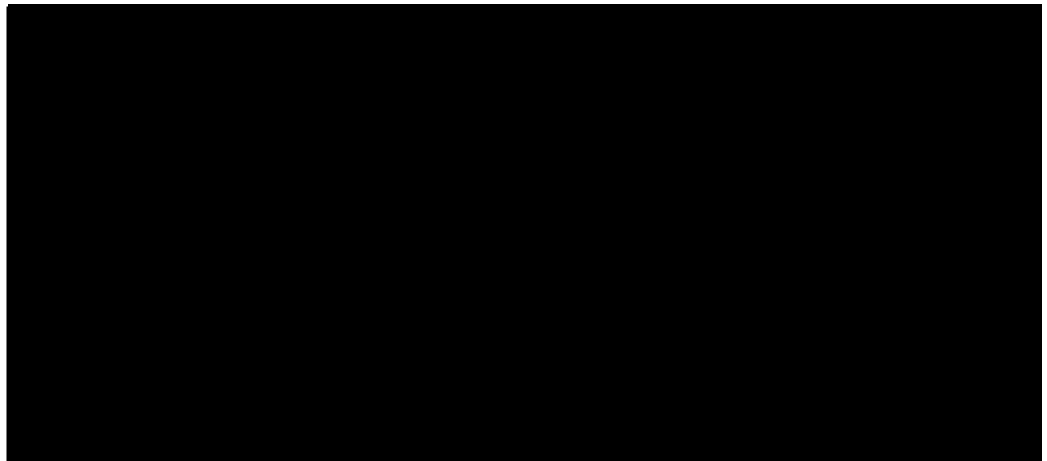




Organic Care LLC

Section: C

C6.

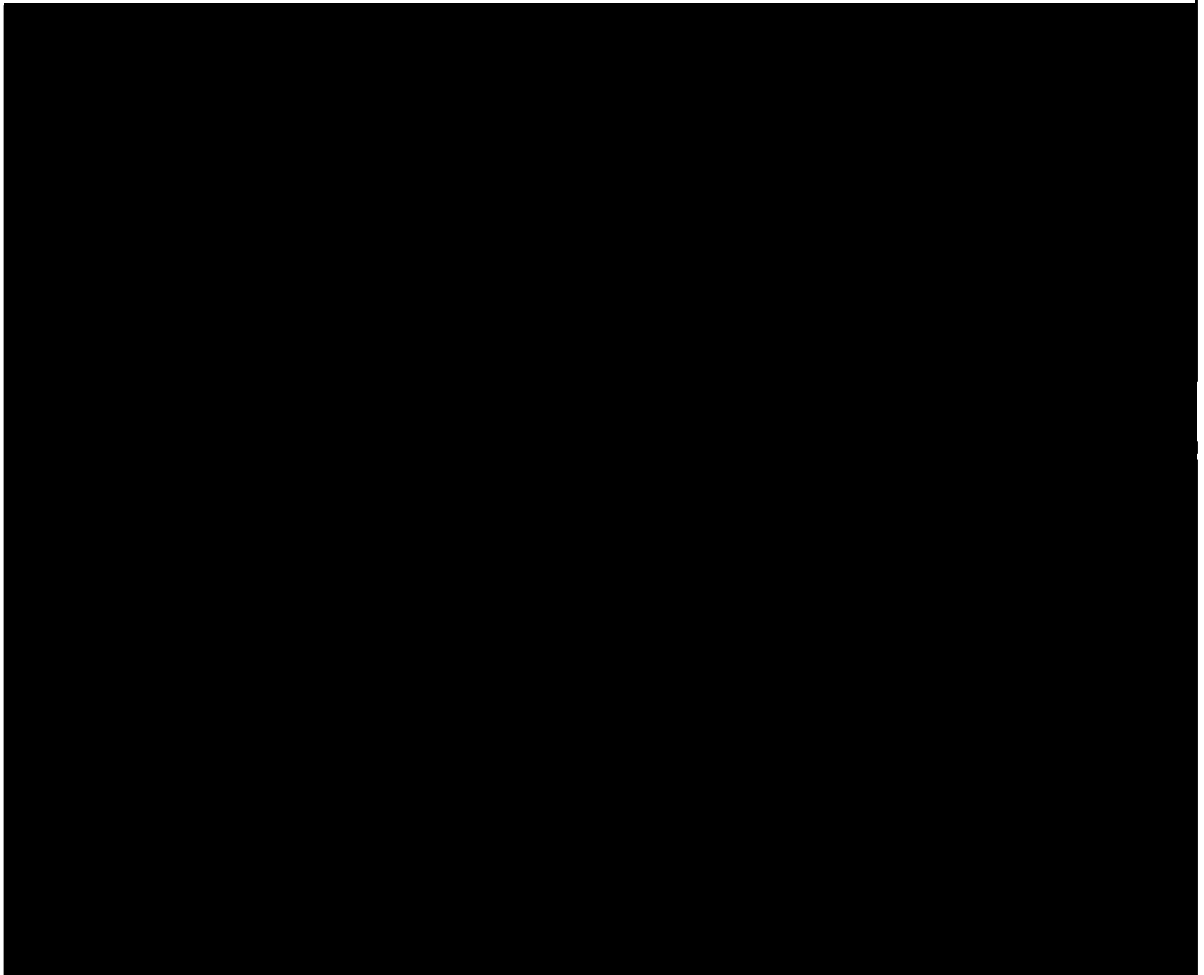




Section: C

- C7. Requisition:** A detailed description of the training and continuing education opportunities that will be provided to dispensary facility employees.

Resolution:

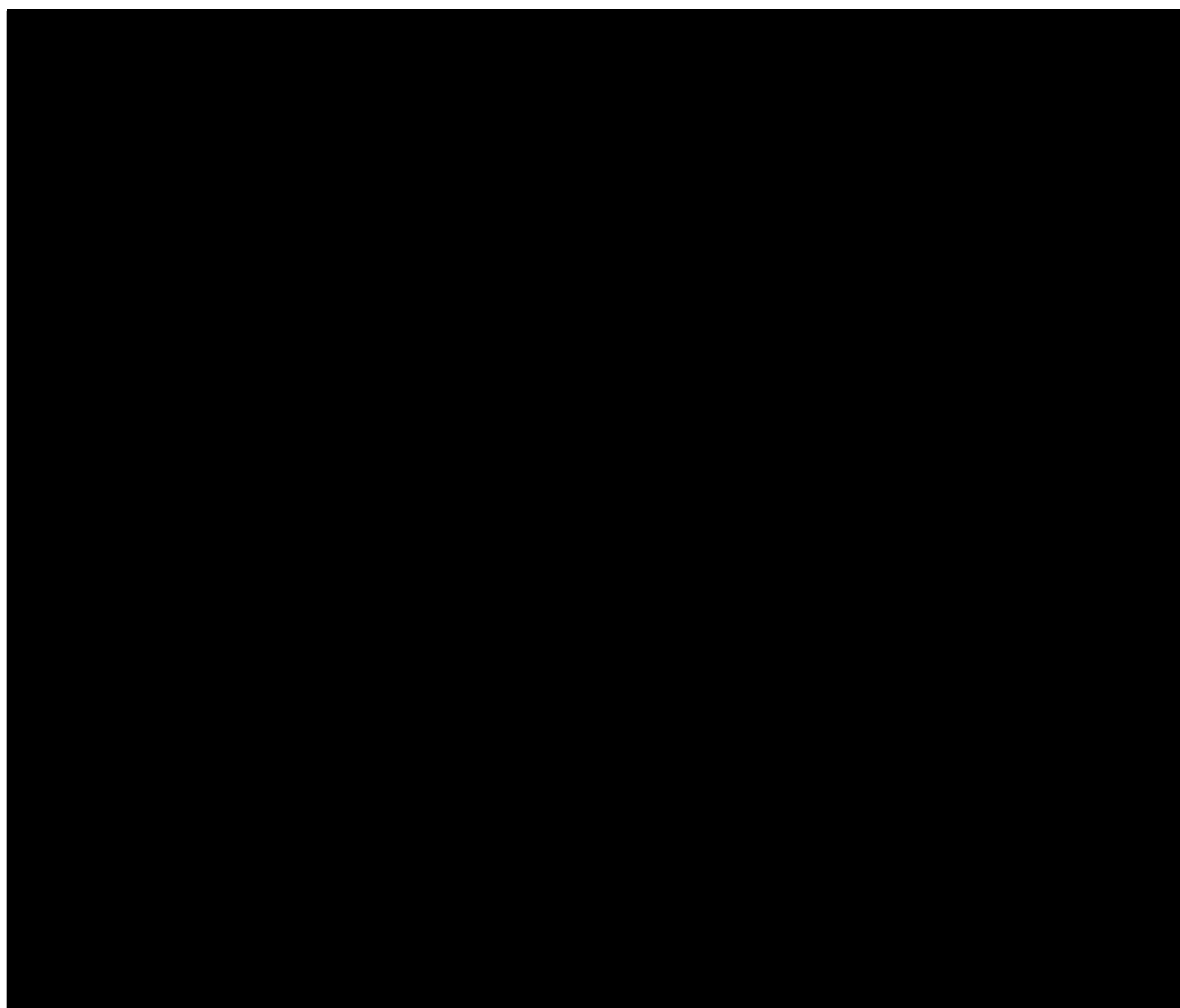




Organic Care LLC

Section: C

- C8. Requisition:** A detailed description of any processes or controls that will be implemented to prevent the diversion, theft or loss of marijuana.

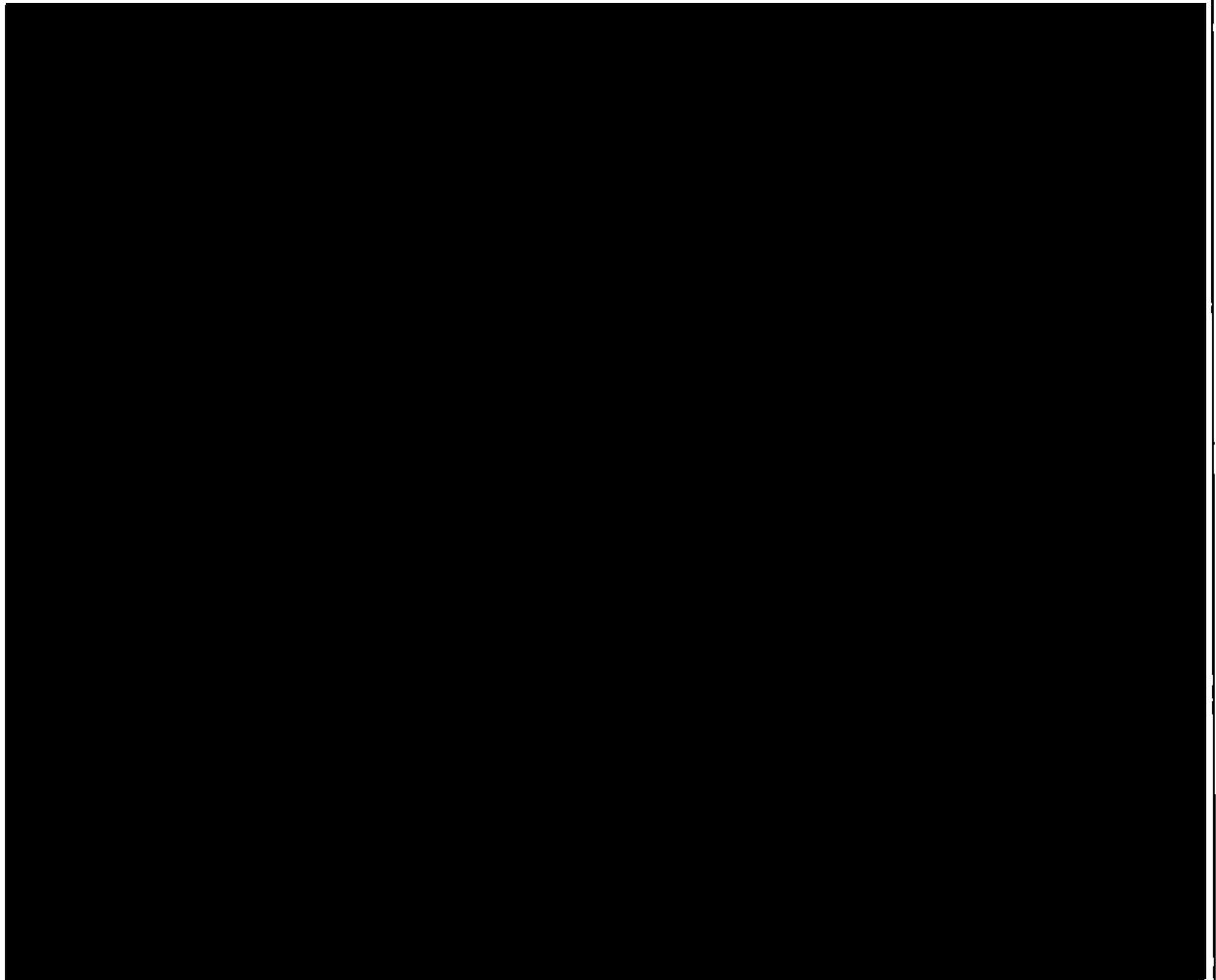




Organic Care LLC

Section: C

C8.



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**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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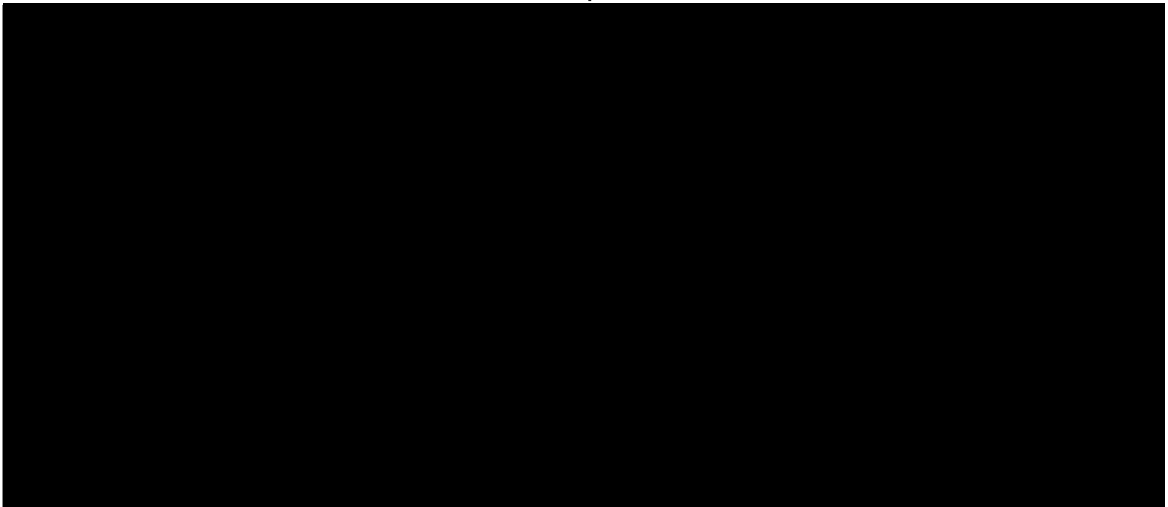


Organic Care LLC

Section: D

- D1. Requisition:** Provide a copy of the applicant's proposed marketing plan and include any web templates and educational materials such as brochures, posters, or promotional items.

Resolution:





Organic Care LLC

Section: E

**FINANCIAL STATEMENTS
AND ORGANIZATIONAL STRUCTURE**

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Organic Care LLC

Section: E

E1. Requisition: Documents such as the articles of incorporation, articles of association, charter, by-laws, partnership agreement, agreements between any two or more members of the application that relate in any manner to the assets, property or profit of the application or any other comparable documents that set forth the legal structure of the applicant or relate to the organization, management or control of the applicant.

Resolution: Please see the following pages, Organic Care LLC, Articles of Organization and Operating Agreement.



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 TRIMTY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-sols.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 AD

NAME: Joseph J. Capalbo, II, Esq.

ADDRESS: 1100 Summer Street

CITY: Stamford

STATE: CT

ZIP: 06905

OF THE STATE

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)

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"

ADDRESS: 125 Greenwich Avenue

CITY: Greenwich

STATE: CT

ZIP: 06830

CONNECTICUT RESIDENCE ADDRESS

(P.O. BOX NOT ACCEPTABLE)

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

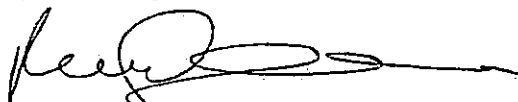
MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

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



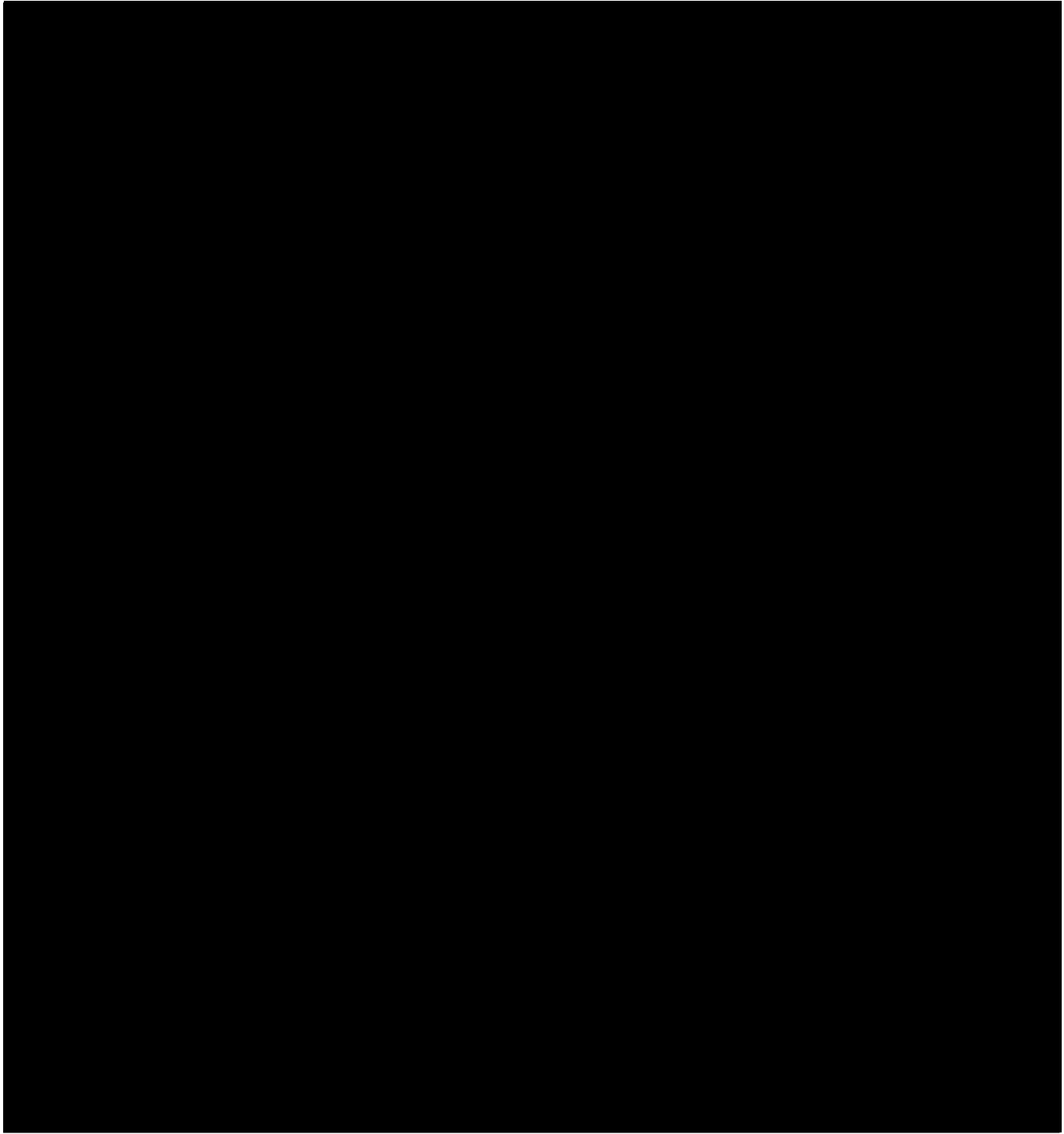
SECRETARY OF THE STATE

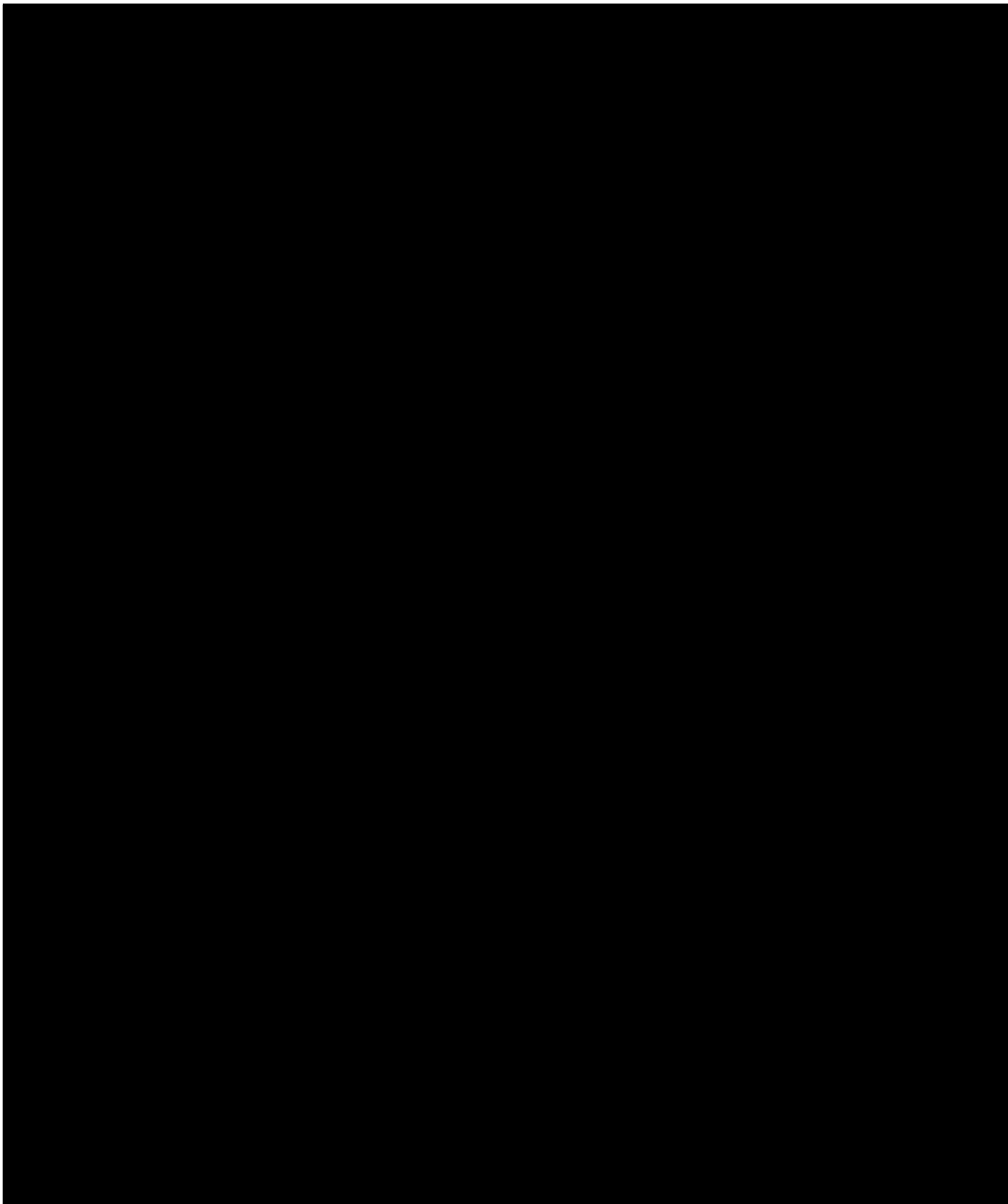
LIMITED LIABILITY COMPANY OPERATING AGREEMENT

