AMENDED

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2011** OMB No. 1545-0074 IRS Use Only–Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning , 2011, ending , 20 See separate instructions.

| Your first name and initial | Last name | Your social security number |
|---|---|---|
| DANIEL M | COHEN | ********* -5736 |
| If a joint return, spouse's first name and initial | Last name | Spouse's social security number |
| MINDY | SILVER COHEN | ********** |

Home address (number and street). If you have a P.O. box, see instructions. 985 OCEAN DR | Apt. no. | **p** 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). CAPE MAY NJ 08204-1855

Foreign country name | Foreign province/county | Foreign postal code

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

## Filing Status

Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. u
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. u
5 ☐ Qualifying widow(er) with dependent child

## Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☒ **Spouse**
} Boxes checked on 6a and 6b: 2

c **Dependents:**

| (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) a if child under age 17 qual. for child tax credit (see instr.) |
|---|---|---|---|
| DORIT COHEN | ********** | DAUGHTER | ☒ |
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |

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

No. of children on 6c who:
- lived with you: 1
- did not live with you due to divorce or separation (see instructions):
- Dependents on 6c not entered above:

d Total number of exemptions claimed — Add numbers on lines above u: 3

## Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.**

| | | | | |
|---|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 7 | 1,035,789 |
| 8a | **Taxable** interest. Attach Schedule B if required | | 8a | 109,676 |
| b | **Tax-exempt** interest. **Do not** include on line 8a | 8b | | |
| 9a | Ordinary dividends. Attach Schedule B if required | | 9a | 1,486 |
| b | Qualified dividends | 9b 1,238 | | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes | | 10 | 86,656 |
| 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 u ☐ | | 13 | 655 |
| 14 | Other gains or (losses). Attach Form 4797 | | 14 | |
| 15a | IRA distributions | 15a 328 b Taxable amount | 15b | 318 |
| 16a | Pensions and annuities | 16a b Taxable amount | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 17 | 6,007,638 |
| 18 | Farm income or (loss). Attach Schedule F | | 18 | |
| 19 | Unemployment compensation | | 19 | |
| 20a | Social security benefits | 20a b Taxable amount | 20b | |
| 21 | Other income. List type and amount SEE STATEMENT 1 | | 21 | 114,000 |
| 22 | Combine the amounts in the far right column for lines 7 through 21. This is your **total income** u | | 22 | 7,356,218 |

## 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 | 1,582 | |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | | |
| 29 | Self-employed health insurance deduction | 29 | | |
| 30 | Penalty on early withdrawal of savings | 30 | 14 | |
| 31a | Alimony paid b Recipient's SSN u | 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 | 1,596 |
| 37 | Subtract line 36 from line 22. This is your **adjusted gross income** u | | 37 | 7,354,622 |

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

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## Tax and Credits

| | | | | |
|---|---|---|---|---|
| 38 | Amount from line 37 (adjusted gross income) | | 38 | 7,354,622 |
| 39a | Check if: { ☐ **You** were born before January 2, 1947, ☐ Blind. ☐ **Spouse** was born before January 2, 1947, ☐ Blind. } **Total boxes checked** u 39a | | | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here u 39b ☐ | | | |
| 40 | **Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin) | | 40 | 420,184 |
| 41 | Subtract line 40 from line 38 | | 41 | 6,934,438 |
| 42 | **Exemptions.** Multiply $3,700 by the number on line 6d | | 42 | 11,100 |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- CCF 2,300,000 | | 43 | 4,623,338 |
| 44 | Tax (see instr.). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐ 962 elec. | | 44 | 1,587,661 |
| 45 | **Alternative minimum tax** (see instructions). Attach Form 6251 | | 45 | |
| 46 | Add lines 44 and 45 u | | 46 | 1,587,661 |
| 47 | Foreign tax credit. Attach Form 1116 if required | 47 20 | | |
| 48 | Credit for child and dependent care expenses. Attach Form 2441 | 48 | | |
| 49 | Education credits from Form 8863, line 23 | 49 | | |
| 50 | Retirement savings contributions credit. Attach Form 8880 | 50 | | |
| 51 | Child tax credit (see instructions) | 51 | | |
| 52 | Residential energy credits. Attach Form 5695 | 52 | | |
| 53 | Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ | 53 | | |
| 54 | Add lines 47 through 53. These are your **total credits** | | 54 | 20 |
| 55 | Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- u | | 55 | 1,587,641 |

**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, $5,800

Married filing jointly or Qualifying widow(er), $11,600

Head of household, $8,500

## Other Taxes

| | | | |
|---|---|---|---|
| 56 | Self-employment tax. Attach Schedule SE | 56 | 3,162 |
| 57 | Unreported social security and Medicare tax from Form: **a** ☐ 4137 **b** ☐ 8919 | 57 | |
| 58 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 58 | |
| 59a | Household employment taxes from Schedule H | 59a | |
| b | First-time homebuyer credit repayment. Attach Form 5405 if required | 59b | |
| 60 | Other taxes. Enter code(s) from instructions | 60 | |
| 61 | Add lines 55 through 60. This is your total tax u | 61 | 1,590,803 |

## Payments

If you have a qualifying child, attach Schedule EIC.

| | | | | |
|---|---|---|---|---|
| 62 | Federal income tax withheld from Forms W-2 and 1099 | 62 | 715,535 | |
| 63 | 2011 estimated tax payments and amount applied from 2010 return | 63 | 17,592 | |
| 64a | **Earned income credit (EIC)** | 64a | | |
| b | Nontaxable combat pay election 64b | | | |
| 65 | Additional child tax credit. Attach Form 8812 | 65 | | |
| 66 | American opportunity credit from Form 8863, line 14 | 66 | | |
| 67 | First-time homebuyer credit from Form 5405, line 10 | 67 | | |
| 68 | Amount paid with request for extension to file | 68 | 1,225,000 | |
| 69 | Excess social security and tier 1 RRTA tax withheld | 69 | | |
| 70 | Credit for federal tax on fuels. Attach Form 4136 | 70 | | |
| 71 | Credits from Form: **a** ☐ 2439 **b** ☐ 8839 **c** ☐ 8801 **d** ☐ 8885 | 71 | | |
| 72 | Add lines 62, 63, 64a, and 65 through 71. These are your total payments u | | 72 | 1,958,127 |

## Refund

| | | | |
|---|---|---|---|
| 73 | If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you **overpaid** | 73 | 367,324 |
| 74a | Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here u ☐ | 74a | |
| b | Routing number u c Type: ☐ Checking ☐ Savings | | |
| d | Account number | | |
| 75 | Amount of line 73 you want **applied to your 2012 estimated tax** u 75 367,324 | | |

Direct deposit? See instructions.

## Amount You Owe

| | | | |
|---|---|---|---|
| 76 | **Amount you owe.** Subtract line 72 from line 61. For details on how to pay, see instructions u | 76 | |
| 77 | Estimated tax penalty (see instructions) 77 | | |

## Third Party Designee

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

Designee's name u VICTOR A BROYAN CPA

Personal identification number (PIN) u 19046

Phone no. u 215-437-3500

## 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.

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

| Your signature | Date | Your occupation | Daytime phone number |
|---|---|---|---|
| | | COMMERCIAL FISHERMAN | |
| Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation: FISH SALES | If the IRS sent you an Identity Protection PIN, enter it here (see instr.) |

## Paid Preparer Use Only

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| VICTOR A BROYAN | VICTOR A BROYAN | 02/12/13 | | P01201917 |

Firm's name u BCK & ASSOCIATES, LLC — Firm's EIN u 26-3392492

Firm's address u 151 WASHINGTON LN JENKINTOWN PA 19046 — Phone no. 215-887-3300

Form **1040X** (Rev. December 2011)

Department of the Treasury—Internal Revenue Service

# Amended U.S. Individual Income Tax Return

u See separate instructions.

OMB No. 1545-0074

**This return is for calendar year** [X] 2011 [ ] 2010 [ ] 2009 [ ] 2008

**Other year.** Enter one: calendar year **or** fiscal year (month and year ended):

| Your first name and initial | Last name | Your social security number |
|---|---|---|
| DANIEL M | COHEN | ********* -5736 |
| If a joint return, spouse's first name and initial | Last name | Spouse's social security number |
| MINDY | SILVER COHEN | ********** |

| Home address (number and street). If you have a P.O. box, see instructions. | Apt. no. | Your phone number |
|---|---|---|
| 985 OCEAN DR | | |

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

CAPE MAY NJ 08204-1855

| Foreign country name | Foreign province/county | Foreign postal code |
|---|---|---|
| | | |

**Amended return filing status.** You **must** check one box even if you are not changing your filing status.

**Caution.** You cannot change your filing status from joint to separate returns after the due date.

[ ] Single [X] Married filing jointly [ ] Married filing separately

[ ] Qualifying widow(er) [ ] Head of household (If the qualifying person is a child but not your dependent, see instructions.)

| Use Part III on the back to explain any changes | | A. Original amount or as previously adjusted (see instructions) | B. Net change – amount of increase or (decrease) – explain in Part III | C. Correct amount |
|---|---|---|---|---|
| **Income and Deductions** | | | | |
| 1 Adjusted gross income. If net operating loss (NOL) carryback is included, check here u [ ] | 1 | 5,054,622 | 2,300,000 | 7,354,622 |
| 2 Itemized deductions or standard deduction | 2 | 420,184 | | 420,184 |
| 3 Subtract line 2 from line 1 | 3 | 4,634,438 | 2,300,000 | 6,934,438 |
| 4 Exemptions. If changing, complete Part I on the back and enter the amount from line 30 | 4 | 11,100 | | 11,100 |
| 5 Taxable income. Subtract line 4 from line 3 | 5 | 4,623,338 | 2,300,000 | 6,923,338 |
| **Tax Liability** | | | | |
| 6 Tax. Enter method used to figure tax: QDCGTW | 6 | 782,661 | 805,000 | 1,587,661 |
| 7 Credits. If general business credit carryback is included, check here u [ ] | 7 | 20 | | 20 |
| 8 Subtract line 7 from line 6. If the result is zero or less, enter -0- | 8 | 782,641 | 805,000 | 1,587,641 |
| 9 Other taxes | 9 | 3,162 | | 3,162 |
| 10 Total tax. Add lines 8 and 9 | 10 | 785,803 | 805,000 | 1,590,803 |
| **Payments** | | | | |
| 11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see instructions) | 11 | 715,535 | | 715,535 |
| 12 Estimated tax payments, including amount applied from prior year's return | 12 | 17,592 | | 17,592 |
| 13 Earned income credit (EIC) | 13 | 0 | | |
| 14 Refundable credits from [ ] Schedule M or Form(s) [ ] 2439 [ ] 4136 [ ] 5405 [ ] 8801 [ ] 8812 [ ] 8839 [ ] 8863 [ ] 8885 or [ ] other (specify): | 14 | 0 | | |

| | | |
|---|---|---|
| 15 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed | 15 | 1,225,000 |
| 16 Total payments. Add lines 11 through 15 | 16 | 1,958,127 |
| **Refund or Amount You Owe (Note. Allow 8-12 weeks to process Form 1040X.)** | | |
| 17 Overpayment, if any, as shown on original return or as previously adjusted by the IRS | 17 | 1,172,324 |
| 18 Subtract line 17 from line 16 (If less than zero, see instructions) | 18 | 785,803 |
| 19 **Amount you owe.** If line 10, column C, is more than line 18, enter the difference | 19 | 805,000 |
| 20 If line 10, column C, is less than line 18, enter the difference. This is the amount **overpaid** on this return | 20 | |
| 21 Amount of line 20 you want **refunded to you** | 21 | |
| 22 Amount of line 20 you want **applied to your (enter year):** **estimated tax** 22 | | |

