

**TIOGA COUNTY INDUSTRIAL DEVELOPMENT AGENCY**

**APPLICATION FOR FINANCIAL ASSISTANCE**

PLEASE NOTE: PRIOR TO SUBMITTING A COMPLETED FINAL APPLICATION AND EAF, PLEASE ARRANGE TO MEET WITH THE AGENCY'S STAFF TO REVIEW YOUR DRAFT APPLICATION AND EAF

Date: October 21, 2016

APPLICATION OF: Nelson Development Group, LLC  
APPLICANT NAME

Nelson Development Group, LLC  
OWNERSHIP OF PROPOSED PROJECT  
(APPLICANT OR OTHER OWNER)

Type of Application:

- Tax-Exempt Bonds
- Both Taxable and Tax-Exempt Bonds
- Refunding
- Second Mortgage
- Taxable Bonds
- Sale/Leaseback
  - Bank Financing
- Amendment
- Transfer

Type of Project:

- Industrial/Manufacturing
- Commercial/Office
- Not-for-Profit/Civic  
(Specify) \_\_\_\_\_
- Commercial/Retail
- Solid Waste
- Warehousing
- Pollution Control/  
(indicate type) \_\_\_\_\_
- Energy or Cogeneration Facility
- Other (specify)  
Residential rental  
apartments, public restrooms  
& public overlook

Description of Project (check one or more):

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> New Construction  | <input type="checkbox"/> Acquisition of existing facility         |
| <input type="checkbox"/> Addition to existing facility<br><input type="checkbox"/> Existing IDA project                 | <input type="checkbox"/> Purchase of new machinery and equipment  |
| <input type="checkbox"/> Renovation/modernization of existing facility<br><input type="checkbox"/> Existing IDA project | <input type="checkbox"/> Purchase of used machinery and equipment |

Please respond to all items either by filling in blanks, by attachment (by marking space “See Attachment Number 1,” etc.) or by N.A., where not applicable. This application must be filed in 4 copies. A complete application is essential for the Agency’s determination of whether to provide the financial assistance requested. A non-refundable application fee of \$2,500.00 is required at the time of submission of this application to the Tioga County Industrial Development Agency (the “Agency”). In the event that multiple public hearings are required, \$500.00 per hearing will be charged in addition to the application fee.

The attached Environmental Assessment Form (“EAF”) is an integral part of this application. This application will not be deemed complete unless accompanied by a fully completed EAF.

Before inducement, Bond Counsel (or Transaction Counsel, in the case of a Sale/Leaseback) will require a \$2,500 deposit which will be applied to actual out-of-pocket fees and disbursements made during the inducement and negotiation processes, and will be reflected on their final statement at closing.

Information provided herein will not be made public by the Agency prior to the passage of an Official Inducement Resolution, but may be subject to disclosure under the New York Freedom of Information Law.

**APPLICANTS FOR FINANCIAL ASSISTANCE TO RETAIL FACILITIES ALSO COMPLETE RIDER A**

**APPLICANTS FOR TAX-EXEMPT BONDS ALSO COMPLETE RIDER B**

I. OWNER DATA

A. PROPOSED PROJECT OWNER (THE "OWNER")

NAME Nelson Development Group, LLC

ADDRESS 1803 Castle Gardens Road, Owego, NY 13827

CONTACT Bruce Nelson POSITION Owner

PHONE 607.748.8200 FEDERAL EMPLOYER I.D.# 26-3255027

FAX 607.748.8204 E-MAIL ndevelopment17@gmail.com

NAICS CODE 236220

BUSINESS TYPE:

SOLE PROPRIETORSHIP  LIMITED LIABILITY COMPANY

GENERAL PARTNERSHIP  LIMITED PARTNERSHIP

OTHER (PLEASE DESCRIBE) \_\_\_\_\_

State and Date of Organization New York State / August 4, 2008

PRIVATELY HELD CORPORATION

PUBLIC CORPORATION  LISTED ON \_\_\_\_\_ EXCHANGE

State and Date of Incorporation \_\_\_\_\_

NOT-FOR-PROFIT CORPORATION

Qualified Under Section \_\_\_\_ of Internal Revenue Code (attach a copy of IRS Determination Letter)

State and Date of Incorporation or Charter \_\_\_\_\_

EDUCATION CORPORATION

Qualified Under Section \_\_\_\_ of the Internal Revenue Code (attach a copy of IRS Determination Letter)

State and Date of Incorporation or Charter \_\_\_\_\_

ATTORNEY Kurt Schrader, Esq.

FIRM NAME Pope, Schrader & Pope, LLP

ADDRESS 2 Court Street, Binghamton, NY 13901

PHONE 607.584.4900 FAX 607.584.4901

E-MAIL kschrader@psplawfirm.com

B. FACILITY USER (tenant using more than 10% of the square footage of the Facility, if different than the Owner) (THE "USER")

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_ POSITION \_\_\_\_\_

PHONE \_\_\_\_\_ FEDERAL EMPLOYER I.D.# \_\_\_\_\_

FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAICS CODE \_\_\_\_\_

BUSINESS TYPE:

SOLE PROPRIETORSHIP  LIMITED LIABILITY COMPANY

GENERAL PARTNERSHIP  LIMITED PARTNERSHIP

OTHER (PLEASE DESCRIBE) \_\_\_\_\_

State and Date of Organization \_\_\_\_\_

PRIVATELY HELD CORPORATION

PUBLIC CORPORATION  LISTED ON \_\_\_\_\_ EXCHANGE

State and Date of Incorporation \_\_\_\_\_

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Qualified Under Section \_\_\_\_ of Internal Revenue Code (attach a copy of IRS Determination Letter)

State and Date of Incorporation or Charter \_\_\_\_\_



EDUCATION CORPORATION

Qualified Under Section \_\_\_\_ of the Internal Revenue Code (attach a copy of IRS Determination Letter)

State and Date of Incorporation or Charter

\_\_\_\_\_

ATTORNEY \_\_\_\_\_

FIRM NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

(Please provide names of each additional User, if any, and all of the information requested above, on a separate sheet and attach it to this questionnaire.)

- C. Any related person (e.g., stockholder, principal, partner, member, parent corporation, sister corporation, subsidiary) to the above Owner or User proposed to be a user of the Project.

<u>NAME</u>	<u>BUSINESS TYPE</u>	<u>RELATIONSHIP</u>
NA		

\_\_\_\_\_  
\_\_\_\_\_

- D. Principal stockholders or partners of the Owner and the User, if any (i.e., owners of 5% or more equity in the Owner or the User):

<u>NAME</u>	<u>% OWNED</u>	<u>WHICH COMPANY</u>
NA		

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. **APPLICANTS FOR TAX-EXEMPT FINANCING:** If any of the above persons, or a group of them, owns more than a 50% interest in the Owner or the User, list all other persons that are related to the Owner or the User by virtue of such owners having more than a 50% interest in such other persons.

NA

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F. **APPLICANTS FOR TAX-EXEMPT FINANCING:** Is the Owner or the User related to any other person by reason of more than 50% common ownership? If so, indicate the name of each related person and the Owner's or User's relationship to such person.

NA

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G. List the Owner's and the User's parent corporations, sister corporations and subsidiaries if any.

NA

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H. Has the Owner or the User (or any other entity listed in answer to questions C-G above) been involved in or benefitted by any prior tax-exempt bond financing in the town/city/village in which this Project is located, whether through the Agency, JDA or another issuer? If so, please explain in full (e.g., name of issuer and beneficiary; original amount of issue; date of issue; current amount outstanding; purpose of issue; etc.).

No.

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I. Has the Owner or the User (or any related person) made a public offering or private placement of its stock within the last year? If so, please describe and provide the prospectus or other offering materials used.

