

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , ending See separate instructions.

Your first name M.I. Last name Suffix JOHN SMITH Your social security number 111-22-3333

If a joint return, spouse's first name M.I. Last name Suffix SUSAN SMITH Spouse's social security number 444-55-6666

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 1234 ANY ST Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). DALLAS TX 75201 Presidential Election Campaign

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

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

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a 6b Spouse Boxes checked on 6a and 6b 2 No. of children on 6c who: lived with you did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above 2

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required 8b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required 9b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15b Taxable amount 16a Pensions and annuities 16b Taxable amount 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20b Taxable amount 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 170

Adjusted Gross Income 23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid 31b Recipient's SSN 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income 170

**Tax and Credits**

38 Amount from line 37 (adjusted gross income) . . . . . 38 170

39a Check  You were born before January 2, 1952,  Blind. } Total boxes  
if:  Spouse was born before January 2, 1952,  Blind. } checked **▶ 39a**

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

**Standard Deduction for—**

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:  
Single or Married filing separately, \$6,300  
Married filing jointly or Qualifying widow(er), \$12,600  
Head of household, \$9,300

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

41 Subtract line 40 from line 38 . . . . . 41 -12,430

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

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

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

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

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

47 Add lines 44, 45, and 46 . . . . . **▶ 47**

48 Foreign tax credit. Attach Form 1116 if required . . . . . 48

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

50 Education credits from Form 8863, line 19 . . . . . 50

51 Retirement savings contributions credit. Attach Form 8880 . . . . . 51

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

53 Residential energy credits. Attach Form 5695 . . . . . 53

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

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

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

**Other Taxes**

57 Self-employment tax. Attach Schedule SE . . . . . 57

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

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

60a Household employment taxes from Schedule H . . . . . 60a

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

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

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

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

**Payments**

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

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

66a **Earned income credit (EIC)** . . . . . 66a

b Nontaxable combat pay election . . . . . **66b**

67 Additional child tax credit. Attach Schedule 8812 . . . . . 67

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

69 Net premium tax credit. Attach Form 8962 . . . . . 69

70 Amount paid with request for extension to file . . . . . 70

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

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

73 Credits from Form: a  2439 b  Reserved c  8885 d  . . . . . 73

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

**Refund**

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

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

**▶ b** Routing number  **▶ c** Type:  Checking  Savings

**▶ d** Account number

77 Amount of line 75 you want **applied to your 2017 estimated tax** . . . . . **▶ 77**

**Amount You Owe**

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

79 Estimated tax penalty (see instructions) . . . . . **▶ 79**

**Third Party Designee**

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

Designee's name  Phone no.  Personal identification number (PIN)

**Sign Here**

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

Your signature  Date  Your occupation  Daytime phone number

Spouse's signature. If a joint return, **both** must sign.  Date  Spouse's occupation  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Preparer Use Only**

Print/Type preparer's name  Preparer's signature  Date  Check  if self-employed  PTIN

GREGORY L BUHROW 11/1/2017 P00032921

Firm's name  Firm's EIN

GREGORY L BUHROW, CPA, PC 75-2774776

Firm's address  Phone no.

2355 GUS THOMASSON ROAD, DALLAS, TX 75228 (214) 327-0700

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2016**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor <b>JOHN SMITH</b>	Social security number (SSN) 111-22-3333
<b>A</b> Principal business or profession, including product or service (see instructions) <b>TRADER IN SECURITIES</b>	<b>B</b> Enter code from instructions ▶ 523110
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN), (see instr.) 26-1234567
<b>E</b> Business address (including suite or room no.) ▶ _____ City, town or post office, state, and ZIP code	
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____	
<b>G</b> Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>H</b> If you started or acquired this business during 2016, check here . . . . .	<input type="checkbox"/>
<b>I</b> Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J</b> If "Yes," did you or will you file required Forms 1099? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . .	<input type="checkbox"/>	<b>1</b>		
<b>2</b> Returns and allowances . . . . .		<b>2</b>		
<b>3</b> Subtract line 2 from line 1 . . . . .		<b>3</b>		
<b>4</b> Cost of goods sold (from line 42) . . . . .		<b>4</b>		
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .		<b>5</b>		
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .		<b>6</b>		
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .		<b>7</b>		

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

<b>8</b> Advertising . . . . .	<b>8</b>			<b>18</b> Office expense (see instructions) . . . . .	<b>18</b>		
<b>9</b> Car and truck expenses (see instructions) . . . . .	<b>9</b>			<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>		
<b>10</b> Commissions and fees . . . . .	<b>10</b>			<b>20</b> Rent or lease (see instructions):			
<b>11</b> Contract labor (see instructions) . . . . .	<b>11</b>			<b>a</b> Vehicles, machinery, and equipment . . . . .	<b>20a</b>		
<b>12</b> Depletion . . . . .	<b>12</b>			<b>b</b> Other business property . . . . .	<b>20b</b>		
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	<b>13</b>		687	<b>21</b> Repairs and maintenance . . . . .	<b>21</b>		
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>			<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>		
<b>15</b> Insurance (other than health) . . . . .	<b>15</b>			<b>23</b> Taxes and licenses . . . . .	<b>23</b>		
<b>16</b> Interest:				<b>24</b> Travel, meals, and entertainment:			
<b>a</b> Mortgage (paid to banks, etc.) . . . . .	<b>16a</b>			<b>a</b> Travel . . . . .	<b>24a</b>		1,300
<b>b</b> Other . . . . .	<b>16b</b>			<b>b</b> Deductible meals and entertainment (see instructions) . . . . .	<b>24b</b>		100
<b>17</b> Legal and professional services . . . . .	<b>17</b>			<b>25</b> Utilities . . . . .	<b>25</b>		
				<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>		
				<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>		1,080
				<b>b</b> Reserved for future use . . . . .	<b>27b</b>		
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .				<b>28</b>			3,167
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .				<b>29</b>			-3,167
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30. . . . .				<b>30</b>			
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.				<b>31</b>			-3,167
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.				<b>32a</b>	<input checked="" type="checkbox"/>	All investment is at risk.	
				<b>32b</b>	<input type="checkbox"/>	Some investment is not at risk.	