**Complete and sign this form on Page 2.**

**For Paperwork Reduction Act Notice, see instructions.**



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## Part I Exemptions

Complete this part **only** if you are:

- Increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by a Midwestern disaster in 2008 or 2009.

| See Form 1040 or Form 1040A instructions and Form 1040X instructions. | | A. Original number of exemptions or amount reported or as previously adjusted | B. Net change | C. Correct number or amount |
|---|---|---|---|---|
| **23** Yourself and spouse. **Caution.** If someone can claim you as a dependent, you cannot claim an exemption for yourself | 23 | | | |
| **24** Your dependent children who lived with you | 24 | | | |
| **25** Your dependent children who did not live with you due to divorce or separation | 25 | | | |
| **26** Other dependents | 26 | | | |
| **27** Total number of exemptions. Add lines 23 through 26 | 27 | | | |
| **28** Multiply the number of exemptions claimed on line 27 by the exemption amount shown in the instructions for line 28 for the year you are amending | 28 | | | |
| **29** If you are claiming an exemption amount for housing individuals displaced by a Midwestern disaster, enter the amount from Form 8914, line 2 for 2008, or line 6 for 2009 | 29 | | | |
| **30** Add lines 28 and 29. Enter the result here and on line 4 on page 1 of this form | 30 | | | |

**31** List **ALL** dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.

| (a) First name | Last name | (b) Dependent's social security number | (c) Dependent's relationship to you | (d) Check box if qualifying child for child tax credit (see instructions) |
|---|---|---|---|---|
| | | | | ☐ |
| | | | | ☐ |
| | | | | ☐ |
| | | | | ☐ |

## Part II Presidential Election Campaign Fund

Checking below will not increase your tax or reduce your refund.

☐ Check here if you did not previously want $3 to go to the fund, but now do.

☐ Check here if this is a joint return and your spouse did not previously want $3 to go to the fund, but now does.

## Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

u Attach any supporting documents and new or changed forms and schedules.

SEE STATEMENT

## Sign Here

**Remember to keep a copy of this form for your records.**

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

x z _____ Your signature _____ Date x z _____ Spouse's signature. If a joint return, **both** must sign. _____ Date

**Paid Preparer Use Only**

x z VICTOR A BROYAN — Preparer's signature; 02/12/13 — Date; BCK & ASSOCIATES, LLC — Firm's name (or yours if self-employed)

VICTOR A BROYAN — Print/type preparer's name; 151 WASHINGTON LN JENKINTOWN PA 19046 — Firm's address and ZIP code

P01201917 — PTIN; ☐ Check if self-employed; 215-887-3300 — Phone number; 26-3392492 — EIN

# Federal Statements

## Form 1040X, Page 2, Part III - Explanation of Changes

Description

THE DEDUCTION FOR A CAPITAL CONSTRUCTION FUND CONTRIBUTION WAS TAKEN ON BOTH OF LINES 43 AND LINE 17 OF THE ORIGINALLY FILED FORM 1040, CREATING A DUPLICATE DEDUCTION IN THE AMOUNT OF $2,300,000.

REGARDING THE $805,000 BALANCE OWED (REPORTED ON LINE 19 OF THIS FORM 1040X), THE TAXPAYERS RESPECTFULLY REQUEST THE REVERSAL OF A CREDIT ELECT AMOUNT (ORIGINALLY APPLIED TOWARD THEIR 2012 INCOME TAXES) EQUAL TO THE FULL BALANCE DUE ON THIS AMENDED RETURN, THEREBY OFFSETTING THE ENTIRE BALANCE OWED ON THIS FORM 1040X(PER IRM 21.4.1.4.6.1 (10-01-2009) CREDIT ELECT REVERSALS).

**SCHEDULE A (Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

# Itemized Deductions

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

**2011**

Attachment Sequence No. **07**

Name(s) shown on Form 1040: DANIEL M COHEN & MINDY SILVER COHEN

Your social security number: ********* -5736

| | | | | | | |
|---|---|---|---|---|---|---|
| **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 7.5% (.075) | 3 | | | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | 4 | |
| **Taxes You Paid** | 5 | State and local **(check only one box):** a [X] Income taxes, **or** b [ ] General sales taxes | 5 | 290,375 | | |
| | 6 | Real estate taxes (see instructions) | 6 | 13,439 | | |
| | 7 | Personal property taxes | 7 | | | |
| | 8 | Other taxes. List type and amount ▶ | 8 | | | |
| | 9 | Add lines 5 through 8 | | | 9 | 303,814 |
| **Interest You Paid** | 10 | Home mortgage interest and points reported to you on Form 1098 | 10 | 43,251 | | |
| **Note.** Your mortgage interest deduction may be limited (see instructions). | 11 | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ | 11 | | | |
| | 12 | Points not reported to you on Form 1098. See instructions for special rules | 12 | | | |
| | 13 | Mortgage insurance premiums (see instructions) | 13 | | | |
| | 14 | Investment interest. Attach Form 4952 if required. (See instructions.) | 14 | | | |
| | 15 | Add lines 10 through 14 | | | 15 | 43,251 |
| **Gifts to Charity** | 16 | Gifts by cash or check. If you made any gift of $250 or more, see instructions | 16 | 73,119 | | |
| If you made a gift and got a benefit for it, see instructions. | 17 | Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500 | 17 | | | |
| | 18 | Carryover from prior year | 18 | | | |
| | 19 | Add lines 16 through 18 | | | 19 | 73,119 |
| **Casualty and Theft Losses** | 20 | Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | | 20 | |
| **Job Expenses and Certain Miscellaneous Deductions** | 21 | Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ | 21 | | | |
| | 22 | Tax preparation fees | 22 | | | |
| | 23 | Other expenses—investment, safe deposit box, etc. List type and amount ▶ | 23 | | | |
| | 24 | Add lines 21 through 23 | 24 | | | |
| | 25 | Enter amount from Form 1040, line 38 [25] | | | | |
| | 26 | Multiply line 25 by 2% (.02) | 26 | | | |
| | 27 | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | | | 27 | |
| **Other Miscellaneous Deductions** | 28 | Other—from list in instructions. List type and amount ▶ | | | 28 | |
| **Total Itemized Deductions** | 29 | Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40 | | | 29 | 420,184 |
| | 30 | If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ [ ] | | | | |

**For Paperwork Reduction Act Notice, see Form 1040 instructions.**

**Schedule A (Form 1040) 2011**

DAA

**SCHEDULE B**
**(Form 1040A or 1040)**
Department of the Treasury
Internal Revenue Service (99)

# Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040. ▶ See instructions on back.

OMB No. 1545-0074
**2011**
Attachment Sequence No. **08**

Name(s) shown on return: DANIEL M COHEN & MINDY SILVER COHEN

Your social security number: ********* -5736

## Part I Interest

(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.

| | | | Amount |
|---|---|---|---|
| 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 u | | |
| | SEE STATEMENT 2 | 1 | 109,676 |
| 2 | Add the amounts on line 1 | 2 | 109,676 |
| 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 | 109,676 |

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

## Part II Ordinary Dividends

(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.

| | | | Amount |
|---|---|---|---|
| 5 | List name of payer u | | |
| | DREYFUS FUND | 5 | 291 |
| | LPL FINANCIAL | | 472 |
| | LPL FINANCIAL-9477 | | 156 |
| | MET LIFE | | 24 |
| | MORGAN STANLEY DW INC | | 215 |
| | OPPENHEIMER GLOBAL FUND A | | 166 |
| | WELLS FGO AVTG DIVERSFD CAP | | 111 |
| | CAPE ISLAND INVESTORS 22-3425370 | | 49 |
| | KINDER MORGAN ENERGY PARTNERS LP 76-0380342 | | 2 |
| 6 | Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶ | 6 | 1,486 |

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

## Part III Foreign Accounts and Trusts

(See instructions on back.)

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

| | | Yes | No |
|---|---|---|---|
| 7a | At any time during 2011, 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 Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements | | |
| b | If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located u | | |
| 8 | During 2011, 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)**

Department of the Treasury
Internal Revenue Service (99)

# Capital Gains and Losses

u Attach to Form 1040 or Form 1040NR. u See Instructions for Schedule D (Form 1040).
u Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

**2011**

Attachment Sequence No. **12**

Name(s) shown on return: DANIEL M COHEN & MINDY SILVER COHEN

Your social security number: ********* -5736

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

| Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars. | (e) Sales price from Form(s) 8949, line 2, column (e) | (f) Cost or other basis from Form(s) 8949, line 2, column (f) | (g) Adjustments to gain or loss from Form(s) 8949, line 2, column (g) | (h) Gain or (loss) Combine columns (e), (f), and (g) |
|---|---|---|---|---|
| 1 Short-term totals from all Forms 8949 with box A checked in Part I | | ( ) | | |
| 2 Short-term totals from all Forms 8949 with box B checked in Part I | | ( ) | | |
| 3 Short-term totals from all Forms 8949 with box C checked in Part I | | ( ) | | |

| | | |
|---|---|---|
| 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 1 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 | 0 |

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

| Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars. | (e) Sales price from Form(s) 8949, line 4, column (e) | (f) Cost or other basis from Form(s) 8949, line 4, column (f) | (g) Adjustments to gain or loss from Form(s) 8949, line 4, column (g) | (h) Gain or (loss) Combine columns (e), (f), and (g) |
|---|---|---|---|---|
| 8 Long-term totals from all Forms 8949 with **box A** checked in **Part II** | | ( ) | | |
| 9 Long-term totals from all Forms 8949 with **box B** checked in **Part II** | | ( ) | | |
| 10 Long-term totals from all Forms 8949 with **box C** checked in **Part II** | | ( ) | | |

| | | |
|---|---|---|
| 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 | -57 |
| 13 Capital gain distributions. See the instructions | 13 | 712 |
| 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 8 through 14 in column (h). Then go to Part III on the back | 15 | 655 |

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

**Schedule D (Form 1040) 2011**

DAA

## Part III Summary

| | | | |
|---|---|---|---|
| **16** | Combine lines 7 and 15 and enter the result | 16 | 655 |
| | • 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.<br>• If line 16 is a **loss,** skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.<br>• 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?<br>[X] **Yes.** Go to line 18.<br>[ ] **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 u | 18 | |
| **19** | Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions u | 19 | |
| **20** | Are lines 18 and 19 **both** zero or blank?<br>[X] **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then 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.<br>[ ] **No.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then 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:<br>• The loss on line 16 or<br>• ($3,000), or if married filing separately, ($1,500)<br>**Note.** When figuring which amount is smaller, treat both amounts as positive numbers. | 21 | ( ) |
| **22** | Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?<br>[ ] **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then 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).<br>[ ] **No.** Complete the rest of Form 1040 or Form 1040NR. | | |

