



JUNE 9, 2015

CHRISTOPHER J. & MARY P. CHRISTIE



DEAR MR. AND MRS. CHRISTIE:

ENCLOSED ARE YOUR 2014 INCOME TAX RETURNS, AS FOLLOWS...

2014 U.S. INDIVIDUAL INCOME TAX RETURN

2014 NEW JERSEY INDIVIDUAL INCOME TAX RETURN

2014 NEW YORK INDIVIDUAL INCOME TAX RETURN

YOUR COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,



# 2014 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2014

<b>Prepared for</b>	CHRISTOPHER J. & MARY P. CHRISTIE 
<b>Prepared by</b>	
<b>Amount of tax</b>	Total tax \$ 283,535 Less: payments and credits \$ 286,875 Plus: interest and penalties \$ 0 OVERPAYMENT \$ 3,340
<b>Overpayment</b>	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 3,340 Refunded to you \$ 0
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING AND THE PRACTITIONER PIN PROGRAM HAS BEEN ELECTED. PLEASE SIGN AND RETURN FORM 8879 TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS.
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	

\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

Form **8879**  
Department of the Treasury  
Internal Revenue Service

**IRS e-file Signature Authorization**

OMB No. 1545-0074

**2014**

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

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at [www.irs.gov/form8879](http://www.irs.gov/form8879).

Submission Identification Number (SID) ▶

Taxpayer's name <b>CHRISTOPHER J. CHRISTIE</b>	Social security number ***+***+****
Spouse's name <b>MARY P. CHRISTIE</b>	Spouse's social security number ***+***+****

**Part I Tax Return Information - Tax Year Ending December 31, 2014** (Whole Dollars Only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	970,161.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	283,535.
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	248,648.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	0.
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2014, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

- I authorize [redacted] ERO firm name to enter or generate my PIN [redacted] as my signature on my tax year 2014 electronically filed income tax return. Enter five digits, but do not enter all zeros.
- I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\* Date ▶ 06/09/2015

**Spouse's PIN: check one box only**

- I authorize [redacted] ERO firm name to enter or generate my PIN [redacted] as my signature on my tax year 2014 electronically filed income tax return. Enter five digits, but do not enter all zeros.
- I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ Date ▶ 06/09/2015

**Practitioner PIN Method Returns Only - continue below**

**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [redacted] Do not enter all zeros

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

ERO's signature ▶ Date ▶ 06/09/2015

419995  
12-24-14

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

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

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**ERO Declaration**

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

**ERO Signature**

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

ERO's PIN

██████████

*(enter EFIN plus 5 self-selected numerics)*

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**Taxpayer Declarations**

**Perjury Statement**

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

**Consent to Disclosure**

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

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

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Taxpayer's PIN:

██████████

Date 06092015

Spouse's PIN:

██████████

▼ DETACH HERE ▼

Form **4868**  
Department of the Treasury  
Internal Revenue Service (99)

**Application for Automatic Extension of Time  
To File U.S. Individual Income Tax Return**

**2014**

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

Part I Identification		Part II Individual Income Tax	
<b>1</b> Your name(s) CHRISTOPHER J. CHRISTIE MARY P. CHRISTIE [REDACTED]		<b>4</b> Estimate of total tax liability for 2014 ..... \$ <u>281,703.</u> <b>5</b> Total 2014 payments ..... <u>264,933.</u> <b>6</b> Balance due. Subtract line 5 from line 4 ..... <u>16,770.</u> <b>7</b> Amount you are paying ..... ► <u>17,000.</u>	
<b>2</b> Your social security number *** _ ** _ ****	<b>3</b> Spouse's social security number *** _ ** _ ****	<b>8</b> Check here if you are "out of the country" and a U.S. citizen or resident ..... ► <input type="checkbox"/> <b>9</b> Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding ..... ► <input type="checkbox"/>	

\*\*\*\*\* [REDACTED]

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning \_\_\_\_\_, 2014, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and initial **CHRISTOPHER J.** Last name **CHRISTIE** Your social security number **\*\*\*-\*\*-\*\*\*\***

If a joint return, spouse's first name and initial **MARY P.** Last name **CHRISTIE** Spouse's social security number **\*\*\*-\*\*-\*\*\*\***

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

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. \_\_\_\_\_  
 Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

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

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

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

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit	No. of children on 8c who: <input checked="" type="checkbox"/> lived with you <input checked="" type="checkbox"/> did not live with you due to divorce or separation (see instructions)
(1) First name	Last name				
ANDREW	CHRISTIE	***-**-****	SON		<b>4</b>
SARAH	CHRISTIE	***-**-****	DAUGHTER		
PATRICK	CHRISTIE	***-**-****	SON	<input checked="" type="checkbox"/>	
BRIDGET	CHRISTIE	***-**-****	DAUGHTER	<input checked="" type="checkbox"/>	

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **6**

Income	7	8a	8b	9a	9b	10	11	12	13	14	15a	15b	16a	16b	17	18	19	20a	20b	21	22	
Wages, salaries, tips, etc. Attach Form(s) W-2	912,460.																					
Taxable interest. Attach Schedule B if required		1.																				
Tax-exempt interest. Do not include on line 8a			1,406.																			
Ordinary dividends. Attach Schedule B if required				7,815.																		
Qualified dividends					6,453.																	
Taxable refunds, credits, or offsets of state and local income taxes						STMT 1	STMT 3															
Allimony received																						
Business income or (loss). Attach Schedule C or C-EZ																						
Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>																						
Other gains or (losses). Attach Form 4797																						
IRA distributions																						
Pensions and annuities																						
Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E																						25,547.
Farm income or (loss). Attach Schedule F																						
Unemployment compensation																						
Social security benefits																						
Other income. List type and amount																						
Combine the amounts in the far right column for lines 7 through 21. This is your total income																						970,161.

Adjusted Gross Income	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
Educator expenses															
Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ															
Health savings account deduction. Attach Form 8889															
Moving expenses. Attach Form 3903															
Deductible part of self-employment tax. Attach Schedule SE															
Self-employed SEP, SIMPLE, and qualified plans															
Self-employed health insurance deduction															
Penalty on early withdrawal of savings															
Allimony paid b Recipient's SSN															
IRA deduction															
Student loan interest deduction															
Tuition and fees. Attach Form 8917															
Domestic production activities deduction. Attach Form 8903															
Add lines 23 through 35															
Subtract line 36 from line 22. This is your adjusted gross income															970,161.

<b>Tax and Credits</b>		38	Amount from line 37 (adjusted gross income)	38	970,161.
Standard Deduction for - ● People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.  ● All others: Single or Married filing separately, \$6,200 Married filing jointly or Qualifying widow(er), \$12,400 Head of household, \$9,100	39a	Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. Total boxes checked ...	39a		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here		39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	141,499.	
	41	Subtract line 40 from line 38	41	828,662.	
	42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see inst.	42	0.	
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	828,662.	
	44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	271,125.	
	45	Alternative minimum tax. Attach Form 6251	45	0.	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46		
	47	Add lines 44, 45, and 46	47	271,125.	
48	Foreign tax credit. Attach Form 1116 if required	48	84.		
49	Credit for child and dependent care expenses. Attach Form 2441	49			
50	Education credits from Form 8863, line 19	50			
51	Retirement savings contributions credit. Attach Form 8880	51			
52	Child tax credit. Attach Schedule 8812, if required	52			
53	Residential energy credits. Attach Form 5695	53			
54	Other credits from Form: a <input checked="" type="checkbox"/> 3800 b <input checked="" type="checkbox"/> 8801 c <input type="checkbox"/>	54	415.		
55	Add lines 48 through 54. These are your total credits	55	499.		
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	270,626.		
<b>Other Taxes</b>		57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58			
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59			
60a	Household employment taxes from Schedule H	60a	4,940.		
b First-time homebuyer credit repayment. Attach Form 5405 if required		60b			
61	Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61			
62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s) STATEMENT 10	62	7,969.		
63	Add lines 56 through 62. This is your total tax	63	283,535.		
<b>Payments</b>		64	Federal income tax withheld from Forms W-2 and 1099	64	248,648.
65	2014 estimated tax payments and amount applied from 2013 return	65	19,076.		
66a	Earned income credit (EIC)	66a			
b Nontaxable combat pay election		66b			
67	Additional child tax credit. Attach Schedule 8812	67			
68	American opportunity credit from Form 8863, line 8	68			
69	Net premium tax credit. Attach Form 8962	69			
70	Amount paid with request for extension to file	70	17,000.		
71	Excess social security and tier 1 RRTA tax withheld	71	2,151.		
72	Credit for federal tax on fuels. Attach Form 4136	72			
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> Reserved d <input type="checkbox"/>	73			
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	286,875.		
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,340.		
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here		76a			
b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="text"/>					
77	Amount of line 75 you want applied to your 2015 estimated tax	77	3,340.		
<b>Amount You Owe</b>		78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79			
<b>Third Party Designee</b>		Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
Designee's name <input type="text"/>		Phone no. <input type="text"/>		Personal identification number (PIN) <input type="text"/>	
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.					
<b>Sign Here</b>		Your signature		Date	
Joint return? See instructions. Keep a copy for your records.		GOVERNOR		Date	
Spouse's signature. If a joint return, both must sign.		SALES		Date	
Print/Type preparer's name		Preparer's signature		Date	
Paid Preparer Use Only		Firm's name		Date	
Firm's name		Firm's EIN		Date	
Firm's address		Phone no.		Date	

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).  
Attach to Form 1040.

OMB No. 1545-0074

**2014**  
Attachment  
Sequence No. **07**

Your social security number

\*\*\*-\*\*-\*\*\*\*

**CHRISTOPHER J. & MARY P. CHRISTIE**

<b>Medical and Dental Expenses</b>	Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions) .....	1	
2	Enter amount from Form 1040, line 38 .....	2	
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead .....	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .....	4	
<b>Taxes You Paid</b>	5 State and local (check only one box):	5	
a	<input checked="" type="checkbox"/> Income taxes, or		87,776.
b	<input type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions) .....	6	39,166.
7	Personal property taxes .....	7	
8	Other taxes. List type and amount ▶ .....	8	
9	Add lines 5 through 8 .....	9	126,942.
<b>Interest You Paid</b>	10 Home mortgage interest and points reported to you on Form 1098 .....	10	6,901.
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	6,901.
<b>Gifts to Charity</b>	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions .....	16	27,109.
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	500.
18	Carryover from prior year .....	18	
19	Add lines 16 through 18 .....	19	27,609.
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....	20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	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 ▶ FROM K-1 - AG NET LEASE REALTY FUND II, L.P. 3.	23	3.
24	Add lines 21 through 23 .....	24	3.
25	Enter amount from Form 1040, line 38 .....	25	970,161.
26	Multiply line 25 by 2% (.02) .....	26	19,403.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- .....	27	0.
<b>Other Miscellaneous Deductions</b>	28 Other - from list in instructions. List type and amount ▶ .....	28	
<b>Total Itemized Deductions</b>	29 Is Form 1040, line 38, over \$152,525? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	141,499.
30	If you elect to itemize deductions even though they are less than your standard deduction, check here .....		

**SCHEDULE B**  
(Form 1040A or 1040)

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

**Interest and Ordinary Dividends**

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at [www.irs.gov/scheduleb](http://www.irs.gov/scheduleb).

OMB No. 1545-0074

**2014**  
Attachment  
Sequence No. **08**

Your social security number

**CHRISTOPHER J. & MARY P. CHRISTIE**

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**Part I  
Interest**

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶  
FROM K-1 - AG NET LEASE REALTY FUND II, L.P.

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

- 2 Add the amounts on line 1 ..... 2 1.  
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 1.

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

**Part II  
Ordinary  
Dividends**

- 5 List name of payer ▶  
THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST 4,011.  
THE MARY PAT CHRISTIE 2010 BLIND TRUST 3,804.

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

- 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ..... ▶ 6 7,815.

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

**Part III  
Foreign  
Accounts  
and  
Trusts**

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

- 7a At any time during 2014, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions .....  Yes  No  
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements .....  Yes  No  
b If you are required to file FinCen Form 114, enter the name of the foreign country where the financial account is located ..... ▶  Yes  No  
8 During 2014, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions .....  Yes  No

427501  
11-07-14

**SCHEDULE D  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

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

OMB No. 1545-0074

**2014**

Attachment  
Sequence No. 12

Name(s) shown on return

Your social security number

**CHRISTOPHER J. & MARY P. CHRISTIE**

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	147,414.	149,891.		<2,477.>
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 <b>STMT 14</b>				4 147.
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions				6 ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 <2,330.>

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked	174,166.	162,428.		11,738.
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked				
<b>11</b> 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 <b>SEE STATEMENT 15</b>				11 221.
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
<b>13</b> Capital gain distributions <b>SEE STATEMENT 16</b>				13 3,190.
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions				14 ( )
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 15,149.

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

Schedule D (Form 1040) 2014







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.

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

OMB No. 1545-0074

2014

Attachment Sequence No. 13

Name(s) shown on return

Your social security number

CHRISTOPHER J. & MARY P. CHRISTIE

\*\*\*-\*\*-\*\*\*\*

Part I Income or Loss From Rental Real Estate and Royalties

Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

- A Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions)
B If "Yes," did you or will you file required Forms 1099?