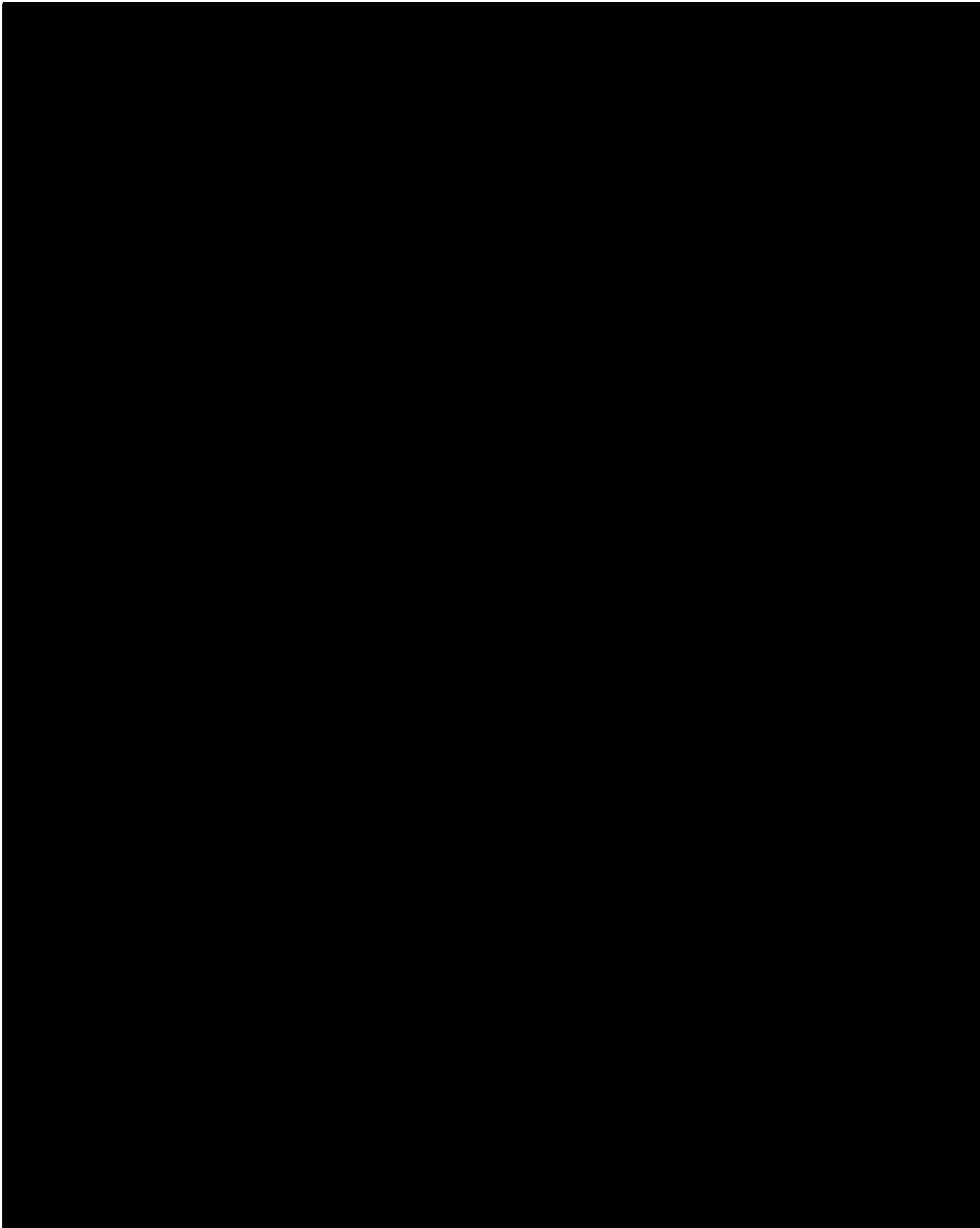
ORGANIC CARE LLC

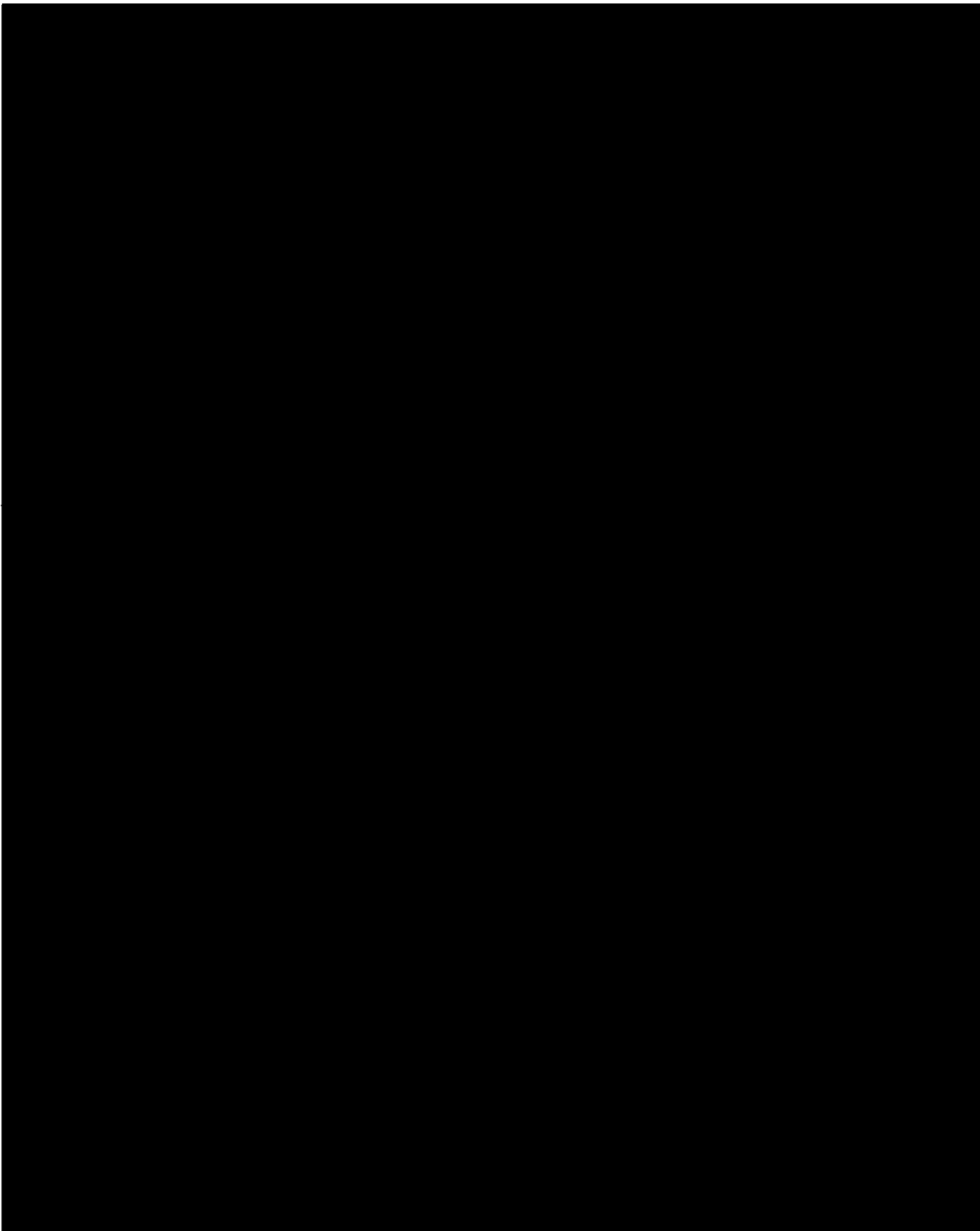
A Member-Managed Limited Liability Company

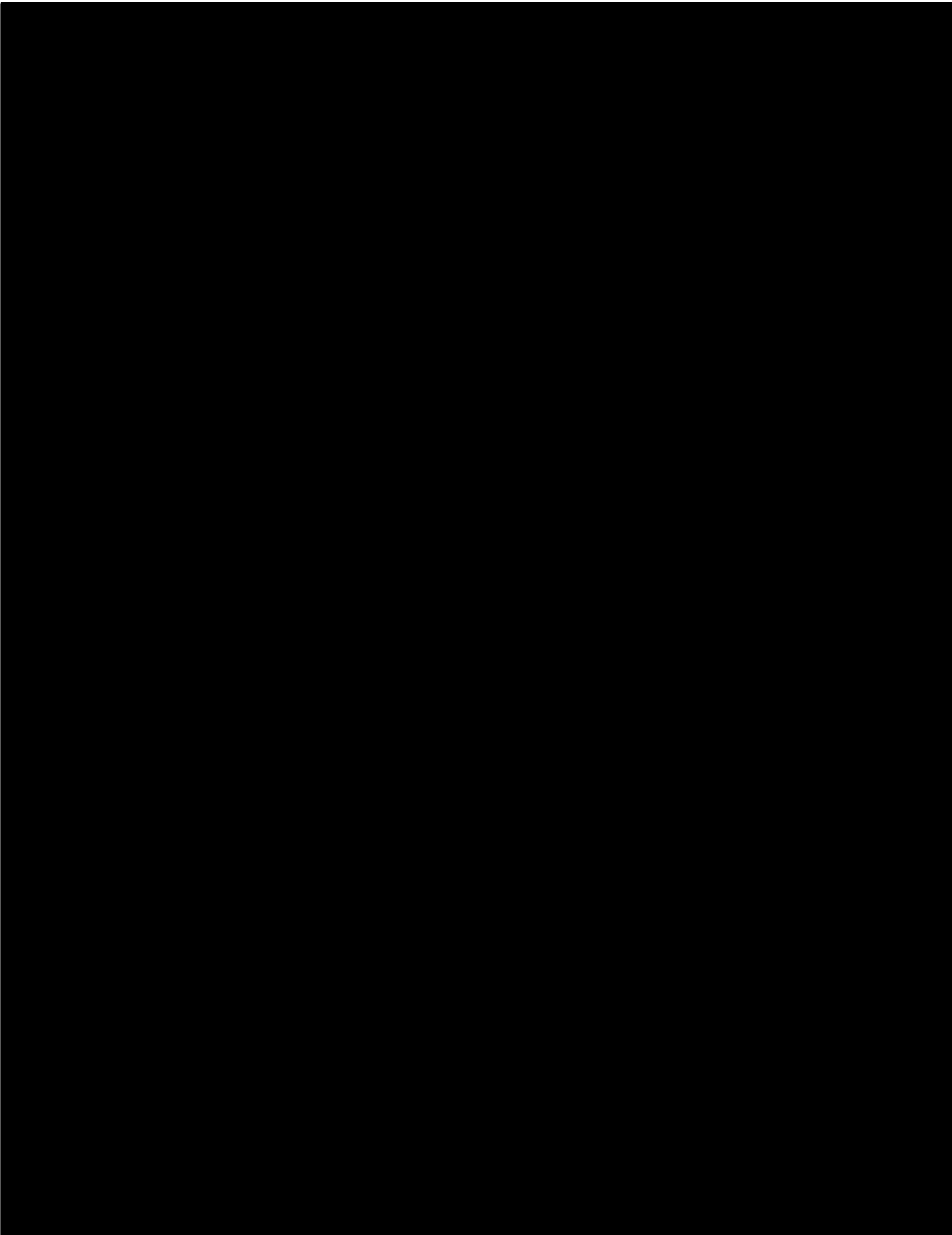
OPERATING AGREEMENT

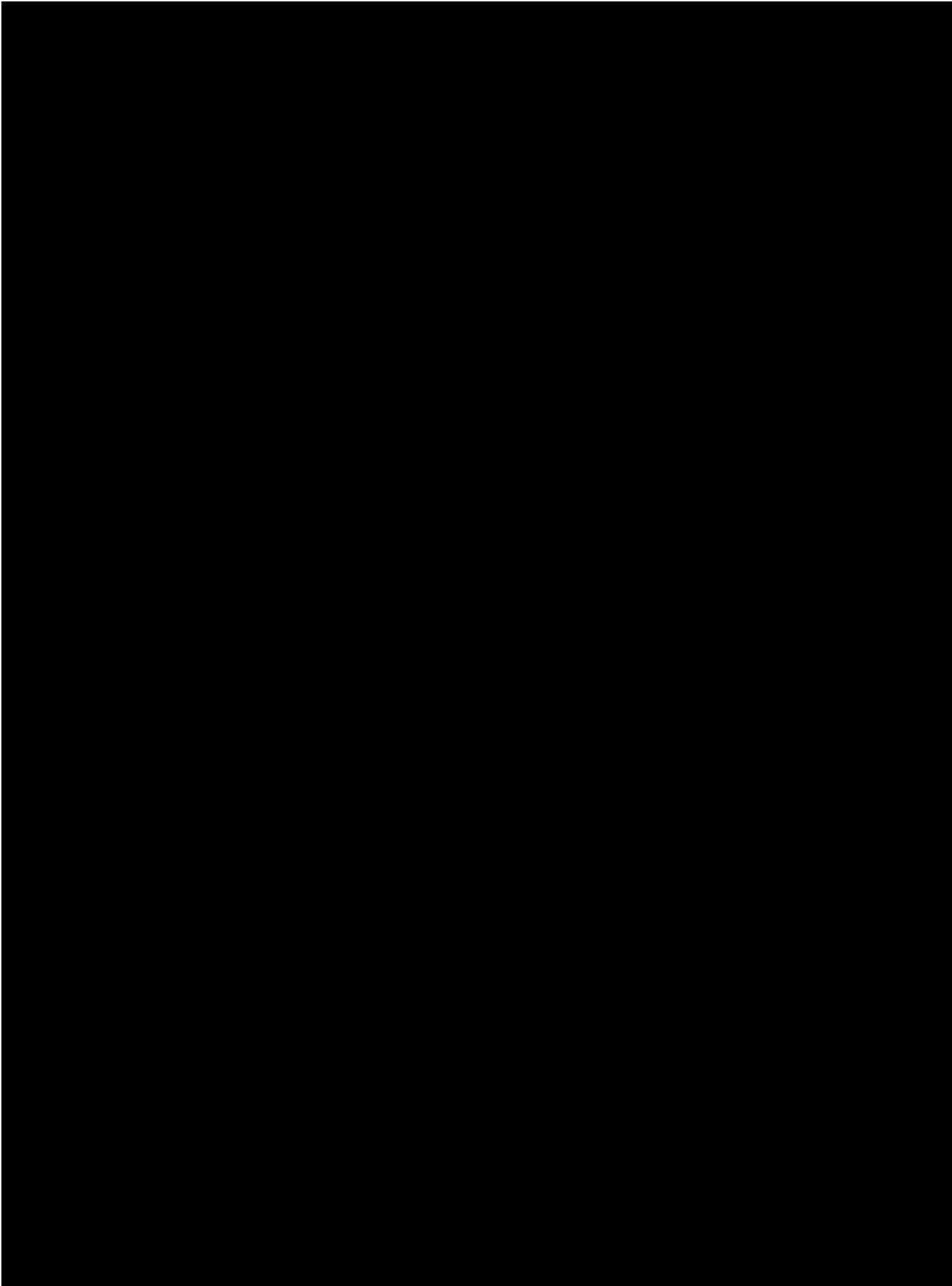


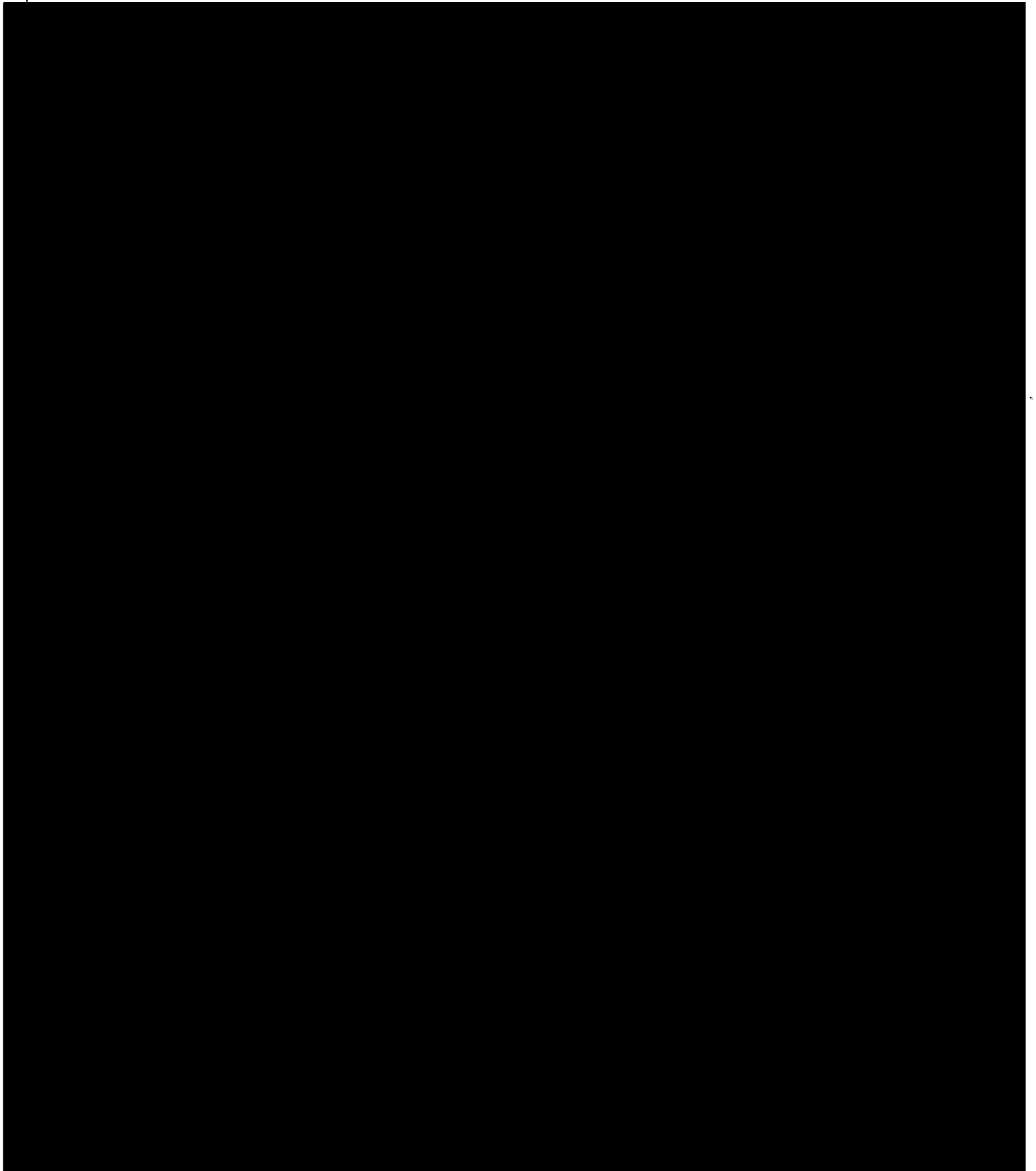






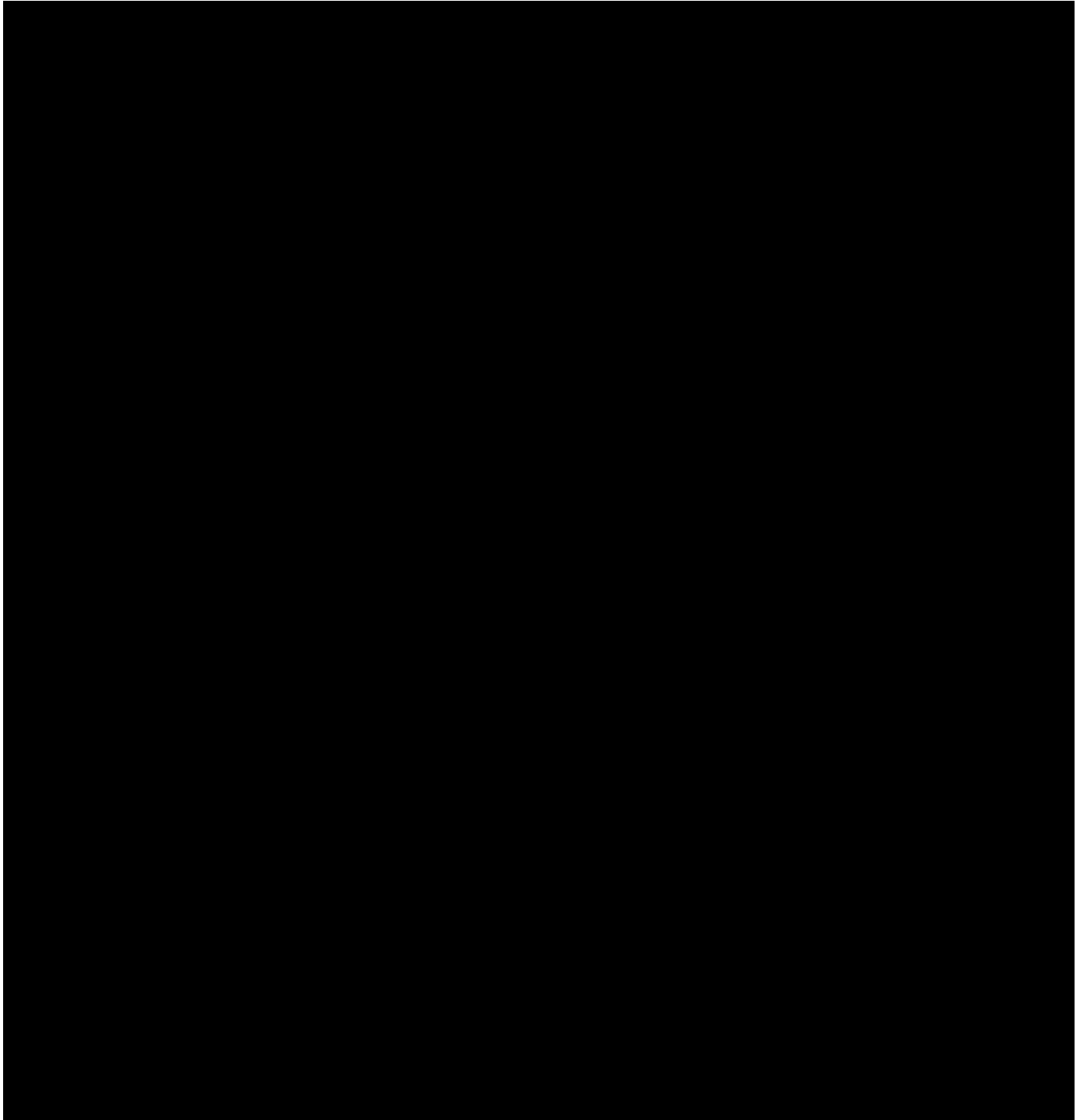






Listing of Members - Schedule 1

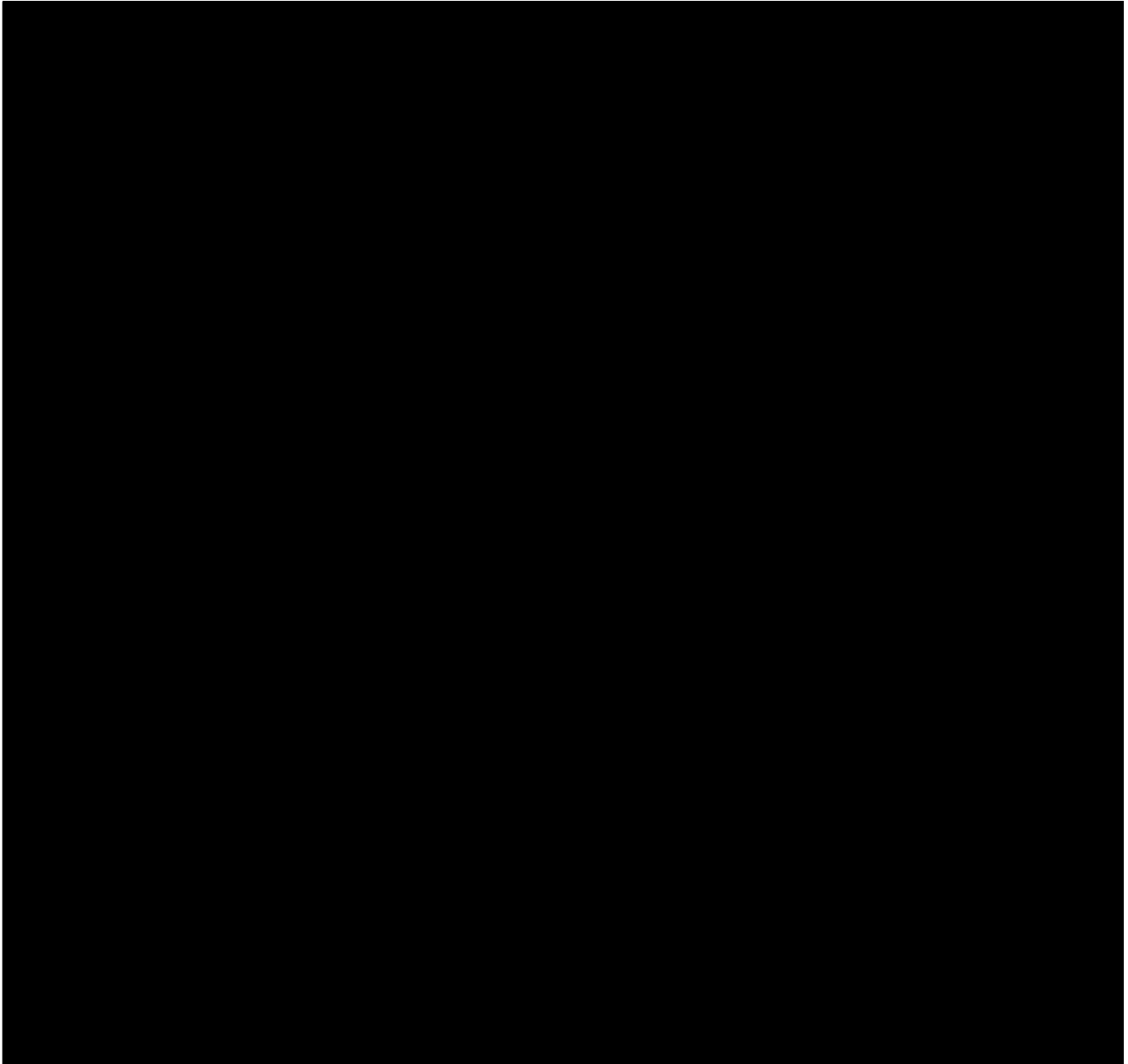
**LIMITED LIABILITY COMPANY OPERATING AGREEMENT
FOR ORGANIC CARE LLC
LISTING OF MEMBERS**