**SCHEDULE E (Form 1040)**

Department of the Treasury Internal Revenue Service (99)

# Supplemental Income and Loss

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

**} Attach to Form 1040, 1040NR, or Form 1041. } See separate instructions.**

OMB No. 1545-0074

**2011**

Attachment Sequence No. **13**

Name(s) shown on return: DANIEL M COHEN & MINDY SILVER COHEN

Your social security number: ********* -5736

**A** Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

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

## 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.

**Caution.** For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax.

| 1 | Physical address of each property–street, city, state, zip | Type–from list below | 2 For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. | | Fair Rental Days | Personal Use Days | QJV |
|---|---|---|---|---|---|---|---|
| A | 301 CHANNEL DR PT PLEASANT NJ | 4 | | A | 365 | | |
| B | 209-11 CHANNEL DR PT PLEASANT NJ | 4 | | B | 365 | | |
| C | 200 CHANNEL DR PT PLEASANT NJ | 4 | | C | 365 | | |

**Type of Property:**

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

| **Income:** | | Properties A | Properties B | Properties C |
|---|---|---|---|---|
| **3a** Merchant card and third party payments. For 2011, enter -0- | 3a | 0 | 0 | 0 |
| **3b** Payments not reported to you on line 3a | 3b | 54,000 | 33,000 | 6,000 |
| **4** Total not including amounts on line 3a that are not income (see instructions) | 4 | 54,000 | 33,000 | 6,000 |
| **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 | 17,521 | 10,528 | 1,154 |
| **19** Other (list) ▶ SEE STATEMENT 3 | 19 | 73,334 | | |
| **20** Total expenses. Add lines 5 through 19 | 20 | 90,855 | 10,528 | 1,154 |
| **21** Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file **Form 6198** | 21 | -36,855 | 22,472 | 4,846 |
| **22** Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) | 22 | ( 36,855) | ( 0) | ( 0) |

| | | |
|---|---|---|
| **23a** Total of all amounts reported on line 3a for all rental properties | 23a | |
| **b** Total of all amounts reported on line 3a for all royalty properties | 23b | |
| **c** Total of all amounts reported on line 4 for all rental properties | 23c | 93,000 |
| **d** Total of all amounts reported on line 4 for all royalty properties | 23d | |
| **e** Total of all amounts reported on line 12 for all properties | 23e | |
| **f** Total of all amounts reported on line 18 for all properties | 23f | 29,203 |
| **g** Total of all amounts reported on line 20 for all properties | 23g | 102,537 |

| | | |
|---|---|---|
| **24 Income.** Add positive amounts shown on line 21. **Do not** include any losses | 24 | 27,318 |
| **25 Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | ( 36,855) |
| **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 | -9,537 |

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

DAA

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

DANIEL M COHEN & MINDY SILVER COHEN

**Your social security number** ********* -5736

**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 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. [X] **Yes** [ ] **No**

| 28 | (a) Name | (b) Enter P for partnership; S for S corporation | (c) Check if foreign partnership | (d) Employer identification number | (e) Check if any amount is not at risk |
|---|---|---|---|---|---|
| A | SEE STATEMENT 4 | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |

| | Passive Income and Loss | | Nonpassive Income and Loss | | |
|---|---|---|---|---|---|
| | (f) Passive loss allowed (attach **Form 8582** if required) | (g) Passive income from **Schedule K-1** | (h) Nonpassive loss from **Schedule K-1** | (i) Section 179 expense deduction from **Form 4562** | (j) Nonpassive income from **Schedule K-1** |
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| 29a Totals | | 4,656,054 | | | 2,603,081 |
| b Totals | 568 | | 1,241,392 | | |

| | | | |
|---|---|---|---|
| 30 | Add columns (g) and (j) of line 29a | 30 | 7,259,135 |
| 31 | Add columns (f), (h), and (i) of line 29b | 31 | ( 1,241,960 ) |
| 32 | **Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below | 32 | 6,017,175 |

## Part III Income or Loss From Estates and Trusts

| 33 | (a) Name | (b) Employer identification number |
|---|---|---|
| A | DANIEL COHEN IRRV TR 01012010 | 45-6485626 |
| B | | |

| | Passive Income and Loss | | Nonpassive Income and Loss | |
|---|---|---|---|---|
| | (c) Passive deduction or loss allowed (attach **Form 8582** if required) | (d) Passive income from **Schedule K-1** | (e) Deduction or loss from **Schedule K-1** | (f) Other income from **Schedule K-1** |
| A | 0 | | | |
| B | | | | |
| 34a Totals | | | | |
| b Totals | | | | |

| | | | |
|---|---|---|---|
| 35 | Add columns (d) and (f) of line 34a | 35 | 0 |
| 36 | Add columns (c) and (e) of line 34b | 36 | ( 0 ) |
| 37 | **Total estate and trust income or (loss).** Combine lines 35 and 36. Enter the result here and include in the total on line 41 below | 37 | 0 |

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

| 38 | (a) Name | (b) Employer identification number | (c) Excess inclusion from **Schedules Q,** line 2c (see instructions) | (d) Taxable income (net loss) from **Schedules Q,** line 1b | (e) Income from **Schedules Q,** line 3b |
|---|---|---|---|---|---|
| | | | | | |

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

## Part V Summary

| | | | |
|---|---|---|---|
| 40 | Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below | 40 | |
| 41 | Total income or (loss). Combine lines 26, 32, 37, 39, & 40. Enter the result here & on Form 1040, line 17, or Form 1040NR, line 18 ▶ | 41 | 6,007,638 |
| 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 U; and Schedule K-1 (Form 1041), line 14, code F (see instructions) | 42 | |
| 43 | **Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules | 43 | |

| Name of person with **self-employment** income (as shown on Form 1040) | Social security number of person with **self-employment** income u |
|---|---|
| DANIEL M COHEN | ********* -5736 |

## Section B—Long Schedule SE

### Part I Self-Employment Tax

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

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had $400 or more of **other** net earnings from self-employment, check here and continue with Part I u ☐

| | | | | |
|---|---|---|---|---|
| **1a** | Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. **Note.** Skip lines 1a and 1b if you use the farm optional method (see instructions) | | 1a | |
| **b** | If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y | | 1b | ( ) |
| **2** | Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. **Note.** Skip this line if you use the nonfarm optional method (see instructions) | | 2 | 114,000 |
| **3** | Combine lines 1a, 1b, and 2 | | 3 | 114,000 |
| **4a** | If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 | | 4a | 105,279 |
| | **Note.** If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions. | | | |
| **b** | If you elect one or both of the optional methods, enter the total of lines 15 and 17 here | | 4b | |
| **c** | Combine lines 4a and 4b. If less than $400, **stop;** you do not owe self-employment tax. **Exception.** If less than $400 and you had **church employee income,** enter -0- and continue u | | 4c | 105,279 |
| **5a** | Enter your **church employee income** from Form W-2. See instructions for definition of church employee income | 5a | | |
| **b** | Multiply line 5a by 92.35% (.9235). If less than $100, enter -0- | | 5b | 0 |
| **6** | Add lines 4c and 5b | | 6 | 105,279 |
| **7** | Maximum amount of combined wages and self-employment earnings subject to social security tax or the 4.2% portion of the 5.65% railroad retirement (tier 1) tax for 2011 | | 7 | 106,800 |
| **8a** | Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $106,800 or more, skip lines 8b through 10, and go to line 11 | 8a 106,800 | | |
| **b** | Unreported tips subject to social security tax (from Form 4137, line 10) | 8b | | |
| **c** | Wages subject to social security tax (from Form 8919, line 10) | 8c | | |
| **d** | Add lines 8a, 8b, and 8c | | 8d | |
| **9** | Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 u | | 9 | |
| **10** | Multiply the **smaller** of line 6 or line 9 by 10.4% (.104) | | 10 | |
| **11** | Multiply line 6 by 2.9% (.029) | | 11 | 3,053 |
| **12** | Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54 | | 12 | 3,053 |
| **13** | **Deduction for employer-equivalent portion of self-employment tax.** Add the two following amounts. • 59.6% (.596) of line 10. • One-half of line 11. Enter the result here and on **Form 1040, line 27,** or **Form 1040NR, line 27** | 13 1,527 | | |

### Part II Optional Methods To Figure Net Earnings (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income[1] was not more than $6,720, **or (b)** your net farm profits[2] were less than $4,851.

| | | | |
|---|---|---|---|
| **14** | Maximum income for optional methods | 14 | 4,480 |
| **15** | Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $4,480. Also include this amount on line 4b above | 15 | |

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $4,851 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution.** You may use this method no more than five times.

| | | | |
|---|---|---|---|
| **16** | Subtract line 15 from line 14 | 16 | |
| **17** | Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also include this amount on line 4b above | 17 | |

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

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

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

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

Name of person with **self-employment** income (as shown on Form 1040): MINDY SILVER COHEN

Social security number of person with **self-employment** income u: ********* ********

## Section B—Long Schedule SE

### Part I Self-Employment Tax

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

| | | | | | |
|---|---|---|---|---|---|
| **A** | If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had $400 or more of **other** net earnings from self-employment, check here and continue with Part I u ☐ | | | | |
| **1a** | Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. **Note.** Skip lines 1a and 1b if you use the farm optional method (see instructions) | | | 1a | |
| **b** | If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y | | | 1b | ( ) |
| **2** | Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. **Note.** Skip this line if you use the nonfarm optional method (see instructions) | | | 2 | 4,080 |
| **3** | Combine lines 1a, 1b, and 2 | | | 3 | 4,080 |
| **4a** | If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 | | | 4a | 3,768 |
| | **Note.** If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions. | | | | |
| **b** | If you elect one or both of the optional methods, enter the total of lines 15 and 17 here | | | 4b | |
| **c** | Combine lines 4a and 4b. If less than $400, **stop;** you do not owe self-employment tax. **Exception.** If less than $400 and you had **church employee income,** enter -0- and continue u | | | 4c | 3,768 |
| **5a** | Enter your **church employee income** from Form W-2. See instructions for definition of church employee income | 5a | | | |
| **b** | Multiply line 5a by 92.35% (.9235). If less than $100, enter -0- | | | 5b | 0 |
| **6** | Add lines 4c and 5b | | | 6 | 3,768 |
| **7** | Maximum amount of combined wages and self-employment earnings subject to social security tax or the 4.2% portion of the 5.65% railroad retirement (tier 1) tax for 2011 | | | 7 | 106,800 |
| **8a** | Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $106,800 or more, skip lines 8b through 10, and go to line 11 | 8a | 106,800 | | |
| **b** | Unreported tips subject to social security tax (from Form 4137, line 10) | 8b | | | |
| **c** | Wages subject to social security tax (from Form 8919, line 10) | 8c | | | |
| **d** | Add lines 8a, 8b, and 8c | | | 8d | |
| **9** | Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 u | | | 9 | |
| **10** | Multiply the **smaller** of line 6 or line 9 by 10.4% (.104) | | | 10 | |
| **11** | Multiply line 6 by 2.9% (.029) | | | 11 | 109 |
| **12** | Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54 | | | 12 | 109 |
| **13** | **Deduction for employer-equivalent portion of self-employment tax.** Add the two following amounts. • 59.6% (.596) of line 10. • One-half of line 11. Enter the result here and on **Form 1040, line 27,** or **Form 1040NR, line 27** | 13 | 55 | | |