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

Table with columns: 1b Type of Property, 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. Fair Rental Days, Personal Use Days, QJV.

Type of Property:

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

Main income and expense table with columns: Income, Properties, A, B, C. Rows include Rents received, Royalties received, Advertising, Auto and travel, Cleaning and maintenance, Commissions, Insurance, Legal and other professional fees, Management fees, Mortgage interest paid to banks, etc., Other interest, Repairs, Supplies, Taxes, Utilities, Depreciation expense or depletion, Other (list), Total expenses, Subtract line 20 from line 3 (rents) and/or 4 (royalties), Deductible rental real estate loss after limitation, Total of all amounts reported on line 3 for all rental properties, Total of all amounts reported on line 4 for all royalty properties, Total of all amounts reported on line 12 for all properties, Total of all amounts reported on line 18 for all properties, Total of all amounts reported on line 20 for all properties, Income, Losses, Total rental real estate and royalty income or (loss).

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2014

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

Your social security number

**CHRISTOPHER J. & MARY P. CHRISTIE**

\*\*\*-\*\*-\*\*\*\*

**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 column (e) on line 28 and attach Form 6198. See instructions.

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

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	AG NET LEASE REALTY FUND II, L.P.	P		**-*****	
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	0.			
B				
C				
D				
29a	Totals			
b	Totals			
30	Add columns (g) and (j) of line 29a		30	
31	Add columns (f), (h), and (i) of line 29b		31	( )
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below		32	

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A	SEE STATEMENT 17	
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			
B			
34a	Totals		
b	Totals		
35	Add columns (d) and (f) of line 34a		35
36	Add columns (c) and (e) of line 34b		36
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		37

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

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

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	25,547.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1085), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE E

Name MARY P. CHRISTIE

Passthrough AG NET LEASE REALTY FUND II, L.P. - AG NET LEASE REALTY F ID

\*\*-\*\*\*\*\*

SSN/EIN

\*\*\*-\*\*-\*\*\*\*

SPOUSE

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>OTHER PASSIVE</b>								
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....								
Rental real estate income (loss) .....								
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....								
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....								
First passive other .....								
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....								
Total Schedule E (page 2) .....								
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles .....	368.							368.
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income	3.							3.
Other .....								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E

Name MARY P. CHRISTIE

SSN/EIN \*\*\*-\*\*-\*\*\*\*

Partthrough AG NET LEASE REALTY FUND II, L.P. - AG NET LEASE REALTY F ID \*\*-\*\*\*\*\*

SPOUSE

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income	1.							1.
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E

Name CHRISTOPHER J. CHRISTIE  
Passthrough THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD 8/25/10 -  
ESTATE OR TRUST

SSN/EIN \*\*\*-\*\*-\*\*\*\*  
TAXPAYER

ID \*\*-\*\*\*\*\*

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>OTHER PASSIVE</b>								
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....								
Rental real estate income (loss) .....								
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....								
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....								
First passive other .....								
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....								
Total Schedule E (page 2) .....								
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles .....								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income								
Other .....								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E

Name CHRISTOPHER J. CHRISTIE  
 Passthrough THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD 8/25/10 - ID  
 ESTATE OR TRUST

SSN/EIN \*\*\*-\*\*-\*\*\*\*  
 TAXPAYER

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....								
Interest from U.S. bonds .....								
Ordinary dividends .....								
Qualified dividends .....								
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2014

**SCHEDULE E**

Name MARY P. CHRISTIE  
 Passthrough THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED 8/25/10 - MA ID \*\*\*\*\*  
 ESTATE OR TRUST

SSN/EIN \*\*\*-\*\*-\*\*\*\*  
 SPOUSE

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>OTHER PASSIVE</b>								
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....								
Rental real estate income (loss) .....								
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....								
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....								
First passive other .....								
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....								
Total Schedule E (page 2) .....								
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles .....								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income								
Other .....								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E

Name MARY P. CHRISTIE

Passthrough THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED 8/25/10 - MA ID

SSN/EIN

\*\*\*\*-\*\*-\*\*\*\*

SPOUSE

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>OTHER PASSIVE</b>								
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....								
Interest from U.S. bonds .....								
Ordinary dividends .....								
Qualified dividends .....								
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								

**Foreign Tax Credit**

(Individual, Estate, or Trust)

**2014**

Attachment Sequence No. 19

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

Name

Identifying number as shown on page 1 of your tax return

**CHRISTOPHER J. & MARY P. CHRISTIE**

\*\*\*-\*\*-\*\*\*\*

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

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

f Resident of (name of country) ▶ **UNITED STATES**

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
<b>9</b> Enter the name of the foreign country or U.S. possession	<b>OTHER COUNTRIES</b>			
<b>1a</b> Gross income from sources within country shown above and of the type checked above:	567.			1a 567.
<b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				
<b>Deductions and losses (Caution: See instructions):</b>				
<b>2</b> Expenses definitely related to the income on line 1a (attach statement)				
<b>3</b> Pro rata share of other deductions not definitely related:				
<b>a</b> Certain itemized deductions or standard deduction	111,254.			
<b>b</b> Other deductions (attach statement)				
<b>c</b> Add lines 3a and 3b	111,254.			
<b>d</b> Gross foreign source income	567.			
<b>e</b> Gross income from all sources	973,006.			
<b>f</b> Divide line 3d by line 3e	.00058			
<b>g</b> Multiply line 3c by line 3f	65.			
<b>4</b> Pro rata share of interest expense:				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
<b>b</b> Other interest expense				
<b>5</b> Losses from foreign sources				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5	65.			6 65.
<b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 502.

**Part II Foreign Taxes Paid or Accrued**

SEE STATEMENT 18

Country	Credit is claimed for taxes (you must check one)		Foreign taxes paid or accrued						(s) Total foreign taxes paid or accrued (add cols. (o) through (r))				
	(h) <input checked="" type="checkbox"/> Paid	(i) <input type="checkbox"/> Accrued	In foreign currency			In U.S. dollars							
			(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	
A								101.					101.
B													
C													
<b>8</b> Add lines A through C, column (s). Enter the total here and on line 9, page 2												8 101.	

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Figuring the Credit</b>			
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	101.	
10 Carryback or carryover (attach detailed computation) <b>SEE STATEMENT 20</b> .....	10	46.	
11 Add lines 9 and 10 .....	11	147.	
12 Reduction in foreign taxes .....	12		
13 Taxes reclassified under high tax kickout .....	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit .....	14	147.	
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 .....	15	502.	
16 Adjustments to line 15 .....	16	-251.	
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	251.	
18 <b>Individuals:</b> Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption <b>SEE STATEMENT 19</b> .....	18	819,124.	
<i>Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.</i>			
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....	19	.00031	
20 <b>Individuals:</b> Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 .....	20	271,125.	
<i>Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.</i>			
21 Multiply line 20 by line 19 (maximum amount of credit) .....	21	84.	
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 .....	22	84.	
<b>Part IV Summary of Credits From Separate Parts III</b>			
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	84.	
29 Reduction of credit for international boycott operations .....	29		
30 Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a .....	30	84.	

# Child and Dependent Care Expenses

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

▶ Information about Form 2441 and its separate instructions is at [www.irs.gov/form2441](http://www.irs.gov/form2441)

Name(s) shown on return

Your social security number

**CHRISTOPHER J. & MARY P. CHRISTIE**

\*\*\*-\*\*-\*\*\*\*

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

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
	[REDACTED]	[REDACTED]	***-**-****	6,000.

Did you receive dependent care benefits?   
 No → Complete only Part II below.   
 Yes → Complete Part III on page 2 next.

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

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

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

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2014 for the person listed in column (a)
First	Last		
BRIDGET	CHRISTIE	***-**-****	6,000.

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 ..... **3**

4 Enter your earned income. See instructions ..... **4**

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 ..... **5**

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

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

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

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0 - 15,000		.35	\$29,000 - 31,000		.27
15,000 - 17,000		.34	31,000 - 33,000		.26
17,000 - 19,000		.33	33,000 - 35,000		.25
19,000 - 21,000		.32	35,000 - 37,000		.24
21,000 - 23,000		.31	37,000 - 39,000		.23
23,000 - 25,000		.30	39,000 - 41,000		.22
25,000 - 27,000		.29	41,000 - 43,000		.21
27,000 - 29,000		.28	43,000 - No limit		.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2013 expenses in 2014, see the instructions ..... **9**

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions ..... **STATEMENT 21** **10** **271,041.**

11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47 ..... **11** **0.**

**Part III Dependent Care Benefits**

12 Enter the total amount of <b>dependent care benefits</b> you received in 2014. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	5,000.
13 Enter the amount, if any, you carried over from 2013 and used in 2014 during the grace period. See instructions	13	
14 Enter the amount, if any, you forfeited or carried forward to 2015. See instructions	14	( )
15 Combine lines 12 through 14. See instructions	15	5,000.
16 Enter the total amount of <b>qualified expenses</b> incurred in 2014 for the care of the <b>qualifying person(s)</b>	16	6,000.
17 Enter the <b>smaller</b> of line 15 or 16	17	5,000.
18 Enter your <b>earned income</b> . See instructions	18	157,063.
19 Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>• If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).</li> <li>• If married filing separately, see instructions.</li> <li>• All others, enter the amount from line 18.</li> </ul>	19	755,397.
20 Enter the <b>smallest</b> of line 17, 18, or 19	20	5,000.
21 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	21	5,000.
22 Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here	22	0.
23 Subtract line 22 from line 15	23	5,000.
24 <b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	
25 <b>Excluded benefits. Form 1040 and 1040NR filers:</b> If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. <b>Form 1040A filers:</b> Enter the smaller of line 20 or line 21	25	5,000.
26 <b>Taxable benefits. Form 1040 and 1040NR filers:</b> Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." <b>Form 1040A filers:</b> Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"	26	0.

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

27 Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	3,000.
28 <b>Form 1040 and 1040NR filers:</b> Add lines 24 and 25. <b>Form 1040A filers:</b> Enter the amount from line 25	28	5,000.
29 Subtract line 28 from line 27. If zero or less, <b>stop.</b> You cannot take the credit. <b>Exception.</b> If you paid 2013 expenses in 2014, see the instructions for line 9	29	0.
30 Complete line 2 on page 1 of this form. <b>Do not</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	
31 Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	

# General Business Credit

► Information about Form 3800 and its separate instructions is at [www.irs.gov/form3800](http://www.irs.gov/form3800).  
► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

CHRISTOPHER J. & MARY P. CHRISTIE

Identifying number

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**Part I** Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)  
(See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2014 (see instructions)	3	
4	Carryforward of general business credit to 2014. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	39.
5	Carryback of general business credit from 2015. Enter the amount from line 2 of Part III with box D checked	5	
6	Add lines 1, 3, 4, and 5	6	39.

**Part II** Allowable Credit

7	Regular tax before credits: <ul style="list-style-type: none"> <li>Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040 NR, lines 42 and 44</li> <li>Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return</li> <li>Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return</li> </ul>	7	271,125.
8	Alternative minimum tax: <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 35</li> <li>Corporations. Enter the amount from Form 4626, line 14</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56</li> </ul>	8	
9	Add lines 7 and 8	9	271,125.
10a	Foreign tax credit	10a	84.
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	84.
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	271,041.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	271,041.
13	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions)	13	61,510.
14	Tentative minimum tax: <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 33</li> <li>Corporations. Enter the amount from Form 4626, line 12</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54</li> </ul>	14	253,489.
15	Enter the greater of line 13 or line 14	15	253,489.
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	17,552.
17	Enter the smaller of line 6 or line 16 <b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.	17	39.

**Part II Allowable Credit** (Continued)

**Note.** If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (.75) (see instructions) .....	18	
19	Enter the greater of line 13 or line 18 .....	19	
20	Subtract line 19 from line 11. If zero or less, enter -0- .....	20	
21	Subtract line 17 from line 20. If zero or less, enter -0- .....	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked .....	22	
23	Passive activity credit from line 3 of all Parts III with box B checked .....	23	
24	Enter the applicable passive activity credit allowed for 2014 (see instructions) .....	24	
25	Add lines 22 and 24 .....	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 .....	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0- .....	27	209,531.
28	Add lines 17 and 26 .....	28	39.
29	Subtract line 28 from line 27. If zero or less, enter -0- .....	29	209,492.
30	Enter the general business credit from line 5 of all Parts III with box A checked .....	30	
31	Reserved .....	31	
32	Passive activity credits from line 5 of all Parts III with box B checked .....	32	
33	Enter the applicable passive activity credits allowed for 2014 (see instructions) .....	33	
34	Carryforward of business credit to 2014. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach .....	34	
35	Carryback of business credit from 2015. Enter the amount from line 5 of Part III with box D checked (see instructions) .....	35	
36	Add lines 30, 33, 34, and 35 .....	36	
37	Enter the smaller of line 29 or line 36 .....	37	
38	<b>Credit allowed for the current year.</b> Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return: <ul style="list-style-type: none"> <li>• Individuals. Form 1040, line 54, or Form 1040NR, line 51 .....</li> <li>• Corporations. Form 1120, Schedule J, Part I, line 5c .....</li> <li>• Estates and trusts. Form 1041, Schedule G, line 2b .....</li> </ul>	38	39.

