

Form 1040 EXTENSION GRANTED TO 10/16/2016 U.S. Individual Income Tax Return 2016

OMB No. 1545-0047 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning

2016, ending 20

See separate instructions.

Your first name and initial

Last name

CHRISTOPHER G.

KENNEDY

Your social security number

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

Last name

SHEILA BERNER

KENNEDY

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 8c 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

Check only one box.

Exemptions

- 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
b ☒ Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☐ If child under age 17 qualifying for child tax credit
If more than four dependents, see instructions and check here ▶ ☐
d Total number of exemptions claimed 2

Income

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

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

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7
8a Taxable interest. Attach Schedule B if required 8a 119,329.
b Tax-exempt interest. Do not include on line 8a 8b 6,695.
9a Ordinary dividends. Attach Schedule B if required 9a 410,938.
b Qualified dividends 9b 227,936. STMT 8
10 Taxable refunds, credits, or offsets of state and local income taxes STMT 3 STMT 5 10 0.
11 Alimony received 11
12 Business income or (loss). Attach Schedule C or C-EZ 12 170,964.
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ 13 652,317.
14 Other gains or (losses). Attach Form 4797 14
15a IRA distributions 15a b Taxable amount 15b
16a Pensions and annuities 16a b Taxable amount 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 -18,099.
18 Farm income or (loss). Attach Schedule F 18
19 Unemployment compensation 19
20a Social security benefits 20a b Taxable amount 20b
21 Other income. List type and amount SEE STATEMENT 2 21 128.
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 1,335,577.

Adjusted Gross Income

- 23 Educator expenses 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
25 Health savings account deduction. Attach Form 8889 25
26 Moving expenses. Attach Form 3903 26
27 Deductible part of self-employment tax. Attach Schedule SE 27 11,363.
28 Self-employed SEP, SIMPLE, and qualified plans 28 53,000.
29 Self-employed health insurance deduction 29 27,531.
30 Penalty on early withdrawal of savings 30
31a Alimony paid b Recipient's SSN ▶ 31a
32 IRA deduction 32
33 Student loan interest deduction 33
34 Tuition and fees. Attach Form 8917 34
35 Domestic production activities deduction. Attach Form 8903 35 878.
36 Add lines 23 through 35 36 92,772.
37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 1,242,805.

810001 11-30-16

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

Form 1040 (2016)

Tax and Credits

Standard Deduction for -
 ● People who check any box on line 39a or 39b of 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

38	Amount from line 37 (adjusted gross income)	38	1,242,805.
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/> 39b <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	809,161.
41	Subtract line 40 from line 38	41	433,644.
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 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	433,644.
44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	53,752.
45	Alternative minimum tax. Attach Form 6251	45	71,894.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	125,646.
48	Foreign tax credit. Attach Form 1116 if required	48	5,578.
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 type="checkbox"/> 8801 c <input type="checkbox"/>	54	21.
55	Add lines 48 through 54. These are your total credits	55	5,599.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	120,047.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	22,725.
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s) STATEMENT 11	62	31,236.
63	Add lines 56 through 62. This is your total tax	63	174,008.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2016 estimated tax payments and amount applied from 2015 return	65	190,169.
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	72,000.
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	262,169.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	88,161.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
b	Routing number <input 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 2017 estimated tax	77	88,161.

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

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge 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 **EXECUTIVE** Daytime phone number

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

Paid

Preparer CPA

Use Only

Print/Type preparer's name

Firm's name

Firm's address

Check ☐ if

self-employed

PTIN

Firm's EIN

Phone no.