Listing of Capital Contributions - Schedule 2

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

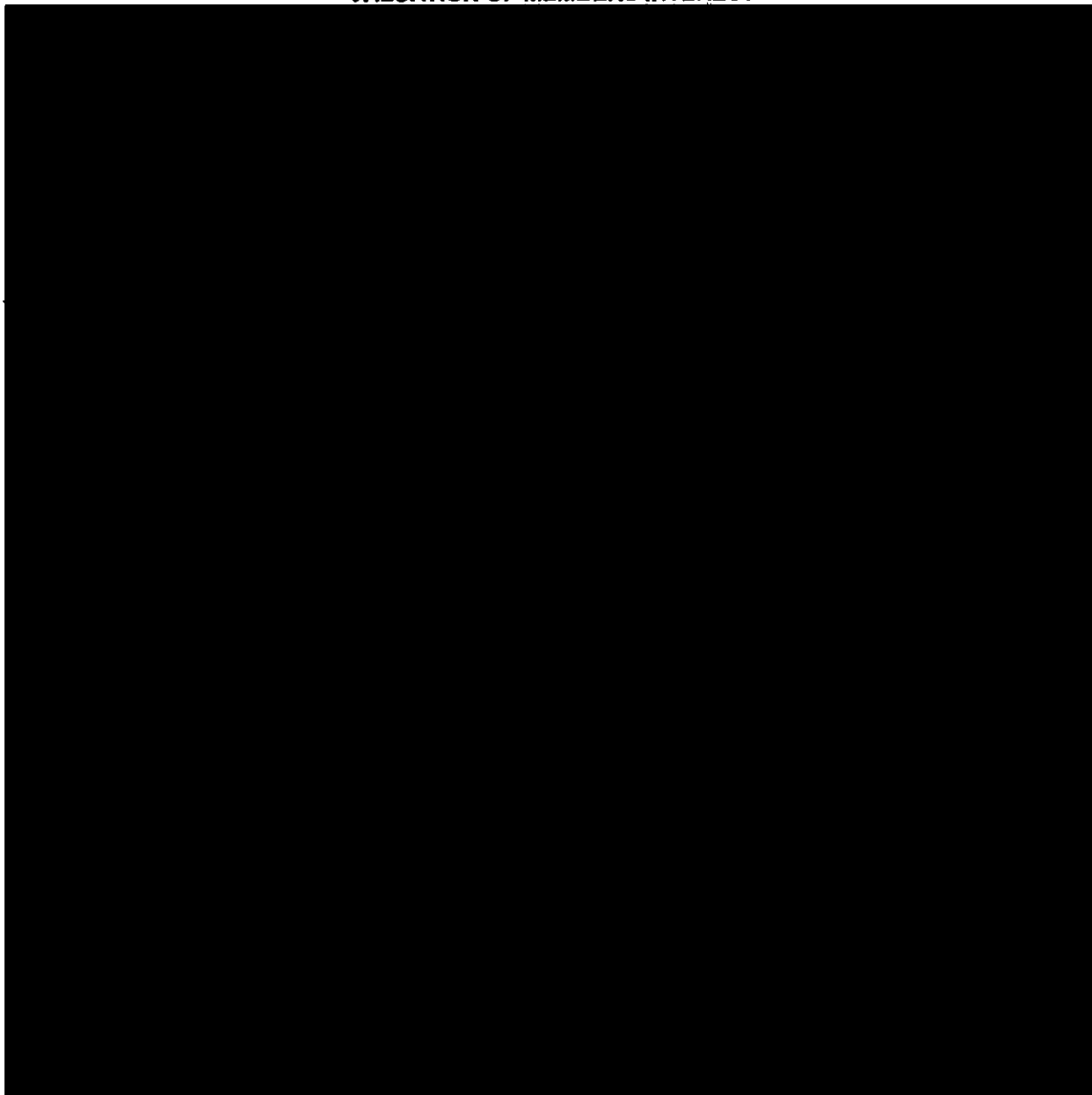
CAPITAL CONTRIBUTIONS



Listing of Valuation of Members Interest - Schedule 3

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

VALUATION OF MEMBERS INTEREST

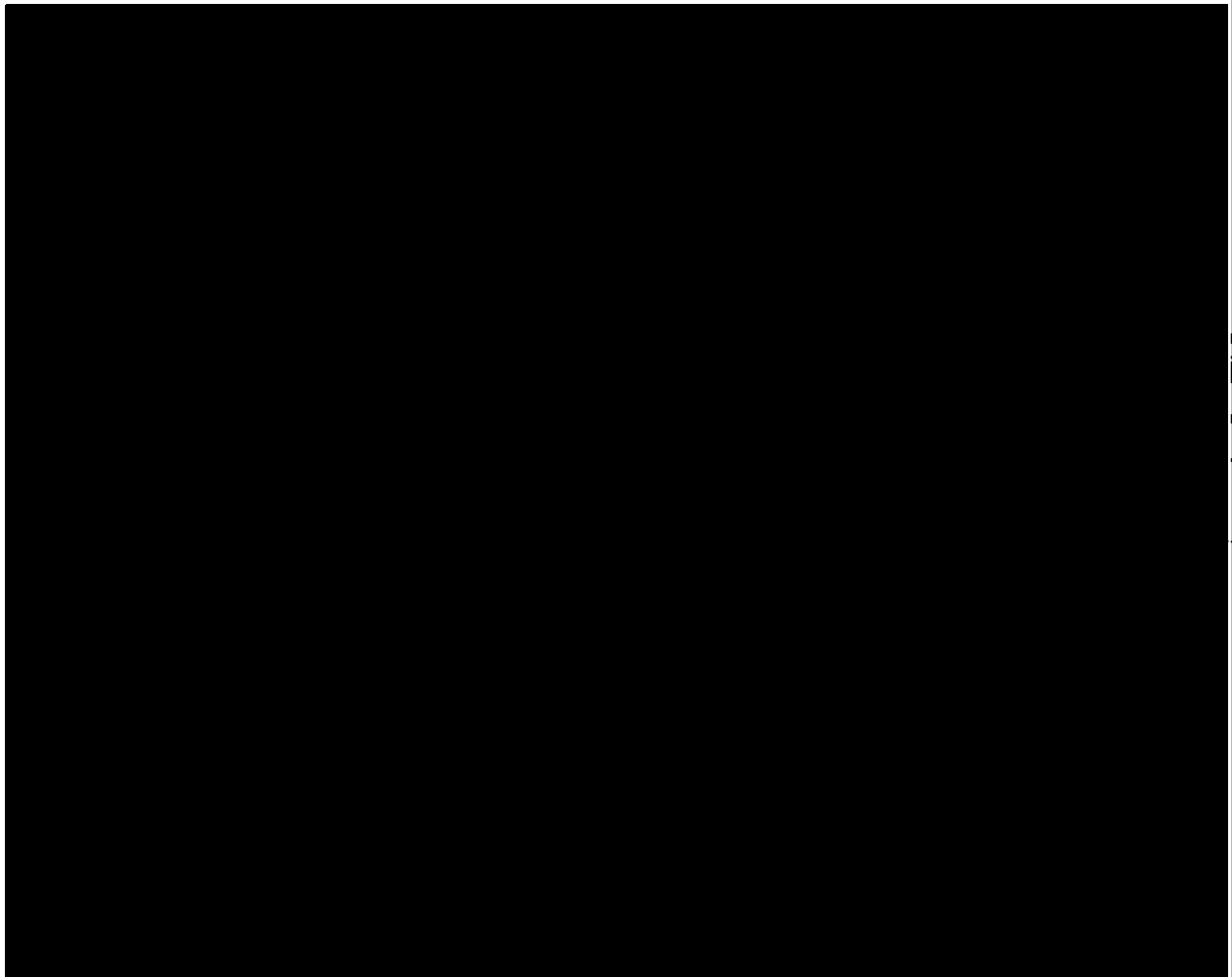




Organic Care LLC

Section: E

- E2. Requisition:** A current organizational chart that includes position descriptions and the names and resumes of persons holding each position to the extent such positions have been filled. To the extent such information is not revealed by their resume, include additional pages with each resume setting out the employee's particular skills, education, experience or significant accomplishments that are relevant to owning or operating a dispensary facility.



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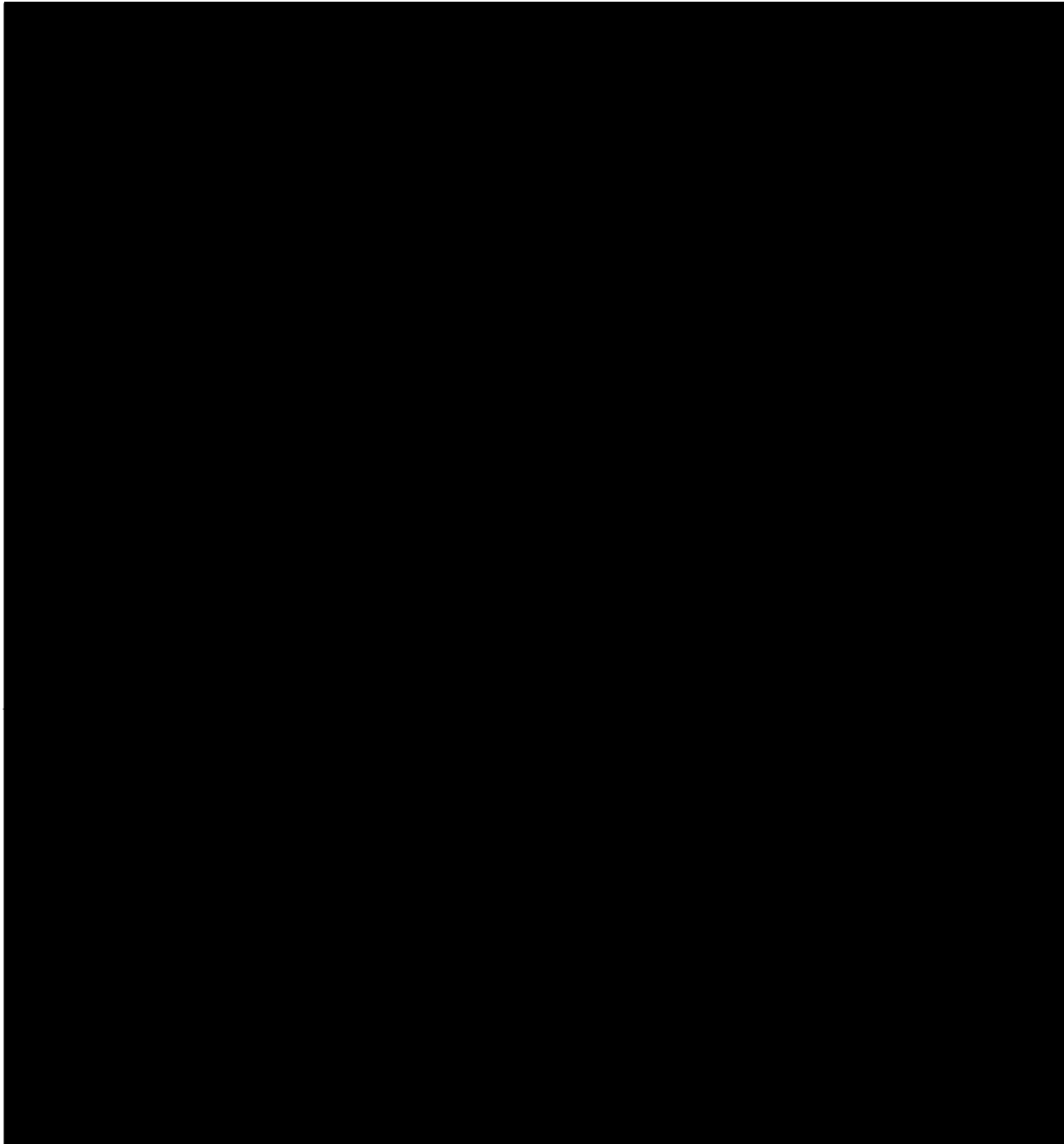


Organic Care LLC

Section: E

Organic Care, LLC
Organizational Chart

E2.

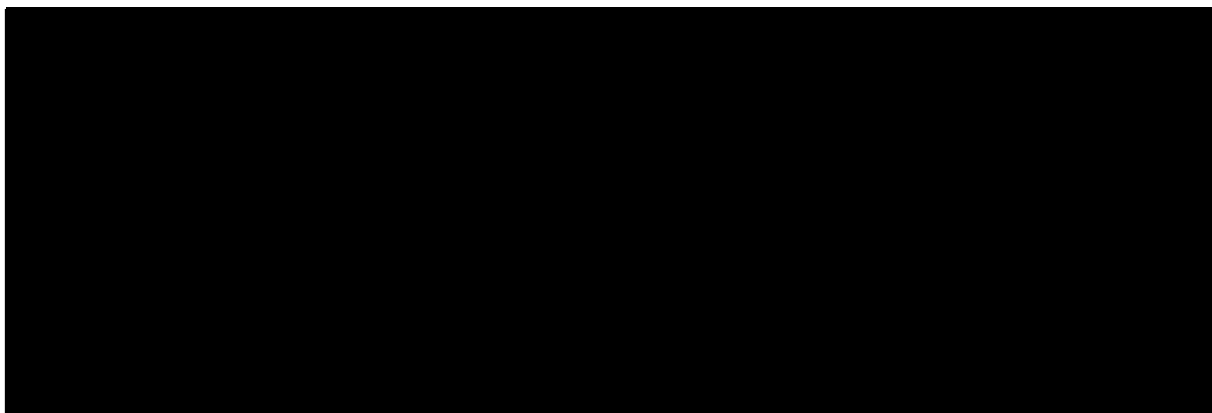




Organic Care LLC

Section: E

- E3. Requisition:** The name, title and a copy of the resume of the person who will be responsible for all information security requirements, including the requirements that patient information remain confidential.



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Paul A. Cappiali



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.



www.HIPAAstore.com

© Copyright HIPAA Group, Inc.

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.



www.HIPAAstore.com

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Phone 888-494-6987



Section: E

- E4. Requisition:** A copy of all compensation agreements with dispensary facility backers, directors, owners, officers, consultants, other high-level employees or any other person required to compete Appendices B, C or E. For purposes of this RFA, a compensation agreement includes any agreement that provides, or will provide, a benefit to the recipient whether in the form of salary, wages, commissions, fees, stock options, interest, bonuses or otherwise.

Resolution: Please see the following pages: Accepted and committed letters of employment from our Managing Pharmacist, William Francis Kakowski and three dynamic Senior Pharmacists, Dana K Gherardi, John Wozniak and Robert Kraljevic.

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.

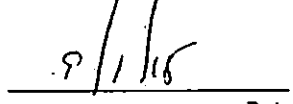
Sincerely,

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.

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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

9/1/15
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.

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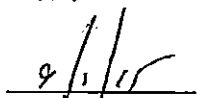
We look forward to the opportunity to work with you in an atmosphere that is successful, mutually challenging and rewarding.

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


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.

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

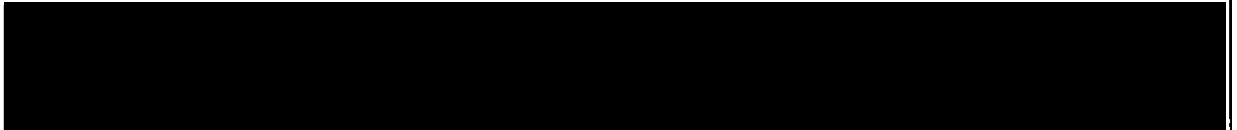
9/1/15
Date



Organic Care LLC

Section: E

- E5. Requisition:** Describe the nature, type, terms, covenants and priorities of all outstanding bonds, loans, mortgages, trust deeds, pledges, lines of credit, notes, debentures or other forms of indebtedness issued or executed, or to be executed, in connection with the opening or operating of the proposed dispensary facility.





Organic Care LLC

Section: E

- E6. Requisition:** Provide audited financial statements for the previous fiscal year, which shall include, but not limited to, an income statement, balance sheet, statement of retained earnings or owners' equity, statements of cash flows, and all notes to such statements and related financial schedules, prepared in accordance with generally accepted accounting principles, along with the accompanying independent auditor's report. If the applicant was formed within the year preceding this application, provide certified financial statements for the period of time the applicant has been in existence.

Resolution: Please see the following pages:

- A letter from a certified public accountant regarding Organic Care, LLC recent incorporation

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,



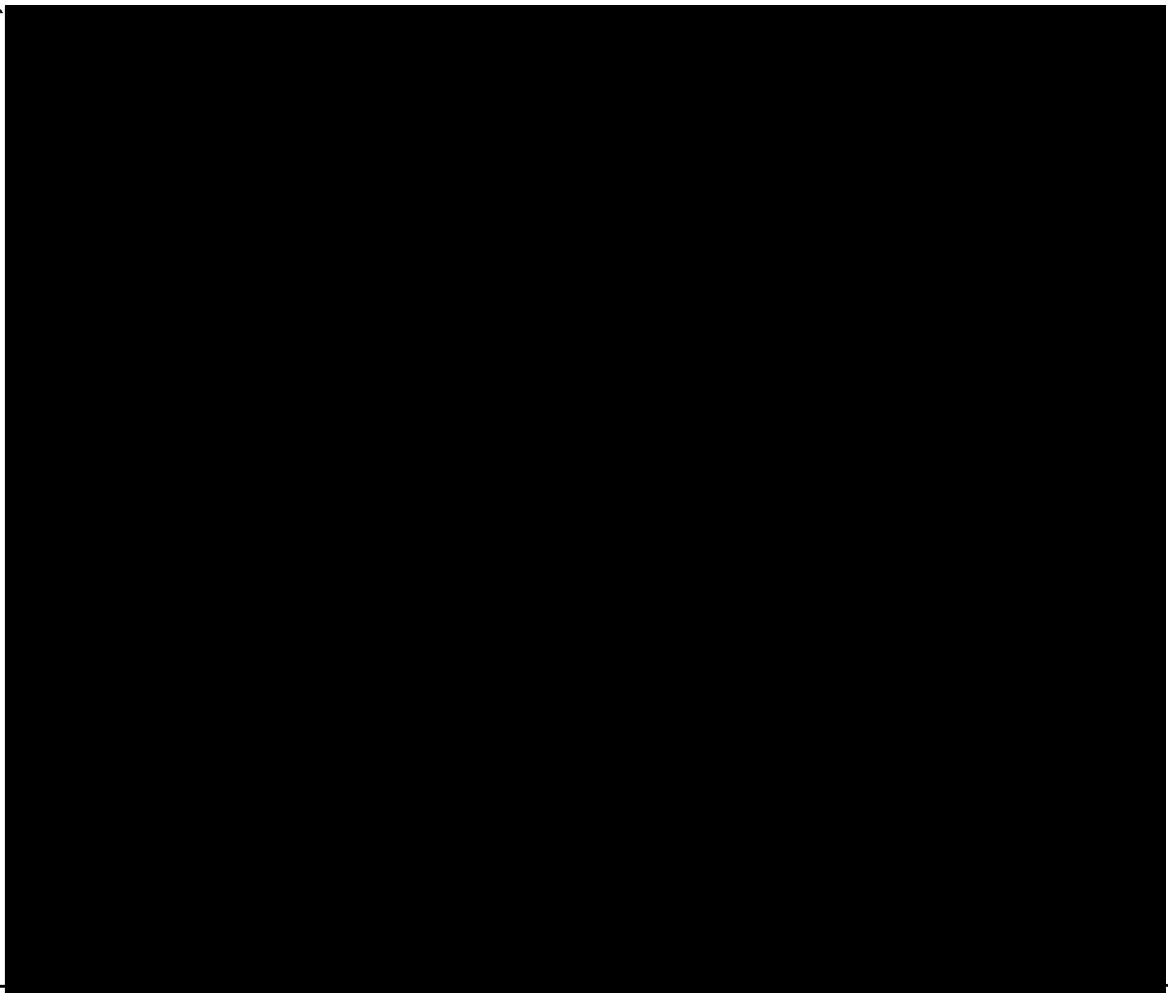
Michael Grossbach



Organic Care LLC

Section: E

E7. Requisition: Provide any pro forma financials used for business planning purposes.



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Organic Care LLC

Section: E

E8. Requisition: Provide complete copies of all federal, state and foreign (with translation) tax returns filed by the applicant for the last three years, or for such period the application has filed such returns if less than three years.

Resolution: Organic Care LLC was formed within the year preceding this application, and has not filed any tax returns.



Organic Care LLC

Section: E

E9. Requisition: Provide complete copies of the most recently filed federal, state, and foreign (with translation) tax returns filed by each: (i) dispensary facility backer; and (ii) each backer member identified in Section B of Appendix B.

Resolution: Please see the following pages: Most recent filed tax returns for Paul Anthony Cappiali and Randy Caravella.

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

PAUL A. & VICTORIA E. CAPPALI



|||||

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

Federal Tax Comparison for Married Filing Joint and Separate

| | <u>Taxpayer</u> | <u>Spouse</u> | <u>Married Filing Separate</u> | <u>Married Filing Joint</u> |
|--------------------------------------|-----------------|---------------|--------------------------------|-----------------------------|
| Total Income | | | | |
| Less: Adjustments | | | | |
| Adjusted Gross Income | | | | |
| Standard/Itemized Deductions .. | | | | |
| Exemptions | | | | |
| Taxable Income | | | | |
| Total Tax (regular & AMT) | | | | |
| Less: Credits | | | | |
| Add: Other Taxes | | | | |
| Less: Earned Income Credit | | | | |
| Less: Additional child tax credit .. | | | | |
| Less: Payments (excludes ext.) | | | | |
| Tax Underpayment/(Overpayment) | | | | |

MARRIED FILING JOINT PRODUCED AN ESTIMATED SAVINGS OF

Tax Return Carryovers to 2015

NAME: PAUL A. & VICTORIA E. CAPPIALI

ID Number:

| Disallowing Form | Description | Originating Form | Entity/ Activity | S/ City | Amount |
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Direct Deposit/Debit Report

Name: PAUL A. & VICTORIA E. CAPPIALI

ID Number:

| Unit | Name of Financial Institution | Account Type | Routing Number | Account Number | Debit/Deposit | Amount |
|------------|-------------------------------|--------------|----------------|----------------|---------------|--------|
| [REDACTED] | | | | | | |
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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 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.

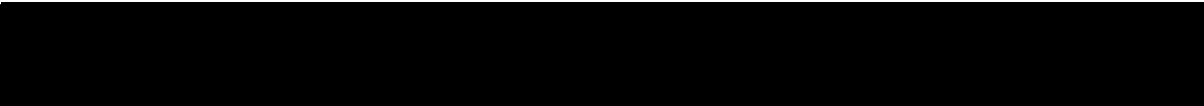
ALSO ENCLOSED IS ANY MATERIAL YOU FURNISHED FOR USE IN PREPARING THE RETURNS. IF THE RETURNS ARE EXAMINED, REQUESTS WILL BE MADE FOR SUPPORTING DOCUMENTATION. THEREFORE, WE RECOMMEND THAT YOU RETAIN ALL PERTINENT RECORDS FOR SEVEN YEARS.

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.


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

Spouse's name

VICTORIA E. CAPPIALI

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)
- 2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)
- 3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)
- 4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)
- 5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)

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 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 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.

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

419995
12-24-14

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

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

Form 8879 (2014)

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

, 2014, ending

, 20

See separate instructions.

Your first name and initial

PAUL A.

Last name

CAPPIALI

If a joint return, spouse's first name and initial

VICTORIA E.

Last name

CAPPIALI

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

28 HARTFORD AVENUE

Apt. no.

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

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

GREENWICH, CT 06830

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.

Foreign country name

Foreign province/state/county

Foreign postal code

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). If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child

Exemptions

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

b Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) If child under age 17 qualifying for child tax credit

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce

If more than four dependents, see instructions and check here

Income

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

8a Taxable interest. Attach Schedule B if required

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

8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

9b

10 Taxable refunds, credits, or offsets of state and local income taxes

STMT 1 STMT 3

11 Alimony received

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

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

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15a

b Taxable amount

16a Pensions and annuities

16a

b Taxable amount

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

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a

b Taxable amount

21 Other income. List type and amount

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

Adjusted Gross Income

23 Educator expenses

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

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

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

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

Tax and Credits

Standard Deduction for -
 ● People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
 ● All others: Single or Married filing separately, \$6,200
 Married filing jointly or Qualifying widow(er), \$12,400
 Head of household, \$9,100

38 Amount from line 37 (adjusted gross income) 38

39a Check You were born before January 2, 1950, Blind. Total boxes checked ... 39a
 if: Spouse was born before January 2, 1950, Blind.

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40

41 Subtract line 40 from line 38 41

42 Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see inst. 42

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43

44 Tax. Check if any from: a Form(s) 8814 b Form 4972 c 44

45 Alternative minimum tax. Attach Form 6251 45

46 Excess advance premium tax credit repayment. Attach Form 8962 46

47 Add lines 44, 45, and 46 47

48 Foreign tax credit. Attach Form 1116 if required 48

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

50 Education credits from Form 8863, line 19 50

51 Retirement savings contributions credit. Attach Form 8880 51

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

53 Residential energy credits. Attach Form 5695 53

54 Other credits from Form: a 3800 b 8801 c 54

55 Add lines 48 through 54. These are your total credits 55

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

Other Taxes

57 Self-employment tax. Attach Schedule SE 57

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

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

60a Household employment taxes from Schedule H 60a

b First-time homebuyer credit repayment. Attach Form 5405 if required 60b

61 Health care: Individual responsibility (see instructions) Full-year coverage 61

62 Taxes from: a Form 8959 b Form 8960 c Inst.; enter code(s) 62

63 Add lines 56 through 62. This is your total tax 63

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 64

65 2014 estimated tax payments and amount applied from 2013 return 65

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Schedule 8812 67

68 American opportunity credit from Form 8863, line 8 68

69 Net premium tax credit. Attach Form 8962 69

70 Amount paid with request for extension to file 70

71 Excess social security and tier 1 RRTA tax withheld 71

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

73 Credits from Form: a 2439 b Reserved c Reserved d 73

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

Refund

Direct deposit? See instructions.

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

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a

b Routine num: Checking Savings Account number:

77 Amount of line 75 you want applied to your 2015 estimated tax 77

Amount You Owe

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

79 Estimated tax penalty (see instructions) 79

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below.

Designee's name **E. BENISATTO, CPA** Phone no. **631-630-4700** Person number

Sign Here

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge 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 | Day |
| | | OUTSIDE SALESMAN | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If th: Pro ent |
| | | TEACHER | |

Print/Type preparer's name: **E. BENISATTO, CPA** Preparer's signature: _____ Date: **03/25/15** Check if self-employed

Paid Preparer Use Only

Firm's name: **MARTINI, BENISATTO & REINFURT, CPAS PC** Firm's EIN: _____
1 HUNTINGTON QUAD-STE 2C13
 Firm's address: **MELVILLE, NY 11747** Phone r: _____

Child Tax Credit Worksheet (keep for your records)

Name(s): First **PAUL A. & VICTORIA E.** Last **CAPPIALI**

Part 1

1. Number of qualifying children: 2 X \$1,000. Enter the result.
2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 37. 2
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
4. Add lines 2 and 3. Enter the total. 4
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
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
 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.
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.