**Part III Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory:    a  Cost    b  Lower of cost or market    c  Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .  Yes     No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	35		
36 Purchases less cost of items withdrawn for personal use . . . . .	36		
37 Cost of labor. Do not include any amounts paid to yourself . . . . .	37		
38 Materials and supplies . . . . .	38		
39 Other costs . . . . .	39		
40 Add lines 35 through 39 . . . . .	40		
41 Inventory at end of year . . . . .	41		
42 <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	42		

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year)    ▶ \_\_\_\_\_

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:

a Business \_\_\_\_\_    b Commuting (see instructions) \_\_\_\_\_    c Other \_\_\_\_\_

45 Was your vehicle available for personal use during off-duty hours? . . . . .  Yes     No

46 Do you (or your spouse) have another vehicle available for personal use? . . . . .  Yes     No

47 a Do you have evidence to support your deduction? . . . . .  Yes     No

b If "Yes," is the evidence written? . . . . .  Yes     No

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

INVESTMENT NEWSLETTER		600	
ONLINE DATA ACCESS		480	
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-----			
-----			
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48 <b>Total other expenses.</b> Enter here and on line 27a . . . . .	48	1,080	

**Sales of Business Property**  
**(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your tax return.**

▶ **Information about Form 4797 and its separate instructions is at [www.irs.gov/form4797](http://www.irs.gov/form4797).**

Attachment  
Sequence No. **27**

Name(s) shown on return <b>JOHN and SUSAN SMITH</b>	Identifying number <b>111-22-3333</b>
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**1** Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . . **1**

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

**3** Gain, if any, from Form 4684, line 39 . . . . . **3**

**4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . . **4**

**5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . . **5**

**6** Gain, if any, from line 32, from other than casualty or theft . . . . . **6**

**7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: . . . . . **7**

**Partnerships (except electing large partnerships) and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

**8** Nonrecaptured net section 1231 losses from prior years. See instructions . . . . . **8**

**9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions . . . . . **9**

**Part II Ordinary Gains and Losses (see instructions)**

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

SEC 481A ADJUSTMENT	1/1/2016	2,191	-2,191
TRADING IN SECURITIES-SEE D	12/31/2016	147,875	139,500
MTM YEAR-END ADJUSTMENT	12/31/2016	2,847	-2,847

**11** Loss, if any, from line 7 . . . . . **11** ( )

**12** Gain, if any, from line 7 or amount from line 8, if applicable . . . . . **12**

**13** Gain, if any, from line 31 . . . . . **13**

**14** Net gain or (loss) from Form 4684, lines 31 and 38a . . . . . **14**

**15** Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . . **15**

**16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . . **16**

**17** Combine lines 10 through 16 . . . . . **17** 3,337

**18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

**a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions . . . . . **18a**

**b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 . . . . . **18b** 3,337

## Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to your tax return.**

Attachment  
Sequence No. **179**

▶ **Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).**

Name(s) shown on return <b>JOHN SMITH</b>	Business or activity to which this form relates Sch C: MTM - TRADER IN SECURITIES	Identifying number 111-22-3333
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**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) . . . . .	<b>1</b>	
2 Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	<b>5</b>	
<b>6</b>	<b>(a)</b>	<b>(b)</b>
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29 . . . . .	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562. . . . .	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . . .	<b>12</b>	
13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 . . . . . ▶	<b>13</b>	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	<b>14</b>	
15 Property subject to section 168(f)(1) election . . . . .	<b>15</b>	
16 Other depreciation (including ACRS) . . . . .	<b>16</b>	

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2016 . . . . .	<b>17</b>	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶ <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19 a</b> 3-year property		300	3	HY	SL/GDS	100
<b>b</b> 5-year property		2,400	5	HY	200DB	480
<b>c</b> 7-year property		750	7	HY	200DB	107
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

<b>20 a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 . . . . .	<b>21</b>	
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . .	<b>22</b>	687
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	

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

**Part II Ordinary Gains and Losses****10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss)
100 ALPHABET	04/28/16	08/03/16	79,500		70,500	9,000
200 CELGENE	03/01/16	07/14/16	20,400		21,000	(600)
500 TEVA PHARMA	03/31/16	10/21/16	22,000		27,000	(5,000)
200 UPS	04/01/16	09/21/16	21,800		21,000	800
2 AAPL CALLS		03/18/16	150		EXPIRED	150
2 AAPL CALLS		05/20/16	175		EXPIRED	175
2 AAPL CALLS		07/15/16	215		EXPIRED	215
2 AAPL CALLS		09/16/16	195		EXPIRED	195
2 AAPL CALLS		11/18/16	175		EXPIRED	175
1 AMZN PUT		08/19/16	725		EXPIRED	725
1 AMZN PUT		09/16/16	450		EXPIRED	450
1 AMZN PUT		10/21/16	575		EXPIRED	575
1 AMZN PUT		11/18/16	650		EXPIRED	650
2 CELG CALLS		07/14/16	250		EXPIRED	250
5 TEVA CALLS		05/20/16	110		EXPIRED	110
5 TEVA CALLS		07/15/16	95		EXPIRED	95
5 TEVA CALLS		10/21/16	85		EXPIRED	85
2 UPS CALLS		09/16/16	325		EXPIRED	325
			<u>147,875</u>		<u>139,500</u>	<u>8,375</u>