Name(s) shown on return

**CHRISTOPHER J. & MARY P. CHRISTIE**

Identifying number

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**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

- A  General Business Credit From a Non-Passive Activity
- B  General Business Credit From a Passive Activity
- C  General Business Credit Carryforwards
- D  General Business Credit Carrybacks
- E  Reserved
- F  Reserved
- G  Eligible Small Business Credit Carryforwards
- H  Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

**Note.** On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (Form 8907)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (Form 8909)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (Form 8931) (see instructions for limitation)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	39.
zz Other	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	39.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Reserved	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	39.

**Alternative Minimum Tax - Individuals**

▶ Information about Form 6251 and its separate instructions is at [www.irs.gov/form6251](http://www.irs.gov/form6251).

▶ Attach to Form 1040 or Form 1040NR.

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

Your social security number

**CHRISTOPHER J. & MARY P. CHRISTIE**

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**Part I Alternative Minimum Taxable Income**

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	828,662.
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	126,942.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is \$152,525 or less, enter -0-. Otherwise, see instructions	6	-19,953.
7	Tax refund from Form 1040, line 10 or line 21	7	-11,519.
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	SEE STATEMENT 22
13	Qualified small business stock (7% of gain excluded under section 1202)	13	10.
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$242,450, see instructions.)	28	924,142.

**Part II Alternative Minimum Tax (AMT)**

29	Exemption. (If you were under age 24 at the end of 2014, see instructions.) IF your filing status is... AND line 28 is not over... THEN enter on line 29... Single or head of household ..... \$117,300 ..... \$52,800 Married filing jointly or qualifying widow(er) ... 156,500 ..... 82,100 Married filing separately ..... 78,250 ..... 41,050 If line 28 is over the amount shown above for your filing status, see instructions.	29	0.
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	924,142.
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. • All others: If line 30 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result.	31	253,568.
32	Alternative minimum tax foreign tax credit (see instructions)	32	79.
33	Tentative minimum tax. Subtract line 32 from line 31	33	253,489.
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	271,041.
35	<b>AMT.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0.

**Part III Tax Computation Using Maximum Capital Gains Rates**

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

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36	924,142.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	19,272.
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	19,272.
40	Enter the smaller of line 36 or line 39	40	19,272.
41	Subtract line 40 from line 36	41	904,870.
42	If line 41 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result	42	249,714.
43	Enter: <ul style="list-style-type: none"> <li>• \$73,800 if married filing jointly or qualifying widow(er),</li> <li>• \$36,900 if single or married filing separately, or</li> <li>• \$49,400 if head of household.</li> </ul>	43	73,800.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	809,390.
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	0.
46	Enter the smaller of line 36 or line 37	46	19,272.
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	0.
48	Subtract line 47 from line 46	48	19,272.
49	Enter: <ul style="list-style-type: none"> <li>• \$406,750 if single</li> <li>• \$228,800 if married filing separately</li> <li>• \$457,600 if married filing jointly or qualifying widow(er)</li> <li>• \$432,200 if head of household</li> </ul>	49	457,600.
50	Enter the amount from line 45	50	0.
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51	809,390.
52	Add line 50 and line 51	52	809,390.
53	Subtract line 52 from line 49. If zero or less, enter -0-	53	0.
54	Enter the smaller of line 48 or line 53	54	0.
55	Multiply line 54 by 15% (.15)	55	
56	Add lines 47 and 54	56	0.
If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.			
57	Subtract line 56 from line 46	57	19,272.
58	Multiply line 57 by 20% (.20)	58	3,854.
If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.			
59	Add lines 41, 56, and 57	59	
60	Subtract line 59 from line 36	60	
61	Multiply line 60 by 25% (.25)	61	
62	Add lines 42, 55, 58, and 61	62	253,568.
63	If line 36 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result	63	255,110.
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	253,568.

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

2014

Attachment Sequence No. 19

Form 1116

Department of the Treasury Internal Revenue Service (99)

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

Name

Identifying number as shown on page 1 of your tax return

CHRISTOPHER J. & MARY P. CHRISTIE

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

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

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
9 Enter the name of the foreign country or U.S. possession	OTHER COUNTRIES			
1a Gross income from sources within country shown above and of the type checked above:	567.			1a 567.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				
<b>Deductions and losses (Caution: See instructions):</b>				
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				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income	567.			
e Gross income from all sources	961,497.			
f Divide line 3d by line 3e	.00059			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 567.

Part II Foreign Taxes Paid or Accrued

Country	Foreign taxes paid or accrued						(s) Total foreign taxes paid or accrued (add cols. (o) through (r))		
	In foreign currency				In U.S. dollars				
	Taxes withheld at source on:				Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	
	(h) <input checked="" type="checkbox"/> Paid								
	(i) <input type="checkbox"/> Accrued								
	(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	
A						101.			101.
B									
C									
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2									8 101.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2014)

ALTERNATIVE MINIMUM TAX

**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	101.	
10	Carryback or carryover (attach detailed computation) SEE STATEMENT 23	10		
11	Add lines 9 and 10	11	101.	
12	Reduction in foreign taxes	12		
13	Taxes reclassified under high tax kickout	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		101.
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	15	567.	
16	Adjustments to line 15	16	-284.	
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	283.	
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 SEE STATEMENT 24	18	918,636.	
19	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		.00031
20	Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37. Caution: If you are completing line 20 for separate category (lump-sum distributions), see instructions.	20		253,568.
21	Multiply line 20 by line 19 (maximum amount of credit)	21		79.
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	22		79.

**Part IV Summary of Credits From Separate Parts III**

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		79.
29	Reduction of credit for international boycott operations	29		
30	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	30		79.

**SCHEDULE H  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Household Employment Taxes**

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

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

▶ Information about Schedule H and its separate instructions is at [www.irs.gov/scheduleh](http://www.irs.gov/scheduleh).

OMB No. 1545-1971

**2014**

Attachment  
Sequence No. 44

Name of employer

Social security number

\*\*\*-\*\*-\*\*\*\*

Employer identification number

\*\*-\*\*\*\*\*

**CHRISTOPHER J. & MARY P. CHRISTIE**

Calendar year taxpayers having no household employees in 2014 do not have to complete this form for 2014.

**A** Did you pay **any one** household employee cash wages of \$1,900 or more in 2014? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

**Yes.** Skip lines B and C and go to line 1.

**No.** Go to line B.

**B** Did you withhold federal income tax during 2014 for any household employee?

**Yes.** Skip line C and go to line 7.

**No.** Go to line C.

**C** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2013 or 2014 to **all** household employees? (Do not count cash wages paid in 2013 or 2014 to your spouse, your child under age 21, or your parent.)

**No. Stop.** Do not file this schedule.

**Yes.** Skip lines 1-9 and go to line 10.

**Part I Social Security, Medicare, and Federal Income Taxes**

1	Total cash wages subject to social security tax .....	1	28,600.	
2	Social security tax. Multiply line 1 by 12.4% (.124) .....	2		3,546.
3	Total cash wages subject to Medicare tax .....	3	28,600.	
4	Medicare tax. Multiply line 3 by 2.9% (.029) .....	4		829.
5	Total cash wages subject to Additional Medicare Tax withholding .....	5		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (.009) .....	6		
7	Federal income tax withheld, if any .....	7		523.
8	<b>Total social security, Medicare, and federal income taxes.</b> Add lines 2, 4, 6, and 7 .....	8		<b>4,898.</b>

**9** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2013 or 2014 to **all** household employees? (Do not count cash wages paid in 2013 or 2014 to your spouse, your child under age 21, or your parent.)

**No. Stop.** Include the amount from line 8 above on Form 1040, line 60a. If you are not required to file Form 1040, see the line 9 instructions.

**Yes.** Go to line 10.

**Part II Federal Unemployment (FUTA) Tax**

	Yes	No
10 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see instructions and check "No.")	<input checked="" type="checkbox"/>	
11 Did you pay all state unemployment contributions for 2014 by April 15, 2015? Fiscal year filers see instructions	<input checked="" type="checkbox"/>	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	<input checked="" type="checkbox"/>	

**Next:** If you checked the "Yes" box on all the lines above, complete Section A.  
If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

**Section A**

13 Name of the state where you paid unemployment contributions	▶ NJ		
14 Contributions paid to your state unemployment fund	14	310.	
15 Total cash wages subject to FUTA tax			15 7,000.
16 FUTA tax. Multiply line 15 by .6% (.006). Enter the result here, skip Section B, and go to line 25			16 42.

**Section B**

17 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by .054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund
		From	To					

18 Totals	18		
19 Add columns (g) and (h) of line 18	19		
20 Total cash wages subject to FUTA tax (see the line 15 instructions)			20
21 Multiply line 20 by 6.0% (.060)			21
22 Multiply line 20 by 5.4% (.054)	22		
23 Enter the smaller of line 19 or line 22 (Employers in a credit reduction state must use the worksheet and check here)		<input type="checkbox"/>	23
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25			24

**Part III Total Household Employment Taxes**

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	25	4,898.
26 Add line 16 (or line 24) and line 25	26	4,940.

27 Are you required to file Form 1040?  
 **Yes.** Stop. Include the amount from line 26 above on Form 1040, line 60a. Do not complete Part IV below.  
 **No.** You may have to complete Part IV. See instructions for details.

**Part IV Address and Signature** - Complete this part only if required. See the line 27 instructions.

Address (number and street) or P.O. box if mail is not delivered to street address		Apt., room, or suite no.
City, town or post office, state, and ZIP code		

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no.	

**Additional Medicare Tax**

**2014**

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. 71

Name(s) shown on return  
**CHRISTOPHER J. & MARY P. CHRISTIE**

Your social security number  
\*\*\*-\*\*-\*\*\*\*

**Part I Additional Medicare Tax on Medicare Wages**

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	945,048.	
2 Unreported tips from Form 4137, line 6	2		
3 Wages from Form 8919, line 6	3		
4 Add lines 1 through 3	4	945,048.	
5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.	
6 Subtract line 5 from line 4. If zero or less, enter -0-	6		695,048.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go to Part II	7		6,255.

**Part II Additional Medicare Tax on Self-Employment Income**

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

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

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

**Part IV Total Additional Medicare Tax**

18 Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V	18		6,255.
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**Part V Withholding Reconciliation**

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	18,596.	
20 Enter the amount from line 1	20	945,048.	
21 Multiply line 20 by 1.45% (.0145). This is your regular Medicare tax withholding on Medicare wages	21	13,703.	
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		4,893.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24		4,893.

# Net Investment Income Tax - Individuals, Estates, and Trusts

## 2014

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

Attachment  
Sequence No. 72

▶ Information about Form 8960 and its separate instructions is at [www.irs.gov/form8960](http://www.irs.gov/form8960).

Name(s) shown on your tax return

**CHRISTOPHER J. & MARY P. CHRISTIE**

Your social security number or EIN  
\*\*\*-\*\*-\*\*\*\*

- Part I Investment Income**
- Section 6013(g) election (see instructions)
- Section 6013(h) election (see instructions)
- Regulations section 1.1411-10(g) election (see instructions)

<b>1</b> Taxable interest (see instructions) .....		<b>1</b>	1.
<b>2</b> Ordinary dividends (see instructions) .....		<b>2</b>	7,815.
<b>3</b> Annuities (see instructions) .....		<b>3</b>	
<b>4a</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) .....	<b>4a</b>		25,547.
<b>b</b> Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) .....	<b>4b</b>		
<b>c</b> Combine lines 4a and 4b .....		<b>4c</b>	25,547.
<b>5a</b> Net gain or loss from disposition of property (see instructions) .....	<b>5a</b>		12,819.
<b>b</b> Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) .....	<b>5b</b>		
<b>c</b> Adjustment from disposition of partnership interest or S corporation stock (see instructions) .....	<b>5c</b>		
<b>d</b> Combine lines 5a through 5c .....		<b>5d</b>	12,819.
<b>6</b> Adjustments to investment income for certain CFCs and PFICs (see instructions) .....		<b>6</b>	
<b>7</b> Other modifications to investment income (see instructions) .....		<b>7</b>	134.
<b>8</b> Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 .....		<b>8</b>	46,316.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

<b>9a</b> Investment interest expenses (see instructions) .....			
<b>b</b> State, local, and foreign income tax (see instructions) .....	<b>9b</b>		1,216.
<b>c</b> Miscellaneous investment expenses (see instructions) .....	<b>9c</b>		
<b>d</b> Add lines 9a, 9b, and 9c .....		<b>9d</b>	1,216.
<b>10</b> Additional modifications (see instructions) .....		<b>10</b>	
<b>11</b> Total deductions and modifications. Add lines 9d and 10 .....		<b>11</b>	1,216.