Part 2

9. Enter the amount from Form 1040, line 47, Form 1040A, line 30, or Form 1040NR, line 45. 9
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
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
 Yes. Complete the Line 11 Worksheet to figure the amount to enter here.
12. Subtract line 11 from line 9. Enter the result. 12
13. Is the amount on line 8 of this worksheet more than the amount on line 12?
 - No. Enter the amount from line 8. } This is your
 - Yes. Enter the amount from line 12. } child tax credit. 13

* 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- | | |
| 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 | | | |
| | Interest You Paid | 10 | Home mortgage interest and points reported to you on Form 1098 | 10 |
| | | 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 ▶ | |
| Note. Your mortgage interest deduction may be limited (see instructions). | 12 | Points not reported to you on Form 1098. See instructions for special rules | 12 | |
| | 13 | Mortgage insurance premiums (see instructions) | 13 | |
| | 14 | Investment interest. Attach Form 4952 if required. (See instructions.) | 14 | |
| | 15 | Add lines 10 through 14 | | |
| | Gifts to Charity | 16 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 16 |
| 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 | | | |
| Casualty and Theft Losses | 20 | Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | |
| 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.) ▶ UNION AND PROFESSIONAL DUES FROM FORM 2106-EZ | 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- | | |
| Other Miscellaneous Deductions | 28 | Other - from list in instructions. List type and amount ▶ | | |
| Total Itemized Deductions | 29 | Is Form 1040, line 38, over \$152,525? <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. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. | } ST | |
| | 30 | If you elect to itemize deductions even though they are less than your standard deduction, check here | | |

SCHEDULE B
(Form 1040A or 1040)

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

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

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

OMB No. 1545-0074

2014
Attachment
Sequence No. **08**

Your social security number

PAUL A. & VICTORIA E. CAPPIALI

**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 and list this interest first. Also, show that buyer's social security number and address ▶

ION

Amount

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

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

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

**Part II
Ordinary
Dividends**

5 List name of payer ▶

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

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

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

**Part III
Foreign
Accounts
and
Trusts**

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

| Yes | No |
|-----|----|
| | X |
| | |
| | |
| | X |

427501
11-07-14

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

Schedule B (Form 1040A or 1040) 2014

**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

Your social security number

PAUL A. & VICTORIA E. CAPPIALI

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.

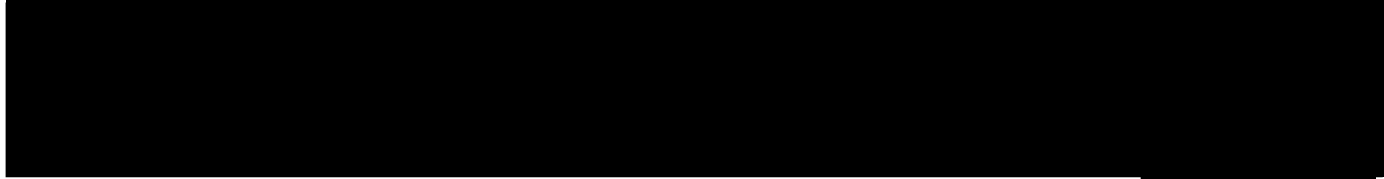
Schedule D (Form 1040) 2014



Part III Summary

- 16 Combine lines 7 and 15 and enter the result
- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
 - If line 16 is a **loss**, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
 - If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.
- 17 Are lines 15 and 16 **both** gains?
 Yes. Go to line 18.
 No. Skip lines 18 through 21, and go to line 22.
- 18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** in the instructions
- 19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions
- 20 Are lines 18 and 19 **both** zero or blank?
 Yes. Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). **Do not** complete lines 21 and 22 below.
 No. Complete the **Schedule D Tax Worksheet** in the instructions. **Do not** complete lines 21 and 22 below.
- 21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:
 - The loss on line 16 or
 - (\$3,000), or if married filing separately, (\$1,500)
 } **SEE STATEMENT 8**
- Note.** When figuring which amount is smaller, treat both amounts as positive numbers.
- 22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

16
18
19
21



Schedule D (Form 1040) 2014

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

Social security number or taxpayer identification no.

PAUL A. & VICTORIA E. CAPPIALI

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1. Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

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

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

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed, (d) Proceeds, (e) Cost or other basis, (f) Adjustment code, (g) Amount of adjustment, (h) Gain or loss. Includes a large redacted area covering the main body of the table.

2 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

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

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

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. _____
2. Enter the amount from Form 1040, line 9b* 2. _____
3. Are you filing Schedule D?*

 - 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. _____
 - No.** Enter the amount from Form 1040, line 13 }

4. Add lines 2 and 3 4. _____
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. _____
6. Subtract line 5 from line 4. If zero or less, enter -0- 6. _____
7. Subtract line 6 from line 1. If zero or less, enter -0- 7. _____
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. _____
9. Enter the smaller of line 1 or line 8 9. _____
10. Enter the smaller of line 7 or line 9 10. _____
11. Subtract line 10 from line 9. This amount is taxed at 0% 11. _____
12. Enter the smaller of line 1 or line 6 12. _____
13. Enter the amount from line 11 13. _____
14. Subtract line 13 from line 12 14. _____
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. _____
16. Enter the smaller of line 1 or line 15 16. _____
17. Add lines 7 and 11 17. _____
18. Subtract line 17 from line 16. If zero or less, enter -0- 18. _____
19. Enter the smaller of line 14 or line 18 19. _____
20. Multiply line 19 by 15% (.15) 20. _____
21. Add lines 11 and 19 21. _____
22. Subtract line 21 from line 12 22. _____
23. Multiply line 22 by 20% (.20) 23. _____
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. _____
25. Add lines 20, 23, and 24 25. _____
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. _____
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. _____

*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 |
|---|--------------------------|---|-------------------------------------|-----------------|
| | | | | |

Did you receive dependent care benefits? No Yes

Complete only Part II below. 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 | | |
| | | |

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

4 Enter your earned income. See instructions

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

6 Enter the smallest of line 3, 4, or 5

7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

| 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

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions

STATEMENT 9

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

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

Form 2441 (2014)

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 | |

Alternative Minimum Tax - Individuals

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

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 STMT 10 If line 28 is over the amount shown above for your filing status, see instructions. | 29 | |
| 30 | Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34 | 30 | |
| 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. | 31 | |
| 32 | Alternative minimum tax foreign tax credit (see instructions) | 32 | |
| 33 | Tentative minimum tax. Subtract line 32 from line 31 | 33 | |
| 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) | 34 | |
| 35 | AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45 | 35 | |

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 2 columns: Line number and Description. Rows 36-64 detailing tax calculations for capital gains rates.

419591 11-24-14

Department of the Treasury
Internal Revenue Service

▶ Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889 -
▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. 53

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

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

PAUL A. CAPPIALI

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 checked="" 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.

Form **8889** (2014)

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. CAPPIALI

Your social security number

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.

2014
Attachment
Sequence No. **129A**

| | | |
|--------------------------------------|--|------------------------|
| Your name PAUL A. CAPPIALI | Occupation in which you incurred expenses OUTSIDE SALESMAN | Social security number |
|--------------------------------------|--|------------------------|

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 | |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work | 2 | |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment | 3 | |
| 4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <u>STATEMENT 11</u> | 4 | |
| 5 Meals and entertainment expenses: \$ _____ % (.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 | |
| 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 | |

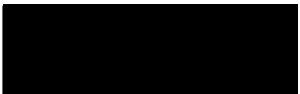
Part II Information on Your Vehicle. Complete this part only if you are claiming vehicle expense on line 1.

- 7 When did you place your vehicle in service for business use? (month, day, year) ▶ _____
- 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 _____ c Other _____
- Commuting (see instructions) _____
- 9 Was your vehicle available for personal use during off-duty hours? Yes No
- 10 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 11a Do you have evidence to support your deduction? Yes No
- b If "Yes," is the evidence written? Yes 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 | | | |
| LESS: TAX PAID IN FOLLOWING YEAR | | | |
| NET TAX REFUNDS CONNECTICUT | | | |
| | NEW YORK | | |
| GROSS STATE/LOCAL INC TAX REFUNDS | | | |
| LESS: TAX PAID IN FOLLOWING YEAR | | | |
| NET TAX REFUNDS NEW YORK | | | |
| TOTAL NET TAX REFUNDS | | | |



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.

FORM 1040 TAXABLE STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 3

| | 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 |
|---|----------------|----------------------------|--------------------------|------------------------|-------------|-----------------|
| T EMPIRE MERCHANTS LLC S TOWN OF GREENWICH | | | | | | |
| TOTALS | | | | | | |

FORM 1040 QUALIFIED DIVIDENDS STATEMENT 5

| NAME OF PAYER | ORDINARY DIVIDENDS | QUALIFIED DIVIDENDS |
|--------------------------------------|-----------------------|------------------------|
| WELLS FARGO BANK | | |
| TOTAL INCLUDED IN FORM 1040, LINE 9B | | |

FORM 1040 FEDERAL INCOME TAX WITHHELD STATEMENT 6

| T S DESCRIPTION | AMOUNT |
|---|--------|
| T EMPIRE MERCHANTS LLC S TOWN OF GREENWICH J WELLS FARGO BANK FORM 8959, LINE 24 | |
| TOTAL TO FORM 1040, LINE 64 | |

1. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28.
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.
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.
4. MULTIPLY LINE 3 BY 80% (.80).
5. ENTER THE AMOUNT FROM FORM 1040, LINE 38.
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.
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.
8. MULTIPLY LINE 7 BY 3% (.03).
9. ENTER THE SMALLER OF LINE 4 OR LINE 8.
10. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29.

| 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- | | . |

- 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


DEAR MR. AND MRS. CAPPIALI:

ENCLOSED IS YOUR 2014 CONNECTICUT INCOME TAX RETURN.

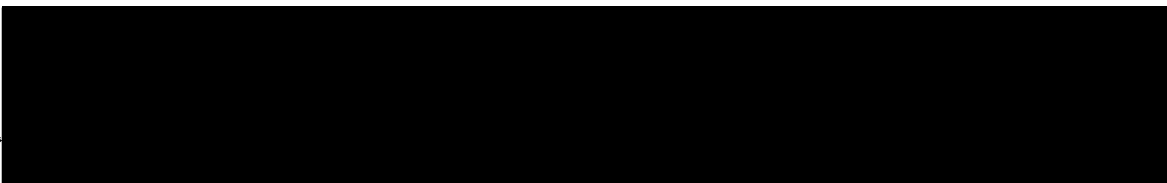
WE HAVE PREPARED THE ENCLOSED RETURNS FROM INFORMATION PROVIDED BY YOU. WE SUGGEST THAT YOU EXAMINE THESE RETURNS TO ACQUAINT YOURSELF WITH ALL ITEMS CONTAINED THEREIN TO ENSURE THERE ARE NO OMISSIONS OR MISSTATEMENTS.

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.



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)

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 |  |
| If a joint return, spouse's first name VICTORIA E | Middle Initial | Last name CAPPIALI | |
| Home address (number and street) | | PO Box | <input type="checkbox"/> Check here if this is the first time you are filing a Connecticut income tax return. |
|  | | | |
| 1. Enter the amount enclosed | | | 1. |

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

4045742404004568269501231201400000000061006
221

1401110190

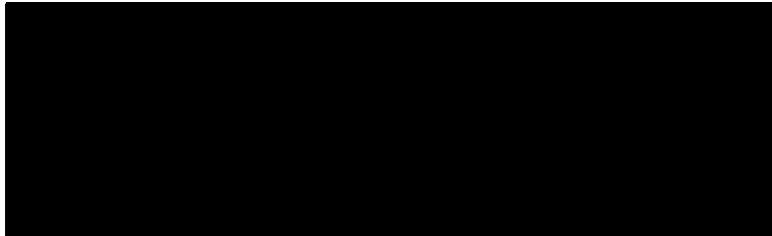
Form CT-1040 - 2014, Page 1 of 4
Connecticut Resident Income Tax Return

Other taxable year, beginning: 2014 and ending:

N S Y FJ N FS N HH N QW

PAUL A CAPPIALI N Dec.

VICTORIA E CAPPIALI N Dec.



N CT-2210

N CT-8379

N CT-1040CRC

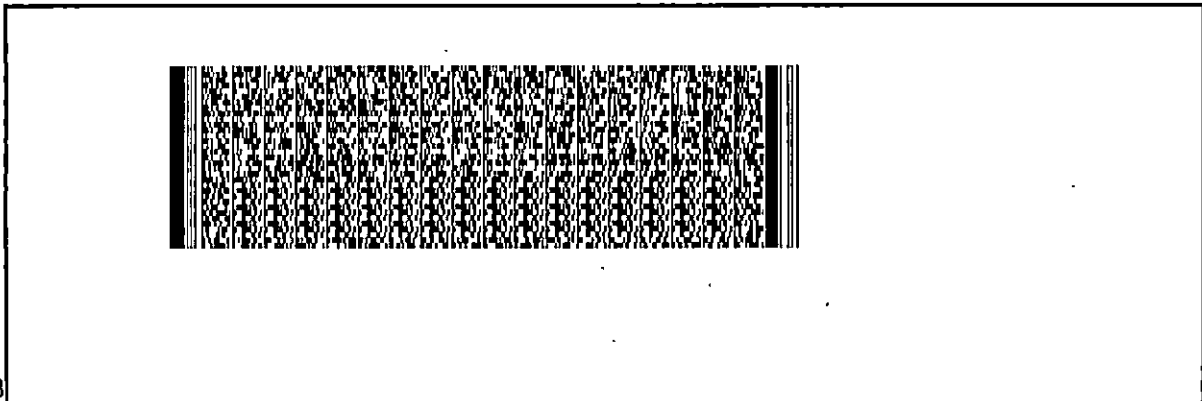
- 1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4) 1.
2. Additions to federal adjusted gross income (from Schedule 1, Line 39) 2.
3. Add Line 1 and Line 2 3.
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50) 4.
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.



441101 10-28-14

804623



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. | - | • | 0 | 0 |
| 18c. | - | • | 0 | 0 |
| 18d. | - | • | 0 | 0 |
| 18e. | - | • | 0 | 0 |
| 18f. | Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) | | | 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. If you have not elected to direct deposit, the refund may be issued by debit card or check. | | | 25. |
| 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 | • 48363 |

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. | 0 |
| 32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations | 32. | 0 |
| 33. Reserved for future use. | 33. | |
| 34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income | 34. | 0 |
| 35. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero. | 35. | 0 |
| 36. Loss on sale of Connecticut state and local government bonds | 36. | 0 |
| 37. Domestic production activities (from federal Form 1040, Line 35) | 37. | 0 |
| 38. Other - specify • | 38. | 0 |
| 39. Total additions: Add Lines 31 through 38. | 39. | 0 |
| 40. Interest on U.S. government obligations | 40. | 0 |
| 41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | 41. | 0 |
| 42. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet) | 42. | 0 |
| 43. Refunds of state and local income taxes | 43. | 0 |
| 44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities | 44. | 0 |
| 45. 50% of military retirement pay | 45. | 0 |
| 46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero. | 46. | 0 |
| 47. Gain on sale of Connecticut state and local government bonds | 47. | 0 |
| 48. CHET contributions Acct. #: | 48. | |
| 49. Other - specify • | 49. | 0 |
| 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. | 0 |
| 54. Line 53 divided by Line 51 | 54. | 0 |
| 55. Income tax liability: Line 11 subtracted from Line 6. | 55. | 0 |
| 56. Line 54 multiplied by Line 55 | 56. | 0 |
| 57. Income tax paid to a qualifying jurisdiction | 57. | 0 |
| 58. Lesser of Line 56 or Line 57 | 58. | 0 |
| 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 | GREENWICH | | |
| Description of Property | RESIDENCE | | |
| Date(s) Paid | 07312014 | | |

Amount Paid

63. Total property tax paid. Add Lines 60, 61, and 62.

64. Maximum property tax credit allowed

65. Lesser of Line 63 or Line 64.

66. Property tax credit limitation decimal amount. If zero, the amount from Line 65 is entered on Line 68.

67. Line 65 multiplied by Line 66.

68. Line 67 subtracted from Line 65.

Schedule 4 - Individual Use Tax

69a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)

69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)

69c. Use tax at 7% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)

69. Individual use tax: Add Lines 69a, 69b, and 69c.

Schedule 5 - Contributions to Designated Charities

70a. AR

70b. OT

70c. ES/W

70d. BCR

70e. SNS

70f. MR

70g. CBS

70. Total Contributions: Add Lines 70a through 70g.

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  |
| If a joint return, spouse's first name and middle initial VICTORIA E CAPPIALI | Last name CAPPIALI | |

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

| | | |
|---|---|-----|
| 1. Federal alternative minimum taxable income: See instructions. | ▶ | |
| 2. Additions to federal alternative minimum taxable income: See instructions. | ▶ | |
| 3. Add Line 1 and Line 2. | | |
| 4. Subtractions from federal alternative minimum taxable income: See instructions. | ▶ | |
| 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. | ▶ | |
| 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. | | |
| 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. | | |
| 8. Subtract Line 7 from Line 5. If zero or less, enter "0" here and on Line 9. | | |
| 9. Multiply Line 8 by 25% (.25). | | |
| 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. | ▶ | |
| 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. | | |
| 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. |
| 13. Alternative minimum tax foreign tax credit from federal Form 6251, Line 32. | ▶ | 13. |
| 14. Adjusted federal tentative minimum tax: Subtract Line 13 from Line 12. | | 14. |
| 15. Multiply Line 14 by 19% (.19). | | 15. |
| 16. Multiply Line 5 by 5.5% (.055). | | 16. |
| 17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16. | | 17. |
| 18. Apportionment factor: Residents, enter 1.0000; nonresidents and part-year residents, see instructions. | ▶ | 18. |
| 19. Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18. | | 19. |
| 20. Connecticut income tax from Form CT-1040, Line 6, or Form CT-1040NR/PY, Line 10. | ▶ | 20. |
| 21. Net Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0." | | 21. |
| 22. Credit for alternative minimum tax paid to qualifying jurisdictions: Residents and part-year residents only from Schedule A, Line 61. | ▶ | 22. |
| 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. |

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01-26-15

PAUL A & VICTORIA E CAPPIALI

Part II

Complete Part II of this form only if you are required to complete Part

| | |
|--|-----|
| 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. |
| 25. Enter the amount from federal Form 6251, Line 37. See instructions. | 25. |
| 26. Enter the amount from federal Form 6251, Line 38. See instructions. | 26. |
| 27. Enter the amount from federal Form 6251, Line 39. See instructions. | 27. |
| 28. Enter the smaller of Line 24 or Line 27. | 28. |
| 29. Subtract Line 28 from Line 24. | 29. |
| 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. |
| 31. Enter: <ul style="list-style-type: none"> • \$73,800, if filing jointly or qualifying widow(er); • \$36,900, if single or filing separately; or • \$49,400, if head of household. | 31. |
| 32. Enter the amount from federal Form 6251, Line 44. See instructions. | 32. |
| 33. Subtract Line 32 from Line 31. If zero or less, enter "0." | 33. |
| 34. Enter the smaller of Line 24 or Line 25. | 34. |
| 35. Enter the smaller of Line 33 or Line 34. | 35. |
| 36. Subtract Line 35 from Line 34. | 36. |
| 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. |
| 38. Enter the amount from Line 33. | 38. |
| 39. Enter the amount from federal Form 6251, Line 51. See instructions. | 39. |
| 40. Add Line 38 and Line 39. | 40. |
| 41. Subtract Line 40 from Line 37. If zero or less, enter - 0 -. | 41. |
| 42. Enter the smaller of Line 36 or Line 41. | 42. |
| 43. Multiply Line 42 by 15% (.15). | 43. |
| 44. Add Line 35 and Line 42. | 44. |
| - 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. |
| 46. Multiply Line 45 by 20% (.20). | 46. |
| - 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. |
| 48. Subtract Line 47 from Line 24. | 48. |
| 49. Multiply Line 48 by 25% (.25). | 49. |
| 50. Add Lines 30, 43, 46, and 49. | 50. |
| 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. |
| 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. |

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.

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 | |
|-----|----------|------|
| | Name | Code |
| 54. | | |
| 55. | | 00 |
| 56. | | |
| 57. | | 00 |
| 58. | | 00 |
| 59. | | 00 |
| 60. | | 00 |
| 61. | | |

Form CT-6251 (Rev. 01/15)
 441321
 01-26-15 1019

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 NEW YORK INCOME TAX RETURN.

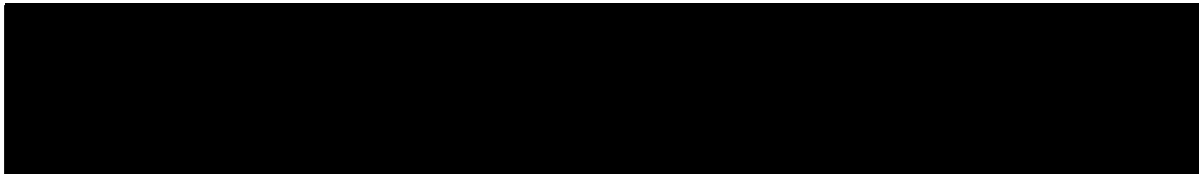
WE HAVE PREPARED THE ENCLOSED RETURNS FROM INFORMATION PROVIDED BY YOU. WE SUGGEST THAT YOU EXAMINE THESE RETURNS TO ACQUAINT YOURSELF WITH ALL ITEMS CONTAINED THEREIN TO ENSURE THERE ARE NO OMISSIONS OR MISSTATEMENTS.

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: _____
(jointly filed return only)

Date: _____

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

TR-579-IT (9/14)

2014

**Nonresident and Part-Year Resident
Income Tax Return** New York State • New York City • Yonkers

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) | Your social security number |
| Spouse's first name and middle initial VICTORIA E | | Spouse's last name CAPPIALI | | | |
| Mailing address (see instructions, page 13) (number and street or PO box) | | | | Apartment number | New York State county of residence |
| | | | | | NR |
| | | | | Country (if not United States) | 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 |
| | | | | | |
| State | ZIP code | Country (if not United States) | | Taxpayer's date of death | Spouse's date of death |
| | | | | Decedent information | |

- A Filing status** (mark an **x** in one box):
- ① Single
 - ② Married filing joint return (enter both spouses' social security numbers above)
 - ③ Married filing separate return (enter both spouses' social security numbers above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2014 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see pg. 14) Yes No

D2 Yonkers residents and Yonkers part-year residents only:
 (1) Did you receive a property tax freeze credit? (see page 14) Yes No
 (2) If Yes, enter the amount00

D3 Did you receive a family tax relief credit? (see page 14) Yes No

- E New York City part-year residents only (see page 14)**
 (1) Number of months you lived in NY City in 2014
 (2) Number of months your spouse lived in NY City in 2014
F Enter your 2-character special condition code if applicable (see page 14)
 If applicable, also enter your second 2-character special condition code

- G New York State part-year residents (see page 15)**
 Enter the date you moved into or out of NYS (mm-dd-yyyy)
 On the last day of the tax year (mark an **x** in one box):
 1) Lived in NYS
 2) Lived outside NYS; received income from NYS sources during nonresident period
 3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 15)
 Did you or your spouse maintain living quarters in NYS in 2014? Yes No
 (if Yes, complete Form IT-203-B)

I Dependent exemption information (see page 15)

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

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)

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

New York additions (see page 23)

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

New York subtractions (see page 24)

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

Standard deduction or itemized deduction (see page 25)

- 33 Enter your standard deduction (table on page 26) or your itemized deduction (see page 25)
- Mark an in the appropriate box:
- 34 Subtract line 33 from line 32 (if line 33 is more than line 32, let it be zero)
- 35 Dependent exemptions (enter the number of dependents listed on line 32)
- 36 New York taxable income (subtract line 35 from line 34)

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

New York City and Yonkers taxes and credits

| | | | |
|-----|---|-----|-----|
| 51 | Part-year New York City resident tax (Form IT-360.1) | 51 | .00 |
| 52 | Part-year resident nonrefundable New York City child and dependent care credit | 52 | .00 |
| 52a | Subtract line 52 from 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 | |
| 56 | Sales or use tax (See the instructions on page 29. Do not leave line 56 blank.) | 56 | |

See instructions on pages 28 and 29 to compute New York City and Yonkers taxes, credits, and surcharges.

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 | |
| 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 | |

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Enter your social security number

59 Enter amount from line 58

59

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 | |
| 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 | |

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

68 Amount of line 67 to be refunded
 Mark one refund choice: direct deposit (fill in line 73) -or- debit card -or- paper check

68

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

69 Amount of line 67 that you want applied to your 2015 estimated tax (see instructions)

69 .00

See page 33 for payment options.

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 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

See page 36 for the proper assembly of your return.