No.

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J. Has the Owner or the User (or any related person) applied to any other Industrial Development Agency in regard to this Project? If so, please provide details of any action taken with respect to the Project and the current status of such application.

No.

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K. List the major bank references of the Owner and the User.

NBT Bank, N.A. (Kellyanna Truesdale)

M&T Bank (Glen Small)

Visions FCU (Joshua Welch)

Elmira Savings Bank (Mike Hosey)

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II. OWNER'S OPERATIONS AT CURRENT LOCATION

A. Address NA

B. Acreage of existing facility \_\_\_\_\_

C. Number of buildings and square feet of each building

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D. Owned or leased \_\_\_\_\_

E. Please describe the type of operation (e.g., manufacturing, wholesale, distribution, retail, etc.) and products and services offered at current location: \_\_\_\_\_

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- F. Employment (current number of full-time employees or the equivalent) \_\_\_\_\_  
\_\_\_\_\_
- G. Annual payroll amount \_\_\_\_\_

III. USER'S OPERATIONS AT CURRENT LOCATION

- A. Address NA \_\_\_\_\_
- B. Acreage of existing facility \_\_\_\_\_
- C. Number of buildings and square feet of each \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. Owned or leased \_\_\_\_\_
- E. Please describe the type of operation (e.g., manufacturing, wholesale, distribution, retail, etc.) and products and services offered at current location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- F. Employment (current number of full time employees or the equivalent) \_\_\_\_\_  
\_\_\_\_\_
- G. Annual payroll amount \_\_\_\_\_

IV. PROPOSED PROJECT DATA

- A. Location of Project - Please attach a map highlighting the location of the Project. In addition, please give the real property tax map number and exact street address of the Project, including the city or village (if any) and town in which the Project will be located. (If no street address is available, please include a survey and the most precise description available.) Please also identify the school district within which the Project will be located: 200-202 & 204 Front Street, Owego, NY 13827  
Village of Owego, Town of Owego, Owego Apalachin Central School District  
Tax Map # 128.08-6-50.1 & 128.08-6-49.1

B. Project Site - Please submit 3 copies of plans or sketches of the proposed acquisition, renovation or construction (under separate cover is permissible). Also attach a photograph of the site or existing facility to be improved.

1. Acreage 0.09 Acres & 0.03 Acres

2. Acquisition of existing buildings:

a) Existing buildings to be acquired (number of buildings and square feet of each building):

NA

b) Does the Project consist of additions and/or renovations to existing buildings? If so, indicate the nature of the expansion and/or renovation in reasonable detail.

The proposed project will shore and stabilize the shared side walls of the adjacent buildings.

3. New Construction:

a) Number and square feet of each new building to be constructed:

13,600 SF

b) Builder or contractor and address:

Nelson Development Group, LLC

1803 Castle Gardens Road, Vestal, NY 13850

c) Architect and address:

E.S. Beautz Architects, Gene Beautz

132 Washington Street, Suite #1, Binghamton, NY 13901

4. Present use of the Project site:

Vacant lot currently improved with a wooden deck.

5. Present user of Project site:  
None

6. Relationship of present user of Project site to the Owner, if any: \_\_\_\_\_  
NA

C. Project Use Description – Please provide a detailed description of the Project and the Project’s intended use. (E.g., “The construction and equipping of an approximately \_\_\_\_\_ square foot building, of which \_\_\_\_\_ square feet will be used for the manufacturing of \_\_\_\_\_, \_\_\_\_\_ square feet will be used for warehousing finished products and \_\_\_\_\_ square feet will be used for office space, and the acquisition and installation of the following items of machinery and equipment: \_\_\_\_\_, all to be used by the Owner/User in connection with the manufacturing and/or warehousing of \_\_\_\_\_ for the \_\_\_\_\_ industry.) If additional space is necessary, please attach an exhibit to this application.