**Part III Tax Computation**

<b>12</b> Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13- 17. Estates and trusts complete lines 18a-21. If zero or less, enter -0- .....			45,100.
<b>Individuals:</b>			
<b>13</b> Modified adjusted gross income (see instructions) .....	<b>13</b>		970,161.
<b>14</b> Threshold based on filing status (see instructions) .....	<b>14</b>		250,000.
<b>15</b> Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>		720,161.
<b>16</b> Enter the smaller of line 12 or line 15 .....		<b>16</b>	45,100.
<b>17</b> Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions) .....		<b>17</b>	1,714.
<b>Estates and Trusts:</b>			
<b>18a</b> Net investment income (line 12 above) .....	<b>18a</b>		
<b>b</b> Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) .....	<b>18b</b>		
<b>c</b> Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0- .....	<b>18c</b>		
<b>19a</b> Adjusted gross income (see instructions) .....	<b>19a</b>		
<b>b</b> Highest tax bracket for estates and trusts for the year (see instructions) .....	<b>19b</b>		
<b>c</b> Subtract line 19b from line 19a. If zero or less, enter -0- .....	<b>19c</b>		
<b>20</b> Enter the smaller of line 18c or line 19c .....		<b>20</b>	
<b>21</b> Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions) .....		<b>21</b>	

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

Form **8801**

**Credit for Prior Year Minimum Tax -  
Individuals, Estates, and Trusts**

OMB No. 1545-1073

**2014**

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Form 8801 and its separate instructions is at [www.irs.gov/form8801](http://www.irs.gov/form8801).  
▶ Attach to Form 1040, 1040NR, or 1041.

Attachment  
Sequence No. **74**

Name(s) shown on return

Identifying number

**CHRISTOPHER J. & MARY P. CHRISTIE**

\*\*\*-\*\*-\*\*\*\*

**Part I Net Minimum Tax on Exclusion Items**

1	Combine lines 1, 6, and 10 of your 2013 Form 6251. Estates and trusts, see instructions	581,344.
2	Enter adjustments and preferences treated as exclusion items (see instructions)	88,238.
3	Minimum tax credit net operating loss deduction (see instructions)	( )
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$238,550 and you were married filing separately for 2013, see instructions	669,582.
5	Enter: \$80,800 if married filing jointly or qualifying widow(er) for 2013; \$51,900 if single or head of household for 2013; or \$40,400 if married filing separately for 2013. Estates and trusts, enter \$23,100	80,800.
6	Enter: \$153,900 if married filing jointly or qualifying widow(er) for 2013; \$115,400 if single or head of household for 2013; or \$76,950 if married filing separately for 2013. Estates and trusts, enter \$76,950	153,900.
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	515,682.
8	Multiply line 7 by 25% (.25)	128,921.
9	Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2013, see instructions	0.
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions	669,582.
11	<ul style="list-style-type: none"> <li>• If for 2013 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>• If for 2013 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 18a and 19, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 55 here. Form 1040NR filers, see instructions.</li> <li>• All others: If line 10 is \$179,500 or less (\$89,750 or less if married filing separately for 2013), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,590 (\$1,795 if married filing separately for 2013) from the result. Form 1040NR filers, see instructions.</li> </ul>	183,673.
12	Minimum tax foreign tax credit on exclusion items (see instructions)	
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	183,673.
14	Enter the amount from your 2013 Form 6251, line 34, or 2013 Form 1041, Schedule I, line 55	182,058.
15	<b>Net minimum tax on exclusion items.</b> Subtract line 14 from line 13. If zero or less, enter -0-	1,615.

Form 8801 (2014)

LHA For Paperwork Reduction Act Notice, see instructions.

**Part II Minimum Tax Credit and Carryforward to 2015**

16	Enter the amount from your 2013 Form 6251, line 35, or 2013 Form 1041, Schedule I, line 56 .....	16	1,622.
17	Enter the amount from line 15 .....	17	1,615.
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount .....	18	7.
19	<b>2013 credit carryforward.</b> Enter the amount from your 2013 Form 8801, line 26 .....	19	369.
20	Enter your 2013 unallowed qualified electric vehicle credit (see instructions) .....	20	
21	Combine lines 18 through 20. If zero or less, stop here and see the instructions .....	21	376.
22	Enter your 2014 regular income tax liability minus allowable credits (see instructions) .....	22	271,002.
23	Enter the amount from your 2014 Form 6251, line 33, or 2014 Form 1041, Schedule I, line 54 .....	23	253,489.
24	Subtract line 23 from line 22. If zero or less, enter -0- .....	24	17,513.
25	<b>Minimum tax credit.</b> Enter the <b>smaller</b> of line 21 or line 24. Also enter this amount on your 2014 Form 1040, line 54 (check box b); Form 1040NR, line 51 (check box b); or Form 1041, Schedule G, line 2c .....	25	376.
26	<b>Credit carryforward to 2015.</b> Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years .....	26	0.

**Part III Tax Computation Using Maximum Capital Gains Rates**

Complete Part III only if you are required to do so by line 11 or by the Foreign Earned Income Tax Worksheet in the instructions.

<p><b>Caution.</b> If you did not complete the 2013 Qualified Dividends and Capital Gain Tax Worksheet, the 2013 Schedule D Tax Worksheet, or Part V of the 2013 Schedule D (Form 1041), see the instructions before completing this part.</p>			
27	<p>Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2013, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions</p> <p><b>Caution.</b> If for 2013 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 28, 29, and 30.</p>	27	669,582.
28	<p>Enter the amount from line 6 of your 2013 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2013 Schedule D Tax Worksheet, or the amount from line 26 of the 2013 Schedule D (Form 1041), whichever applies*</p> <p><b>If you figured your 2013 tax using the 2013 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.</b></p>	28	2,745.
29	<p>Enter the amount from line 19 of your 2013 Schedule D (Form 1040), or line 18b, column (2), of the 2013 Schedule D (Form 1041)</p>	29	
30	<p>Add lines 28 and 29, and enter the smaller of that result or the amount from line 10 of your 2013 Schedule D Tax Worksheet</p>	30	2,745.
31	<p>Enter the smaller of line 27 or line 30</p>	31	2,745.
32	<p>Subtract line 31 from line 27</p>	32	666,837.
33	<p>If line 32 is \$179,500 or less (\$89,750 or less if married filing separately for 2013), multiply line 32 by 26% (.26). Otherwise, multiply line 32 by 28% (.28) and subtract \$3,590 (\$1,795 if married filing separately for 2013) from the result. Form 1040NR filers, see instructions</p>	33	183,124.
34	<p>Enter:</p> <ul style="list-style-type: none"> <li>• \$72,500 if married filing jointly or qualifying widow(er) for 2013,</li> <li>• \$36,250 if single or married filing separately for 2013,</li> <li>• \$48,600 if head of household for 2013, or</li> <li>• \$2,450 for an estate or trust.</li> </ul> <p>Form 1040NR filers, see instructions</p>	34	72,500.
35	<p>Enter the amount from line 7 of your 2013 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2013 Schedule D Tax Worksheet, or the amount from line 27 of the 2013 Schedule D (Form 1041), whichever applies. If you did not complete either worksheet or Part V of the 2013 Schedule D (Form 1041), enter the amount from your 2013 Form 1040, line 43, or 2013 Form 1041, line 22, whichever applies; if zero or less, enter -0-. Form 1040NR filers, see instructions</p>	35	590,564.
36		36	0.
37	<p>Subtract line 35 from line 34. If zero or less, enter -0-</p>	37	2,745.
38	<p>Enter the smaller of line 27 or line 28</p>	38	
39	<p>Enter the smaller of line 36 or line 37</p>	39	2,745.
40	<p>Subtract line 38 from line 37</p> <p>Enter:</p> <ul style="list-style-type: none"> <li>• \$400,000 if single for 2013,</li> <li>• \$225,000 if married filing separately for 2013,</li> <li>• \$450,000 if married filing jointly or qualifying widow(er) for 2013,</li> <li>• \$425,000 if head of household for 2013, or</li> <li>• \$11,950 for an estate or trust.</li> </ul> <p>Form 1040NR filers, see instructions</p>	40	450,000.
41	<p>Enter the amount from line 36</p>	41	
42	<p>Form 1040 filers, enter the amount from line 7 of your 2013 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 19 of your 2013 Schedule D Tax Worksheet, whichever applies. If you did not complete either worksheet, see instructions. Form 1041 filers, enter the amount from line 27 of your 2013 Schedule D (Form 1041) or line 18 of your 2013 Schedule D Tax Worksheet, whichever applies. If you did not complete either the worksheet or Part V of the 2013 Schedule D (Form 1041), enter the amount from your 2013 Form 1041, line 22; if zero or less, enter -0-. Form 1040NR filers, see instructions</p>	42	590,564.

**Part III Tax Computation Using Maximum Capital Gains Rates** *(continued)*

43	Add lines 41 and 42 .....	43	590,564.
44	Subtract line 43 from line 40. If zero or less, enter -0- .....	44	0.
45	Enter the <b>smaller</b> of line 39 or line 44 .....	45	0.
46	Multiply line 45 by 15% (.15) .....	46	
47	Add lines 38 and 45 .....	47	
If lines 47 and 27 are the same, skip lines 48 through 52 and go to line 53. Otherwise, go to line 48.			
48	Subtract line 47 from line 37 .....	48	2,745.
49	Multiply line 48 by 20% (.20) .....	49	549.
If line 29 is zero or blank, skip lines 50 through 52 and go to line 53. Otherwise, go to line 50.			
50	Add lines 32, 47 and 48 .....	50	
51	Subtract line 50 from line 27 .....	51	
52	Multiply line 51 by 25% (.25) .....	52	
53	Add lines 33, 46, 49, and 52 .....	53	183,673.
54	If line 27 is \$179,500 or less (\$89,750 or less if married filing separately for 2013), multiply line 27 by 26% (.26). Otherwise, multiply line 27 by 28% (.28) and subtract \$3,590 (\$1,795 if married filing separately for 2013) from the result. Form 1040NR filers, see instructions .....	54	183,893.
55	Enter the <b>smaller</b> of line 53 or line 54 here and on line 11. If you filed Form 2555 or 2555-EZ for 2013, do not enter this amount on line 11. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the instructions for line 11 .....	55	183,673.

\* The 2013 Qualified Dividends and Capital Gain Tax Worksheet is in the 2013 Instructions for Form 1040. The 2013 Schedule D Tax Worksheet is in the 2013 Instructions for Schedule D (Form 1040) (or the 2013 Instructions for Schedule D (Form 1041)).

**Gains and Losses From Section 1256  
 Contracts and Straddles**

Information about Form 6781 and its instructions is at [www.irs.gov/form6781](http://www.irs.gov/form6781).  
 Attach to your tax return.

Name(s) shown on tax return

Identifying number

**CHRISTOPHER J. & MARY P. CHRISTIE**

\*\*\*-\*\*-\*\*\*\*

Check all applicable boxes **A**  Mixed straddle election **C**  Mixed straddle account election  
**B**  Straddle-by-straddle identification election **D**  Net section 1256 contracts loss election

**Part I Section 1256 Contracts Marked to Market**

(a) Identification of account	(b) (Loss)	(c) Gain
1 FROM K-1 - AG NET LEASE REALTY FUND II, L.P.		368.
2 Add the amounts on line 1 in columns (b) and (c)	2 ( )	368.
3 Net gain or (loss). Combine line 2, columns (b) and (c)		3 368.
4 Form 1099-B adjustments. See instructions and attach statement		4
5 Combine lines 3 and 4		5 368.
<i>Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions.</i>		
6 If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number. If you did not check box D, enter -0-		6
7 Combine lines 5 and 6		7 368.
8 Short-term capital gain or (loss). Multiply line 7 by 40% (.40). Enter here and include on line 4 of Schedule D or on Form 8949 (see instructions)		8 147.
9 Long-term capital gain or (loss). Multiply line 7 by 60% (.60). Enter here and include on line 11 of Schedule D or on Form 8949 (see instructions)		9 221.