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

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 73c Account number

74 Electronic funds withdrawal (see page 34) Date Amount .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) |
| | E-mail: | | |

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

| | |
|---|----------------------|
| ▼ 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

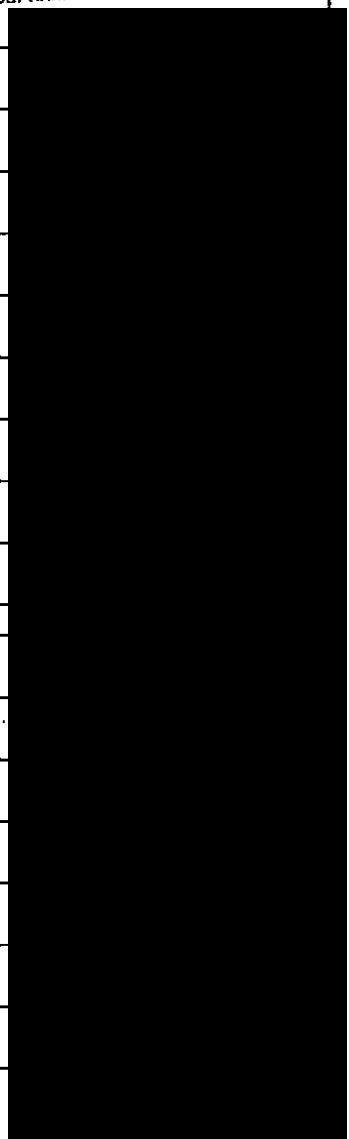
Nonresident and Part-Year Resident Itemized Deduction Schedule

IT-203-D

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 |
|---|-----------------------------|

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



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2014

New York State Department of Taxation and Finance

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] |

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 (mmddyyyy) |
|----------------|------------|---------------|-----------------------------|---|----------------------------|------------------------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | <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]

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)

7 If your filing status is $\textcircled{2}$ Married filing joint return, enter your spouse's earned income; all the amount from line 6 (see instructions)

8 Enter the smallest of line 5, 6, or 7

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

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

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on page 2)

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- 12 Amount from line 11 12
- 13 Enter your New York adjusted gross income (Form IT-201 filers, line 33; Form IT-203 filers, line 32) 10
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

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:

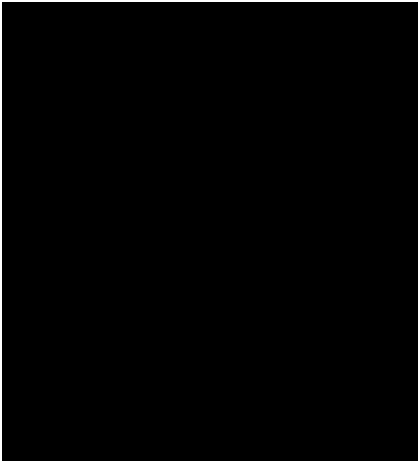
- 29 Enter the amount from Worksheet 1, line 10 29 00
- 30 Enter the amount from Worksheet 1, line 11 30 00

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



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
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 | \$ | 0.00 |
|------------------|-----------|-------------|

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name RANDY CARAVELLA & KIM A FEDAK

Taxpayer address (optional)

17 TOMNEY ROAD
GREENWICH CT 06830

1. Your federal income tax return for _____ was filed electronically with the _____ Submission Processing Center. The electronic filing services were provided by _____.
2. Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment was accepted.
5. Your electronic funds withdrawal payment was not accepted. You must pay the balance due by the prescribed due date. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on 04/04/2015. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

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 See separate instructions.

Your first name and initial Last name RANDY CARAVELLA

If a joint return, spouse's first name and initial Last name KIM A FEDAK

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Make sure the SSN(s) above and on line 6c are correct.

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

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

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

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

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 8a Taxable interest. Attach Schedule B if required 8a 8b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 9b Qualified dividends 9b 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 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a 15b Taxable amount 15b 16a Pensions and annuities 16a 16b Taxable amount 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a 20b Taxable amount 20b 21 Other income. List type and amount 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22

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

| | | | | |
|---|---|--|-----|-----|
| | 38 | Amount from line 37 (adjusted gross income) | | 38 |
| Tax and Credits | 39a | Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. checked ▶ 39a | | |
| | b | If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/> | | |
| Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,200 Married filing jointly or Qualifying widow(er), \$12,400 Head of household, \$9,100 | 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | | 40 |
| | 41 | Subtract line 40 from line 38 | | 41 |
| | 42 | Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions | | 42 |
| | 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | | 43 |
| | 44 | Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | | 44 |
| | 45 | Alternative minimum tax (see instructions). Attach Form 6251 | | 45 |
| | 46 | Excess advance premium tax credit repayment. Attach Form 8962 | | 46 |
| | 47 | Add lines 44, 45, and 46 | | 47 |
| | 48 | Foreign tax credit. Attach Form 1116 if required | 48 | |
| | 49 | Credit for child and dependent care expenses. Attach Form 2441 | 49 | |
| | 50 | Education credits from Form 8863, line 19 | 50 | |
| | 51 | Retirement savings contributions credit. Attach Form 8880 | 51 | |
| | 52 | Child tax credit. Attach Schedule 8812, if required | 52 | |
| 53 | Residential energy credits. Attach Form 5695 | 53 | | |
| 54 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 54 | | |
| 55 | Add lines 48 through 54. These are your total credits | | 55 | |
| 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | | 56 | |
| Other Taxes | 57 | Self-employment tax. Attach Schedule SE | | 57 |
| | 58 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | | 58 |
| | 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | | 59 |
| | 60a | Household employment taxes from Schedule H | | 60a |
| | b | First-time homebuyer credit repayment. Attach Form 5405 if required | | 60b |
| | 61 | Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/> | | 61 |
| | 62 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | | 62 |
| 63 | Add lines 56 through 62. This is your total tax | | 63 | |
| Payments | 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | |
| | 65 | 2014 estimated tax payments and amount applied from 2013 return | 65 | |
| | 66a | Earned income credit (EIC) | 66a | |
| | b | Nontaxable combat pay election <input type="checkbox"/> 66b | | |
| | 67 | Additional child tax credit. Attach Schedule 8812 | 67 | |
| | 68 | American opportunity credit from Form 8863, line 8 | 68 | |
| | 69 | Net premium tax credit. Attach Form 8962 | 69 | |
| | 70 | Amount paid with request for extension to file | 70 | |
| | 71 | Excess social security and tier 1 RRTA tax withheld | 71 | |
| | 72 | Credit for federal tax on fuels. Attach Form 4136 | 72 | |
| 73 | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> Reserved d <input type="checkbox"/> | 73 | | |
| 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | | 74 | |
| Refund | 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | | 75 |
| | 76a | Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/> | | 76a |
| | b | Routing number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | | |
| 77 | Amount of line 75 you want applied to your 2015 estimated tax ▶ | 77 | | |
| Amount You Owe | 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶ | | 78 |
| | 79 | Estimated tax penalty (see instructions) | 79 | |

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

| | | |
|-------------------|-------------|--|
| Designee's name ▶ | Phone no. ▶ | 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 SALES | Daytime phone number |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

Paid Preparer Use Only

| | | | | |
|--|--|--------------------|--|------|
| Print/Type preparer's name PATRICK R. BRIA, CPA | Preparer's signature PATRICK R. BRIA, CPA | Date 08/24/2015 | Check <input checked="" type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶ BRIA, FLYNN & COMPANY | Firm's EIN ▶ | | Phone no. | |
| Firm's address ▶ 100 MELROSE AVE SUITE 207 GREENWICH CT 06830 | | | | |

**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 |
| | 2 Enter amount from Form 1040, line 38 2 [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 |
| | 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | |

| | | | |
|-----------------------|--|----------|--|
| Taxes You Paid | 5 State and local (check only one box): | | |
| | a <input checked="" type="checkbox"/> Income taxes, or | 5 | |
| | 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 | | |

| | | |
|-----------------------------------|--|-----------|
| Interest You Paid | 10 Home mortgage interest and points reported to you on Form 1098 | 10 |
| | 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 | | |

| | | |
|-------------------------|--|-----------|
| Gifts to Charity | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 16 |
| | 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 | |

| | | |
|----------------------------------|---|--|
| Casualty and Theft Losses | 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) | |
|----------------------------------|---|--|

| | | | |
|--|---|-----------|-----------|
| 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 ► <u>Investment Advisory Fees</u> | 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- | | |

| | | |
|---------------------------------------|---|--|
| Other Miscellaneous Deductions | 28 Other—from list in instructions. List type and amount ► | |
|---------------------------------------|---|--|

| | | |
|----------------------------------|--|-----------|
| Total Itemized Deductions | 29 Is Form 1040, line 38, over \$152,525? | 29 |
| | <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 | |

| | |
|-----------|------------|
| 29 | [REDACTED] |
|-----------|------------|

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: **RANDY CARAVELLA & KIM A FEDAK**
Your social security number: _____

| | | Amount |
|----------------------------------|--|--------|
| 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 ▶ (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. | 1 |
| | 2 Add the amounts on line 1 | 2 |
| | 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 | 3 |
| | 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶ | 4 |
| | Note. If line 4 is over \$1,500, you must complete Part III. | |

| | | |
|---|--|---|
| Part II Ordinary Dividends | 5 List name of payer ▶ PITNAM INVESTMENTS GROWTH & INCOME FD A H A (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. | 5 |
| | 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶ | 6 |
| | Note. If line 6 is over \$1,500, you must complete Part III. | |

| | | Yes | No |
|--|---|-----|----|
| Part III Foreign Accounts and Trusts | 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 | | X |
| | 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 | | X | |

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2014
Attachment
Sequence No. 12

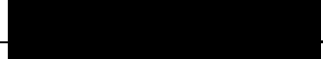
Department of the Treasury
Internal Revenue Service (99)

▶ 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.

Name(s) shown on return

RANDY CARAVELLA & KIM A FEDAK

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 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on the back | | | | 15 |

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. <p>17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions . . . ▶</p> <p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶</p> <p>20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. <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: <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> <p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p> </p> | <p>16</p> <p>18</p> <p>19</p> <p>21</p> | |
|---|---|--|

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2014

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

▶ 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 | 1 | | 365 | 0 | <input type="checkbox"/> |
| C | 1 | | 365 | 0 | <input type="checkbox"/> |

Type of Property:

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

| Income: | Properties: | A | B | C | | | |
|--|-------------|------------|---|---|--|--|--|
| 3 Rents received | 3 | [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 | | | | | | |
| 10 Legal and other professional fees | 10 | | | | | | |
| 11 Management fees | 11 | | | | | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | |
| 13 Other interest | 13 | | | | | | |
| 14 Repairs | 14 | | | | | | |
| 15 Supplies | 15 | | | | | | |
| 16 Taxes | 16 | | | | | | |
| 17 Utilities | 17 | | | | | | |
| 18 Depreciation expense or depletion | 18 | | | | | | |
| 19 Other (list) ▶ See Line 19 Other Expenses | 19 | | | | | | |
| 20 Total expenses. Add lines 5 through 19 | 20 | | | | | | |
| 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 | | | | | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | | | | | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | | | | | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | | | | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | | | | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | | | | | |
| e Total of all amounts reported on line 20 for all properties | 23e | | | | | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | | | | | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. | 26 | | | | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

BAA REV 12/31/14 PRO

Schedule E (Form 1040) 2014

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 2 main sections: Passive Income and Loss, Nonpassive income and Loss. Sub-headers: (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.

Table with 5 columns corresponding to the sub-headers in the previous table. Rows A, B, C, D.

Summary rows for Part II: 29a Totals, 29b Totals, 30 Add columns (g) and (j) of line 29a, 31 Add columns (f), (h), and (i) of line 29b, 32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below.

Part III Income or Loss From Estates and Trusts

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

Table with 2 main sections: Passive Income and Loss, Nonpassive Income and Loss. Sub-headers: (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.

Table with 4 columns corresponding to the sub-headers in the previous table. Rows A, B.

Summary rows for Part III: 34a Totals, 34b Totals, 35 Add columns (d) and (f) of line 34a, 36 Add columns (c) and (e) of line 34b, 37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below.

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.

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below

Part V Summary

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

Passive Activity Loss Limitations

▶ See separate instructions.

2014

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1041.

Attachment
Sequence No. **88**

▶ 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)) | 1a | |
| 1b | Activities with net loss (enter the amount from Worksheet 1, column (b)) | 1b | () |
| 1c | Prior years unallowed losses (enter the amount from Worksheet 1, column (c)) | 1c | () |
| 1d | Combine lines 1a, 1b, and 1c | 1d | |

Commercial Revitalization Deductions From Rental Real Estate Activities

| | | | |
|----|--|----|-------|
| 2a | Commercial revitalization deductions from Worksheet 2, column (a) | 2a | (0) |
| 2b | Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) | 2b | () |
| 2c | Add lines 2a and 2b | 2c | |

All Other Passive Activities

| | | | |
|----|--|----|-----|
| 3a | Activities with net income (enter the amount from Worksheet 3, column (a)) | 3a | 0 |
| 3b | Activities with net loss (enter the amount from Worksheet 3, column (b)) | 3b | () |
| 3c | Prior years unallowed losses (enter the amount from Worksheet 3, column (c)) | 3c | () |
| 3d | Combine lines 3a, 3b, and 3c | 3d | |

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used

- 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 Part III.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

| | | | |
|----|--|----|---|
| 5 | Enter the smaller of the loss on line 1d or the loss on line 4 | 5 | |
| 6 | Enter \$150,000. If married filing separately, see instructions | 6 | |
| 7 | Enter modified adjusted gross income, but not less than zero (see instructions) | 7 | 3 |
| 8 | Subtract line 7 from line 6 | 8 | |
| 9 | Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions | 9 | |
| 10 | Enter the smaller of line 5 or line 9 | 10 | |

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

| | | | |
|----|--|----|--|
| 11 | Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions | 11 | |
| 12 | Enter the loss from line 4 | 12 | |
| 13 | Reduce line 12 by the amount on line 10 | 13 | |
| 14 | Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 | 14 | |

Part IV Total Losses Allowed

| | | | |
|----|---|----|--|
| 15 | Add the income, if any, on lines 1a and 3a and enter the total | 15 | |
| 16 | Total losses allowed from all passive activities for 2014. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return | 16 | |

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

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

| Name of activity | Current year | Prior years | Overall gain or loss |
|---|--------------|-------------|----------------------|
| [Redacted] | (a) | | |
| Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶ | | | |

Worksheet 2—For Form 8582, Lines 2a and 2b

| Name of activity |
|--|
| [Redacted] |
| Total. Enter on Form 8582, lines 2a and 2b ▶ |

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c

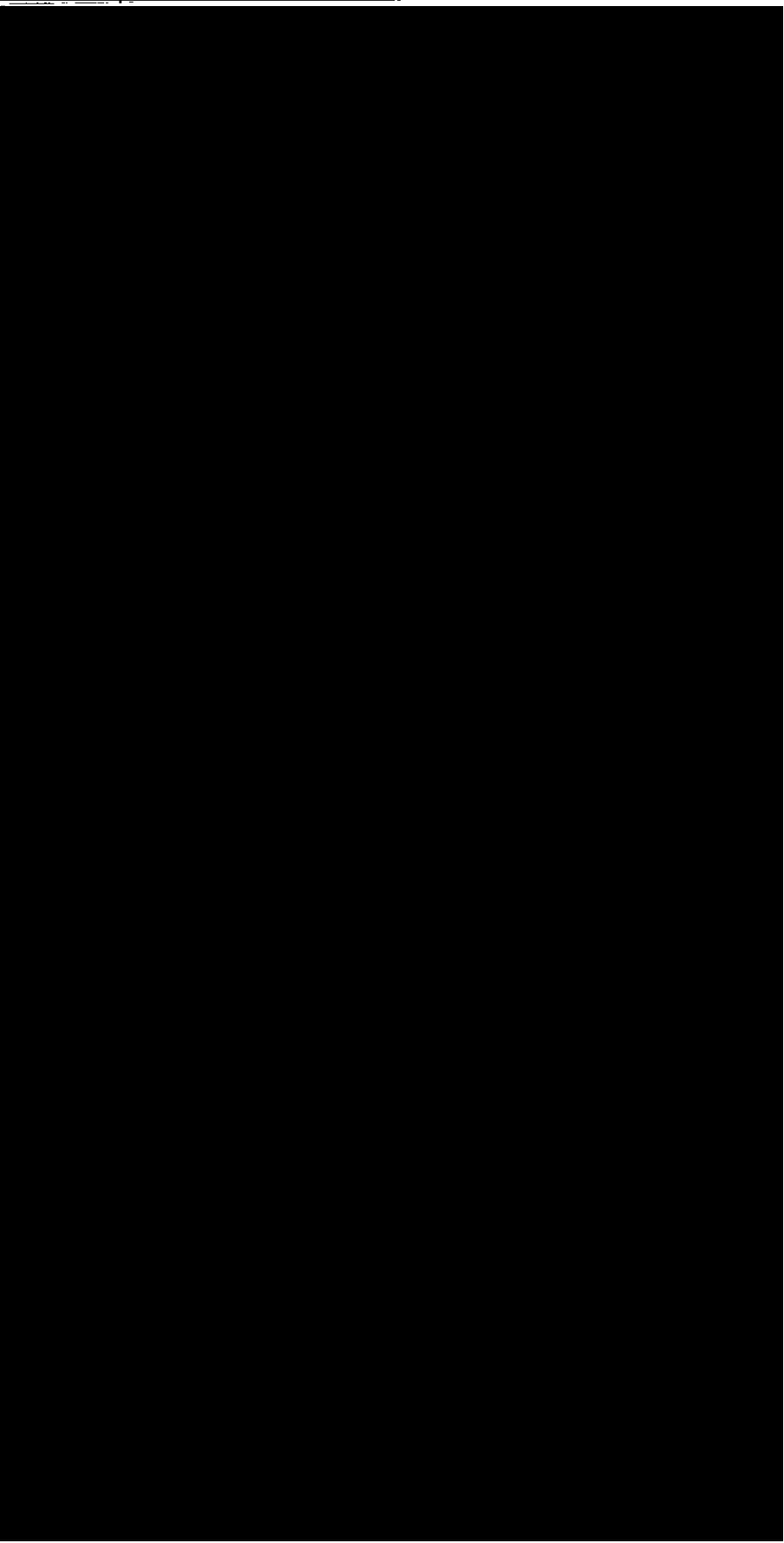
| Name of activity |
|---|
| [Redacted] |
| Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶ |

Worksheet 4—Use this worksheet if an amount is reported on Form 8582, line 1c

| Name of activity | Form 8582, line 1c |
|------------------|--------------------|
| [Redacted] | |
| Total | |

Worksheet 5—Allocation of Unallowed Losses

| Name of activity | Form 8582, line 1c |
|------------------|--------------------|
| [Redacted] | |
| Total | |



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 |
|------------------|---|----------|--------------------|------------------|
| | | | | |

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 ▶ | | | | | |

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



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 | |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 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 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2013 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 | 13 | |

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 |
| 15 | Property subject to section 168(f)(1) election | 15 |
| 16 | Other depreciation (including ACRS) | 16 |

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 |
| 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 |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|------------------|
| 19a | 3-year property | | | | | |
| b | 5-year property | | | | | |
| c | 7-year property | | | | | |
| d | 10-year property | | | | | |
| e | 15-year property | | | | | |
| f | 20-year property | | | | | |
| g | 25-year property | | 25 | | S/L | |
| h | Residential rental property | | | MM | S/L | |
| i | Nonresidential real property | | | MM | S/L | |

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----|------------|--|--|----|-----|--|
| 20a | Class life | | | | S/L | |
| b | 12-year | | | | S/L | |
| c | 40-year | | | MM | S/L | |

Part IV Summary (See instructions.)

| | | |
|----|--|----|
| 21 | Listed property. Enter amount from line 28 | 21 |
| 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 |
| 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 |

| | |
|--|------------------------|
| Name(s) Shown on Return RANDY CARAVELLA & KIM A FEDAK | Social Security Number |
|--|------------------------|

Prepare Form 4868 for Electronic Filing

Form 4868 accepted

Date Form 4868 was EFiled _____

Date Form 4868 was accepted by the IRS _____

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 _____

Employer EIN _____
 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
- 3 Social security wages
- 5 Medicare wages and tips
- 7 Social security tips
- 13 b Retirement plan
- Foreign source income
- Active duty military pay
- 2 Federal tax withheld
- 4 Social sec tax withheld
- 6 Medicare tax withheld
- 8 Allocated tips

Form 2555

| Box 12 Code | Box 12 Amount | If Box 12 code is: |
|-------------|---------------|---|
| _____ | _____ | A: Enter amount attributable to RRTA Tier 2 tax |
| _____ | _____ | M: Enter amount attributable to RRTA Tier 2 tax |
| _____ | _____ | P: Double click to link to Form 3903, line 4 |
| _____ | _____ | R: Enter MSA contribution for Taxpayer |
| _____ | _____ | Spouse |
| _____ | _____ | W: Enter HSA contribution for Taxpayer |
| _____ | _____ | Spouse |
| _____ | _____ | G: <input type="checkbox"/> Employer is not a state or local government |

| Box 15 State | Employer's state I.D. no. | Box 16 State wages, tips, etc. | Box 17 State income tax |
|--------------|---------------------------|--------------------------------|-------------------------|
| CT | _____ | _____ | _____ |

| Box 20 Locality name | Box 18 Local wages, tips, etc. | Box 19 Local income tax | Associated State |
|----------------------|--------------------------------|-------------------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

- 9 (Not Used) 9
- 10 Dependent care benefits (Check if employer furnished care at work) 10
- Dependent care benefits - Amount forfeited from flexible spending account
- 11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) 11

| Box 14 Description or Code on Actual Form W-2 | Amount | ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other). |
|---|--------|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

RANDY CARAVELLA

Page 2

Employer Name R.L.C. INC.

Part I Statutory employees

| | | | |
|---|--------------------------|---|---|
| A | <input type="checkbox"/> | Box 13a. Statutory employee | |
| B | <input type="checkbox"/> | 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 | D |
| E | | Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value | E |
| F | | If no FICA was withheld, check the applicable box below | |
| 1 | <input type="checkbox"/> | Pay self-employment tax on housing or parsonage allowance only | |
| 2 | <input type="checkbox"/> | Pay self-employment tax on W-2 income only | |
| 3 | <input type="checkbox"/> | Pay self-employment tax on W-2 income and housing allowance | |
| 4 | <input type="checkbox"/> | Exempt from self-employment tax and has approved Form 4361 | |
| Non-Clergy only: | | | |
| G | | If no FICA was withheld, check the applicable box below | |
| 1 | <input type="checkbox"/> | Pay self-employment tax on this W-2 income | |
| 2 | <input type="checkbox"/> | 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 | H1 |
| 2 | | Tips less than \$20 in a month which were not required to be reported | H2 |
| 3 | | Value of non-cash tips, such as tickets or passes, not reported | H3 |
| 4 | | Actual amount of allocated tips if different than the amount in box 8 | H4 |
| 5 | | Tips paid out through a tip-sharing arrangement | H5 |
| 6 | <input type="checkbox"/> | Employer is a federal, state, or local government and tips are only subject to Medicare tax | |

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 |
| 17 TOMNEY ROAD | | GREENWICH | CT 06830 |
| Foreign Country | | | |

▶ Keep for your records

Partner's Name
RANDY CARAVELLA

Social Security Number

Part I Information About the Partnership

- A Partnership's Employer Identification Number
- B Partnership's Name
- 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)
- 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 MARA INVESTMENT MANAGEMENT, LP

Section A Passive Activity Adjustment to Income or Loss – For Regular Tax Purposes

Activity net income (loss)

| 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 MARA INVESTMENT MANAGEMENT, LP

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 _____
- 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) _____
- 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 MARA INVESTMENT MANAGEMENT, LP

Section A Passive Activity Adjustment to Income or Loss – For Regular Tax Purposes

Activity net income (loss)

| 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 MARA INVESTMENT MANAGEMENT, LP

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 |
|--|--|---|---|--|
| <p>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</p> <p>2 Ordinary income (loss) for Form 1040: a Ordinary income from recoveries b Cancellation of debt income c Total</p> <p>3 Total ordinary income (loss) Add 1g, 2c.</p> <p>4 Commercial revitalization deduction: a Commercial revitalization deduction b Memo: Net to Sch E. Line 1g less 4a.</p> <p>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</p> <p>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</p> <p>7 Section 1231 gain (loss) for Form 4797: a Section 1231 gain (loss) pass through b Installment sales c Sale of assets d Total</p> <p>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</p> <p>9 Total Combine lines 3,4a,5e,6e,7d,8e.</p> | | | | |

► Keep for your records

Partner's Name
RANDY CARAVELLA

Social Security Number

Part I Information About the Partnership

- A Partnership's Employer Identification Number _____
- B Partnership's Name MARA INVESTMENTS, LLC (61-1672188)
- D Check if this is a publicly traded partnership (PTP)
- Check if foreign partnership

Part II Information About the Partner

- G Partner is Taxpayer . . . Spouse . . . Joint . . .
- 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) _____
- 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 ► _____

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) | | Amount |
| | Code Description | | |
| | | | |
| | | | |
| 12 | Section 179 deduction | | |
| 13 | Other deductions | | Amount |
| | Code Description | | |
| | | | |
| | | | |
| 14 | Self-employment earnings (loss) | | Amount |
| | Code Description | | |
| | | | |
| | | | |
| 15 | Credits & credit recapture | | Amount |
| | Code Description | | |
| | | | |
| | | | |
| 16 | Foreign transactions | | |
| | A Name of country or U.S. possession ▶ | | |
| | Code Description | | Amount |
| | | | |
| | | | |
| 17 | Alternative minimum tax (AMT) items | | Amount |
| | Code Description | | |
| | | | |
| | | | |
| 18 | Tax-exempt income and nondeductible expenses | | Amount* |
| | Code Description | | |
| | | | |
| | | | |
| 19 | Distributions | | Amount |
| | Code Description | | |
| | | | |
| | | | |
| 20 | Other information | | Amount |
| | Code Description | | |
| | | | |
| | | | |

Partnership Name MARA INVESTMENTS, LLC (61-1672188)

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 MARA INVESTMENTS, LLC (61-1672188)

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 |
|--|--|---|---|--|
| [REDACTED] | | | | |



Partnership Name MARA INVESTMENTS, LLC (61-1672188)

Section C Income and Loss Reported on Schedule E, Supplemental Income or Loss

| # | Description | Passive Income and Loss | | Nonpassive Income and Loss | | |
|------------|-------------|-------------------------|-------------------|----------------------------|--------------------|-------------------|
| | | (f) Loss K-1 | (g) Income K-1 | (h) Loss K-1 | (i) Section 179 | (j) Income K-1 |
| [REDACTED] | | | | | | |
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Shareholder's Share of Income, Credits,
Deductions, etc.

2014

► 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 _____
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) _____
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 ► _____

Corporation Name R.L.C. INC.