**APPLICANTS FOR TAX-EXEMPT FINANCING PLEASE NOTE:** The Tax Reform Act of 1986 limits the types of facilities that are eligible for tax-exempt financing to manufacturing facilities, civic facilities and certain other exempt facilities.

The project will involve the new construction of a 13,600 sq ft building:

4,400 sq ft will be used for commercial purposes (office/retail)

8,800 sq ft will be used for residential rental units

400 sq ft roof top common area for residential tenants

D. Are there utilities on site? Yes

- a. Water (indicate municipal or other) Suez
- b. Sewer (indicate municipal or other) Village of Owego
- c. Electric (Name of utility company) NYSEG
- d. Gas (Name of utility company) NYSEG

- E. If any space in the Project is to be leased by the Agency or the Owner to third parties, or subleased by the User to third parties, indicate the total square footage of the Project to be leased to each tenant, and the proposed use of that space by each tenant. Although the tenants may not yet be known, the general purposes for which the Project will be used must still be indicated (e.g., manufacturing, office, warehouse, etc.). Use a separate sheet, if necessary.

(8) 2-Bedroom apartments for a total of 8,800 SF

400 SF roof top common area for residential tenants

4,400 SF commercial space - retail/office with public bathrooms

- F. 1. List principal items or categories of equipment to be acquired as part of the Project and identify whether equipment will be new or used.

all new mechanicals

2. Have any of the items or categories listed above been ordered or obtained? If so, enclose copies of purchase orders, contracts and/or invoices.

No

- G. Has construction work on the Project begun? If so, complete the following:

- |    |                         |                              |  |
|----|-------------------------|------------------------------|--|
| 1. | Site clearance          | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no _____% complete |
| 2. | Foundation              | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no _____% complete |
| 3. | Footings                | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no _____% complete |
| 4. | Steel                   | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no _____% complete |
| 5. | Masonry                 | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no _____% complete |
| 6. | Other (describe below): |                              |  |

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H. Existing facilities within New York State:

1. Are there other facilities owned, leased or used by the Owner or User (or any related person) within the state? If so, tell where such facilities are located and describe the terms of the Owner's or the User's (or any related person's) interest in such facilities.

176 Main St. (Owego), 231 Main St. (Owego), Montour House (Montour Falls),

Flats on Broadway (Montour Falls) & Water Works Center (Watkins Glen) - mixed use

space leased to tenants & 100% owned by Owner. 1803 Castle Gardens Road (Vestal)  
commercial space & 100% owned by Owner.

2. If there are other facilities within the state, is it expected that any of these other facilities will close or be subject to reduced activity as a result of the proposed Project?

yes

no

3. If you answered "No" to question 2 above, please explain in detail how current facilities will be utilized.

Additional residential rental units, retail incubator/office space

for up to six new commercial business startups, public restrooms

and public overlook.

4. If you answered "Yes" to question 2 above, please indicate whether the Project is reasonably necessary for the Owner or User, as applicable, to maintain its competitive position in its industry and explain in detail.

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5. Has the Owner or the User thought about moving to another state? Has the Owner or the User engaged in any negotiations in that regard? If so, please explain.

No.

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6. Will the Project meet current zoning requirements at its proposed location?

yes  no

a) What is the present zoning? Central Business

b) What zoning is required? Central Business

c) If a change of zoning is required, please provide the details regarding, and described the status of, any change of zoning request.

NA

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7. Is the Project site in an Agricultural District, in a primarily agricultural area, or currently in agricultural use? If yes, provide details.

No.

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8. Is the Project site in a Historic District or does it contain any buildings of historical significance? If yes, describe.

Yes, the project is located in the Owego Central Historic District.

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- c) Balance of existing mortgage \_\_\_\_\_
- d) Holder of mortgage \_\_\_\_\_
- e) Special conditions \_\_\_\_\_

2. If not, does the Owner (or any related person) have an option or a contract to purchase the site and/or any buildings on the site?