**Part II Gains and Losses From Straddles.** Attach a separate statement listing each straddle and its components.

**Section A - Losses From Straddles**

(a) Description of property	(b) Date entered into or acquired (c) Date closed out or sold			(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Loss. If column (e) is more than (d), enter difference. Otherwise, enter -0-	(g) Unrecognized gain on offsetting positions	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0-
	Mo.	Day	Yr.					
10								
11 a Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule D or on Form 8949 (see instructions)								11a ( )
b Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule D or on Form 8949 (see instructions)								11b ( )

**Section B - Gains From Straddles**

(a) Description of property	(b) Date entered into or acquired (c) Date closed out or sold			(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-
	Mo.	Day	Yr.			
12						
13 a Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D or on Form 8949 (see instructions)						13a
b Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form 8949 (see instructions)						13b

**Part III Unrecognized Gains From Positions Held on Last Day of Tax Year.** Memo Entry Only (see instructions)

(a) Description of property	(b) Date acquired			(c) Fair market value on last business day of tax year	(d) Cost or other basis as adjusted	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0-
	Mo.	Day	Yr.			
14						

## Form 1116

## U.S. and Foreign Source Income Summary

NAME

\*\*\*-\*\*-\*\*\*\*

CHRISTOPHER J. &amp; MARY P. CHRISTIE

INCOME TYPE	TOTAL	U.S.	FOREIGN GENERAL
Compensation	912,460.	912,460.	
Dividends/Distributions	SEE STATEMENT 28 7,815.	7,248.	567.
Interest	1.	1.	
Capital Gains	15,296.	15,296.	
Business/Profession			
Rent/Royalty	25,547.	25,547.	
State/Local Refunds	11,519.	11,519.	
Partnership/S Corporation	368.	368.	
Trust/Estate			
Other Income			
Gross Income	<u>973,006.</u>	<u>972,439.</u>	<u>567.</u>
Less:			
Section 911 Exclusion			
Capital Losses	2,477.	2,477.	
Capital Gains Tax Adjustment			
Total Income - Form 1116	<u>970,529.</u>	<u>969,962.</u>	<u>567.</u>
Deductions:			
Business/Profession Expenses	368.	368.	
Rent/Royalty Expenses			
Partnership/S Corporation Losses			
Trust/Estate Losses			
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction			
Self-employment Health Insurance			
Keogh Contributions			
Allimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Total Deductions	<u>368.</u>	<u>368.</u>	
Adjusted Gross Income	<u>970,161.</u>	<u>969,594.</u>	<u>567.</u>
Less Itemized Deductions:			
Specifically Allocated	24,197.	24,197.	
Home Mortgage Interest	6,048.	6,048.	
Other Interest			
Ratably Allocated	111,254.	111,189.	65.
Total Adjustments to Adjusted Gross Income	<u>141,499.</u>	<u>141,434.</u>	<u>65.</u>
Taxable Income Before Exemptions	<u>828,662.</u>	<u>828,160.</u>	<u>502.</u>

Form 1116

Allocation of Itemized Deductions

NAME

CHRISTOPHER J. & MARY P. CHRISTIE

\*\*\*-\*\*-\*\*\*\*

	Total Itemized Deductions	Itemized Deductions After Sec. 68 Reduction	Form 1116		
			Specifically U.S.	Specifically Foreign	Ratable
Taxes .....	126,942.	111,254.			111,254.
Interest - Not Including Investment Interest .....	6,901.	6,048.	6,048.		
Contributions .....	27,609.	24,197.	24,197.		
Miscellaneous Deductions Subject to 2% .....					
Other Miscellaneous Deductions - Not Including Gambling Losses .....					
Foreign Adjustment .....					
Total Itemized Deductions Subject to Sec. 68 .....	161,452.	141,499.			
Add Itemized Deductions Not Subject to Sec. 68:					
Medical/Dental .....					
Investment Interest .....					
Casualty Losses .....					
Gambling Losses .....					
Foreign Adjustment .....					
Total Itemized Deductions .....	161,452.				
Total Allowed on Schedule A .....		141,499.	30,245.		111,254.

NAME

CHRISTOPHER J. & MARY P. CHRISTIE

\*\*\*-\*\*-\*\*\*\*

Foreign Income Category

GENERAL LIMITATION INCOME

Regular	2009	2010	2011	2012	2013	2014
1. Foreign tax paid/accrued						101.
2. FTC carryback to 2014 for amended returns						
3. Reduction in foreign taxes						101.
4. Foreign tax available						84.
5. Maximum credit allowable						
6. Unused foreign tax ( + ) or excess of limit ( - )					46.	17.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining					46.	17.
Total foreign taxes from all available years to be carried to next year						63.

	2004	2005	2006	2007	2008
1. Foreign tax paid/accrued					
2. FTC carryback to 2014 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax ( + ) or excess of limit ( - )					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

NAME

CHRISTOPHER J. & MARY P. CHRISTIE

\*\*\*-\*\*-\*\*\*\*

Foreign Income Category

**GENERAL LIMITATION INCOME**

AMT	2009	2010	2011	2012	2013	2014
1. Foreign tax paid/accrued						101.
2. FTC carryback to 2014 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						101.
5. Maximum credit allowable						79.
6. Unused foreign tax ( + ) or excess of limit ( - )						22.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining						22.
Total foreign taxes from all available years to be carried to next year						22.

	2004	2005	2006	2007	2008
1. Foreign tax paid/accrued					
2. FTC carryback to 2014 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax ( + ) or excess of limit ( - )					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

## Form 1116

## Pro Rata Share of Allocated Losses

NAME

CHRISTOPHER J. &amp; MARY P. CHRISTIE

\*\*\*-\*\*-\*\*\*\*

## Allocation of Losses from Other Categories

INCOME CLASSIFICATION	INCOME	LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income				
Income re-sourced by treaty				
General limitation income	502.			
Totals	502.			

## Allocation of U.S. Losses

INCOME CLASSIFICATION	REMAINING INCOME	U.S. LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income				
Income re-sourced by treaty				
General limitation income	502.			
Totals	502.			

## Recapture of Prior Year Overall Foreign Loss

INCOME CLASSIFICATION	REMAINING INCOME	OVERALL PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income	502.	3,112.	251.	2,861.
Totals	502.	3,112.	251.	2,861.
Recapture percentage	.5000			

## Recapture of Separate Limitation Loss Accounts

INCOME CLASSIFICATION	REMAINING INCOME	PRIOR YEAR LOSS	RECHARACTERIZED LOSS	LOSS NOT RECHARACTERIZED
Passive income				
Income re-sourced by treaty				
General limitation income	251.			
Totals	251.			

## Recapture of Overall Domestic Loss Prior to 2012

INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income				
Totals				

## Recapture of Overall Domestic Loss

INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income				
Totals				

## Adjustments to Form 1116, Line 15

INC. CLASSIFICATION	OTHER CATEGORIES	U.S. LOSSES	PRIOR YEAR OVERALL	RECAPTURE OF LOSS ACCOUNTS	DOMESTIC RECAPTURE	FORM 1116, LINE 16
Passive						
Re-sourced by treaty						
General limitation			-251.			-251.

**Alternative Minimum Tax Foreign Tax Credit  
Pro Rata Share of Allocated Losses**

**Form 1116**

NAME

**CHRISTOPHER J. & MARY P. CHRISTIE**

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**Allocation of Losses from Other Categories**

INCOME CLASSIFICATION	INCOME	LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income				
Income re-sourced by treaty				
General limitation income	567.			
Totals	567.			

**Allocation of U.S. Losses**

INCOME CLASSIFICATION	REMAINING INCOME	U.S. LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income				
Income re-sourced by treaty				
General limitation income	567.			
Totals	567.			

**Recapture of Prior Year Overall Foreign Loss**

INCOME CLASSIFICATION	REMAINING INCOME	OVERALL PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income	567.	2,753.	284.	2,469.
Totals	567.	2,753.	284.	2,469.
Recapture percentage	.5000			

**Recapture of Separate Limitation Loss Accounts**

INCOME CLASSIFICATION	REMAINING INCOME	PRIOR YEAR LOSS	RECHARACTERIZED LOSS	LOSS NOT RECHARACTERIZED
Passive income				
Income re-sourced by treaty				
General limitation income	283.			
Totals	283.			

**Recapture of Overall Domestic Loss Prior to 2012**

INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income				
Totals				

**Recapture of Overall Domestic Loss**

INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income				
Totals				

**Adjustments to Form 1116, Line 15**

INC. CLASSIFICATION	OTHER CATEGORIES	U.S. LOSSES	PRIOR YEAR OVERALL	RECAPTURE OF LOSS ACCOUNTS	DOMESTIC RECAPTURE	FORM 1116, LINE 16
Passive						
Re-sourced by treaty						
General limitation			-284.			-284.

FORM 1040	STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	1
	2013	2012	2011
	NEW JERSEY		
GROSS STATE/LOCAL INC TAX REFUNDS	6,306.		
LESS: TAX PAID IN FOLLOWING YEAR	3,510.		
NET TAX REFUNDS NEW JERSEY	2,796.		
	NEW YORK		
GROSS STATE/LOCAL INC TAX REFUNDS	8,723.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS NEW YORK	8,723.		
TOTAL NET TAX REFUNDS	11,519.		

1. IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS?  
 NO. STOP. MULTIPLY \$3,950 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42.  
 YES. CONTINUE
2. MULTIPLY \$3,950 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D 23,700.
3. ENTER THE AMOUNT FROM FORM 1040, LINE 38 970,161.
4. ENTER THE AMOUNT FOR YOUR FILING STATUS 305,050.
  - SINGLE \$254,200
  - MARRIED FILING JOINTLY OR WIDOW(ER) \$305,050
  - MARRIED FILING SEPARATELY \$152,525
  - HEAD OF HOUSEHOLD \$279,650
5. SUBTRACT LINE 4 FROM LINE 3. IF THE RESULT IS MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATELY), STOP. ENTER -0- ON LINE 42 665,111.
6. DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MARRIED FILING SEPARATELY). IF THE RESULT IS NOT A WHOLE NUMBER, INCREASE IT TO THE NEXT HIGHER WHOLE NUMBER (FOR EXAMPLE, INCREASE 0.0004 TO 1)
7. MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL
8. MULTIPLY LINE 2 BY LINE 7
9. SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 42.

FORM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	3
	2013	2012	2011
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	11,519.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION	11,519.		
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	117,494.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1	11,519.		
5 LINE 2 MINUS LINES 3 AND 4	105,975.		
6 MULT LN 5 BY APPL SEC. 68 PCT	84,780.		
7 PRIOR YEAR AGI	698,838.		
8 ITEM. DED. PHASEOUT THRESHOLD	300,000.		
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	398,838.		
10 MULT LN 9 BY APPL SEC. 68 PCT	11,965.		
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	94,010.		
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	94,010.		
13B PRIOR YR. STD. DED. AVAILABLE	12,200.		
14 PRIOR YR. ALLOWABLE ITEM. DED.	105,529.		
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	11,519.		
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	11,519.		
17 ALLOWABLE PRIOR YR. ITEM. DED.	105,529.		
18 PRIOR YEAR STD. DED. AVAILABLE	12,200.		
19 SUBTRACT LINE 18 FROM LINE 17	93,329.		
20 LESSER OF LINE 16 OR LINE 19	11,519.		
21 PRIOR YEAR TAXABLE INCOME	593,309.		
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			11,519.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2011			
TOTAL TO FORM 1040, LINE 10			11,519.

FORM 1040	TAX-EXEMPT INTEREST	STATEMENT	4
NAME OF PAYER		AMOUNT	
THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST		735.	
THE MARY PAT CHRISTIE 2010 BLIND TRUST		671.	
TOTAL TO FORM 1040, LINE 8B		1,406.	

FORM 1040	REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR	STATEMENT	5
	2013	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
STATE TAX PAID IN FOLLOW YEAR	NEW JERSEY 12,500.		
TOTAL STATE TAX PAID 2013	22,455.	6,306. =	3,510.

FORM 1040	WAGES RECEIVED AND TAXES WITHHELD					STATEMENT	6
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX	
S CANTOR FITZGERALD	34,698.	8,674.	2,126.		2,151.	503.	
T STATE OF NEW JERSEY	157,063.	28,726.	7,804.		7,254.	2,416.	
S ANGELO GORDON & CO	720,699.	206,355.	62,550.		7,254.	15,677.	
TOTALS	912,460.	243,755.	72,480.		16,659.	18,596.	

FORM 1040	QUALIFIED DIVIDENDS		STATEMENT	7
NAME OF PAYER		ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	
THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST		4,011.	3,151.	
THE MARY PAT CHRISTIE 2010 BLIND TRUST		3,804.	3,302.	
TOTAL INCLUDED IN FORM 1040, LINE 9B			6,453.	

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FORM 1040	EXCESS SOCIAL SECURITY TAX WORKSHEET	STATEMENT	8
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	TAXPAYER	SPOUSE
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$7,254.00 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE	7,254.	9,405.
2. ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON FORM 1040, LINE 62		
3. ADD LINES 1 AND 2	7,254.	9,405.
4. SOCIAL SECURITY TAX LIMIT	7,254.	7,254.
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN FORM 1040, LINE 71.	0.	2,151.

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FORM 1040	FEDERAL INCOME TAX WITHHELD	STATEMENT	9
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T S DESCRIPTION	AMOUNT
S CANTOR FITZGERALD	8,674.
T STATE OF NEW JERSEY	28,726.
S ANGELO GORDON & CO	206,355.
FORM 8959, LINE 24	4,893.
TOTAL TO FORM 1040, LINE 64	248,648.

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FORM 1040	OTHER TAXES	STATEMENT	10
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DESCRIPTION	AMOUNT
FROM FORM 8959	6,255.
FROM FORM 8960	1,714.
TOTAL TO FORM 1040, LINE 62	7,969.

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SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 11
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DESCRIPTION	AMOUNT
CANTOR FITZGERALD	2,126.
STATE OF NEW JERSEY	7,804.
ANGELO GORDON & CO	62,550.
NEW JERSEY PRIOR YEAR OVERPAYMENT APPLIED	6,306.
NEW JERSEY PRIOR YEAR ESTIMATE PAYMENTS	4,500.
NEW JERSEY PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	8,000.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	-3,510.
TOTAL TO SCHEDULE A, LINE 5	87,776.

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SCHEDULE A	CONTRIBUTIONS OTHER THAN CASH OR CHECK	STATEMENT 12
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DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
CLOTHING, TOYS AND HOUSEHOLD		500.		
SUBTOTALS		500.		
TOTAL TO SCHEDULE A, LINE 17				500.

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 13
1.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28.	161,452.
2.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28.	0.
3.	IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1.	161,452.
4.	MULTIPLY LINE 3 BY 80% (.80).	129,162.
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 38.	970,161.
6.	ENTER \$305,050 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$279,650 IF HEAD OF HOUSEHOLD; \$254,200 IF SINGLE; OR \$152,525 IF MARRIED FILING SEPARATELY.	305,050.
7.	IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5.	665,111.
8.	MULTIPLY LINE 7 BY 3% (.03).	19,953.
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8.	19,953.
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29.	141,499.