Section C Income and Loss Reported on Schedule E, Supplemental Income or Loss

| # | Description | Passive Income and Loss | | Nonpassive Income and Loss | | |
|---|-------------|-------------------------|-------------------|----------------------------|--------------------|-------------------|
| | | (f) Loss K-1 | (g) Income K-1 | (h) Loss K-1 | (i) Section 179 | (j) Income K-1 |
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Name(s) Shown on Return
RANDY CARAVELLA

Social Security Number

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 . . . ▶ _____

Depreciation and Amortization Report

Tax Year 2014
▶ Keep for your records

RANDY CARAVELLA & KIM A FEDAK

| Asset Description | *Code | Date In Service | Cost (Net of Land) | Land | Bus Use % | Section 179 | Special Depreciation Allowance | Depreciable Basis | Method/Convention | Prior Depreciation | Current Depreciation |
|-------------------|-------|-----------------|--------------------|------|-----------|-------------|--------------------------------|-------------------|-------------------|--------------------|----------------------|
| [Redacted Area] | | | | | | | | | | | |
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*Code: S = Sold, A = Auto, L = Listed, H = Home Office

Depreciation and Amortization Report

Tax Year 2014
▶ Keep for your records

RANDY CARAVELLA & KIM A FEDAK

| Asset Description | *Code | Date In Service | Cost (Net of Land) | Land | Bus Use % | Section 179 | Special Depreciation Allowance | Depreciable Basis | Life | Method/Convention | Prior Depreciation | Current Depreciation |
|-------------------|-------|-----------------|--------------------|------|-----------|-------------|--------------------------------|-------------------|------|-------------------|--------------------|----------------------|
| [Redacted] | | | | | | | | | | | | |
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*Code: S = Sold, A = Auto, L = Listed, H = Home Office

Depreciation and Amortization Report

Tax Year 2014
► Keep for your records

RANDY CARAVELLA & KIM A FEDAK

043-62-4327

| Asset Description | Code | Date In Service | Cost (Net of Land) | Land | Bus Use % | Section 179 | Special Depreciation Allowance | Depreciable Basis | Life | Method/ Convention | Prior Depreciation | Current Depreciation |
|-------------------|------|--------------------|--------------------------|------|--------------|----------------|--------------------------------------|----------------------|------|-----------------------|-----------------------|-------------------------|
| [Redacted] | | | | | | | | | | | | |
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*Code: S = Sold, A = Auto, L = Listed, H = Home Office

Form 4562

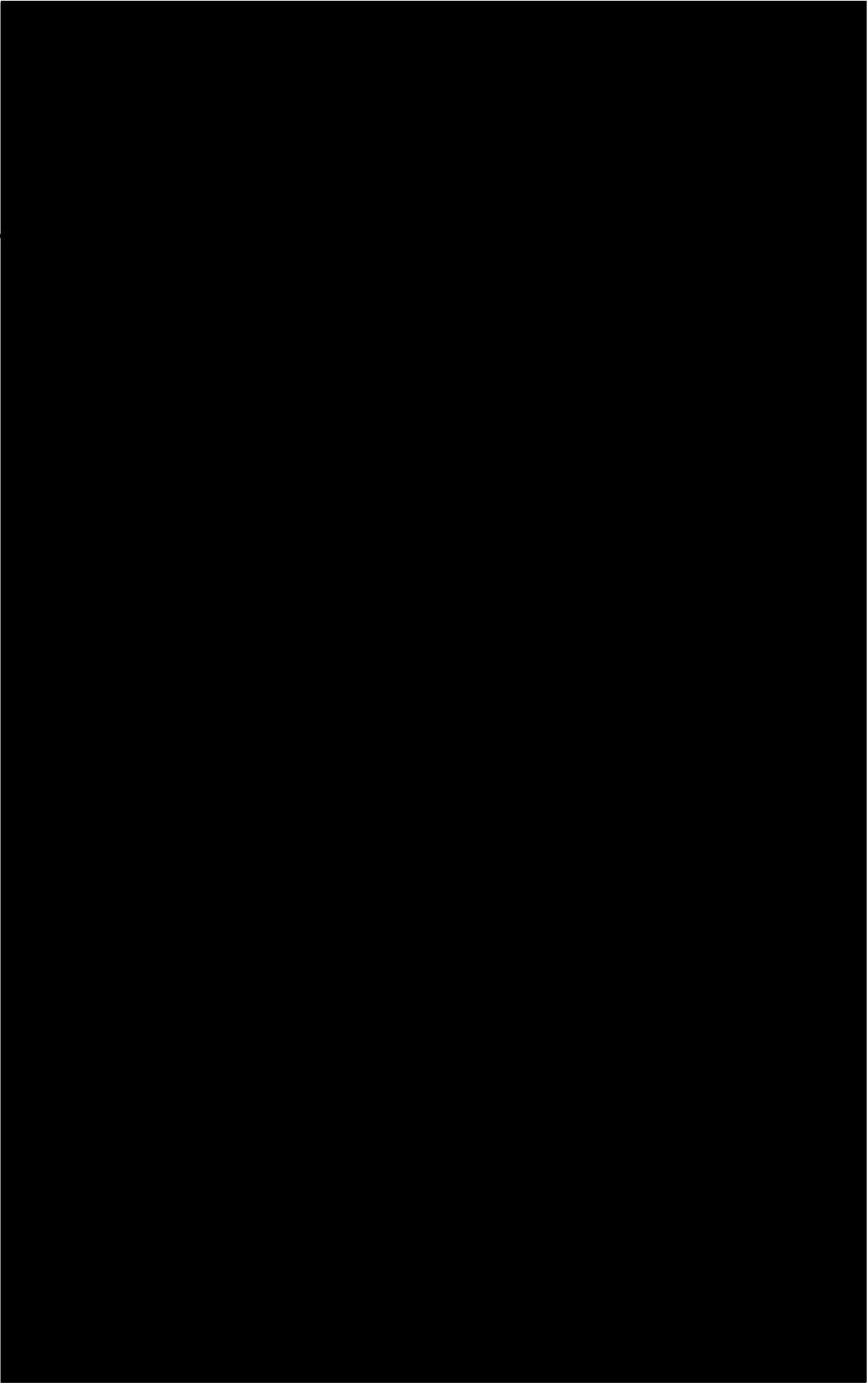
Alternative Minimum Tax Depreciation Report

2014

Tax Year 2014

▶ Keep for your records

RANDY CARAVELLA & KIM A. FEDAK



Alternative Minimum Tax Depreciation Report

Tax Year 2014
► Keep for your records

RANDY CARAVELLA & KIM A FEDAK

Sch E - [REDACTED]

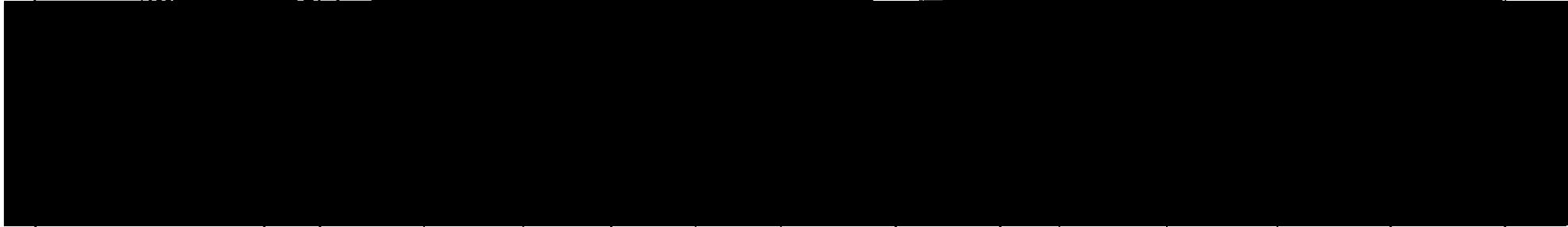
| Asset Description | *Code | Date In Service | Cost (Net of Land) | Land | Bus Use % | Section 179 | Special Depreciation Allowance | Depreciable Basis | Life | Method/Convention | Prior Depreciation | Current Depreciation | Adjustments Preferences |
|-------------------|-------|-----------------|--------------------|------|-----------|-------------|--------------------------------|-------------------|------|-------------------|--------------------|----------------------|-------------------------|
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* Code: S = Sold, A = Auto, L = Listed, H = Home Office

Tax Year 2014
 ► Keep for your records

RANDY CARAVELLA & KIM A FEDAK
 Sch E - [REDACTED]

| Asset Description | *Code | Date In Service | Cost (Net of Land) | Land | Bus Use % | Section 179 | Special Depreciation Allowance | Depreciable Basis | Life | Method/Convention | Prior Depreciation | Current Depreciation | Adjustments Preferences |
|-------------------|-------|-----------------|--------------------|------|-----------|-------------|--------------------------------|-------------------|------|-------------------|--------------------|----------------------|-------------------------|
|-------------------|-------|-----------------|--------------------|------|-----------|-------------|--------------------------------|-------------------|------|-------------------|--------------------|----------------------|-------------------------|



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* Code: S = Sold, A = Auto, L = Listed, H = Home Office

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 |



SMART WORKSHEET FOR: Schedule A: Itemized Deductions

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 |
|-----------|----------------------------------|--------------------------------|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------------|
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| | | | | | | | | |

H 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 | | | | |
|--|------------------------------|-------------------------|--------------------------|--------------------------|
| <p>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.</p> <p>Check the box if the mortgage interest and/or points are not reported on Form 1098.</p> <p>Note: When the points must be deducted over the life of the loan, enter this information on the Other Points Smart Worksheet.</p> <p>If the interest deduction may be limited, enter all information on the Deductible Home Mortgage Interest Worksheet instead.</p> <p>QuickZoom to Deductible Home Mortgage Interest Worksheet </p> | | | | |
| Lender's Name/Description | Deductible Mortgage Interest | Fully Deductible Points | Paid Off | Not on Form 1098 |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

| |
|--|
| <p>A Adjust Home mortgage interest and points reported on Form 1098:</p> <p>1 Total home mortgage interest and points from 1098's from detail. _____</p> <p>2 Enter amount to deduct on Line 10 if different. _____</p> |
|--|

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

| Cash Contributions Smart Worksheet | | |
|--|-------|--------|
| A Miles driven for charitable purposes: | | |
| 1 All miles for: | | |
| a To perform charitable service | _____ | |
| b To deliver noncash contributions | _____ | |
| c Total. Add lines a and b | _____ | |
| B Cash contributions, enter name of charity, type of charity, and amount: | | |
| Name of charity | Type | Amount |
| | | |
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SMART WORKSHEET FOR: Schedule B: Interest and Dividend Income

| Interest Income Smart Worksheet | | | | | | | |
|---|---------------------------|-------------|------------------------------|--|------------------------|----------|-----------------------------|
| Payer's Name <small>Double-Click on payer to enter additional info</small> | Box 1 | | Box 2 | Box 3 | Box 8 | | Box 9 |
| | Interest Inc. OID Int* | Typ Int* | Early Withdraw Penalty | US Savings Bond/Treas. Obligations | Tax-exempt Interest | ST ID | Private Activity Bond |
| | | | | | | | |
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SMART WORKSHEET FOR: Schedule B: Interest and Dividend Income

| Dividend Income Smart Worksheet | | | | | |
|--|----------------------------------|-------------------------------|------------------------------|-----------------------------|------------------------------------|
| Payer's Name Double-Click on payer to enter additional info | Box 1a Tot Ordinary Dividends | Box 1b Qualified Dividends | Box 2a Cap. Gain Distrib. | Box 2b Unrecap. Sec 1250 | Box 3 Nondividend Distributions |
| | | | | | |

SMART WORKSHEET FOR: Sch K-1 Wks-Partnerships (MARA INVESTMENT MANAGEMENT, LP)

| | |
|---|---|
| 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. _____ |

SMART WORKSHEET FOR: Sch K-1 Wks-Partnerships (MARA INVESTMENT MANAGEMENT, LP)

| | |
|---|---|
| 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. _____ |

SMART WORKSHEET FOR: Sch K-1 Wks-Partnerships (MARA INVESTMENT MANAGEMENT, LP)

| | |
|---|---|
| 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. _____ |

SMART WORKSHEET FOR: Sch K-1 Wks-Partnerships (MARA INVESTMENT MANAGEMENT, LP)

| | |
|---|---|
| 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. _____ |

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. <u>0.</u> |

Additional information from your 2014 Federal Tax Return

Schedule A: Itemized Deductions

Ln 17, Noncash cont

Itemization Statement

| Description | Amount |
|-------------|--------|
| [REDACTED] | |
| Total | |

Schedule E: Supplemental Income and Loss

Line 19 Other Expenses: Property (A)

Continuation Statement

| Expense Description | Amount |
|---------------------|--------|
| [REDACTED] | |
| Total | |

Schedule E: Supplemental Income and Loss

Line 19 Other Expenses: Property (B)

Continua

| Expense Description | Amount |
|---------------------|--------|
| [REDACTED] | |
| Total | |

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 |
|---------------------------|------------------------------------|-------------------------------|-------------|---------------------------|
| Total | | | | |

| | | | |
|-----------------------------|---------------------------------|---|-------------|
| CT-1040ES | | Estimated Connecticut Income Tax Payment | 2015 |
| Your Social Security Number | Spouse's Social Security Number | Due date | |
| 1 | ▶ | 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 ▶

| |
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| |
|--|

- 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
17 TOMNEY RD
GREENWICH

CARAVELLA
FEDAK

CT 06830

| | | | |
|----------------------------------|--------------------------------------|---|-------------|
| CT-1040ES | | Estimated Connecticut Income Tax Payment | 2015 |
| Your Social Security Number ▶ | Spouse's Social Security Number ▶ | 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 ▶

- 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**

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CT 06830

| | | | |
|-----------------------------|---------------------------------|---|-------------|
| CT-1040ES | | Estimated Connecticut Income Tax Payment | 2015 |
| Your Social Security Number | Spouse's Social Security Number | 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 ▶

- 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
17 TOMNEY RD
GREENWICH

CARAVELLA
FEDAK

CT 06830

1401115553

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 N Dec.

KIM A FEDAK N Dec.

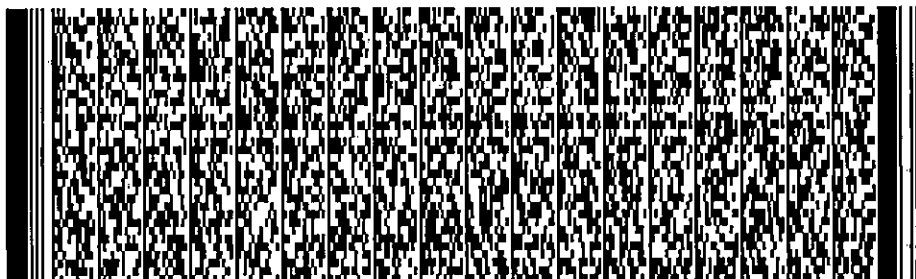
17 TOMNEY RD N

N CT-8379 N

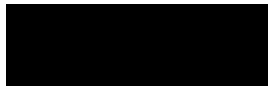
GREENWICH CT 06830

- 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. 6607

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. 06 - •
 18b. - • 0
 18c. - • 0
 18d. - • 0
 18e. - • 0

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

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. 28.
 Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01).
 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 • PATRICK R. BRIA, CPA | | Date • 082415 | Telephone number • |
| Firm's name, address, and ZIP code • BRIA, FLYNN & COMPAN GREENWICH CT 06830 | | | Preparer's SSN or PTIN |
| Firm's name, address, and ZIP code 100 MELROSE AVE SUITE 207 | | | 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. | 0 |
| 32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations | 32. | 0 |
| 33. Reserved for future use. | 33. | |
| 34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income | 34. | 0 |
| 35. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero. | 35. | 0 |
| 36. Loss on sale of Connecticut state and local government bonds | 36. | 0 |
| 37. Domestic production activities (from federal Form 1040, Line 35) | 37. | 0 |
| 38. Other - specify ● | 38. | 0 |
| 39. Total additions: Add Lines 31 through 38. | 39. | 0 |
| 40. Interest on U.S. government obligations | 40. | 0 |
| 41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | 41. | 0 |
| 42. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet) | 42. | 0 |
| 43. Refunds of state and local income taxes | 43. | 0 |
| 44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities | 44. | 0 |
| 45. 50% of military retirement pay | 45. | 0 |
| 46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero. | 46. | 0 |
| 47. Gain on sale of Connecticut state and local government bonds | 47. | 0 |
| 48. CHET contributions Acct. #: | 48. | 0 |
| 49. Other - specify ● | 49. | 0 |
| 50. Total subtractions: Add Lines 40 through 49. | 50. | 0 |

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

| | | |
|--|---------------|---------------|
| 51. Modified Connecticut adjusted gross income | 51. | 0 |
| | 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. | 0 |
| 54. Line 53 divided by Line 51 | 54. | 0.0000 |
| 55. Income tax liability: Line 11 subtracted from Line 6. | 55. | 0 |
| 56. Line 54 multiplied by Line 55 | 56. | 0 |
| 57. Income tax paid to a qualifying jurisdiction | 57. | 0 |
| 58. Lesser of Line 56 or Line 57 | 58. | 0 |
| 59. Total credit: Add Line 58, all columns. | 59. | 0 |

Schedule 3 - Property Tax Credit

| Qualifying Property | Primary Residence | Auto 1 | Auto 2 |
|--|-------------------|--------|--------|
| Name of Connecticut Tax Town or District | GREENWICH | | |
| Description of Property | 17 TOMNEY | | |
| Date(s) Paid | 12312014 | | |
| Amount Paid | 2872 | 0 | |
| 63. Total property tax paid: Add Lines 60, 61, and 62. | | | |
| 64. Maximum property tax credit allowed | | | |
| 65. Lesser of Line 63 or Line 64. | | | |
| 66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68. | | | |
| 67. Line 65 multiplied by Line 66. | | | |
| 68. Line 67 subtracted from Line 65. | | | |


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 | |

(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 |  |
| If a joint return, spouse's first name and middle initial KIM A | Last name FEDAK | |
| Name of estate or trust | Fiduciary's name | |

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.
- 2. Multiply Line 1 by 90% (.90). Farmers and fishermen, see instructions. 2.
- 3. Connecticut income tax withheld 3.
- 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.
- 5. Enter your 2013 Connecticut income tax. See instructions. 5.
- 6. Enter the smaller of Line 2 or Line 5. This is your required annual payment for 2014. 6.
- 7. Subtract Line 3 from Line 6. If the result is zero or less, stop here. Do not complete or file this form. 7.

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. | | | | | |
| 9. Installment percentages | | | | | |
| 10. Multiply Line 8 by Line 9. Enter each result in the appropriate column. If you checked Part I, Box A, see instructions. | | | | | |
| 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. | | | | | |
| 12. Withholding percentages | | | | | |
| 13. Multiply Line 11 by Line 12. Enter each result in the appropriate column. If you checked Part 1, Box C, see instructions. | | | | | |
| 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. | | | | | |
| 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. | | | | | |
| 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. | | | | | |

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 | | | .01 | |
| Line b - Late payment | 4-16-2014 to 5-15-2014 | | | |
| Line c - Revised underpayment | | | .01 | |
| Line d - Late payment | 5-16-2014 to 6-15-2014 | | | |
| Line e - Total interest | | | | |

Worksheet B — For period beginning after June 15, 2014, and ending on or before September 15, 2014.

| | 1 | 2 | 3 | |
|-------------------------------|------------------------|---|-----|--|
| Line a - Underpayment | | | .01 | |
| Line b - Late payment | 6-16-2014 to 7-15-2014 | | | |
| Line c - Revised underpayment | | | .01 | |
| Line d - Late payment | 7-16-2014 to 8-15-2014 | | | |
| Line e - Revised underpayment | | | .01 | |
| Line f - Late payment | 8-16-2014 to 9-15-2014 | | | |
| Line g - Total interest | | | | |

Worksheet C — For period beginning after September 15, 2014, and ending on or before January 15, 2015.

| | 1 | 2 | 3 | |
|-------------------------------|--------------------------|---|-----|--|
| Line a - Underpayment | | | .01 | |
| Line b - Late payment | 9-16-2014 to 10-15-2014 | | | |
| Line c - Revised underpayment | | | .01 | |
| Line d - Late payment | 10-16-2014 to 11-15-2014 | | | |
| Line e - Revised underpayment | | | .01 | |
| Line f - Late payment | 11-16-2014 to 12-15-2014 | | | |
| Line g - Revised underpayment | | | .01 | |
| Line h - Late payment | 12-16-2014 to 1-15-2015 | | | |
| Line i - Total interest | | | | |

Worksheet D — For period beginning after January 15, 2015, and ending on or before April 15, 2015.

| | 1 | 2 | 3 | |
|-------------------------------|------------------------|---|-----|--|
| Line a - Underpayment | | | .01 | |
| Line b - Late payment | 1-16-2015 to 2-15-2015 | | | |
| Line c - Revised underpayment | | | .01 | |
| Line d - Late payment | 2-16-2015 to 3-15-2015 | | | |
| Line e - Revised underpayment | | | .01 | |
| Line f - Late payment | 3-16-2015 to 4-15-2015 | | | |
| Line g - Total interest | | | | |

Keep a copy of this schedule for your records.

Connecticut Information Worksheet

2014

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last Name CARAVELLA
 First Name RANDY
 Middle Initial _____ Suffix _____
 Social Security No. _____
 Date of Birth _____
 Date of Death _____
 Daytime Phone _____ *
 Home Phone _____ *

Spouse:

Last Name FEDAK
 First Name KIM
 Middle Initial A Suffix _____
 Social Security No. 0
 Date of Birth _____
 Date of Death _____
 Daytime Phone _____ *
 Home Phone _____ *

* Check one box for taxpayer and one box for spouse to print daytime phone numbers on Form CT-1040 or CT-1040NR, page 2. Check daytime or home box to print on Form CT-1040EXT or CT-1040X.

Address 17 TOMNEY RD Apt no. _____
 City GREENWICH State CT ZIP Code 06830
 Taxpayer email address _____

Connecticut forms provide only two lines of 30 characters each for the main address (not including City, State, and Zip). We may have abbreviated certain words in your address. If the address below is incorrect or incomplete, please adjust. If using "c/o" or "Attn.", enter these on the first Address line only.

Address, Line 1 17 TOMNEY RD
 Address, Line 2 _____

Part II – Main Form

- Form CT-1040: Resident Tax Return (Long form) ▶ _____
- Form CT-1040NR/PY: Nonresident Tax Return ▶ _____
- Form CT-1040NR/PY: Part-Year Resident Tax Return ▶ _____

Connecticut residency dates (use MM/DD/YYYY format) . . . From _____ To _____

Part III – Filing Status

- Single
- Married filing jointly
- Married filing separately
- Spouse's full name _____
- Spouse's social security number _____
- Taxpayer did **not** live with spouse for the entire year
- Head of household (with qualifying person)
- Qualifying widow(er) with dependent child

Part IV – Other Information

- I qualify as a farmer or fisherman
- Yes No
- My city and zip code of residence are different than what's entered above
- If so, enter resident City . . . _____ 5 digit resident Zip code . . . _____

Part V – Electronic Filing Information

The state return will be filed electronically

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

| Description | Filename |
|-------------|----------|
| | |
| | |
| | |

EF Status Dates:

Date return was EFiled _____
 Date return was accepted by the state _____
 Date Form CT-1040V was given to client _____

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 | | |
| 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 | | |
| 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:

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 | |
| 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 | |
| 4 Connecticut income tax | 4 | |
| 5 Apportionment factor (Connecticut residents enter 1.0000. Nonresidents and part-year residents, see instructions). | 5 | |
| 6 Multiply line 5 by line 4 | 6 | |
| 7 Credit for income taxes paid to qualifying jurisdictions | 7 | |
| 8 Subtract line 7 from line 6 | 8 | |
| 9 Estimated Connecticut alternative minimum tax | 9 | |
| 10 Add line 8 and line 9 | 10 | |
| 11 Estimated allowable credits from Schedule CT-IT Credit | 11 | |
| 12 Total estimated income tax (subtract line 11 from line 10) | 12 | |

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 RANDY CARAVELLA & KIM A FEDAK | Social Security Number <div style="background-color: black; width: 100%; height: 15px;"></div> |
|---------------------------------------|---|

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 \$

U.S. Income Tax Return for an S Corporation

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.

2014

For calendar year 2014 or tax year beginning _____, 2014, ending _____

| | | | |
|--|--|--|---|
| A Selection effective date 09/15/95 | TYPE OR PRINT | Name R.L.C. INC. | D Employee identification number |
| B Business activity code number (see instrs) 445310 | | Number, street, and room or suite no. If a P.O. box, see instructions. 230 POST ROAD | F [Redacted] |
| C Check if Schedule M-3 attached <input type="checkbox"/> | | City or town, state or province, country, and ZIP or foreign postal code COS COB CT 06807 | F [Redacted] |

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If 'Yes,' attach Form 2553 if not already filed

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.

| | | | | |
|---|--|----------|------|------|
| INCOME | 1 a Gross receipts or sales | 1 a | | |
| | b Returns and allowances | 1 b | | |
| | c Balance. Subtract line 1b from line 1a | | | 1 c |
| | 2 Cost of goods sold (attach Form 1125-A) | | | 2 |
| | 3 Gross profit. Subtract line 2 from line 1c | | | 3 |
| | 4 Net gain (loss) from Form 4797, line 17 (attach Form 4797) | | | 4 |
| 5 Other income (loss) (see instrs — att statement) | | | 5 | |
| 6 Total income (loss). Add lines 3 through 5. | | | 6 | |
| DEDUCTIONS | 7 Compensation of officers (see instructions - attach Form 1125-E) | | | 7 |
| | 8 Salaries and wages (less employment credits) | | | 8 |
| | 9 Repairs and maintenance | | | 9 |
| | 10 Bad debts | | | 10 |
| | 11 Rents | | | 11 |
| | 12 Taxes and licenses | | | 12 |
| | 13 Interest | | | 13 |
| | 14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562) | | | 14 |
| | 15 Depletion (Do not deduct oil and gas depletion.) | | | 15 |
| | 16 Advertising | | | 16 |
| | 17 Pension, profit-sharing, etc, plans | | | 17 |
| | 18 Employee benefit programs | | | 18 |
| | 19 Other deductions (attach statement) | | STMT | 19 |
| | 20 Total deductions. Add lines 7 through 19 | | | 20 |
| | 21 Ordinary business income (loss). Subtract line 20 from line 6 | | | 21 |
| TAX AND PAYMENTS | 22 a Excess net passive income or LIFO recapture tax (see instructions) | 22 a | | |
| | b Tax from Schedule D (Form 1120S) | 22 b | | |
| | c Add lines 22a and 22b (see instructions for additional taxes) | | | 22 c |
| | 23 a 2014 estimated tax payments and 2013 overpayment credited to 2014 | 23 a | | |
| | b Tax deposited with Form 7004 | 23 b | 0. | |
| | c Credit for federal tax paid on fuels (attach Form 4136) | 23 c | | |
| | d Add lines 23a through 23c | | | 23 d |
| | 24 Estimated tax penalty (see instructions). Check if Form 2220 is attached | | | 24 |
| 25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed | | | 25 | |
| 26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid | | | 26 | |
| 27 Enter amount from line 26 Credited to 2015 estimated tax | | Refunded | 27 | |

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

Signature of officer: _____ Date: _____ Title: PRES.