- yes                                       no

3. If so, please attach a copy of the option or contract and indicate:

- a) Date signed July 13, 2016
  - b) Purchase price \$42,000.00
  - c) Proposed settlement/closing date July 1, 2017
- 

K. Has an Environmental Audit or other examination of the environmental condition of the Project site been prepared within the last five years?

- yes , SEQR                                       no

If yes, please attach a copy.

V. PROJECT COSTS

A. Give an accurate estimate of the cost of each of the following items, specifying in each instance the best estimate of the portion of such costs to be financed with tax-exempt or taxable bond proceeds, if applicable:

	<u>TOTAL COST AND % BOND FINANCED</u>	
LAND* .....	<u>\$42,000</u>	<u>( 0 %)</u>
ACQUISITION AND REHABILITATION COSTS:		
Existing Building** .....	_____	<u>(    %)</u>
Cost of Rehabilitation .....	_____	<u>(    %)</u>
COST OF NEW CONSTRUCTION:		
Construction of New Building .....	<u>\$2,515,752</u>	<u>( 0 %)</u>
New Additions to or Expansions of Existing of Existing Building .....	_____	<u>(    %)</u>
ENGINEERING/ARCHITECTURAL FEES .....	<u>\$24,000</u>	<u>( 0 %)</u>
MANUFACTURING EQUIP. TO BE INSTALLED ..	_____	<u>(    %)</u>
OTHER EQUIP. TO BE INSTALLED .....	<u>\$68,000</u>	<u>( 0 %)</u>
LEGAL FEES (Bank, Bond, Agency & Company Counsel) .....	<u>\$10,600</u>	<u>( 0 %)</u>
FINANCIAL CHARGES (specify) .....	<u>\$30,000</u>	<u>( 0 %)</u>
AGENCY FEES .....	_____	<u>(    %)</u>
OTHER FEES/CHARGES, etc. (specify):		
_____	_____	<u>(    %)</u>
_____	_____	<u>(    %)</u>
TOTAL PROJECT COSTS:	<u>\$2,690,352</u>	<u>( 0 %)</u>

AMOUNT OF BOND REQUESTED (if applicable): \$ \_\_\_\_\_

\* **APPLICANTS FOR TAX-EXEMPT FINANCING NOTE:** If acquiring land, please note that federal law prohibits the use of 25% or more of tax-exempt bond proceeds for the purchase of land.

\*\* **APPLICANTS FOR TAX-EXEMPT FINANCING NOTE:** If acquiring existing buildings, please note that federal law prohibits the acquisition of existing buildings with tax-exempt bond proceeds unless the rehabilitation expenses to be incurred with respect to

the building within three years are equal to or greater than 15% of the portion of the cost of acquiring the building that is financed with tax-exempt bond proceeds. Rehabilitation does not include any amount expended on new construction (additions or expansions). These provisions do not apply to "Civic Facilities" for 501(c)(3) organizations.

B. Method of financing costs:

	<u>AMOUNT</u>	<u>TERM</u>
1. Tax-exempt bond financing	\$ _____	_____ years
2. Taxable bond Financing	\$ _____	_____ years
3. IDA Sale/Leaseback with conventional financing***	\$ _____	_____ years
4. IDA Sale/Leaseback with Owner/User Financing	\$ _____	_____ years
5. JDA or other governmental funding***	\$ <u>1,990,352</u>	_____ years
6. Other loans****	\$ <u>400,000</u>	<u>30</u> years
7. Company's/Owner's equity contribution	\$ <u>300,000</u>	
<b>TOTAL PROJECT COSTS:</b>	<b>\$ <u>2,690,352</u></b>	

\*\*\* Copies of all commitments must be submitted to the Agency before drafting of any bond or transaction documents can begin.