### Part II Optional Methods To Figure Net Earnings (see instructions)

| | | | |
|---|---|---|---|
| | **Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income[1] was not more than $6,720, **or (b)** your net farm profits[2] were less than $4,851. | | |
| **14** | Maximum income for optional methods | 14 | 4,480 |
| **15** | Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $4,480. Also include this amount on line 4b above | 15 | |
| | **Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $4,851 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution.** You may use this method no more than five times. | | |
| **16** | Subtract line 15 from line 14 | 16 | |
| **17** | Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also include this amount on line 4b above | 17 | |

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

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

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

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

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

# Foreign Tax Credit

**(Individual, Estate, or Trust)**

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

**u See separate instructions.**

OMB No. 1545-0121

**2011**

Attachment Sequence No. **19**

Name: DANIEL M COHEN

**Identifying number** as shown on page 1 of your tax return: ********* -5736

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

**a** [X] Passive category income
**b** [ ] General category income
**c** [ ] Section 901(j) income
**d** [ ] Certain income re-sourced by treaty
**e** [ ] Lump-sum distributions

**f** Resident of (name of country) **u** USA

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

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

| | | Foreign Country or U.S. Possession | | | Total | |
|---|---|---|---|---|---|---|
| | | A | B | C | | (Add cols. A, B, and C.) |
| **g** | Enter the name of the foreign country or U.S. possession u | VARIOUS | | | | |
| **1a** | Gross income from sources within country shown above and of the type checked above (see instructions): DIVIDENDS | 658 | | | 1a | 658 |
| **b** | Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, & you used an alternative basis to determine its source (see instructions) u [ ] | | | | | |
| **Deductions and losses** (Caution: See instructions): | | | | | | |
| **2** | Expenses definitely related to the income on line 1a (attach statement) | | | | | |
| **3** | Pro rata share of other deductions **not definitely related:** | | | | | |
| **a** | Certain itemized deductions or standard deduction (see instructions) | 13,439 | | | | |
| **b** | Other deds. (attach stmt.) | | | | | |
| **c** | Add lines 3a and 3b | 13,439 | | | | |
| **d** | Gross foreign source income (see instructions) | 1,350 | | | | |
| **e** | Gross income from all sources (see instructions) | 8,700,772 | | | | |
| **f** | Divide line 3d by line 3e (see instructions) | 0.0002 | | | | |
| **g** | Multiply line 3c by line 3f | 2 | | | | |
| **4** | Pro rata share of interest expense (see instructions): | | | | | |
| **a** | Home mortgage interest (use worksheet on page 14 of the instructions) | 7 | | | | |
| **b** | Other interest expense | | | | | |
| **5** | Losses from foreign sources | | | | | |
| **6** | Add lines 2, 3g, 4a, 4b, and 5 | 9 | | | 6 | 9 |
| **7** | Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 u | | | | 7 | 649 |

## Part II Foreign Taxes Paid or Accrued (see instructions)

| Country | Credit is claimed for taxes (you must check one) (h) [X] Paid (i) [ ] Accrued | Foreign taxes paid or accrued: In foreign currency | | | | In U.S. dollars | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Taxes withheld at source on: | | | | Taxes withheld at source on: | | | | |
| | (j) Date paid or accrued | (k) Dividends | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | (o) Dividends | (p) Rents and royalties | (q) Interest | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |
| A | 1099 TAX | | | | | 18 | | | | 18 |
| B | | | | | | | | | | |
| C | | | | | | | | | | |

**8 Add lines A through C, column(s). Enter the total here and on line 9, page 2** u 8 18

**For Paperwork Reduction Act Notice, see instructions.**

Form **1116** (2011)

DAA

## Part III Figuring the Credit

| | | | | | |
|---|---|---|---|---|---|
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | 18 | | |
| 10 | Carryback or carryover (attach detailed computation) SEE STMT 5 | 10 | 2 | | |
| 11 | Add lines 9 and 10 | 11 | 20 | | |
| 12 | Reduction in foreign taxes (see instructions) | 12 | ( ) | | |
| 13 | Taxes reclassified under high tax kickout (see instructions) | 13 | | | |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | | | 14 | 20 |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) | 15 | 649 | | |
| 16 | Adjustments to line 15 (see instructions) | 16 | | | |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | 649 | | |
| 18 | **Individuals:** Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. **Estates and trusts:** Enter your taxable income without the deduction for your exemption | 18 | 4,633,356 | | |
| | **Caution:** If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | | | | |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | | | 19 | 0.0001 |
| 20 | **Individuals:** Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 42. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 | | | 20 | 1,587,661 |
| | **Caution:** If you are completing line 20 for separate category **e** (lump-sum distributions), see instructions. | | | | |
| 21 | Multiply line 20 by line 19 (maximum amount of credit) | | | 21 | 222 |
| 22 | Enter the **smaller** of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions) u | | | 22 | 20 |

## Part IV Summary of Credits From Separate Parts III (see instructions)

| | | | | | |
|---|---|---|---|---|---|
| 23 | Credit for taxes on passive category income | 23 | | | |
| 24 | Credit for taxes on general category income | 24 | | | |
| 25 | Credit for taxes on certain income re-sourced by treaty | 25 | | | |
| 26 | Credit for taxes on lump-sum distributions | 26 | | | |
| 27 | Add lines 23 through 26 | | | 27 | |
| 28 | Enter the **smaller** of line 20 or line 27 | | | 28 | 20 |
| 29 | Reduction of credit for international boycott operations. See instructions for line 12 | | | 29 | |
| 30 | Subtract line 29 from line 28. This is your **foreign tax credit.** Enter here and on Form 1040, line 47; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a u | | | 30 | 20 |

Form **8606**

Department of the Treasury
Internal Revenue Service (99)

# Nondeductible IRAs

u See separate instructions.

u Attach to Form 1040, Form 1040A, or Form 1040NR.

OMB No. 1545-0074

**2011**

Attachment Sequence No. **48**

Name. If married, file a separate form for each spouse required to file Form 8606. See instructions.
MINDY SILVER COHEN

Your social security number
********* ********

**Fill in Your Address Only If You Are Filing This Form by Itself and Not With Your Tax Return**

Home address (number and street, or P.O. box if mail is not delivered to your home) | Apt. no.

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

## Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2011.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2011 **and** you made nondeductible contributions to a traditional IRA in 2011 or an earlier year. For this purpose, a distribution does not include a rollover, qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2011 (excluding any portion you recharacterized) **and** you made nondeductible contributions to a traditional IRA in 2011 or an earlier year.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Enter your nondeductible contributions to traditional IRAs for 2011, including those made for 2011 from January 1, 2012, through April 17, 2012 (see instructions) | | | 1 | |
| 2 | Enter your total basis in traditional IRAs (see instructions) | | | 2 | 2,000 |
| 3 | Add lines 1 and 2 | | | 3 | 2,000 |
| | In 2011, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? — **No** u Enter the amount from line 3 on line 14. Do not complete the rest of Part I. — **Yes** u Go to line 4. | | | | |
| 4 | Enter those contributions included on line 1 that were made from January 1, 2012, through April 17, 2012 | | | 4 | |
| 5 | Subtract line 4 from line 3 | | | 5 | 2,000 |
| 6 | Enter the value of **all** your traditional, SEP, and SIMPLE IRAs as of December 31, 2011, plus any outstanding rollovers (see instructions) | 6 | 63,494 | | |
| 7 | Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2011. **Do not** include rollovers, qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions) | 7 | 328 | | |
| 8 | Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2011. **Do not** include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16 | 8 | | | |
| 9 | Add lines 6, 7, and 8 — 9: 63,822 | | | | |
| 10 | Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000" | 10 | 0.0313 | | |
| 11 | Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17 | 11 | | | |
| 12 | Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA | 12 | 10 | | |
| 13 | Add lines 11 and 12. This is the nontaxable portion of all your distributions | | | 13 | 10 |
| 14 | Subtract line 13 from line 3. This is **your total basis in traditional IRAs for 2011 and earlier years** | | | 14 | 1,990 |
| 15 | **Taxable amount.** Subtract line 12 from line 7. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b | | | 15 | 318 |
| | **Note:** You may be subject to an additional 10% tax on the amount on line 15 if you were under age 59½ at the time of the distribution (see instructions). | | | | |

## Part II 2011 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2011 (excluding any portion you recharacterized).

| | | | |
|---|---|---|---|
| 16 | If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2011. **Do not** include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2011 or 2012 (see instructions) | 16 | |
| 17 | If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions) | 17 | |
| 18 | **Taxable amount.** Subtract line 17 from line 16. Also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b | 18 | |

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

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

# Passive Activity Loss Limitations

u See separate instructions.
u Attach to Form 1040 or Form 1041.

OMB No. 1545-1008

**2011**

Attachment Sequence No. **88**

Name(s) shown on return: DANIEL M COHEN & MINDY SILVER COHEN

Identifying number: ********* -5736

## Part I 2011 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 | 4,551,938 | |
| b | Activities with net loss (enter the amount from Worksheet 1, column (b)) | 1b | ( 36,943) | |
| c | Prior years unallowed losses (enter the amount from Worksheet 1, column (c)) | 1c | ( ) | |
| d | Combine lines 1a, 1b, and 1c | | | 1d 4,514,995 |

**Commercial Revitalization Deductions From Rental Real Estate Activities**

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

**All Other Passive Activities**

| | | | | |
|---|---|---|---|---|
| 3a | Activities with net income (enter the amount from Worksheet 3, column (a)) | 3a | 131,434 | |
| b | Activities with net loss (enter the amount from Worksheet 3, column (b)) | 3b | ( 480) | |
| c | Prior years unallowed losses (enter the amount from Worksheet 3, column (c)) | 3c | ( ) | |
| d | Combine lines 3a, 3b, and 3c | | | 3d 130,954 |

| | | |
|---|---|---|
| 4 | Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used | 4 4,645,949 |

If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

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

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

| | | | | |
|---|---|---|---|---|
| 5 | Enter the **smaller** of the loss on line 1d or the loss on line 4 | | | 5 |
| 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 | 0 | |
| | **Note:** If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. | | | |
| 8 | Subtract line 7 from line 6 | 8 | | |
| 9 | Multiply line 8 by 50% (.5). **Do not** enter more than $25,000. If married filing separately, see instructions | | | 9 |
| 10 | Enter the **smaller** of line 5 or line 9 | | | 10 0 |

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

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

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

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

## Part IV Total Losses Allowed

| | | |
|---|---|---|
| 15 | Add the income, if any, on lines 1a and 3a and enter the total | 15 |
| 16 | **Total losses allowed from all passive activities for 2011.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return | 16 0 |

**For Paperwork Reduction Act Notice, see instructions.**

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

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

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|---|---|---|---|---|---|
| | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| SEE STATEMENT 6 | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on Form 8582, lines 1a, 1b, and 1c u | 4,551,938 | 36,943 | | | |

**Worksheet 2—For Form 8582, Lines 2a and 2b** (See instructions.)

| Name of activity | (a) Current year deductions (line 2a) | (b) Prior year unallowed deductions (line 2b) | (c) Overall loss |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| Total. Enter on Form 8582, lines 2a and 2b u | | | |

**Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c** (See instructions.)

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|---|---|---|---|---|---|
| | (a) Net income (line 3a) | (b) Net loss (line 3b) | (c) Unallowed loss (line 3c) | (d) Gain | (e) Loss |
| SEA PRODUCTS INC | 131,434 | | | 131,434 | |
| KINDER MORGAN ENERGY PARTNERS LP | | 480 | | | 480 |
| | | | | | |
| Total. Enter on Form 8582, lines 3a, 3b, and 3c u | 131,434 | 480 | | | |

**Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14** (See instructions.)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a) |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| Total u | | | 1.00 | | |

**Worksheet 5—Allocation of Unallowed Losses** (See instructions.)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|---|---|---|---|---|
| COMMERCIAL REALTY | SCH E1 | 36,855 | 0.9848 | |
| MAXIE, INC | SCH E2 | 88 | 0.0024 | |
| KINDER MORGAN ENERGY PARTNERS LP | SCH E2 | 480 | 0.0128 | |
| | | | | |
| | | | | |
| Total u | | 37,423 | 1.00 | |

# Federal Statements

## Statement 1 - Form 1040, Line 21 - Other Income

| Description | Amount |
|---|---|
| MISCELLANEOUS | $ 82,000 |
| MISCELLANEOUS | 26,000 |
| MISCELLANEOUS | 6,000 |
| TOTAL | $ 114,000 |

# Federal Statements

## Statement 2 - Schedule B, Line 1 - Interest Income

| Description | | Amount |
|---|---|---|
| AMERICAN EXPRESS BANK | | $ 34 |
| CAPE BANK | | 11 |
| CAPE BANK | | 9 |
| ING DIRECT | | 1,133 |
| LPL FINANCIAL | | 1 |
| LPL FINANCIAL- 9477 | | 2,302 |
| LPL FINANCIAL- 9477 | | 171 |
| PNC NATIONAL ASSOC | | 68 |
| STURDY SAVINGS BANK | | 3 |
| STURDY SAVINGS BANK | | 15 |
| STURDY SAVINGS BANK | | 34 |
| STURDY SAVINGS BANK | | 34 |
| STURDY SAVINGS BANK | | 104 |
| WELLS FARGO | | 55 |
| ATLANTIC CAPES FISHERIES | 22-2512028 | 105,488 |
| SEA HARVEST, INC. | 22-1834742 | 13 |
| FISHERMENS ENERGY OF NEW JERSEY LLC | 26-0640935 | 197 |
| KINDER MORGAN ENERGY PARTNERS LP | 76-0380342 | 4 |
| TOTAL | | $ 109,676 |

# Federal Statements

**Commercial Realty**

## Statement 3 - Schedule E, Line 19 - Other Expenses

| Description | Gross Amount | Business Use Percentage | Net Amount |
|---|---|---|---|
| AMORTIZATION | $ 73,334 | | $ 73,334 |
| TOTAL | $ 73,334 | | $ 73,334 |

# Federal Statements

## Statement 4 - Schedule E, Page 2, Line 28

| Name | P S | For Ptr | EIN | Not at Risk | | Passive Loss | Passive Income | Nonpass Loss | Sec 179 Deduct | Nonpass Income |
|---|---|---|---|---|---|---|---|---|---|---|
| FISHING VESSEL ENTERPRISES, INC. | S | | 22-2634657 | | | $ | $4,343,194 | $ | $ | $ |
| MAXIE, INC | S | | 22-1833073 | | | 88 | | | | |
| SHIP I LLC | P | | 52-1273508 | | | | 78,341 | | | |
| ATLANTIC CAPES FISHERIES | S | | 22-2512028 | | | | | | | 57,824 |
| SEA PRODUCTS INC | S | | 22-2214698 | | | | 131,434 | | | |
| OCEANSIDE REALTY INC | S | | 22-2955594 | | | | 103,085 | | | |
| SEA HARVEST, INC. | S | | 22-1834742 | | | | | | | 2,076,680 |
| CAPE ISLAND INVESTORS | P | | 22-3425370 | | | | | | | |
| PT. PLEASANT PACKING, INC. | S | | 22-2646426 | | | | | | | 43,660 |
| PYA - BASIS LIMITATION | S | | 22-2646426 | | | | | 2,994 | | |
| F/V MICHELLE INC | S | | 43-1969807 | | | | | | | 420,837 |
| FV SILVER FOX LLC | P | | 20-8706580 | | | | | | | 4,080 |
| FISHERMENS ENERGY OF NEW JERSEY LLC | P | | 26-0640935 | | | | | 1,237,475 | | |
| FV LAUREN LLC | P | | 27-4511109 | | | | | 923 | | |
| KINDER MORGAN ENERGY PARTNERS LP | P | | 76-0380342 | | | 480 | | | | |
| TOTAL | | | | | | $ 568 | $4,656,054 | $1,241,392 | $ 0 | $2,603,081 |

# Federal Statements

**Passive Income**

## Statement 5 - Form 1116, Line 10 - Carryback or Carryover

| Year | Fgn Taxes Pd/Accrued | Limit | Available to Carryover |
|---|---|---|---|
| 2001 | $ | $ | $ |
| 2002 | | | |
| 2003 | 6 | 6 | |
| 2004 | 7 | 7 | |
| 2005 | 8 | 35 | |
| 2006 | 6 | 69 | |
| 2007 | | 83 | |
| 2008 | 16 | 203 | |
| 2009 | 11 | 11 | |
| 2010 | 20 | 18 | 2 |
| CARRYBACK TO 2011 | | | |
| TOTAL | | | $ 2 |

# Federal Statements

## Statement 6 - Form 8582 Page 2 Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c

| Description | Current Year Net Income | Current Year Net Loss | Prior Year Unallowed Loss | Overall Gain | Overall Loss |
|---|---|---|---|---|---|
| COMMERCIAL REALTY | $ | $ 36,855 | $ | $ | $ 36,855 |
| COMMERCIAL REALTY | 22,472 | | | 22,472 | |
| COMMERCIAL REALTY | 4,846 | | | 4,846 | |
| FISHING VESSEL ENTERPRISES, INC. | 4,343,194 | | | 4,343,194 | |
| MAXIE, INC | | 88 | | | 88 |
| SHIP I LLC | 78,341 | | | 78,341 | |
| OCEANSIDE REALTY INC | 103,085 | | | 103,085 | |
| TOTAL | $ 4,551,938 | $ 36,943 | $ 0 | | |

Form **1040** | **IRA Distribution Report** | **2011**

Name: DANIEL M COHEN & MINDY SILVER COHEN

Taxpayer Identification Number: ********* -5736

| | T/S | Payer | Gross Distribution 1099-R Box 1 | Taxable Amount 1099-R Box 2a [less rollover amount] |
|---|---|---|---|---|
| A | S | LPL FINANCIAL GAINERWILSON | 328 | 328 |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |
| I | | | | |
| J | | | | |
| K | | | | |
| L | | | | |
| M | | | | |
| N | | | | |
| O | | | | |
| | | Taxpayer | | |
| | | Spouse | 328 | 328 |
| | | Total | 328 | 328 |

TXBL AMOUNT FROM SP'S FORM 8606 REPORTED ON FORM 1040 318

| | Amount Of Rollover | Federal Withholding | State Withholding | Local Withholding | Traditional IRA Converted to Roth IRA | Original Conversion or Recharacterization | Qualified Roth IRA Distribution |
|---|---|---|---|---|---|---|---|
| A | | | | | | | |
| B | | | | | | | |
| C | | | | | | | |
| D | | | | | | | |
| E | | | | | | | |
| F | | | | | | | |
| G | | | | | | | |
| H | | | | | | | |
| I | | | | | | | |
| J | | | | | | | |
| K | | | | | | | |
| L | | | | | | | |
| M | | | | | | | |
| N | | | | | | | |
| O | | | | | | | |
| Tp | | | | | | | |
| Sp | | | | | | | |
| Total | | | | | | | |

Form **1040** | **K1 Detail Summary Report, Page 2** | **2011**

Name: DANIEL M COHEN & MINDY SILVER COHEN

Taxpayer identification number: ********* -5736

| | Passthrough Entity Name | EIN | Entity Type | Passive Activity Type | Activity Disposed |
|---|---|---|---|---|---|
| A | SEA PRODUCTS INC | 22-2214698 | S CORPORATION | OTHER PASSIVE | |
| B | OCEANSIDE REALTY INC | 22-2955594 | S CORPORATION | RENTAL REAL ESTATE | |
| C | SEA HARVEST, INC. | 22-1834742 | S CORPORATION | NOT PASSIVE | |
| D | CAPE ISLAND INVESTORS | 22-3425370 | PARTNERSHIP | OTHER PASSIVE | |

| Form/Schedule/Worksheet | A | B | C | D | | |
|---|---|---|---|---|---|---|
| **Schedule D - Short-term:** | | | | | | |
| Net short-term capital gain (loss) | | | | | | Schedule D, line 5 |
| Short-term capital loss carryover | | | | | | Schedule D, line 5 |
| Prior Year Short Term Basis Loss | | | | | | 8949 part 1 |
| Short Term Basis Adjustments | | | | | | 8949 part 1 |
| Prior Year Short Term At Risk Loss | | | | | | 8949 part 1 |
| Short Term At Risk Adjustments | | | | | | 8949 part 1 |
| Short Term PAL Adjustments | | | | | | 8949 part 1 |
| Short Term PTP Adjustments | | | | | | 8949 part 1 |
| **Schedule D - Long-term:** (includes 28% rate gains/losses) | | | | | | |
| Net long-term capital gain (loss) | | | | -57 | | Schedule D, line 12 |
| Long-term capital loss carryover | | | | | | Schedule D, line 12<br>28% Rate Gain Wrk, line 6 |
| Prior Year Long Term Basis Loss | | | | | | 8949 part II |
| Long Term Basis Adjustments | | | | | | 8949 part II |
| Prior Year Long Term At Risk Loss | | | | | | 8949 part II |
| Long Term At Risk Adjustments | | | | | | 8949 part II |
| Long Term PAL Adjustments | | | | | | 8949 part II |
| Long Term PTP Adjustments | | | | | | 8949 part II |
| K1 1202 Gain | | | | | | 8949 part II |
| Section 1202 exclusion adjustment | | | | | | 8949 part II |
| **Schedule D - Collectibles gain:** | | | | | | |
| Collectibles (28%) gain (loss) | | | | | | 28% Rate Gain Wrk, line 4 |
| Section 1202 exclusion | | | | | | 28% Rate Gain Wrk, line 2 |
| Prior Year 28% Rate Basis Loss | | | | | | 28% Rate Gain Wrk, line 1 |
| 28% Basis Adjustments | | | | | | 28% Rate Gain Wrk, line 1 |
| Prior Year 28% Rate At Risk Loss | | | | | | 28% Rate Gain Wrk, line 1 |
| 28% At Risk Adjustments | | | | | | 28% Rate Gain Wrk, line 1 |
| 28% PAL Adjustments | | | | | | 28% Rate Gain Wrk, line 1 |
| 28% PTP Adjustments | | | | | | 28% Rate Gain Wrk, line 1 |
| **Unrecaptured Sec 1250 Gain:** | | | | | | |
| Partnership or S corporation activity | | | | | | Schedule D, line 19<br>Unrecap 1250 wrk, line 5 |
| Sale of partnership interest | | | | | | Schedule D, line 19<br>Unrecap 1250 Wrk, line 10 |
| Estates, trusts, REITs, and RICs | | | | | | Schedule D, line 19<br>Unrecap 1250 Wrk, line 11 |
| **Form 4797, Part I:** | | | | | | |
| Net Section 1231 gain (loss) | | | | | | 4797, line 2 |
| Prior Year Basis Losses | | | | | | 4797, line 2 |
| Basis Adjustment | | | | | | 4797, line 2 |
| Prior Year At-Risk Losses | | | | | | 4797, line 2 |
| At-Risk Adjustment | | | | | | 4797, line 2 |
| Passive Activity Adjustment | | | | | | 4797, line 2 |
| PTP Adjustment | | | | | | 4797, line 2 |
| **Form 4797, Part II:** | | | | | | |
| Ordinary gain (loss) on asset sales | | | | | | 4797, line 10 |
| Prior Year Basis Losses | | | | | | 4797, line 10 |
| Basis Adjustment | | | | | | 4797, line 10 |
| Prior Year At-Risk Losses | | | | | | 4797, line 10 |
| At-Risk Adjustment | | | | | | 4797, line 10 |
| Passive Activity Adjustment | | | | | | 4797, line 10 |
| PTP Adjustment | | | | | | 4797, line 10 |