May the IRS discuss this return with the preparer shown below (see instructions)?
 Yes No

| | | | | | |
|-------------------------------|---|--|------------------|--|------|
| Paid Preparer Use Only | Print/Type preparer's name PATRICK R. BRIA, CPA | Preparer's signature PATRICK R. BRIA, CPA | Date 08/24/15 | Check <input checked="" type="checkbox"/> if self-employed | PTIN |
| | Firm's name BRIA, FLYNN & COMPANY | Firm's EIN | | | |
| | Firm's address 100 MELROSE AVE SUITE 207 GREENWICH CT 06830 | Phone no. | | | |

Schedule B Other Information (see instructions)

Yes No

- 1 Check accounting method: a Cash b Accrual c Other (specify) ▶ _____
- 2 See the instructions and enter the:
 - a Business activity. ▶ RETAIL SALES b Product or service. ▶ WINES & SPIRITS
- 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
- 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.

| (i) Name of Corporation | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Percentage of Stock Owned | (v) If is Date Su |
|-------------------------|--|--------------------------------|--------------------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

- 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 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-1 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 14i | 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)

| | | | |
|--|--|--|--|
| 1 Net income (loss) per books | | Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): | |
| 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): | | a Tax-exempt interest \$ _____ | |
| 3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14l (itemize): | | 6 Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize): | |
| a Depreciation \$ _____ | | a Depreciation . . \$ _____ | |
| b Travel and entertainment \$ _____ | | 7 Add lines 5 and 6 | |
| 4 Add lines 1 through 3 | | Income (loss) (Schedule K, ln 18). Ln 4 less ln 7 | |

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 * STMT | | | |
| 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 Employer identification number

R. L. C. INC:

| | | |
|---|---|---|
| 1 | Inventory at beginning of year | 1 |
| 2 | Purchases | 2 |
| 3 | Cost of labor | 3 |
| 4 | Additional section 263A costs (attach schedule) | 4 |
| 5 | Other costs (attach schedule) | 5 |
| 6 | Total. Add lines 1 through 5 | 6 |
| 7 | Inventory at end of year | 7 |

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

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

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)?

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation Yes No

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule K-1
(Form 1120S)

Department of the Treasury
Internal Revenue Service

2014

Final K-1

Amended K-1

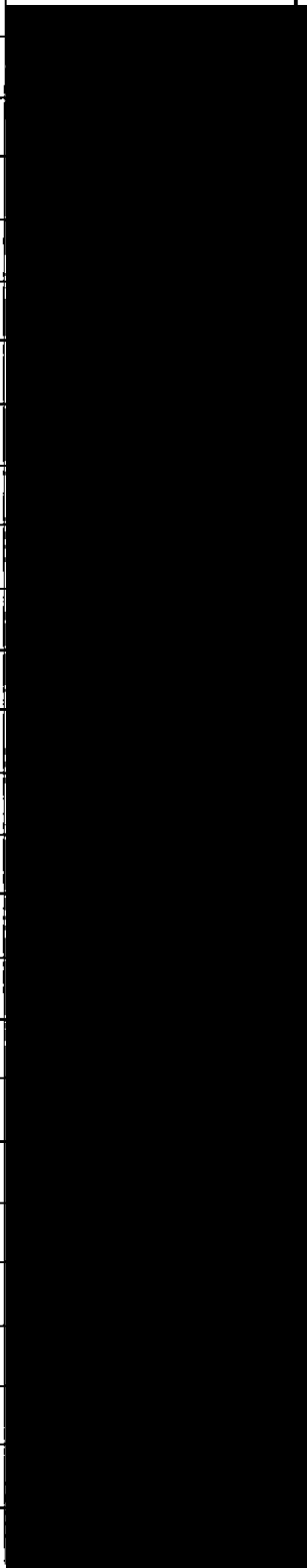
OMB No. 1545-0123

For calendar year 2014, or tax
year beginning _____, 2014
ending _____

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 06-1404465 | |
| 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 | |
| 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. | |
| FOR IRS USE ONLY | |

| Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items | | |
|--|--------------------------------------|----|
| 1 | Ordinary business income (loss) | 13 |
| 2 | Net rental real estate income (loss) | |
| 3 | Other net rental income (loss) | |
| 4 | Interest income | |
| 5a | Ordinary dividends | |
| 5b | Qualified dividends | 14 |
| 6 | Royalties | |
| 7 | Net short-term capital gain (loss) | |
| 8a | Net long-term capital gain (loss) | |
| 8b | Collectibles (28%) gain (loss) | |
| 8c | Unrecaptured section 1250 gain | |
| 9 | Net section 1231 gain (loss) | |
| 10 | Other income (loss) | 15 |
| 11 | Section 179 deduction | 16 |
| 12 | Other deductions | |
| | | 17 |



*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 | 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) | See the Shareholder's Instructions |
| | Code | |
| | 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 | |

| | | |
|-----------|---|---|
| | Code | Report on |
| | 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 | |
| | Foreign gross income sourced at corporate level | |
| | D Passive category | Form 1116, Part I |
| | E General category | |
| | F Other | |
| | Deductions allocated and apportioned at shareholder level | |
| | G Interest expense | Form 1116, Part I |
| | H Other | Form 1116, Part I |
| | Deductions allocated and apportioned at corporate level to foreign source income | |
| | I Passive category | Form 1116, Part I |
| | J General category | |
| | K Other | |
| | Other information | |
| | 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-1988 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(j)(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(f) information | |
| | U Net investment income | |
| | V Other information | |

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

Department of the Treasury
Internal Revenue Service

▶ **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 <u>R. L. C. INC.</u> | Identifying number |
| Number, street, and room or suite number. (If P.O. box, see instructions.) | |
| <u>230 POST ROAD</u> | |
| 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)). | |
| <u>COS COB</u> | <u>CT 06807</u> |

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 | 0. |
| 7 Total payments and credits (see instructions). | 7 | 0. |
| 8 Balance due. Subtract line 7 from line 6 (see instructions) | 8 | 0. |

| | |
|---------------------|------------------------------|
| Name R.L.C. INC. | Social Security Number 00 |
|---------------------|------------------------------|

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

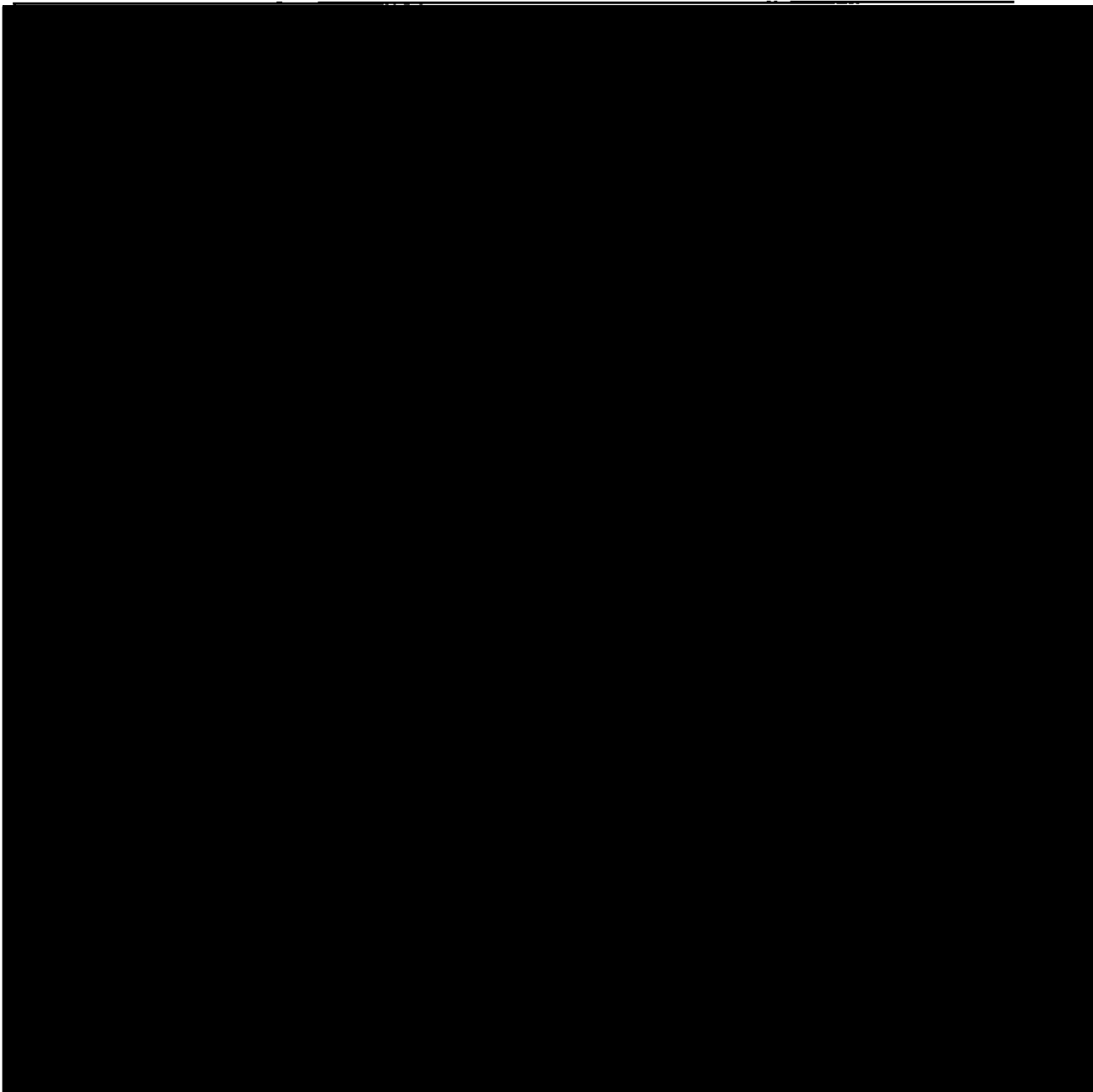
► Keep for your records

Part I – Identifying Information.

Employer Identification Number . . . _____ 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 . . . _____



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

- Does client want to use **direct deposit** of any federal tax refund?
- Does client want to use **electronic funds withdrawal** of federal balance due (EF only)?
- Does client want to use **electronic funds withdrawal** of Form 7004 balance due (EF only)?
- 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 ▶ _____

Other Deductions Worksheet

► Keep for your records

| Name | | Employer's identification No. |
|-------------|---|-------------------------------|
| R.L.C. INC. | | 3 |
| 1 | Accounting | 1 |
| 2 | Amortization | 2 |
| 3 | Automobile and truck expense | 3 |
| 4 | Bank charges | 4 |
| 5 | Cleaning | 5 |
| 6 | Commissions | 6 |
| 7 | Computer services and supplies | 7 |
| 8 | Credit and collection costs | 8 |
| 9 | Delivery and freight | 9 |
| 10 | Discounts | 10 |
| 11 | Dues and subscriptions | 11 |
| 12 | Equipment rent | 12 |
| 13 | Gifts | 13 |
| 14 | Insurance | 14 |
| 15 | Janitorial | 15 |
| 16 | Laundry and cleaning | 16 |
| 17 | Legal and professional | 17 |
| 18 a | Meals and entertainment, subject to 50% limit | 18 a |
| b | Meals and entertainment, subject to 80% limit | b |
| c | Meals and entertainment, allowed at 100% | c |
| d | Less disallowed | d |
| e | Meals and entertainment, net | 18 e |
| 19 | Miscellaneous | 19 |
| 20 | Office expense | 20 |
| 21 | Outside services/independent contractors | 21 |
| 22 | Parking fees and tolls | 22 |
| 23 | Permits and fees | 23 |
| 24 | Postage | 24 |
| 25 | Printing | 25 |
| 26 | Security | 26 |
| 27 | Supplies | 27 |
| 28 | Telephone | 28 |
| 29 | Tools | 29 |
| 30 | Training/continuing education | 30 |
| 31 | Travel | 31 |
| 32 | Uniforms | 32 |
| 33 | Utilities | 33 |
| 34 | Total farm expenses (Schedule F, Line 33) | 34 |
| 35 | Other (itemize): | 35 |
| | ENTERTAINMENT | |
| | OPERATING SUPPLIES | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 36 | Total to Form 1120S, page 1, line 19 | 36 |

Keep for your records

| | |
|---------------------|------------------------------------|
| Name R.L.C. INC. | Employer Identification No. --- |
|---------------------|------------------------------------|

| 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: | | | |
| 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

| Ordinary Income (Loss) | 2014 | | 2013 | | Difference 2014- 2013 |
|---|--------|-------------------|--------|-------------------|-----------------------|
| | Amount | % of Total Income | Amount | % of Total Income | |
| 1 a Gross receipts or sales | | | | | |
| b Less returns and allowances | | | | | |
| c Net receipts ► | | | | | |
| 2 Cost of goods sold (Form 1125-A) | | | | | |
| 3 Gross profit ► | | | | | |
| 4 Net gain or loss (Form 4797) | | | | | |
| 5 Other income | | | | | |
| 6 Total income (loss) ► | | | | | |
| Deductions | | | | | |
| 7 Compensation of officers | | | | | |
| 8 Salaries and wages (less employment credits) | | | | | |
| 9 Repairs and maintenance | | | | | |
| 10 Bad debts | | | | | |
| 11 Rents | | | | | |
| 12 Taxes and licenses | | | | | |
| 13 Interest | | | | | |
| 14 a Depreciation (Form 4562) | | | | | |
| b Depreciation on Schedule A and elsewhere | | | | | |
| c Net depreciation | | | | | |
| 15 Depletion (not oil and gas) | | | | | |
| 16 Advertising | | | | | |
| 17 Pension, profit-sharing, etc, plans | | | | | |
| 18 Employee benefit programs | | | | | |
| 19 Other deductions | | | | | |
| 20 Total deductions ► | | | | | |
| 21 Ordinary income (loss) from trade/business ► | | | | | |
| Tax | | | | | |
| 22 a Excess net passive income tax or LIFO recapture | | | | | |
| b Tax from Schedule D | | | | | |
| Additional taxes | | | | | |
| c Total tax ► | | | | | |
| Tax Payments and Credits | | | | | |
| 23 d Total payments and credits | | | | | |
| 24 Estimated tax penalty | | | | | |
| 25 Tax due | | | | | |
| 26 Overpayment | | | | | |
| Schedule K Items: Income (Loss) | | | | | |
| 1 Ordinary business income (loss) | | | | | |
| 2 Net rental real estate income (loss) | | | | | |
| 3 Other net rental income (loss) | | | | | |
| 4 Interest income | | | | | |
| 5 a Dividends — ordinary | | | | | |
| b Dividends — qualified | | | | | |
| 6 Royalty income | | | | | |
| 7 Net short-term capital gain (loss) | | | | | |
| 8 Net long-term capital gain (loss) | | | | | |
| 9 Net gain (loss) under section 1231 | | | | | |
| 10 Other income (loss) | | | | | |

| Schedule K Items (continued): | 2014 | 2013 | Difference 2014 - 2013 | |
|--|------|------|------------------------|---|
| | | | Amount | % |
| Deductions | | | | |
| 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

Employer Identification No.

R.L.C. INC.

| | 2010 | 2011 | 2012 | 2013 | 2014 |
|--|------|------|------|------|------|
| 1 Gross receipts | | | | | |
| 2 Cost of sales | | | | | |
| 3 Gross profit | | | | | |
| 4 Net 4797 gain (loss) | | | | | |
| 5 Other income (loss) | | | | | |
| 6 Total income (loss) | | | | | |
| 7 Salaries | | | | | |
| 8 Depreciation | | | | | |
| 9 Other deductions | | | | | |
| 10 Total deductions | | | | | |
| 11 Business income | | | | | |
| 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

Input box for forcing state only filing

Part II - Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

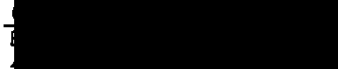
For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter the EFIN for the ERO that is responsible for this return.

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 Electronic Filers Identification Number (EFIN)



ERO Address

100 MELROSE AVE. SUITE 207

City

GREENWICH

State

CT

ZIP Code

06830

ERO Social Security Number or PTIN

Country

Part III - Paid Preparer Information

Firm Name

BRIA, FLYNN & COMPANY

Preparer Social Security Number or PTIN

1

Preparer Name

PATRICK R. BRIA, CPA

Employer Identification Number

Address

100 MELROSE AVE SUITE 207

Phone Number

Fax Number

City

GREENWICH

State

CT

ZIP Code

06830

Country

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 box for federal amended return

Check this box to file another federal amended return electronically

Check box for FBAR amended return

File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

Check box for state and/or city amended return

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.

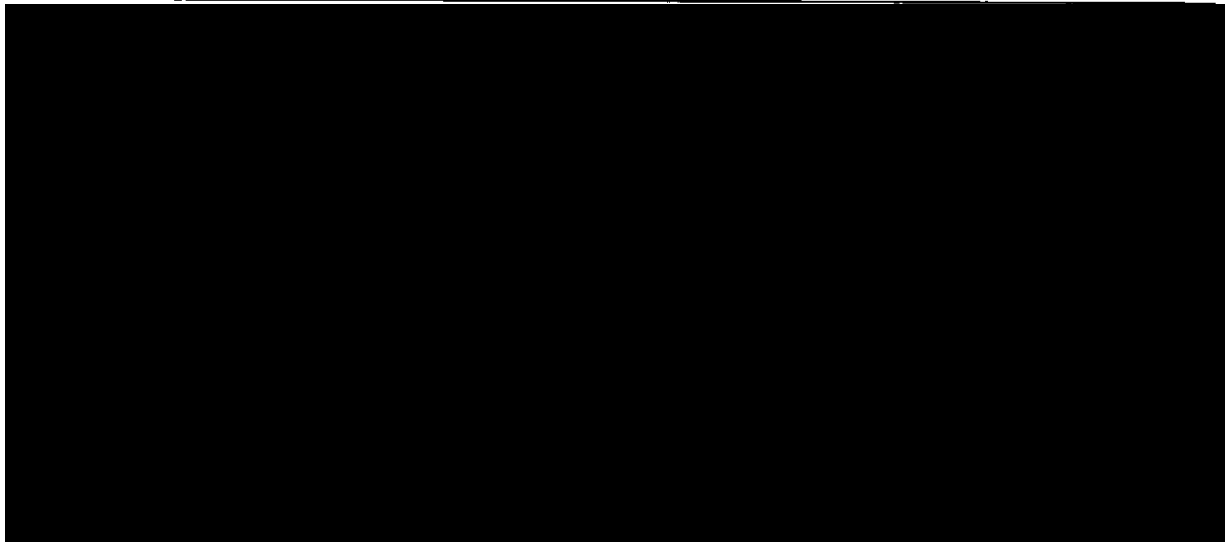
Table with columns for selection and State/City names: California State S Corporation, Georgia State S Corporation, Massachusetts State S Corporation, Michigan Business Tax, New York State S Corporation, New York State Corporation, New York City Corporation, Pennsylvania State S Corporation, Virginia 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

RLCI

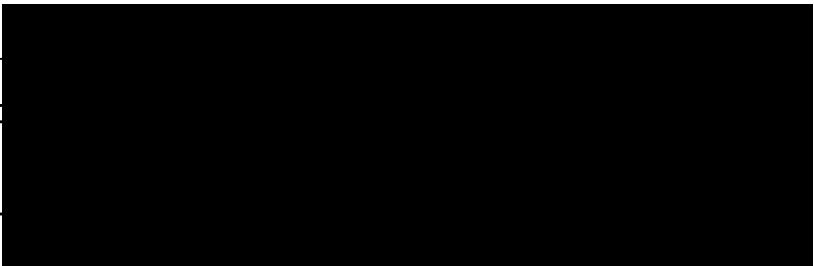
Form 1120S, Page 1, Line 19
Other Deductions



Form 1120S, Page 5, Schedule M-2, Line 5
Schedule M-2, Other Reductions

OTHER DEDUCTIONS

Total



Schedule K Reconciliation
Pro Rata Share Items

Lines 1 thru 18

| Shareholder | -1- | -18- | | | |
|---------------------------|--------------------|-----------------|--|--|--|
| | Ordinary Income | Total Income | | | |
| RANDY CARAVELLA (100.00%) | | | | | |

Total

=

Supporting Statement of:

Form 1120S p1-2/Payroll Taxes

| Description | Amount |
|-------------|--------|
| | |

Total

====

R.L.C. INC.

Form 1120S p1-2: Income Tax Return for an S Corporation

| | |
|--|-------|
| Shareholder-Employee Compensation Smart Worksheet | |
| Shareholder-employee compensation (for information only) | _____ |

Form 1120S p1-2: Income Tax Return for an S Corporation

| | |
|---|--|
| Salaries and Wages (less employment credits) Smart Worksheet | |
| A Salaries and wages | |
| 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 | |
| B Local property taxes | |
| C 1 Payroll taxes | |
| 2 Less: Credit from Form 8846 | |
| D Other miscellaneous taxes | |
| E Licenses | |
| 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 | |
| Less: | |
| B Health insurance credit from Form 8845 | |
| C Credit for Small Employer Health Ins Premiums from Form 8941 | |

R.L.C. INC.

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

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)

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) _____
 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). _____

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

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 (checked), Date return was electronically filed, Date return was accepted by the state

Electronic Filing of Extension

Extension will be filed electronically

Required Signing Officer Information

First name, MI, Last name, Title

Part V - Direct Deposit or Electronic Funds Withdrawal Information

Elect direct deposit of state tax refund? (checked), Return - Use electronic funds withdrawal of state balance due (Electronic filing only)?, Extension - Use electronic funds withdrawal of balance due (Electronic filing only)?

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, Account ownership type, Checking Business, Savings Personal

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. ►

clsw0101.SCR 01/14/15

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 ▶ -000 | Federal Employer ID Number ▶ | Secretary of State Business ID ▶ | DRS use only ▶ - 20 |
|---|---|---------------------------------|-------------------------------------|------------------------|

| | | |
|---|---|----|
| 1 Business entity tax | 1 | |
| 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 | |

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) |
| Number and street ▶ 230 POST RD | PO Box | DRS use only - - 20 |
| City or town ▶ COS COB | State CT | ZIP code 06807 |
| Type of PE: ▶ <input type="checkbox"/> Electing large partnership (ELP) ▶ <input type="checkbox"/> General partnership (GP) ▶ <input checked="" type="checkbox"/> S corporation ▶ <input type="checkbox"/> Limited liability partnership (LLP) ▶ <input type="checkbox"/> Limited partnership (LP) ▶ <input type="checkbox"/> Partnership (LLC treated as a partnership) | | Connecticut Tax Registration Number |

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 ▶ _____
- 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

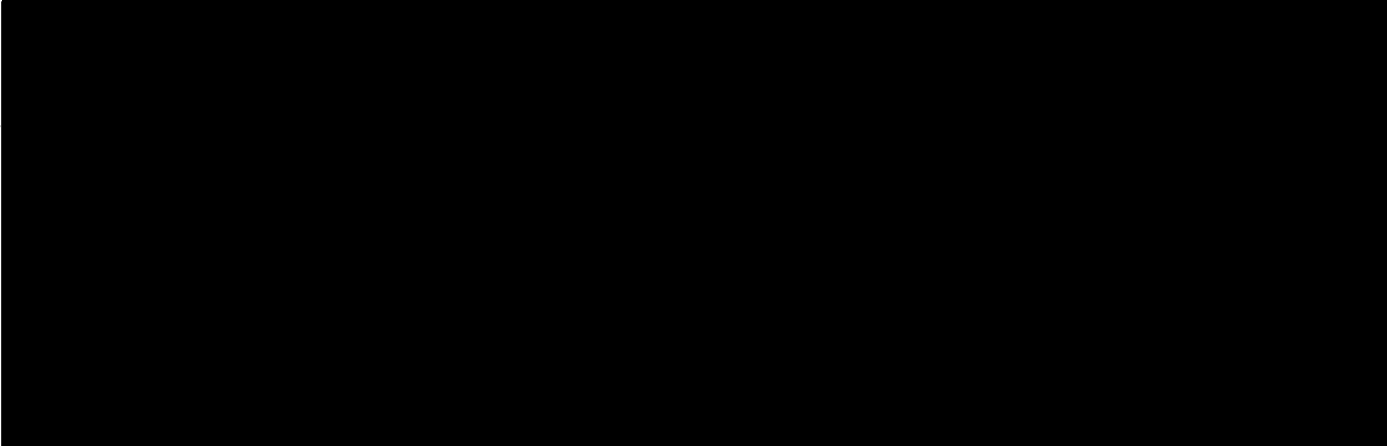
| | | | | |
|---|---|----|--|---|
| 1 Total Connecticut-sourced income included in composite return from Part I, <i>Schedule B</i> , Line 10, Column C | ▶ | 1 | | C |
| 2 Multiply Line 1 by 6.7% (.067) | ▶ | 2 | | C |
| 3 Members' credits from Part I, <i>Schedule B</i> , Line 12, Column E | ▶ | 3 | | C |
| 4 Tax liability: Subtract Line 3 from Line 2 | ▶ | 4 | | C |
| 5 Payment made with Form CT-1065/CT-1120SI EXT | ▶ | 5 | | C |
| 6 Parent PE only: Enter amount from Part I, <i>Schedule D</i> , Line 10, Column C | ▶ | 6 | | C |
| 7 Add Line 5 and Line 6 | ▶ | 7 | | C |
| 8 Amount to be refunded to PE: If Line 7 is more than Line 4, subtract Line 4 from Line 7 | ▶ | 8 | | C |
| 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 | | C |
| 10 If late, enter penalty. See instructions | ▶ | 10 | | C |
| 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 | | C |
| 12 Balance due with this return: Add Lines 9 through 11 | ▶ | 12 | | C |

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 |
|--------------------------------------|--|--|--|--|---|
|--------------------------------------|--|--|--|--|---|



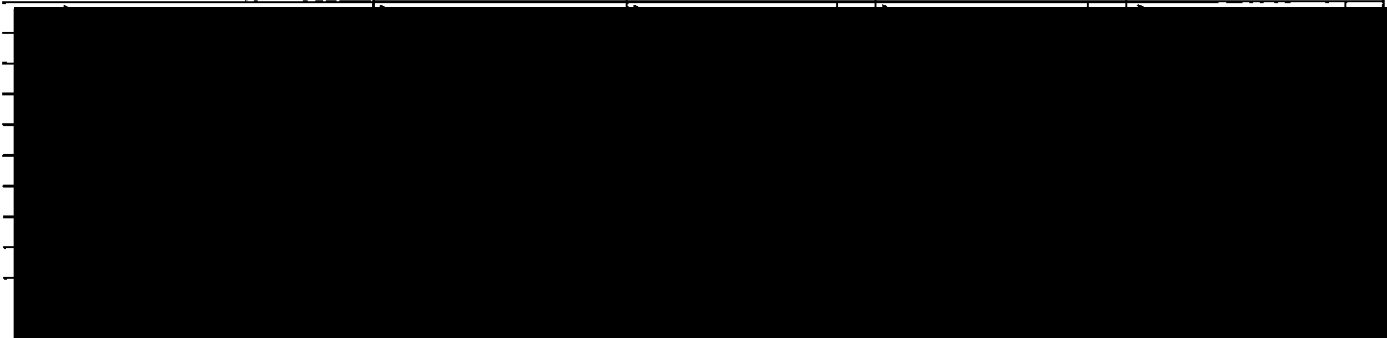
| All PEs must complete this schedule. | | Column A Amounts Reported by This PE on Federal Schedule K | Column B Amount From Subsidiary PE(s) | Column C Column A minus Column B |
|--------------------------------------|---------------------------------------|---|---|--|
| 1 | Ordinary business income (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 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 |
|--------------------------|------|---|--|--|
|--------------------------|------|---|--|--|



R.L.C. INC.