SCHEDULE D	NET SHORT-TERM GAIN OR LOSS FROM FORMS 6252, 4684, 6781 AND 8824	STATEMENT 14
DESCRIPTION OF PROPERTY		GAIN OR LOSS
FORM 6781, PART I		147.
TOTAL TO SCHEDULE D, PART I, LINE 4		147.

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824	STATEMENT 15
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DESCRIPTION OF PROPERTY	GAIN OR LOSS	28% GAIN
FORM 6781, PART I	221.	
TOTAL TO SCHEDULE D, PART II, LINE 11	221.	

SCHEDULE D	CAPITAL GAIN DISTRIBUTIONS	STATEMENT 16
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NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST	1,751.	
THE MARY PAT CHRISTIE 2010 BLIND TRUST	1,439.	
TOTALS TO SCHEDULE D, LINE 13	3,190.	

SCHEDULE E	INCOME OR (LOSS) FROM ESTATES AND TRUSTS	STATEMENT 17
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NAME	EMPLOYER ID NO.	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	NONPASSIVE INCOME
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD	**_*****	0.			
THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED	**_*****	0.			
TOTALS TO SCHEDULE E, LINE 34		0.			

FORM 1116 SUMMARY OF FOREIGN TAXES PAID OR ACCRUED STATEMENT 18

GENERAL LIMITATION INCOME

NAME OF COUNTRY IMPOSING TAX

DATE PAID	DATE ACCRUED	AMT/FOREIGN CURRENCY	AMOUNT IN U.S. DOLLARS			
			DIVIDENDS	RENT/ROYALTY	INTEREST	OTHER
OTHER COUNTRIES		0.	56.			
OTHER COUNTRIES		0.	45.			
			101.			
TOTAL TO FORM 1116, PART II, LINE 8						101.

PRIOR YEAR TAXES PAID IN THE CURRENT YEAR:  
FOREIGN AMT

2013  
2012  
2011  
2010  
2009

CONV. RATE U.S. AMT

TOTAL PRIOR YEAR TAXES PAID IN THE CURRENT YEAR

FORM 1116

WORLDWIDE CAPITAL GAINS  
WORKSHEET FOR LINE 18

STATEMENT 19

1	ENTER THE AMOUNT FROM FORM 1040, LINE 41. IF YOU ARE A NONRESIDENT ALIEN, ENTER THE AMOUNT FROM FORM 1040NR, LINE 39	828,662.
2	ENTER WORLDWIDE 28% GAINS	
3	MULTIPLY LINE 2 BY 0.2929	
4	ENTER WORLDWIDE 25% GAINS	
5	MULTIPLY LINE 4 BY 0.3687	
6	ENTER WORLDWIDE 20% GAINS AND QUALIFIED DIVIDENDS	19,272.
7	MULTIPLY LINE 6 BY 0.4949	9,538.
8	ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS	
9	MULTIPLY LINE 8 BY 0.6212	
10	ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS	
11	ADD LINES 3, 5, 7, 9 AND 10	9,538.
12	SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116, LINE 18	819,124.

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FORM 1116 FOREIGN TAX CREDIT CARRYOVER / CARRYBACK STATEMENT 20

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## GENERAL LIMITATION INCOME

YEAR OF CREDIT	TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	BALANCE AVAILABLE
2013 FOREIGN TAX CREDIT	46.	0.	46.
2012 FOREIGN TAX CREDIT	223.	166.	0.
2011 FOREIGN TAX CREDIT	374.	374.	0.
2010 FOREIGN TAX CREDIT	0.	0.	0.
2009 FOREIGN TAX CREDIT	0.	0.	0.
2008 FOREIGN TAX CREDIT	0.	0.	0.
2007 FOREIGN TAX CREDIT	0.	0.	0.
2006 FOREIGN TAX CREDIT	0.	0.	0.
2005 FOREIGN TAX CREDIT	0.	0.	0.
2004 FOREIGN TAX CREDIT	0.	0.	0.
FOREIGN TAX CR CARRYBACK TO 2014			0.
TOTAL TO FORM 1116, PART III, LINE 10			46.





FORM 1116	ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT WORLDWIDE CAPITAL GAINS WORKSHEET FOR LINE 18	STATEMENT 24
-----------	--	--------------

1	ENTER THE AMOUNT FROM FORM 6251, LINE 28	924,142.
2	ENTER WORLDWIDE 25% GAINS	
3	MULTIPLY LINE 2 BY 0.1071	
4	ENTER WORLDWIDE 20% GAINS AND QUALIFIED DIVIDENDS	19,272.
5	MULTIPLY LINE 4 BY 0.2857	5,506.
6	ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS	
7	MULTIPLY LINE 6 BY 0.4643	
8	ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS	
9	ADD LINES 3, 5, 7 AND 8	5,506.
10	SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116 AMT, LINE 18	918,636.

FORM 8960	OTHER MODIFICATIONS TO INVESTMENT INCOME	STATEMENT 25
-----------	--	--------------

AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR NJ	134.	
TOTAL RECOVERY OF PRIOR YEAR FORM 8960, LINE 9B	134.	134.
AMOUNT TO FORM 8960, LINE 7		134.

FORM 8960	STATE INCOME TAX PAYMENTS	STATEMENT 26
-----------	---------------------------	--------------

## NEW JERSEY

DESCRIPTION	AMOUNT
CANTOR FITZGERALD	2,126.
STATE OF NEW JERSEY	7,804.
NEW JERSEY PRIOR YEAR OVERPAYMENT APPLIED	6,306.
TOTAL TO STATE FORM 8960, LINE 10	16,236.



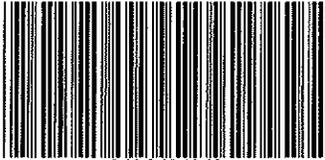
# 2014 TAX RETURN FILING INSTRUCTIONS

## NEW JERSEY INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2014

Prepared for	CHRISTOPHER J. & MARY P. CHRISTIE 
Prepared by	
Amount of tax	Total tax \$ 69,554 Less: payments and credits \$ 69,735 Plus: interest and penalties \$ 0 OVERPAYMENT \$ 181
Overpayment	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 181 Refunded to you \$ 0
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FEDERAL FORM 8879 TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE NJDOR.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	



0139101010

# 2014 NJ-630-V PAYMENT VOUCHER

### Payment by Credit Card

You may pay your 2014 New Jersey income taxes or make payment of estimated tax for 2015 by credit card by visiting the Division's website at [www.state.nj.us/treasury/taxation/](http://www.state.nj.us/treasury/taxation/) and selecting electronic services.

### Payment by E-Check

You may pay your 2014 New Jersey income taxes or make a payment of estimated tax for 2015 by e-check. This option is available on the Division's Website at: [www.state.nj.us/treasury/taxation/](http://www.state.nj.us/treasury/taxation/) Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

### Payment by Check

If you are paying your 2014 New Jersey income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 282, Trenton, NJ 08646-0282.

466181 11-03-14

**DO NOT CUT THIS PAGE**

New Jersey Gross Income Tax  
Application for Extension of Time to File  
NJ-630-V

\*\*\*-\*\*-\*\*\*\* CHRI \*\*\*-\*\*-\*\*\*\*  
CHRISTIE CHRISTOPHER J & CHRIST



1019 2014

I hereby request an extension of 6 months, until  
10/15/2015 to file the return as indicated below.

Indicate the return the extension is being requested by checking the appropriate box:

Make check payable to 'State of New Jersey - TGI'.  
Write your social security # and tax year on your check.

State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 282  
Trenton, NJ 08646-0282

<input type="checkbox"/>	<input checked="" type="checkbox"/>	NJ-1040	<input type="checkbox"/>	NJ-1040-NR	<input type="checkbox"/>	NJ-1041
		6 Month Ext.		6 Month Ext.		5 Month Ext.

Enter amount of payment here:

6,000.00



\*\*\*\*\*



STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions  
For Tax Year Jan. - Dec. 2014 or Other Tax Year  
Beginning \_\_\_\_\_, 2014 Month Ending \_\_\_\_\_, \_\_\_\_\_  
On-line Federal Extension Confirmation # \_\_\_\_\_

CHRISTIE CHRISTOPHER J & MARY P



1418

1019 12 6

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\*\*\*\*\*



466031 11-12-14 1019

Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY - TGI  
Mail your return in the envelope provided and affix the appropriate mailing label.  
If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for PO Box 111.  
If not, use the label for PO Box 555.  
You may also pay by e-check or credit card. See instruction page 11.

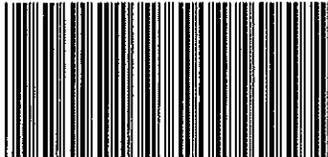
(C)(N) P Y

Your Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse/CU Partner's Signature (if filed jointly both must sign) \_\_\_\_\_

Fill in if NJ-1040-O is enclosed  
If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 11)

Paid Preparer's Signature \_\_\_\_\_ Federal Identification Number \_\_\_\_\_

Firm's Name \_\_\_\_\_ Federal Employer Identification Number \*\*\*\*\*



CHRISTIE CHRISTOPHER J & MARY P

\*\*\*\*\*

1019

Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY FROM TO

FILING STATUS

- 1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN X
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
4. HEAD OF HOUSEHOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

CHECKBOXES FOR EXEMPTIONS

- REGULAR SPOUSE/CU PARTNER X DOMESTIC PARTNER
AGE 65 OR OLDER YOURSELF SPOUSE/CU PARTNER
BLIND OR DISABLED YOURSELF SPOUSE/CU PARTNER

EXEMPTIONS

- 6. REGULAR 2
7. AGE 65 OR OVER
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN 4
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE 2
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 4
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) 4

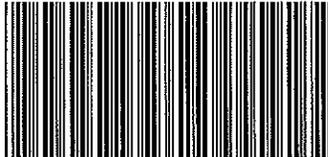
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND. Rows for CHRISTIE ANDREW, CHRISTIE SARAH, CHRISTIE PATRICK, CHRISTIE BRIDGET.

GUBERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO
IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES NO

Main tax table with 36 rows. Columns include line numbers, descriptions (e.g., WAGES, SALARIES, TIPS, TAXABLE INTEREST INCOME), and amounts. Total taxable income is 975398.



040MP03140

CHRISTIE CHRISTOPHER J & MARY P

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1019

37A. TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)	37A.	39166 .
37B. BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.	
37C. COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.	
38. PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 32)	38.	10000 .
39. NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	965398 .
40. TAX (FROM TAX TABLES, PAGE 52)	40.	69554 .
41. CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	47499 .
41A. JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	32
42. BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	22055 .
43. SHELTERED WORKSHOP TAX CREDIT	43.	.
44. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	22055 .
45. USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 35) IF NO USE TAX, ENTER ZERO	45.	0 .
46. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.	.
46A. FILL IN IF FORM 2210 IS ENCLOSED	46A.	
47. TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	22055 .
48. TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	9930 .
49. PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 32)	49.	.
50. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2013 TAX RETURN	50.	12306 .
51. NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51.	.
51B. FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51B.	
51C. FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C.	
52. EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	52.	.
53. EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	53.	.
54. EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	54.	.
55. TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	22236 .
56. IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT	56.	.
57. IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	181 .
58. YOUR 2015 TAX	58.	181 .
59. NEW JERSEY ENDANGERED WILDLIFE FUND	59.	.
60. NEW JERSEY CHILDREN'S TRUST FUND	60.	.
61. NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.	.
62. NEW JERSEY BREAST CANCER RESEARCH FUND	62.	.
63. U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.	.
64. OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)	64.	.
64C. DESIGNATION CODE	64C.	
65. TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.	181 .
66. REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.	.

DIRECT DEPOSIT INFORMATION

dd1. REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1.	4
dd2. ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	
dd3. FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	
dd4. ROUTING NUMBER	dd4.	
dd5. ACCOUNT NUMBER	dd5.	
dnm. DO NOT MAIL INDICATOR	dnm.	X
pa. POWER OF ATTORNEY INDICATOR	pa.	X
pdr. PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	

**SCHEDULES  
A & B**  
(Form NJ-1040)

**NEW JERSEY GROSS INCOME TAX**

**2014**

Name(s) as shown on Form NJ-1040 <b>CHRISTIE CHRISTOPHER J &amp; MARY P</b>	Your Social Security Number ***-**-****
--	--

**Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION** If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 40.

**A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS**

1. Income actually taxed by other jurisdiction during tax year (indicate name <u>NEW YORK</u> ) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2) .....			1.		720699
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040) .....			2.		985398
3. Maximum Allowable Credit Percentage 1 <u>720699</u> (Divide Line 2 into Line 1) 2 <u>985398</u>			3.		73.1379 %
<b>IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.</b>			<b>COLUMN A</b>		<b>COLUMN B</b>
4. Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040	4.	975398	4.		975398
5. Property Tax and Deduction Enter in Box 5a the amount from Worksheet F, line 1. See instructions page 33. 5a. <u>39166</u>  Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 33.	5.	10000	5.		- 0 -
6. New Jersey Taxable Income (Line 4 minus Line 5)	6.	965398	6.		975398
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	69554	7.		70451
8. Allowable Credit (Line 3 times Line 7)	8.	50870	8.		51526
9. Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 43. 9a. <u>47499</u>  Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 40).	9.	47499	9.		47499

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 41, Form NJ-1040. Make no entry on Lines 38 or 49, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet I on page 43 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

**Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY** List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1.	a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted (see instructions) and expense of sale	f. Gain or (loss) (d less e)
	<b>SEE STATEMENT 4</b>					9261
2.	Capital Gains Distributions .....					3190
3.	Other Net Gains .....					
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18) .....					12451

**NOTE:** For tax year 2012 and after, Schedule C, Net Gains or Income From Rents, Royalties, Patents, and Copyrights, has been eliminated from this page. Use Part IV of Schedule NJ-BUS-1 (Form NJ-1040) to report that income.