Form **1040** | **K1 Detail Summary Report, Page 2** | **2011**

Name: DANIEL M COHEN & MINDY SILVER COHEN

Taxpayer identification number: ********* -5736

| | Passthrough Entity Name | EIN | Entity Type | Passive Activity Type | Activity Disposed |
|---|---|---|---|---|---|
| A | FV LAUREN LLC | 27-4511109 | PARTNERSHIP | NOT PASSIVE | |
| B | KINDER MORGAN ENERGY PARTNERS LP | 76-0380342 | PARTNERSHIP | OTHER PASSIVE | |
| C | DANIEL COHEN IRRV TR 01012010 | 45-6485626 | GRANTOR TRUST | RENTAL REAL ESTATE | |
| D | | | | | |

| Form/Schedule/Worksheet | A | B | C | D | TOTALS: | |
|---|---|---|---|---|---|---|
| **Schedule D - Short-term:** | | | | | | |
| Net short-term capital gain (loss) | | | | | | Schedule D, line 5 |
| Short-term capital loss carryover | | | | | | Schedule D, line 5 |
| Prior Year Short Term Basis Loss | | | | | | 8949 part 1 |
| Short Term Basis Adjustments | | | | | | 8949 part 1 |
| Prior Year Short Term At Risk Loss | | | | | | 8949 part 1 |
| Short Term At Risk Adjustments | | | | | | 8949 part 1 |
| Short Term PAL Adjustments | | | | | | 8949 part 1 |
| Short Term PTP Adjustments | | | | | | 8949 part 1 |
| **Schedule D - Long-term:** (includes 28% rate gains/losses) | | | | | | |
| Net long-term capital gain (loss) | | | | | -57 | Schedule D, line 12 |
| Long-term capital loss carryover | | | | | | Schedule D, line 12<br>28% Rate Gain Wrk, line 6 |
| Prior Year Long Term Basis Loss | | | | | | 8949 part II |
| Long Term Basis Adjustments | | | | | | 8949 part II |
| Prior Year Long Term At Risk Loss | | | | | | 8949 part II |
| Long Term At Risk Adjustments | | | | | | 8949 part II |
| Long Term PAL Adjustments | | | | | | 8949 part II |
| Long Term PTP Adjustments | | | | | | 8949 part II |
| K1 1202 Gain | | | | | | 8949 part II |
| Section 1202 exclusion adjustment | | | | | | 8949 part II |
| **Schedule D - Collectibles gain:** | | | | | | |
| Collectibles (28%) gain (loss) | | | | | | 28% Rate Gain Wrk, line 4 |
| Section 1202 exclusion | | | | | | 28% Rate Gain Wrk, line 2 |
| Prior Year 28% Rate Basis Loss | | | | | | 28% Rate Gain Wrk, line 1 |
| 28% Basis Adjustments | | | | | | 28% Rate Gain Wrk, line 1 |
| Prior Year 28% Rate At Risk Loss | | | | | | 28% Rate Gain Wrk, line 1 |
| 28% At Risk Adjustments | | | | | | 28% Rate Gain Wrk, line 1 |
| 28% PAL Adjustments | | | | | | 28% Rate Gain Wrk, line 1 |
| 28% PTP Adjustments | | | | | | 28% Rate Gain Wrk, line 1 |
| **Unrecaptured Sec 1250 Gain:** | | | | | | |
| Partnership or S corporation activity | | | | | | Schedule D, line 19<br>Unrecap 1250 wrk, line 5 |
| Sale of partnership interest | | | | | | Schedule D, line 19<br>Unrecap 1250 Wrk, line 10 |
| Estates, trusts, REITs, and RICs | | | | | | Schedule D, line 19<br>Unrecap 1250 Wrk, line 11 |
| **Form 4797, Part I:** | | | | | | |
| Net Section 1231 gain (loss) | | | | | | 4797, line 2 |
| Prior Year Basis Losses | | | | | | 4797, line 2 |
| Basis Adjustment | | | | | | 4797, line 2 |
| Prior Year At-Risk Losses | | | | | | 4797, line 2 |
| At-Risk Adjustment | | | | | | 4797, line 2 |
| Passive Activity Adjustment | | | | | | 4797, line 2 |
| PTP Adjustment | | | | | | 4797, line 2 |
| **Form 4797, Part II:** | | | | | | |
| Ordinary gain (loss) on asset sales | | | | | | 4797, line 10 |
| Prior Year Basis Losses | | | | | | 4797, line 10 |
| Basis Adjustment | | | | | | 4797, line 10 |
| Prior Year At-Risk Losses | | | | | | 4797, line 10 |
| At-Risk Adjustment | | | | | | 4797, line 10 |
| Passive Activity Adjustment | | | | | | 4797, line 10 |
| PTP Adjustment | | | | | | 4797, line 10 |

Form **1040** | **K1 Detail Summary Report, Page 3** | **2011**

Name: DANIEL M COHEN & MINDY SILVER COHEN

Taxpayer identification number: ********* -5736

| | Passthrough Entity Name | EIN | Entity Type | Passive Activity Type | Activity Disposed |
|---|---|---|---|---|---|
| A | FISHING VESSEL ENTERPRISES, INC. | 22-2634657 | S CORPORATION | RENTAL REAL ESTATE | |
| B | MAXIE, INC | 22-1833073 | S CORPORATION | RENTAL REAL ESTATE | |
| C | SHIP I LLC | 52-1273508 | PARTNERSHIP | RENTAL REAL ESTATE | |
| D | ATLANTIC CAPES FISHERIES | 22-2512028 | S CORPORATION | NOT PASSIVE | |

| Form / Schedule / Worksheet | A | B | C | D | | |
|---|---|---|---|---|---|---|
| **Schedule B:** | | | | | | |
| Interest | | | | 105,488 | | Schedule B, Line 1 |
| Tax-exempt interest | | | | | | Form 1040, Line 8b |
| Ordinary dividends | | | | | | Schedule B, Line 5 |
| Qualified dividends | | | | | | Form 1040, Line 9b |
| **Schedule A:** | | | | | | |
| **Medical and dental:** | | | | | | |
| Shareholder medical ins - no W2 | | | | | | Schedule A, line 1 |
| Basis adjustment | | | | | | Schedule A, line 1 |
| At-risk adjustment | | | | | | Schedule A, line 1 |
| **Taxes:** | | | | | | |
| State withholding/estimate taxes | | | | | | Schedule A, line 5 |
| State w/h - Sch K1 Basis Adj | | | | | | Schedule A, line 5 |
| State w/h - Sch K1 At-Risk Adj | | | | | | Schedule A, line 5 |
| Real estate taxes | | | | | | Schedule A, line 6 |
| RE tax - Sch K1 Basis Adj | | | | | | Schedule A, line 6 |
| RE tax - Sch K1 At-Risk Adj | | | | | | Schedule A, line 6 |
| Total foreign taxes paid/accrued | | | | | | Schedule A, line 8 |
| Foreign taxes - K1 Basis Adj | | | | | | Schedule A, line 8 |
| Foreign taxes - K1 At-Risk Adj | | | | | | Schedule A, line 8 |
| **Gifts to Charity:** | | | | | | |
| Cash contributions (50%) | | | | 9,006 | | Schedule A, line 16 |
| 50% Cash contrib Basis Adj | | | | | | Schedule A, line 16 |
| 50% Cash contrib Risk Adj | | | | | | Schedule A, line 16 |
| Cash contributions (30%) | | | | | | Schedule A, line 16 |
| 30% Cash contrib Basis Adj | | | | | | Schedule A, line 16 |
| 30% Cash contrib Risk Adj | | | | | | Schedule A, line 16 |
| Noncash contribution (50%) | | | | | | Schedule A, line 17 |
| 50% Noncash contrib Basis Adj | | | | | | Schedule A, line 17 |
| 50% Noncash contrib Risk Adj | | | | | | Schedule A, line 17 |
| Noncash contribution (30%) | | | | | | Schedule A, line 17 |
| 30% Noncash contrib Basis Adj | | | | | | Schedule A, line 17 |
| 30% Noncash contrib Risk Adj | | | | | | Schedule A, line 17 |
| 50% Cap Gain (30%) | | | | | | Schedule A, line 17 |
| 50% Cap Gain 30% Basis Adj | | | | | | Schedule A, line 17 |
| 50% Cap Gain 30% Risk Adj | | | | | | Schedule A, line 17 |
| Capital gain property (20%) | | | | | | Schedule A, line 17 |
| 20% Contrib Basis Adj | | | | | | Schedule A, line 17 |
| 20% Contrib Risk Adj | | | | | | Schedule A, line 17 |
| **Miscellaneous Deductions:** | | | | | | |
| Portfolio deductions subject to 2% | | | | | | Schedule A, line 23 |
| Basis Adjustment | | | | | | Schedule A, line 23 |
| At-Risk Adjustment | | | | | | Schedule A, line 23 |
| Excess deductions on termination | | | | | | Schedule A, line 23 |
| Portfolio deduction not subject to 2% | | | | | | Schedule A, line 28 |
| Basis Adjustment | | | | | | Schedule A, line 28 |
| At-Risk Adjustment | | | | | | Schedule A, line 28 |
| Estate tax deduction | | | | | | Schedule A, line 28 |