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. |
|---|-------------------------------|------------------------------|--|
| | | | |
| 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 17 TOMNEY ROAD GREENWICH CT 06830 | ▶ RI | | | | |
| ▶ | ▶ | ▶ | ▶ | ▶ | ▶ | ▶ |
| ▶ | ▶ | ▶ | ▶ | ▶ | ▶ | ▶ |
| ▶ | ▶ | ▶ | ▶ | ▶ | ▶ | ▶ |

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 | # | # | |
| 1 Interest on state and local gov obligations other than Connecticut | 1 | | | |
| 2 Mutual fund exempt-interest dividends from non-Connecticut state or municipal gov obligations | 2 | | | |
| 3 Certain deductions relating to inc exempt from Connecticut inc tax | 3 | | | |
| 4 Reserved for future use | 4 | | | |
| 5 Other – specify: | 5 | | | |
| Subtractions: Enter all amounts as positive | | | | |
| 6 Interest on U.S. gov obligations | 6 | | | |
| 7 Exempt dividends from certain qualifying mutual funds derived from U.S. gov obligations | 7 | | | |
| 8 Certain expenses related to income exempt from fed income tax but subject to Connecticut tax | 8 | | | |
| 9 Reserved for future use | 9 | | | |
| 10 Other – specify: | 10 | | | |

Part VI – Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or Form 1120S.

Include member's share of Connecticut modifications from Part V.
Attach supplemental attachment(s), if needed.

| | Member # | Member # | Member # | Totals for All Members |
|--|----------|----------|----------|------------------------|
| 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 inc (loss): Attach statement | 11 | | | |
| 12 Section 179 deduction | 12 | | | |
| 13 Other deductions: Attach statement. 13 | | | | |

Part VII – Connecticut Income Tax Credit Summary

Attach supplemental attachment(s), if needed.

| | Member # 1 | Member # | Member # | Totals for All Members |
|--|------------|----------|----------|------------------------|
| 1 Qualified small business tax credit | 1 | | | |
| 2 Job expansion tax credit | 2 | | | |
| 3 Angel investor tax credit | 3 | | | |
| 4 Insurance reinvestment fund tax credit | 4 | | | |
| 5 Total credits: Add Lines 1 through 4 | 5 | | | |

The PE must furnish Schedule CT K-1 to all members.

Visit the DRS website at www.ct.gov/TSC to use the Taxpayer Service Center (TSC) to file and pay this return electronically.

Paper returns may only be submitted by taxpayers who have been granted an electronic filing waiver from DRS or amended returns.
To pay by mail, make check payable to **Commissioner of Revenue Services**.
Mail return with payment to: Department of Revenue Services, State of Connecticut, PO Box 5019, Hartford CT 06102-5019.
Mail return without payment to: Department of Revenue Services, State of Connecticut, PO Box 2967, Hartford CT 06104-2967.

Declaration: 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, 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.

| | | | |
|---|---|------------------|--|
| Sign Here | Signature of general partner or corporate officer | Date | May DRS contact the preparer shown below about this return? <input type="checkbox"/> Yes <input type="checkbox"/> No (See instructions.) |
| | Title PRES. | Telephone number | |
| Keep a copy of this return for your records. | Email address of general partner or corporate officer | | |
| | Paid preparer's signature PATRICK R. BRIA, CPA | Date 08/24/15 | Preparer's SSN or PTIN <input type="checkbox"/> SSN <input checked="" type="checkbox"/> PTIN |
| | Firm's name and address BRIA, FLYNN & COMPANY 100 MELROSE AVE SUITE 207 GREENWICH CT 06830 | | FEIN |

This return MUST be filed electronically! DO NOT MAIL paper return to DRS. See www.ct.gov/DRS for electronic filing instructions.

Connecticut
**Members' Share of Income
and Modifications**

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) ▶ 06-1404465 | CT Tax Registration Number ▶ | Member's Social Security Number (SSN) or FEIN ▶ <input checked="" type="checkbox"/> SSN ▶ <input type="checkbox"/> FEIN | |
| Name ▶ R.L.C. INC. | | Name ▶ RANDY CARAVELLA | |
| Number and street address ▶ 230 POST RD | PO Box | Number and street address ▶ 17 TOMNEY ROAD | PO Box |
| City or town ▶ COS COB | State ZIP code CT 06807 | City or town ▶ GREENWICH | State ZIP code CT 06830 |
| 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 | ▶ | |
|--|---|--|

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) |
|---|--|--|--|
| 1 | Qualified small business tax credit | 1 | |
| 2 | Job expansion tax credit | 2 | |
| 3 | Angel investor tax credit | 3 | |
| 4 | Insurance reinvestment fund tax credit | 4 | |
| 5 | Total credits: Add Lines 1 through 4 | 5 | |

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) | | 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 | |
| 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). ▶ | |
| 2 Total Connecticut-sourced income (PE) ▶ | |
| 3 Connecticut-sourced income: Amount from Form CT-1065/CT-1120SI, Part I, <i>Schedule A</i> , Line 1 ▶ | |
| 4 Connecticut tax liability: Amount from Form CT-1065/CT-1120SI, Part I, <i>Schedule A</i> , Line 4. ▶ | |

Part IV – Summary of Income Tax Credits

| | Total Credit Allocated to Members |
|---|--------------------------------------|
| 1 Qualified small business tax credit ▶ | 1 |
| 2 Job expansion tax credit ▶ | 2 |
| 3 Angel investor tax credit ▶ | 3 |
| 4 Insurance reinvestment fund tax credit ▶ | 4 |
| 5 Total credits earned in 2014: Add Lines 1 through 4. ▶ | 5 |

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 (100.00%) | | | | | |

Total

R.L.C. INC. 001130

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

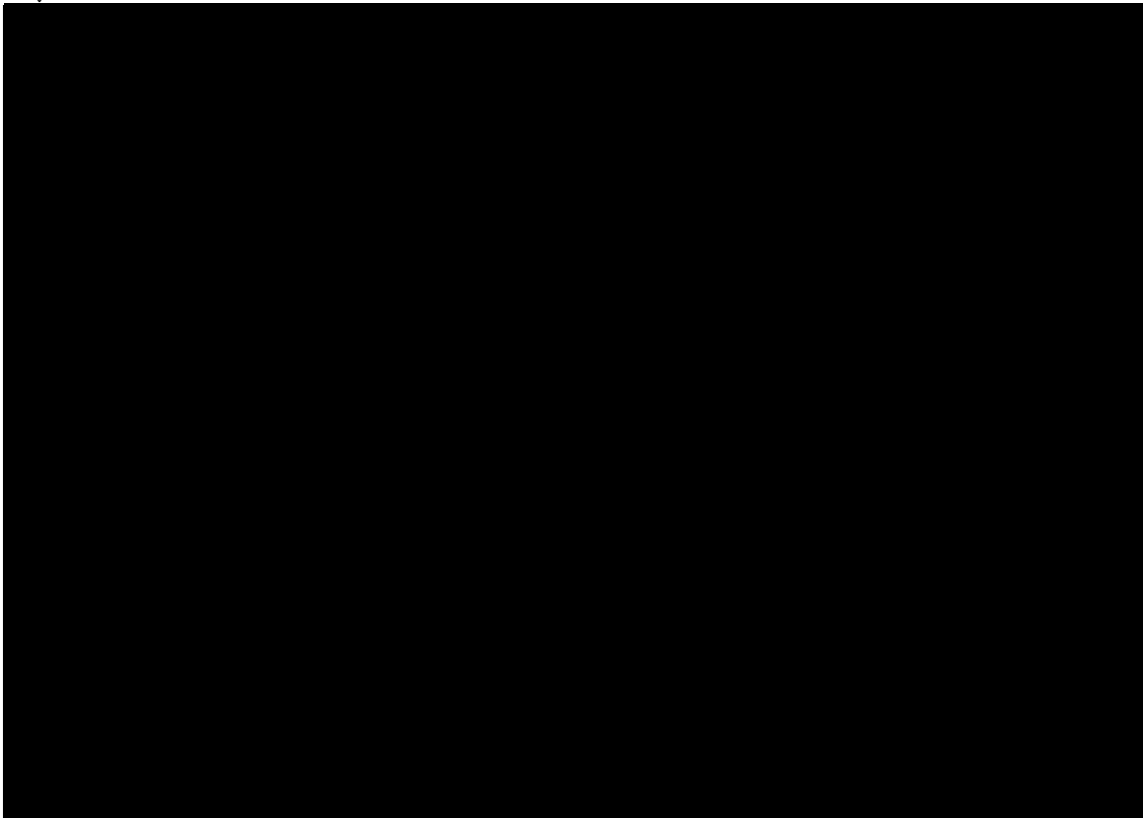
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Organic Care LLC

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.



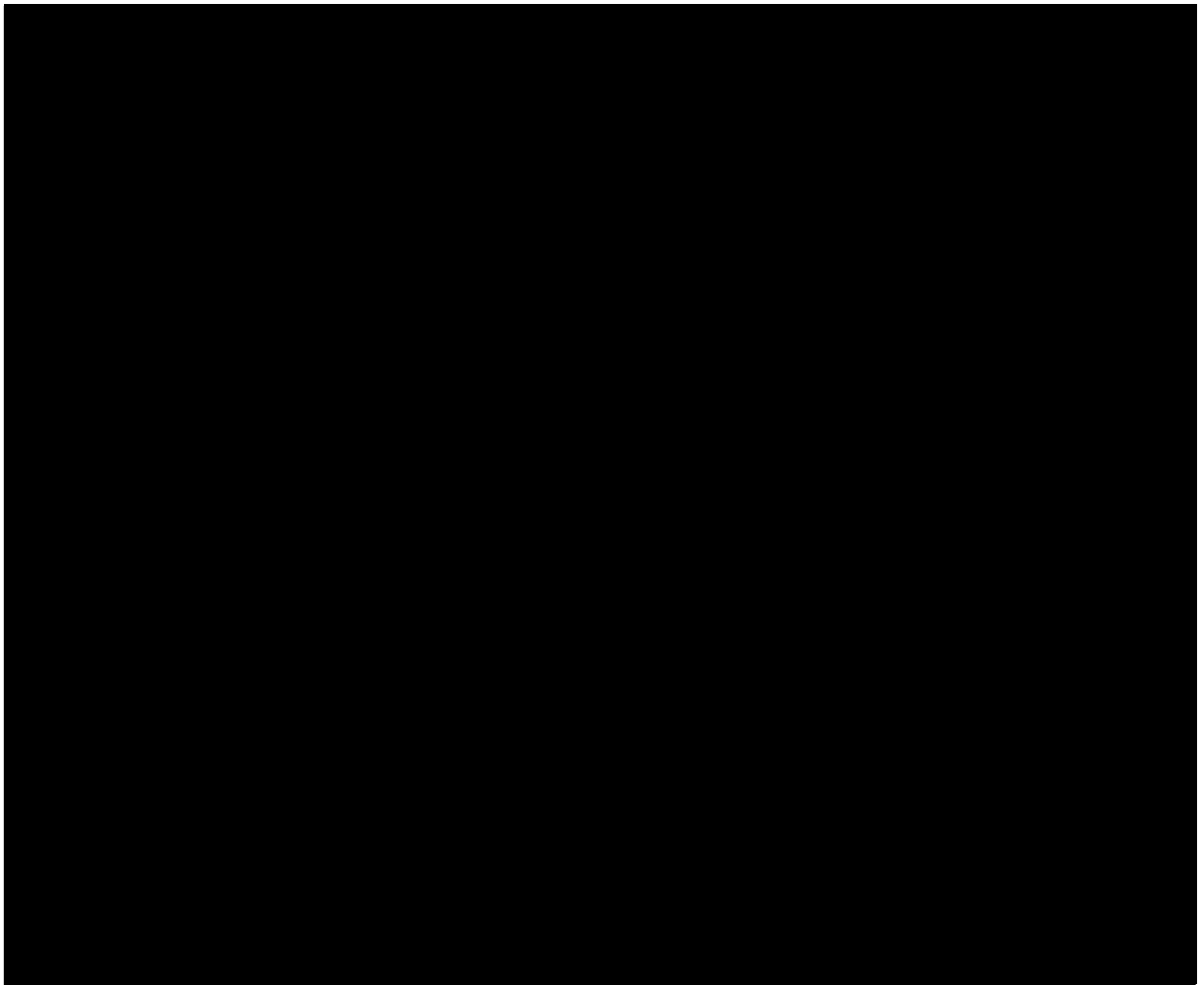
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Organic Care LLC

Section: F

F1.



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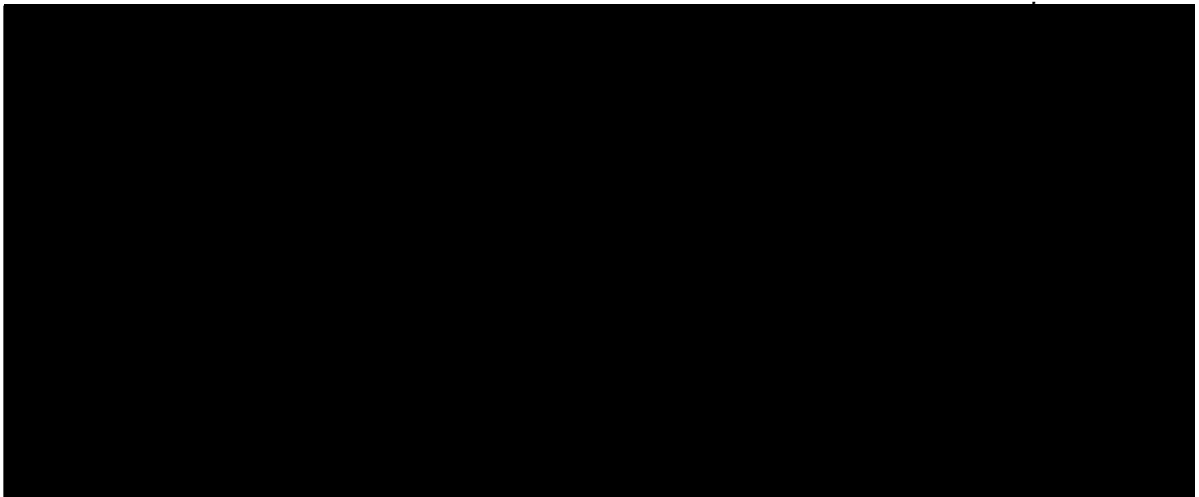


Organic Care LLC

Section: F

F2. Requisition: **Compassionate Need Plan: Describe any compassionate need program you intend to offer. Include in your response:**

- The Protocols for determining which patients will qualify for the program
- The discounts available to patients eligible for the compassionate need program
- The names and organizations, if any, with which you intend to partner or coordinate in connection with the compassionate need program, including any producer applicant; and
- Any other information you think may be helpful to the Department in evaluating your compassionate need program.

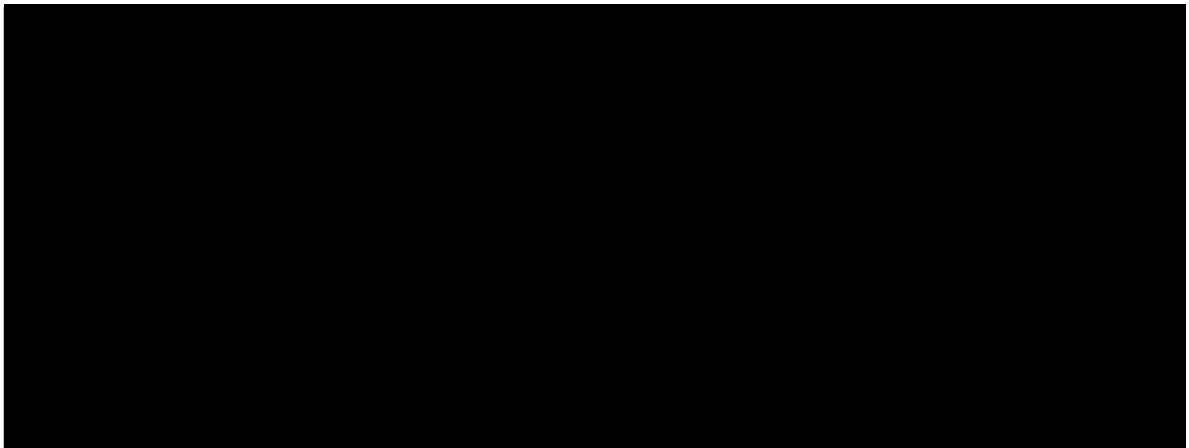




Section: F

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.

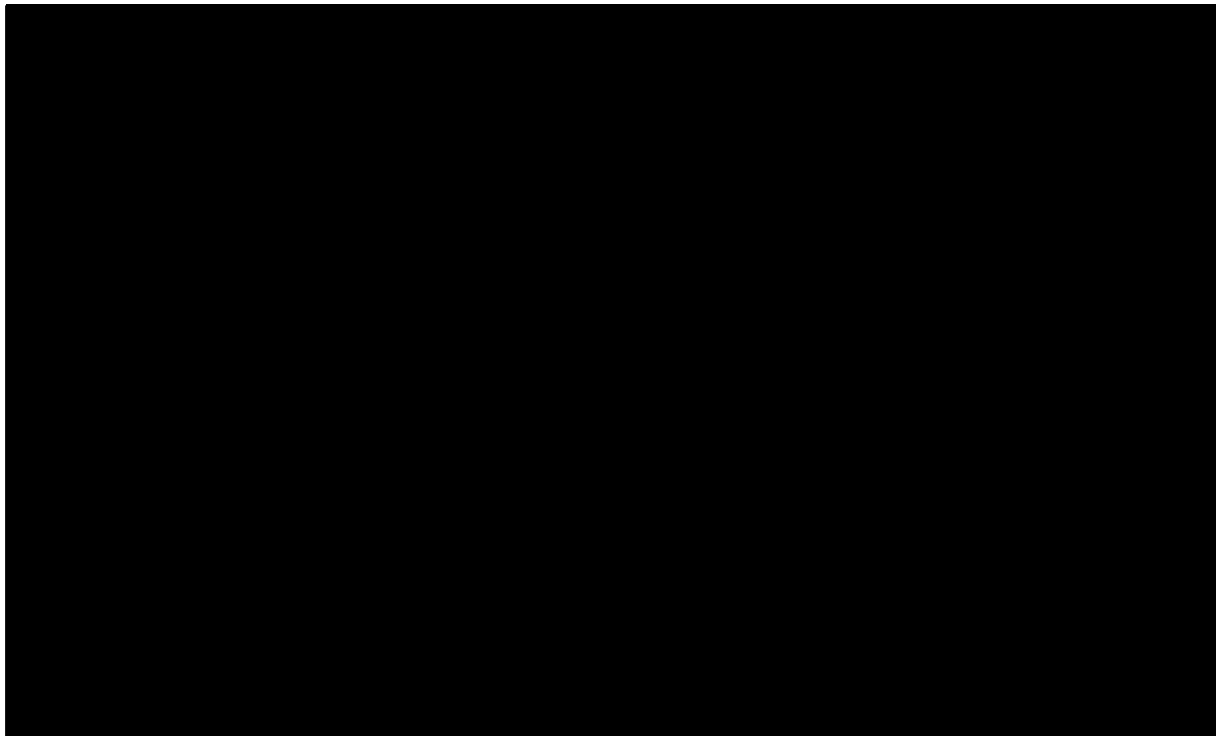




Organic Care LLC

Section: F

F3.



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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.

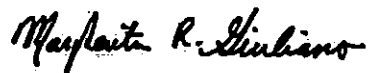
The Research Plan will be designed independently by CPA and Yale University School of Medicine. The main objective of the research is to ensure the safety and efficacy of the product that patients use. In this study we will track all cannabinoid strengths in regard to patient benefits, effectiveness, 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 style with a clear, legible font.

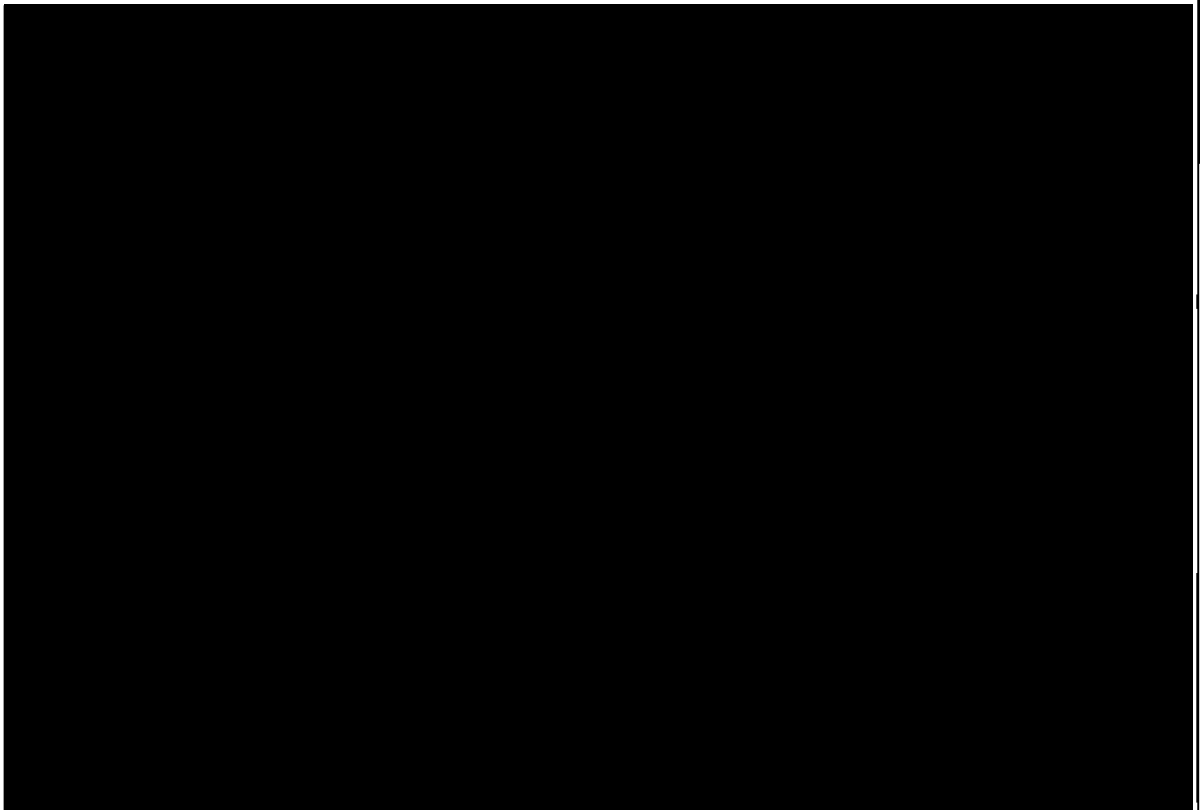
Margherita R. Giuliano, RPh
Executive Vice President
Connecticut Pharmacists Association



Organic Care LLC

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.





Organic Care LLC

- F5. Requisition: Substance Abuse Prevention Plan:** Provide a detailed description of any plans you will undertake, if awarded a dispensary facility license, to combat substance in Connecticut, including the extent to which you will partner, or otherwise work, with existing substance abuse programs.