NEW JERSEY GROSS INCOME TAX  
BUSINESS INCOME SUMMARY SCHEDULE

2014

Name(s) as shown on Form NJ-1040 <b>CHRISTIE CHRISTOPHER J &amp; MARY P</b>	Your Social Security Number ***-**-****
--	--

**PART I NET PROFITS FROM BUSINESS** List the net profit (loss) from business(es). See instructions.

1.	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 17. If loss, make no entry on Line 17.)		4.

**PART II DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME** List the distributive share of income (loss) from partnership(s). See instructions.

1.	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.	AG NET LEASE REALTY FUND II, L.P.	**-*****	369
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 20. If loss, make no entry on Line 20.)		4. 369

**PART III NET PRO RATA SHARE OF S CORPORATION INCOME** List the pro rata share of income (loss) from S corporation(s). See instructions.

1.	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 21. If loss, make no entry on Line 21.)		4.

**PART IV NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS** List the net gains or income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

1.	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.	MCNEIL PPC INC - ROYALTIES -			
2.	[REDACTED]	***-**-****	2	25547
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22. If loss, make no entry on Line 22.)			4. 25547

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NJ-1040 TAXABLE INTEREST INCOME STATEMENT 1

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NAME OF FINANCIAL INSTITUTION	AMOUNT
THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST	735.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	671.
TOTAL TO NJ-1040, PAGE 2, LINE 15A	1,406.

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NJ-1040 DIVIDEND INCOME STATEMENT 2

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NAME OF PAYER	AMOUNT
THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST	4,011.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	3,804.
TOTAL TO NJ-1040, PAGE 2, LINE 16	7,815.

NJ 1040

WORKSHEET I  
WHICH PROPERTY TAX BENEFIT TO USE

STATEMENT 3

	COLUMN A	COLUMN B
1 TAX. ENTER AMOUNTS FROM LINE 7 SCHEDULE A, COLUMNS A AND B HERE	69554	70451
2 CREDIT FOR TAXES PAID TO OTHER JURISDICTIONS. ENTER AMOUNTS FROM LINE 9, SCHEDULE A, COLUMNS A AND B HERE. IF YOU COMPLETED MORE THEN ONE SCHEDULE A, ENTER THE TOTAL OF ALL LINE 9 AMOUNTS IN THE CORRESPONDING COLUMN	47499	47499
3 BALANCE OF TAX DUE. SUBTRACT LINE 2 FROM 1	22055	22952
4 SUBTRACT LINE 3, COLUMN A, FROM LINE 3, COLUMN B AND ENTER THE RESULT HERE		897
5 IS THE LINE 4 AMOUNT \$50 OR MORE (\$25 IF FILING STATUS IS MARRIED, FILING SEPARATE RETURN AND YOU MAINTAIN THE SAME RESIDENCE AS YOUR SPOUSE)?		

\* YES. YOU RECEIVE A GREATER TAX BENEFIT BY TAKING THE PROPERTY TAX DEDUCTION.  
MAKE THE FOLLOWING ENTRIES ON FORM NJ-1040.

FORM NJ-1040

LINE 38  
LINE 39  
LINE 40  
LINE 41  
LINE 49

ENTER AMOUNT FROM:

LINE 5, COLUMN A SCHEDULE A  
LINE 6, COLUMN A, SCHEDULE A  
LINE 7, COLUMN A, SCHEDULE A  
LINE 2, COLUMN A, WORKSHEET I  
MAKE NO ENTRY

\* NO. YOU RECEIVE A GREATER TAX BENEFIT FROM THE PROPERTY TAX CREDIT.  
MAKE THE FOLLOWING ENTRIES ON FORM NJ-1040.

FORM NJ-1040

LINE 38  
LINE 39  
LINE 40  
LINE 41  
LINE 49

ENTER AMOUNT FROM:

MAKE NO ENTRY  
LINE 6, COLUMN B, SCHEDULE A  
LINE 7, COLUMN B, SCHEDULE A  
LINE 2, COLUMN B, WORKSHEET I  
\$50 (\$25 IF FILING MFS AND YOU MAINTAIN THE  
SAME RESIDENCE AS YOUR SPOUSE)

(KEEP FOR YOUR RECORDS)

---

---

NJ SCHEDULE B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY STATEMENT 4

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DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST OR ADJ. BASIS	GAIN OR (LOSS)
CHRISTOPHER CHRISTIE BLIND TRUST			58,082.	58,436.	-354.
CHRISTOPHER CHRISTIE BLIND TRUST			105,984.	96,917.	9,067.
MARYPAT CHRISTIE BLIND TRUST			89,332.	91,455.	-2,123.
MARYPAT CHRISTIE BLIND TRUST			68,182.	65,511.	2,671.
TOTAL TO NJ SCHEDULE B, LINE 1					<u>9,261.</u>

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2014**  
 Attachment  
 Sequence No. **08**

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at [www.irs.gov/scheduleb](http://www.irs.gov/scheduleb).

Name(s) shown on return

Your social security number

**CHRISTOPHER J. & MARY P. CHRISTIE**

\*\*\*-\*\*-\*\*\*\*

**Part I  
Interest**

**1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶  
**FROM K-1 - AG NET LEASE REALTY FUND II, L.P.**

		Amount
<b>1</b>		1.
<b>2</b>		1.
<b>3</b>		
<b>4</b>		1.

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

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

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

**Part II  
Ordinary Dividends**

**5** List name of payer ▶  
**THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST**  
**THE MARY PAT CHRISTIE 2010 BLIND TRUST**

		Amount
<b>5</b>		4,011.
		3,804.
<b>6</b>		7,815.

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

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

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

**Part III  
Foreign Accounts and Trusts**

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

- 7a** At any time during 2014, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions .....  
 If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements .....
- b** If you are required to file FinCen Form 114, enter the name of the foreign country where the financial account is located ▶ .....
- 8** During 2014, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions .....

	Yes	No
		X
		X

# 2014 TAX RETURN FILING INSTRUCTIONS

## NEW YORK INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2014

<b>Prepared for</b>	CHRISTOPHER J. & MARY P. CHRISTIE 																
<b>Prepared by</b>																	
<b>Amount of tax</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Total tax</td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;">47,499</td> </tr> <tr> <td>Less: payments and credits</td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: right;">62,550</td> </tr> <tr> <td>Plus: interest and penalties</td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>OVERPAYMENT</b></td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: right;"><b>15,051</b></td> </tr> </table>	Total tax	\$		47,499	Less: payments and credits	\$		62,550	Plus: interest and penalties	\$		0	<b>OVERPAYMENT</b>	\$		<b>15,051</b>
Total tax	\$		47,499														
Less: payments and credits	\$		62,550														
Plus: interest and penalties	\$		0														
<b>OVERPAYMENT</b>	\$		<b>15,051</b>														
<b>Overpayment</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Miscellaneous Donations</td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;">0</td> </tr> <tr> <td>Credited to your estimated tax</td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>Refunded to you</td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: right;"><b>15,051</b></td> </tr> </table>	Miscellaneous Donations	\$		0	Credited to your estimated tax	\$		0	Refunded to you	\$		<b>15,051</b>				
Miscellaneous Donations	\$		0														
Credited to your estimated tax	\$		0														
Refunded to you	\$		<b>15,051</b>														
<b>Make check payable to</b>	NOT APPLICABLE																
<b>Mail tax return and check (if applicable) to</b>	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM TR-579-IT TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE NY TAX DEPT.																
<b>Return must be mailed on or before</b>	NOT APPLICABLE																
<b>Special Instructions</b>																	

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

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

Taxpayer's name: CHRISTOPHER J. CHRISTIE

Spouse's name: MARY P. CHRISTIE  
*(jointly filed return only)*

**Purpose**

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

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

**General instructions**

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

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

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

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

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

**Part A - Tax return information**

1 Federal adjusted gross income (from Form IT-201, line 19, or IT-203, line 19)	1.	<u>729,422</u>
2 Refund (from Form IT-201, line 78, or IT-203, line 68)	2.	<u>15,051</u>
3 Amount you owe (from Form IT-201, line 80, or IT-203, line 70)	3.	_____

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

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

Taxpayer's signature: \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\* Date: \_\_\_\_\_

Spouse's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(jointly filed return only)*

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

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

ERO's signature: \_\_\_\_\_ Date: 06-09-15

Print name: [REDACTED]

Paid preparer's signature: \_\_\_\_\_ Date: 06-09-15

Print name: [REDACTED]

2014

New York State Department of Taxation and Finance

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

# IT-203

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

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

Your first name and middle initial <b>CHRISTOPHER J</b>		Your last name (for a joint return, enter spouse's name on line below) <b>CHRISTIE</b>		Your date of birth (mm-dd-yyyy) <b>09-06-1962</b>	Your social security number <b>***-**-****</b>
Spouse's first name and middle initial <b>MARY P</b>		Spouse's last name <b>CHRISTIE</b>		Spouse's date of birth (mm-dd-yyyy) <b>09-15-1963</b>	Spouse's social security number <b>***-**-****</b>
Mailing address (see instructions, page 13) (number and street or PO box) [REDACTED]				Apartment number	New York State county of residence <b>NR</b>
City, village, or post office [REDACTED]		State <b>NJ</b>	ZIP code [REDACTED]	Country (if not United States)	School district name <b>NR</b>
Taxpayer's permanent home address (see instr., pg. 13) (no. and street or rural route) Apartment no.				City, village, or post office	School district code number
State	ZIP code	Country (if not United States)		Taxpayer's date of death	Spouse's date of death
				Decedent information	

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

- B** Did you itemize your deductions on your 2014 federal income tax return? Yes  No
- C** Can you be claimed as a dependent on another taxpayer's federal return? Yes  No
- D1** Did you have a financial account located in a foreign country? (see pg. 14) Yes  No
- D2 Yonkers residents and Yonkers part-year residents only:**
- (1) Did you receive a property tax freeze credit? (see page 14) Yes  No
- (2) If Yes, enter the amount  .00
- D3** Did you receive a family tax relief credit? (see page 14) Yes  No

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

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

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

**I Dependent exemption information** (see page 15)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mm-dd-yyyy)
ANDREW	CHRISTIE	SON	***-**-****	08-25-1993
SARAH	CHRISTIE	DAUGHTER	***-**-****	02-23-1996
PATRICK	CHRISTIE	SON	***-**-****	08-18-2000
BRIDGET	CHRISTIE	DAUGHTER	***-**-****	06-27-2003

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

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For office use only

468021  
11-17-14

Enter your social security number  
 \*\*\* - \*\* - \*\*\*\*

**Federal income and adjustments** (see page 16)

	Federal amount Whole dollars only	New York State amount Whole dollars only
1 Wages, salaries, tips, etc. ....	1 912,460.00	1 720,699.00
2 Taxable interest income .....	2 1.00	2 .00
3 Ordinary dividends .....	3 7,815.00	3 .00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) .....	4 11,519.00	4 8,723.00
5 Alimony received .....	5 .00	5 .00
6 Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040) .....	6 .00	6 .00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) .....	7 12,819.00	7 .00
8 Other gains or losses (submit a copy of federal Form 4797) .....	8 .00	8 .00
9 Taxable amount of IRA distributions. Beneficiaries: mark <input checked="" type="checkbox"/> in box <input type="checkbox"/>	9 .00	9 .00
10 Taxable amount of pensions/annuities. Beneficiaries: mark <input checked="" type="checkbox"/> in box <input type="checkbox"/>	10 .00	10 .00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) .....	11 25,547.00	11 .00
12 Rental real estate included in line 11 (federal amount) <input type="text"/> .00	12 .00	
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040) .....	13 .00	13 .00
14 Unemployment compensation .....	14 .00	14 .00
15 Taxable amount of social security benefits (also enter on line 26) .....	15 .00	15 .00
16 Other income (see page 22) Identify: <input type="text"/>	16 .00	16 .00
17 Add lines 1 through 11 and 13 through 16 .....	17 970,161.00	17 729,422.00
18 Total federal adjustments to income (see page 22) Identify: <input type="text"/>	18 .00	18 .00
19 Federal adjusted gross income (subtract line 18 from line 17) .....	19 970,161.00	19 729,422.00

**New York additions** (see page 23)

20 Interest income on state and local bonds (but not those of New York State or its localities) .....	20 .00	20 .00
21 Public employee 414(h) retirement contributions .....	21 .00	21 .00
22 Other (Form IT-225, line 9) .....	22 .00	22 .00
23 Add lines 19 through 22 .....	23 970,161.00	23 729,422.00