C. **APPLICANTS FOR TAX-EXEMPT FINANCING:** Have any of the above costs, which are to be reimbursed out of tax-exempt bond proceeds, been paid or incurred (including contracts of sale or purchase orders) as of the date of this application?

yes

no

If so, please give particulars, including dates paid or incurred on a separate sheet.

- D. **APPLICANTS FOR TAX-EXEMPT FINANCING:** Are costs of working capital, moving expenses, work in progress or stock in trade included in the proposed uses of the tax-exempt bond proceeds? Give details.

NA

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- E. Will any of the funds to be borrowed through the Agency be used to repay or refinance an existing mortgage, outstanding loan or outstanding bond issue? Give details.

NA

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- F. Has the Owner made any arrangements for the marketing or the purchase of the bond or bonds? If so, indicate with whom and provide copies of any commitments and/or term sheets.

NA

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VI. MEASURES OF GROWTH AND BENEFITS

- A. Please complete the chart below by indicating on line #1 the present number of full-time or equivalent employees and the annual payroll for all current facilities of the User. On line #2, please provide the information with respect to Tioga County facilities only. (If no facilities are currently in Tioga County, indicate "0.") On lines #3 and #4, provide projections of employment and payroll at the proposed Project in Tioga County for the first and second year after the Project's completion:

		<u>Full Time or Equivalent Employees</u>	<u>Annual Payroll \$</u>
1.	PRESENT (All Current Facilities)	<u>0</u>	<u>0</u>
2.	PRESENT (Tioga County Only)	<u>0</u>	<u>0</u>
3.	FIRST YEAR (Tioga County Only)	<u>0</u>	<u>0</u>
4.	SECOND YEAR (Tioga County Only)	<u>0</u>	<u>0</u>

B. What, if any, will be the expected increase in the annual dollar amount of sales or business activity?

\$ 142,800

C. Describe, if applicable, other benefits anticipated as a result of this Project, including but not limited to job retention.

The proposed project will support the historic business district by providing public restrooms, and a public overlook that will improve consumers shopping experience. The downtown dwelling units and the retail incubator spaces will help retain jobs and keep the downtown vibrant.

VII. PROJECT CONSTRUCTION SCHEDULE

A. What is the proposed date for commencement of construction or acquisition of the Project?

May 2017

B. Give an accurate estimate of the time schedule to complete the Project and when the first use of the Project is expected to occur (use additional sheets if necessary).

May 2017 - December 2017

C. At what time or times and in what amount or amounts is it estimated that funds will be required? Please provide your most accurate estimate.

NA

VIII. WHAT TYPE OF FINANCIAL ASSISTANCE IS THE APPLICANT REQUESTING?

- Standard PILOT
- Deviation from Standard PILOT

If Deviation from Standard PILOT is requested, please explain \_\_\_\_\_

15 year PILOT - Fixed at 0% for 10 years with a 5 year ramp up of 20% per year;  
fully taxed after year 15.

IX. ATTACH THE FOLLOWING FINANCIAL INFORMATION OF THE OWNER AND THE USER

- A. Financial statements for last two fiscal years (unless included in the Owner's or User's annual report).
- B. Owner's and User's annual reports (or Form 10-Ks) for the two most recent fiscal years.
- C. Quarterly reports (Form 10-Qs) and current reports (Form 8-Ks ) since the most recent annual report, if any.
- D. In addition, if applicable, please attach the financial information described above in items A, B, and C of any expected guarantor of a proposed bond issue other than the Owner or the User.
- E. Upon the request of the Applicant, the Agency will review the information submitted pursuant to this Section VIII and return all copies to the Applicant within two weeks after the inducement date. Please indicate whether you require the information to be returned.

yes

no

BY SIGNING THIS APPLICATION, I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE PROJECT POLICY MANUAL PROVIDED TO ME BY THE IDA AND AGREE TO COMPLY WITH THE TERMS AND CONDITIONS SET FORTH THEREIN.