Form **1040** | **K1 Detail Summary Report, Page 3** | **2011**

Name: DANIEL M COHEN & MINDY SILVER COHEN

Taxpayer identification number: ********* -5736

| | Passthrough Entity Name | EIN | Entity Type | Passive Activity Type | Activity Disposed |
|---|---|---|---|---|---|
| A | SEA PRODUCTS INC | 22-2214698 | S CORPORATION | OTHER PASSIVE | |
| B | OCEANSIDE REALTY INC | 22-2955594 | S CORPORATION | RENTAL REAL ESTATE | |
| C | SEA HARVEST, INC. | 22-1834742 | S CORPORATION | NOT PASSIVE | |
| D | CAPE ISLAND INVESTORS | 22-3425370 | PARTNERSHIP | OTHER PASSIVE | |

| Form / Schedule / Worksheet | A | B | C | D | | |
|---|---|---|---|---|---|---|
| **Schedule B:** | | | | | | |
| Interest | | | 13 | | | Schedule B, Line 1 |
| Tax-exempt interest | | | | | | Form 1040, Line 8b |
| Ordinary dividends | | | | 49 | | Schedule B, Line 5 |
| Qualified dividends | | | | | | Form 1040, Line 9b |
| **Schedule A:** | | | | | | |
| **Medical and dental:** | | | | | | |
| Shareholder medical ins - no W2 | | | | | | Schedule A, line 1 |
| Basis adjustment | | | | | | Schedule A, line 1 |
| At-risk adjustment | | | | | | Schedule A, line 1 |
| **Taxes:** | | | | | | |
| State withholding/estimate taxes | | | | | | Schedule A, line 5 |
| State w/h - Sch K1 Basis Adj | | | | | | Schedule A, line 5 |
| State w/h - Sch K1 At-Risk Adj | | | | | | Schedule A, line 5 |
| Real estate taxes | | | | | | Schedule A, line 6 |
| RE tax - Sch K1 Basis Adj | | | | | | Schedule A, line 6 |
| RE tax - Sch K1 At-Risk Adj | | | | | | Schedule A, line 6 |
| Total foreign taxes paid/accrued | | | | | | Schedule A, line 8 |
| Foreign taxes - K1 Basis Adj | | | | | | Schedule A, line 8 |
| Foreign taxes - K1 At-Risk Adj | | | | | | Schedule A, line 8 |
| **Gifts to Charity:** | | | | | | |
| Cash contributions (50%) | | | 250 | | | Schedule A, line 16 |
| 50% Cash contrib Basis Adj | | | | | | Schedule A, line 16 |
| 50% Cash contrib Risk Adj | | | | | | Schedule A, line 16 |
| Cash contributions (30%) | | | | | | Schedule A, line 16 |
| 30% Cash contrib Basis Adj | | | | | | Schedule A, line 16 |
| 30% Cash contrib Risk Adj | | | | | | Schedule A, line 16 |
| Noncash contribution (50%) | | | | | | Schedule A, line 17 |
| 50% Noncash contrib Basis Adj | | | | | | Schedule A, line 17 |
| 50% Noncash contrib Risk Adj | | | | | | Schedule A, line 17 |
| Noncash contribution (30%) | | | | | | Schedule A, line 17 |
| 30% Noncash contrib Basis Adj | | | | | | Schedule A, line 17 |
| 30% Noncash contrib Risk Adj | | | | | | Schedule A, line 17 |
| 50% Cap Gain (30%) | | | | | | Schedule A, line 17 |
| 50% Cap Gain 30% Basis Adj | | | | | | Schedule A, line 17 |
| 50% Cap Gain 30% Risk Adj | | | | | | Schedule A, line 17 |
| Capital gain property (20%) | | | | | | Schedule A, line 17 |
| 20% Contrib Basis Adj | | | | | | Schedule A, line 17 |
| 20% Contrib Risk Adj | | | | | | Schedule A, line 17 |
| **Miscellaneous Deductions:** | | | | | | |
| Portfolio deductions subject to 2% | | | | | | Schedule A, line 23 |
| Basis Adjustment | | | | | | Schedule A, line 23 |
| At-Risk Adjustment | | | | | | Schedule A, line 23 |
| Excess deductions on termination | | | | | | Schedule A, line 23 |
| Portfolio deduction not subject to 2% | | | | | | Schedule A, line 28 |
| Basis Adjustment | | | | | | Schedule A, line 28 |
| At-Risk Adjustment | | | | | | Schedule A, line 28 |
| Estate tax deduction | | | | | | Schedule A, line 28 |

Form **1040** | **K1 Detail Summary Report, Page 3** | **2011**

Name: DANIEL M COHEN & MINDY SILVER COHEN

Taxpayer identification number: ********* -5736

| | Passthrough Entity Name | EIN | Entity Type | Passive Activity Type | Activity Disposed |
|---|---|---|---|---|---|
| A | PT. PLEASANT PACKING, INC. | 22-2646426 | S CORPORATION | NOT PASSIVE | |
| B | F/V MICHELLE INC | 43-1969807 | S CORPORATION | NOT PASSIVE | |
| C | FV SILVER FOX LLC | 20-8706580 | PARTNERSHIP | NOT PASSIVE | |
| D | FISHERMENS ENERGY OF NEW JERSEY LLC | 26-0640935 | PARTNERSHIP | NOT PASSIVE | |

| Form / Schedule / Worksheet | A | B | C | D | | |
|---|---|---|---|---|---|---|
| **Schedule B:** | | | | | | |
| Interest | | | | 197 | | Schedule B, Line 1 |
| Tax-exempt interest | | | | | | Form 1040, Line 8b |
| Ordinary dividends | | | | | | Schedule B, Line 5 |
| Qualified dividends | | | | | | Form 1040, Line 9b |
| **Schedule A:** | | | | | | |
| **Medical and dental:** | | | | | | |
| Shareholder medical ins - no W2 | | | | | | Schedule A, line 1 |
| Basis adjustment | | | | | | Schedule A, line 1 |
| At-risk adjustment | | | | | | Schedule A, line 1 |
| **Taxes:** | | | | | | |
| State withholding/estimate taxes | | | | | | Schedule A, line 5 |
| State w/h - Sch K1 Basis Adj | | | | | | Schedule A, line 5 |
| State w/h - Sch K1 At-Risk Adj | | | | | | Schedule A, line 5 |
| Real estate taxes | | | | | | Schedule A, line 6 |
| RE tax - Sch K1 Basis Adj | | | | | | Schedule A, line 6 |
| RE tax - Sch K1 At-Risk Adj | | | | | | Schedule A, line 6 |
| Total foreign taxes paid/accrued | | | | | | Schedule A, line 8 |
| Foreign taxes - K1 Basis Adj | | | | | | Schedule A, line 8 |
| Foreign taxes - K1 At-Risk Adj | | | | | | Schedule A, line 8 |
| **Gifts to Charity:** | | | | | | |
| Cash contributions (50%) | | | | 4,044 | | Schedule A, line 16 |
| 50% Cash contrib Basis Adj | | | | | | Schedule A, line 16 |
| 50% Cash contrib Risk Adj | | | | | | Schedule A, line 16 |
| Cash contributions (30%) | | | | | | Schedule A, line 16 |
| 30% Cash contrib Basis Adj | | | | | | Schedule A, line 16 |
| 30% Cash contrib Risk Adj | | | | | | Schedule A, line 16 |
| Noncash contribution (50%) | | | | | | Schedule A, line 17 |
| 50% Noncash contrib Basis Adj | | | | | | Schedule A, line 17 |
| 50% Noncash contrib Risk Adj | | | | | | Schedule A, line 17 |
| Noncash contribution (30%) | | | | | | Schedule A, line 17 |
| 30% Noncash contrib Basis Adj | | | | | | Schedule A, line 17 |
| 30% Noncash contrib Risk Adj | | | | | | Schedule A, line 17 |
| 50% Cap Gain (30%) | | | | | | Schedule A, line 17 |
| 50% Cap Gain 30% Basis Adj | | | | | | Schedule A, line 17 |
| 50% Cap Gain 30% Risk Adj | | | | | | Schedule A, line 17 |
| Capital gain property (20%) | | | | | | Schedule A, line 17 |
| 20% Contrib Basis Adj | | | | | | Schedule A, line 17 |
| 20% Contrib Risk Adj | | | | | | Schedule A, line 17 |
| **Miscellaneous Deductions:** | | | | | | |
| Portfolio deductions subject to 2% | | | | | | Schedule A, line 23 |
| Basis Adjustment | | | | | | Schedule A, line 23 |
| At-Risk Adjustment | | | | | | Schedule A, line 23 |
| Excess deductions on termination | | | | | | Schedule A, line 23 |
| Portfolio deduction not subject to 2% | | | | | | Schedule A, line 28 |
| Basis Adjustment | | | | | | Schedule A, line 28 |
| At-Risk Adjustment | | | | | | Schedule A, line 28 |
| Estate tax deduction | | | | | | Schedule A, line 28 |

Form **1040** | **K1 Detail Summary Report, Page 3** | **2011**

Name: DANIEL M COHEN & MINDY SILVER COHEN

Taxpayer identification number: ********* -5736

| | Passthrough Entity Name | EIN | Entity Type | Passive Activity Type | Activity Disposed |
|---|---|---|---|---|---|
| A | FV LAUREN LLC | 27-4511109 | PARTNERSHIP | NOT PASSIVE | |
| B | KINDER MORGAN ENERGY PARTNERS LP | 76-0380342 | PARTNERSHIP | OTHER PASSIVE | |
| C | DANIEL COHEN IRRV TR 01012010 | 45-6485626 | GRANTOR TRUST | RENTAL REAL ESTATE | |
| D | | | | | |

| Form / Schedule / Worksheet | A | B | C | D | TOTALS: | |
|---|---|---|---|---|---|---|
| **Schedule B:** | | | | | | |
| Interest | | 4 | | | 105,702 | Schedule B, Line 1 |
| Tax-exempt interest | | | | | | Form 1040, Line 8b |
| Ordinary dividends | | 2 | | | 51 | Schedule B, Line 5 |
| Qualified dividends | | | | | | Form 1040, Line 9b |
| **Schedule A:** | | | | | | |
| **Medical and dental:** | | | | | | |
| Shareholder medical ins - no W2 | | | | | | Schedule A, line 1 |
| Basis adjustment | | | | | | Schedule A, line 1 |
| At-risk adjustment | | | | | | Schedule A, line 1 |
| **Taxes:** | | | | | | |
| State withholding/estimate taxes | | | | | | Schedule A, line 5 |
| State w/h - Sch K1 Basis Adj | | | | | | Schedule A, line 5 |
| State w/h - Sch K1 At-Risk Adj | | | | | | Schedule A, line 5 |
| Real estate taxes | | | | | | Schedule A, line 6 |
| RE tax - Sch K1 Basis Adj | | | | | | Schedule A, line 6 |
| RE tax - Sch K1 At-Risk Adj | | | | | | Schedule A, line 6 |
| Total foreign taxes paid/accrued | | | | | | Schedule A, line 8 |
| Foreign taxes - K1 Basis Adj | | | | | | Schedule A, line 8 |
| Foreign taxes - K1 At-Risk Adj | | | | | | Schedule A, line 8 |
| **Gifts to Charity:** | | | | | | |
| Cash contributions (50%) | | | | | 13,300 | Schedule A, line 16 |
| 50% Cash contrib Basis Adj | | | | | | Schedule A, line 16 |
| 50% Cash contrib Risk Adj | | | | | | Schedule A, line 16 |
| Cash contributions (30%) | | | | | | Schedule A, line 16 |
| 30% Cash contrib Basis Adj | | | | | | Schedule A, line 16 |
| 30% Cash contrib Risk Adj | | | | | | Schedule A, line 16 |
| Noncash contribution (50%) | | | | | | Schedule A, line 17 |
| 50% Noncash contrib Basis Adj | | | | | | Schedule A, line 17 |
| 50% Noncash contrib Risk Adj | | | | | | Schedule A, line 17 |
| Noncash contribution (30%) | | | | | | Schedule A, line 17 |
| 30% Noncash contrib Basis Adj | | | | | | Schedule A, line 17 |
| 30% Noncash contrib Risk Adj | | | | | | Schedule A, line 17 |
| 50% Cap Gain (30%) | | | | | | Schedule A, line 17 |
| 50% Cap Gain 30% Basis Adj | | | | | | Schedule A, line 17 |
| 50% Cap Gain 30% Risk Adj | | | | | | Schedule A, line 17 |
| Capital gain property (20%) | | | | | | Schedule A, line 17 |
| 20% Contrib Basis Adj | | | | | | Schedule A, line 17 |
| 20% Contrib Risk Adj | | | | | | Schedule A, line 17 |
| **Miscellaneous Deductions:** | | | | | | |
| Portfolio deductions subject to 2% | | | | | | Schedule A, line 23 |
| Basis Adjustment | | | | | | Schedule A, line 23 |
| At-Risk Adjustment | | | | | | Schedule A, line 23 |
| Excess deductions on termination | | | | | | Schedule A, line 23 |
| Portfolio deduction not subject to 2% | | | | | | Schedule A, line 28 |
| Basis Adjustment | | | | | | Schedule A, line 28 |
| At-Risk Adjustment | | | | | | Schedule A, line 28 |
| Estate tax deduction | | | | | | Schedule A, line 28 |