**New York subtractions** (see page 24)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	24 11,519.00	24 8,723.00
25 Pensions of NYS and local governments and the federal government (see page 24) .....	25 .00	25 .00
26 Taxable amount of social security benefits (from line 15) .....	26 .00	26 .00
27 Interest income on U.S. government bonds .....	27 .00	27 .00
28 Pension and annuity income exclusion .....	28 .00	28 .00
29 Other (Form IT-225, line 18) .....	29 .00	29 .00
30 Add lines 24 through 29 .....	30 11,519.00	30 8,723.00
31 New York adjusted gross income (subtract line 30 from line 23) .....	31 958,642.00	31 720,699.00
32 Enter the amount from line 31, <b>Federal amount</b> column .....		32 958,642.00

**Standard deduction or itemized deduction** (see page 26)

33 Enter your <b>standard deduction</b> (table on page 26) or your <b>itemized deduction</b> (from Form IT-203-D). Mark an <input checked="" type="checkbox"/> in the appropriate box: <input type="checkbox"/> Standard - or - <input checked="" type="checkbox"/> Itemized	33 32,286.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) .....	34 926,356.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 26) .....	35 4,000.00
36 New York taxable income (subtract line 35 from line 34) .....	36 922,356.00

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Name(s) as shown on page 1  
**CHRISTOPHER J & MARY P CHRISTIE**

Enter your social security number  
\*\*\*-\*\*-\*\*\*\*

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

37 New York taxable income (from line 36 on page 2)	37	922,356.00
38 New York State tax on line 37 amount (see page 27 and Tax computation on pages 60, 61, and 62)	38	63,181.00
39 New York State household credit (page 27, table 1, 2, or 3)	39	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	63,181.00
41 New York State child and dependent care credit (see page 28)	41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	63,181.00
43 New York State earned income credit (see page 28)	43	.00
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	63,181.00
45 Income percentage (see page 28) <input type="text"/> New York State amount from line 31 <input type="text"/> 720,699.00 ÷ Federal amount from line 31 <input type="text"/> 958,642.00 = Round result to 4 decimal places	45	.7518
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	47,499.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	47,499.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50 Total New York State taxes (add lines 48 and 49)	50	47,499.00

**New York City and Yonkers taxes and credits**

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

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

**Voluntary contributions** (see page 30)

57a Return a Gift to Wildlife	57a	.00
57b Missing/Exploited Children Fund	57b	.00
57c Breast Cancer Research Fund	57c	.00
57d Alzheimer's Fund	57d	.00
57e Olympic Fund (\$2 or \$4)	57e	.00
57f Prostate and Testicular Cancer Research and Education Fund	57f	.00
57g 9/11 Memorial	57g	.00
57h Volunteer Firefighting & EMS Recruitment Fund	57h	.00
57i Teen Health Education	57i	.00
57j Veterans Remembrance	57j	.00
57 Total voluntary contributions (add lines 57a through 57j)	57	.00
58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57)	58	47,499.00

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Enter your social security number  
 \*\*\* \_ \*\* \_ \*\* \*\*

59 Enter amount from line 58 ..... **59** 47,499.00

**Payments and refundable credits** (see page 31)

60 Part-year NYC school tax credit (also complete E on pg. 1; see pg. 31)	<b>60</b>	.00
61 Other refundable credits (Form IT-203-ATT, line 17)	<b>61</b>	.00
62 Total New York State tax withheld	<b>62</b>	62,550.00
63 Total New York City tax withheld	<b>63</b>	.00
64 Total Yonkers tax withheld	<b>64</b>	.00
65 Total estimated tax payments/amount paid with Form IT-370	<b>65</b>	.00
<b>66 Total payments and refundable credits (add lines 60 through 65)</b>	<b>66</b>	<b>62,550.00</b>

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

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

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)	<b>67</b>	15,051.00
68 Amount of line 67 to be refunded Mark one refund choice: <input type="checkbox"/> direct deposit (fill in line 73) -or- <input type="checkbox"/> debit card -or- <input checked="" type="checkbox"/> paper check	<b>68</b>	15,051.00
69 Amount of line 67 that you want applied to your 2015 estimated tax (see instructions)	<b>69</b>	.00
70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return	<b>70</b>	.00
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 33)	<b>71</b>	.00
72 Other penalties and interest (see page 33)	<b>72</b>	.00

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

See page 33 for payment options.

See page 36 for the proper assembly of your return.

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

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

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

73b Routing number  73c Account number

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

Third-party designee? (see instr.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	Personal identification number (PIN)
------------------------------------	---	-----------------------------	--------------------------------------

▼ Paid preparer must complete (see instr.) ▼		Date <b>06-09-2015</b>
Prepare	<input type="text"/>	Preparer's NYTPRIN
Firm's name (or yours, if self-employed)	<input type="text"/>	Preparer's PTIN or SSN
Address	<input type="text"/>	Employer identification number ** _ ** * * * * *
E-mail:	<input type="text"/>	NYTPRIN excl. code <b>03</b>

▼ Taxpayer(s) must sign here ▼	
Your signature	<input type="text"/>
Your occupation	<b>GOVERNOR</b>
Spouse's signature and occupation (if joint return)	<b>SALES</b>
Date	Daytime phone number
E-mail:	

See instructions for where to mail your return.

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2014

# Nonresident and Part-Year Resident Itemized Deduction Schedule

# IT-203-D

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

Name(s) as shown on your Form IT-203 <b>CHRISTOPHER J &amp; MARY P CHRISTIE</b>	Your social security number ***-**-****
--	--

Whole dollars only

1 Medical and dental expenses (federal Schedule A, line 4) .....	1	.00
2 Taxes you paid (federal Schedule A, line 9) .....	2	126,942.00
3 Interest you paid (federal Schedule A, line 15) .....	3	6,901.00
4 Gifts to charity (federal Schedule A, line 19) .....	4	27,609.00
5 Casualty and theft losses (federal Schedule A, line 20) .....	5	.00
6 Job expenses/miscellaneous deductions (federal Schedule A, line 27) .....	6	.00
7 Other miscellaneous deductions (federal Schedule A, line 28) .....	7	.00
8 Enter amount from federal Schedule A, line 29 .....	8	141,499.00
<b>STATEMENT 1</b>		
9 State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions) .....	9	76,927.00
10 Subtract line 9 from line 8 .....	10	64,572.00
11 College tuition itemized deduction (Form IT-203-B, line 2; see instructions) .....	11	.00
12 Addition adjustments (see instructions) .....	12	.00
13 Add lines 10, 11, and 12 .....	13	64,572.00
14 Itemized deduction adjustment (see instructions) .....	14	32,286.00
15 New York State itemized deduction (subtract line 14 from line 13; enter on Form IT-203, line 33) .....	15	32,286.00

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NY IT-203      WORKSHEET 2 - SUBTRACTION ADJUSTMENT LIMITATION      STATEMENT      1

1.	ENTER AMOUNT FROM FEDERAL ITEMIZED DEDUCTION WORKSHEET, LINE 9 . . . . .	19,953
2.	ENTER AMOUNT FROM FEDERAL ITEMIZED DEDUCTION WORKSHEET, LINE 3 . . . . .	161,452
3.	DIVIDE LINE 1 BY LINE 2 AND CARRY THE RESULT TO FOUR DECIMAL PLACES . . . . .	0.1236
4.	AMOUNT OF STATE, LOCAL AND FOREIGN INCOME TAXES FROM FEDERAL SCHEDULE A, LINES 5 AND 8 . . . . .	87,776
5.	AMOUNT OF SUBTRACTION ADJUSTMENTS (FROM ITEMIZED DEDUCTIONS) THAT ARE INCLUDED IN TOTAL FEDERAL ITEMIZED DEDUCTIONS FROM FEDERAL SCHEDULE A, LINE 29, BEFORE ANY FEDERAL DISALLOWANCE . . . . .	0
6.	ADD LINE 4 AND LINE 5 . . . . .	87,776
7.	MULTIPLY LINE 6 BY LINE 3 . . . . .	10,849
8.	SUBTRACT LINE 7 FROM LINE 6 . . . . .	76,927
9.	ENTER ANY OTHER SUBTRACTION ADJUSTMENTS TO ITEMIZED DEDUCTIONS . . . . .	0
10.	ENTER THE AMOUNT FROM WORKSHEET 1, LINE 5 (SEE BELOW) . . .	
11.	ADD LINES 8, 9, 10. ENTER THE TOTAL ON FORM IT-203-D, LINE 9 . . . . .	76,927

WORKSHEET 1  
LONG-TERM CARE ADJUSTMENT

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

**SCHEDULE D  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

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

OMB No. 1545-0074

**2014**

Attachment  
Sequence No. 12

Name(s) shown on return

**CHRISTOPHER J. & MARY P. CHRISTIE**

Your social security number

\*\*\*-\*\*-\*\*\*\*

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	147,414.	149,891.		<2,477.>
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 <b>STMT 2</b>				147.
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions				( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				<2,330.>

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked	174,166.	162,428.		11,738.
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked				
<b>11</b> 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 <b>SEE STATEMENT 3</b>				221.
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				
<b>13</b> Capital gain distributions <b>SEE STATEMENT 4</b>				3,190.
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions				( )
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15,149.

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

Schedule D (Form 1040) 2014







**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.

▶ Information about Schedule E and its separate instructions is at [www.irs.gov/schedulee](http://www.irs.gov/schedulee)

OMB No. 1545-0074

**2014**

Attachment  
Sequence No. **13**

Name(s) shown on return

Your social security number

**CHRISTOPHER J. & MARY P. CHRISTIE**

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**Part I Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions)  Yes  No  
**B** If "Yes," did you or will you file required Forms 1099?  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** [REDACTED]  
**B**  
**C**

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
				A	B	C
A	6					<input type="checkbox"/>
B						<input type="checkbox"/>
C						<input type="checkbox"/>

**Type of Property:**

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

Income:	Properties:	A	B	C
<b>3</b> Rents received	<b>3</b>			
<b>4</b> Royalties received	<b>4</b>	25,547.		
<b>Expenses:</b>				
<b>5</b> Advertising	<b>5</b>			
<b>6</b> Auto and travel (see instructions)	<b>6</b>			
<b>7</b> Cleaning and maintenance	<b>7</b>			
<b>8</b> Commissions	<b>8</b>			
<b>9</b> Insurance	<b>9</b>			
<b>10</b> Legal and other professional fees	<b>10</b>			
<b>11</b> Management fees	<b>11</b>			
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest	<b>13</b>			
<b>14</b> Repairs	<b>14</b>			
<b>15</b> Supplies	<b>15</b>			
<b>16</b> Taxes	<b>16</b>			
<b>17</b> Utilities	<b>17</b>			
<b>18</b> Depreciation expense or depletion	<b>18</b>			
<b>19</b> Other (list) ▶	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19	<b>20</b>			
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	<b>21</b>	25,547.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	<b>22</b>	( )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties	<b>23a</b>			
<b>b</b> Total of all amounts reported on line 4 for all royalty properties	<b>23b</b>	25,547.		
<b>c</b> Total of all amounts reported on line 12 for all properties	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties	<b>23e</b>			
<b>24</b> Income. Add positive amounts shown on line 21. Do not include any losses	<b>24</b>			25,547.
<b>25</b> Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b>			( )
<b>26</b> 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	<b>26</b>			25,547.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2014

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

Your social security number

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**CHRISTOPHER J. & MARY P. CHRISTIE**

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 column (e) on line 28 and attach Form 6198. See instructions.

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

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	AG NET LEASE REALTY FUND II, L.P.	P		** - *****	
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	0.			
B				
C				
D				
29a	Totals			
b	Totals			
30	Add columns (g) and (j) of line 29a			30
31	Add columns (f), (h), and (i) of line 29b			31 ( )
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A	SEE STATEMENT 5	
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			
B			
34a	Totals		
b	Totals		
35	Add columns (d) and (f) of line 34a		35
36	Add columns (c) and (e) of line 34b		36 ( )
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		37

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

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

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	25,547.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE D	NET SHORT-TERM GAIN OR LOSS FROM FORMS 6252, 4684, 6781 AND 8824	STATEMENT	2
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DESCRIPTION OF PROPERTY	GAIN OR LOSS
FORM 6781, PART I	147.
TOTAL TO SCHEDULE D, PART I, LINE 4	147.

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824	STATEMENT	3
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DESCRIPTION OF PROPERTY	GAIN OR LOSS	28% GAIN
FORM 6781, PART I	221.	
TOTAL TO SCHEDULE D, PART II, LINE 11	221.	

SCHEDULE D	CAPITAL GAIN DISTRIBUTIONS	STATEMENT	4
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NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST	1,751.	
THE MARY PAT CHRISTIE 2010 BLIND TRUST	1,439.	
TOTALS TO SCHEDULE D, LINE 13	3,190.	

SCHEDULE E	INCOME OR (LOSS) FROM ESTATES AND TRUSTS	STATEMENT	5
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NAME	EMPLOYER ID NO.	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	NONPASSIVE INCOME
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD	**_*****				
THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED	**_*****	0.			
TOTALS TO SCHEDULE E, LINE 34		0.			