Form **1040** | **K1 Detail Summary Report, Page 4** | **2011**

Name: DANIEL M COHEN & MINDY SILVER COHEN

Taxpayer identification number: ********* -5736

| | Passthrough Entity Name | EIN | Entity Type | Passive Activity Type | Activity Disposed |
|---|---|---|---|---|---|
| A | PT. PLEASANT PACKING, INC. | 22-2646426 | S CORPORATION | NOT PASSIVE | |
| B | F/V MICHELLE INC | 43-1969807 | S CORPORATION | NOT PASSIVE | |
| C | FV SILVER FOX LLC | 20-8706580 | PARTNERSHIP | NOT PASSIVE | |
| D | FISHERMENS ENERGY OF NEW JERSEY LLC | 26-0640935 | PARTNERSHIP | NOT PASSIVE | |

| Form / Schedule / Worksheet | A | B | C | D | | |
|---|---|---|---|---|---|---|
| **Schedule SE:** | | | | | | |
| Taxpayer/Spouse/Joint | T | S | S | T | | |
| Net earnings from self-employment | | | 4,080 | | | Schedule SE, Line 1b |
| Gross Farming or Fishing income | | | | | | Schedule E, line 42 |
| Gross nonfarm income | | | 98,516 | | | Schedule SE, Part II |
| **Farm partnerships:** | | | | | | |
| Net earnings from self-employment | | | | | | Net Earning SE Wrk |
| Auto expense | | | | | | Net Earning SE Wrk |
| Amortization | | | | | | Net Earning SE Wrk |
| Depreciation & Section 179 | | | | | | Net Earning SE Wrk |
| Depletion | | | | | | Net Earning SE Wrk |
| Other expenses | | | | | | Net Earning SE Wrk |
| Home office expense | | | | | | Net Earning SE Wrk |
| Unreimbursed partnership expenses | | | | | | Net Earning SE Wrk |
| Conservation Reserve Program pymts | | | | | | Net Earning SE Wrk |
| **Nonfarm partnerships:** | | | | | | |
| Net earnings from self-employment | | | 4,080 | | | Net Earning SE Wrk |
| Auto expense | | | | | | Net Earning SE Wrk |
| Amortization | | | | | | Net Earning SE Wrk |
| Depreciation & Section 179 | | | | | | Net Earning SE Wrk |
| Depletion | | | | | | Net Earning SE Wrk |
| Other expenses | | | | | | Net Earning SE Wrk |
| Home office expense | | | | | | Net Earning SE Wrk |
| Unreimbursed partnership expenses | | | | | | Net Earning SE Wrk |
| **Unreimbursed partner expenses:** | | | | | | |
| Entered on Screen K1-4 | | | | | | |
| Auto expense | | | | | | |
| Depr, Amortization & Sect 179 exp | | | | | | |
| Home office expense | | | | | | |
| Supplemental business expense | | | | | | |
| Total unreimbursed partner expenses | | | | | | Schedule E, line 28(h) |

Form **1040** | **K1 Detail Summary Report, Page 4** | **2011**

Name: DANIEL M COHEN & MINDY SILVER COHEN

Taxpayer identification number: ********* -5736

| | Passthrough Entity Name | EIN | Entity Type | Passive Activity Type | Activity Disposed |
|---|---|---|---|---|---|
| A | FV LAUREN LLC | 27-4511109 | PARTNERSHIP | NOT PASSIVE | |
| B | KINDER MORGAN ENERGY PARTNERS LP | 76-0380342 | PARTNERSHIP | OTHER PASSIVE | |
| C | DANIEL COHEN IRRV TR 01012010 | 45-6485626 | GRANTOR TRUST | RENTAL REAL ESTATE | |
| D | | | | | |

| Form / Schedule / Worksheet | A | B | C | D | | |
|---|---|---|---|---|---|---|
| **Schedule SE:** | | | | | | |
| Taxpayer/Spouse/Joint | S | S | T | | TOTALS: | |
| Net earnings from self-employment | | | | | 4,080 | Schedule SE, Line 1b |
| Gross Farming or Fishing income | | | | | | Schedule E, line 42 |
| Gross nonfarm income | | | | | 98,516 | Schedule SE, Part II |
| **Farm partnerships:** | | | | | | |
| Net earnings from self-employment | | | | | | Net Earning SE Wrk |
| Auto expense | | | | | | Net Earning SE Wrk |
| Amortization | | | | | | Net Earning SE Wrk |
| Depreciation & Section 179 | | | | | | Net Earning SE Wrk |
| Depletion | | | | | | Net Earning SE Wrk |
| Other expenses | | | | | | Net Earning SE Wrk |
| Home office expense | | | | | | Net Earning SE Wrk |
| Unreimbursed partnership expenses | | | | | | Net Earning SE Wrk |
| Conservation Reserve Program pymts | | | | | | Net Earning SE Wrk |
| **Nonfarm partnerships:** | | | | | | |
| Net earnings from self-employment | | | | | 4,080 | Net Earning SE Wrk |
| Auto expense | | | | | | Net Earning SE Wrk |
| Amortization | | | | | | Net Earning SE Wrk |
| Depreciation & Section 179 | | | | | | Net Earning SE Wrk |
| Depletion | | | | | | Net Earning SE Wrk |
| Other expenses | | | | | | Net Earning SE Wrk |
| Home office expense | | | | | | Net Earning SE Wrk |
| Unreimbursed partnership expenses | | | | | | Net Earning SE Wrk |
| **Unreimbursed partner expenses:** | | | | | | |
| Entered on Screen K1-4 | | | | | | |
| Auto expense | | | | | | |
| Depr, Amortization & Sect 179 exp | | | | | | |
| Home office expense | | | | | | |
| Supplemental business expense | | | | | | |
| Total unreimbursed partner expenses | | | | | | Schedule E, line 28(h) |

Form **1040** | **Salaries & Wages Report** | **2011**

Name: DANIEL M COHEN & MINDY SILVER COHEN

Taxpayer Identification Number: ********* -5736

| | T/S | Employer | Federal Wages | Federal Withheld | Soc Sec Wages |
|---|---|---|---|---|---|
| A | T | CORRECTIVE DISTRIBUTION - 1099R | 3,758 | 376 | |
| B | T | CORRECTIVE DISTRIBUTION - 1099R | 487 | | |
| C | S | CORRECTIVE DISTRIBUTION - 1099R | 3,758 | 376 | |
| D | S | CORRECTIVE DISTRIBUTION - 1099R | 487 | | |
| E | T | CORRECTIVE DISTRIBUTION - 1099R | 9,149 | 914 | |
| F | S | CORRECTIVE DISTRIBUTION - 1099R | 9,149 | 914 | |
| G | T | ACF HR SERVICES | 924,301 | 675,887 | 106,800 |
| H | S | ACF HR SERVICES LLC | 84,700 | 37,037 | 106,800 |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| | | **Taxpayer** | 937,695 | 677,177 | 106,800 |
| | | **Spouse** | 98,094 | 38,327 | 106,800 |
| | | **Totals** | 1,035,789 | 715,504 | 213,600 |

| | Soc Sec Withheld | Medicare Wages | Medicare Withheld | Soc Sec Tips | Allocated Tips | Dep Care Ben | Other, Box 14 |
|---|---|---|---|---|---|---|---|
| A | | | | | | | |
| B | | | | | | | |
| C | | | | | | | |
| D | | | | | | | |
| E | | | | | | | |
| F | | | | | | | |
| G | 4,486 | 946,801 | 13,729 | | | | 292 |
| H | 4,486 | 107,200 | 1,554 | | | | 292 |
| I | | | | | | | |
| J | | | | | | | |
| K | | | | | | | |
| L | | | | | | | |
| M | | | | | | | |
| **Taxpayer** | 4,486 | 946,801 | 13,729 | | | | 292 |
| **Spouse** | 4,486 | 107,200 | 1,554 | | | | 292 |
| **Totals** | 8,972 | 1,054,001 | 15,283 | | | | 584 |

| | State | State Wages | State Withheld | Name of Locality | Local Wages | Local Withheld |
|---|---|---|---|---|---|---|
| A | NJ | 3,758 | | | | |
| B | NJ | 487 | | | | |
| C | NJ | 3,758 | | | | |
| D | NJ | 487 | | | | |
| E | NJ | 9,149 | | | | |
| F | NJ | 9,149 | | | | |
| G | NJ | 931,010 | 193,325 | | | |
| H | NJ | 84,700 | 9,810 | | | |
| I | | | | | | |
| J | | | | | | |
| K | | | | | | |
| L | | | | | | |
| M | | | | | | |
| **Taxpayer** | | 944,404 | 193,325 | | | |
| **Spouse** | | 98,094 | 9,810 | | | |
| **Totals** | | 1,042,498 | 203,135 | | | |

Form **1040** | **Withholding Summary Report** | **2011**

Name: DANIEL M COHEN & MINDY SILVER COHEN

Taxpayer Identification Number: ********* -5736

| T/S | Description | Federal Withholding | State Withholding | Local Withholding |
|---|---|---|---|---|
| T | ACF HR SERVICES | 675,887 | 193,325 | |
| S | ACF HR SERVICES LLC | 37,037 | 9,810 | |
| T | ACF HR SERVICES LLC SAVINGS PLAN | 376 | | |
| S | ACF HR SERVICES LLC SAVINGS PLAN | 376 | | |
| T | HARTFORD RETIREMENT SERVICES LLC | 914 | | |
| S | HARTFORD RETIREMENT SERVICES LLC | 914 | | |
| T | WELLS FGO AVTG DIVERSFD CAP | 31 | | |
| | **Taxpayer** | 677,208 | 193,325 | |
| | **Spouse** | 38,327 | 9,810 | |
| | **Total** | 715,535 | 203,135 | |