SIGNATURE OF PERSON  
COMPLETING APPLICATION



Name: Bruce Nelson  
 Title: Owner Member  
 Company: Nelson Development Group, LLC  
 Date of Application: 10/27/16

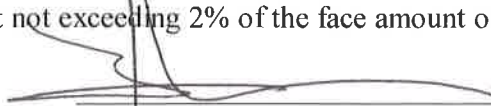


**CERTIFICATION**

Bruce Nelson (name of representative of entity submitting application, or name of individual submitting application) deposes and says that s/he (choose and complete one of the following two options) (i) is a/the Owner (title) of Nelson Development Group, LLC (entity name), the entity named in the attached application, or (ii) is the individual named in the attached application; that s/he has read the foregoing application and knows the contents thereof; and that the same is true to his/her knowledge.

Deponent further says that s/he is duly authorized to make this certification on behalf of her/himself or on behalf of the entity named in the attached application. The grounds of deponent's belief relative to all matters in said application which are not stated upon his/her own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application as well as, if deponent is not an individual applicant, information acquired by deponent in the course of his/her duties in connection with said entity and from the books and papers of said entity.

As (i) the representative of said entity, or (ii) the individual applicant (such entity or individual applicant hereinafter referred to as the "Applicant"), deponent acknowledges and agrees that the Applicant shall be and is responsible for all costs incurred by the Tioga County Industrial Development Agency (hereinafter referred to as the "Agency") acting on behalf of the Applicant in connection with this application and all matters relating to the issuance of bonds or the provision of financial assistance to which this application relates. If, for any reason whatsoever, the Applicant fails to conclude or consummate necessary negotiations or fails to act within a reasonable or specified period of time to take reasonable, proper or requested action or withdraws, abandons, cancels or neglects the application, then upon presentation of an invoice, the Applicant shall pay to the Agency, its agents or assigns, all actual costs incurred with respect to the application up to that date and time, including fees to bond counsel or transaction counsel for the Agency and fees of general counsel for the Agency. Upon the successful conclusion of the transaction or sale of the bond issue contemplated herein, the Applicant shall pay to the Agency an administrative fee set by the Agency in accordance with its fee schedule in effect on the date of the foregoing application, which amount is payable at closing. The Applicant understands that the Agency's bond counsel's fees and general counsel's fees are considered issuance expenses and, therefore, can be paid or reimbursed out of the proceeds of any resultant tax-exempt bond issue only up to an aggregate amount not exceeding 2% of the face amount of such tax-exempt issue.

  
Name: Bruce Nelson  
Title: Owner Member

Sworn to before me this 27th  
day of October, 2016

  
(Seal)

**DIANE STEPHENS**  
Notary Public, State of New York  
Reg. No. 4948686  
Qualified in Tioga County  
Commission Expires March 20, 2019

NEW YORK STATE FINANCIAL REPORTING  
REQUIREMENTS FOR INDUSTRIAL DEVELOPMENT AGENCIES

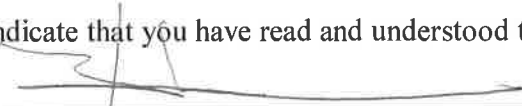
Please be advised that the New York General Municipal Law imposes certain reporting requirements on IDAs and recipients of IDA financial assistance. Of particular importance to IDA applicants is Section 859 (copy attached). This section requires IDAs to transmit financial statements within 90 days following the end of an Agency's fiscal year (Tioga County IDA FY is calendar), prepared by an independent, certified public accountant, to the New York State Comptroller, the Commissioner of the New York State Department of Economic Development and the governing body of the municipality for whose benefit the Agency was created (Tioga County). These audited financial statements shall include supplemental schedules listing the following information:

1. All straight-lease ("sale-leaseback") transactions and whether or not they are obligations of the Agency.
2. All bonds and notes issued, outstanding or retired during the period and whether or not they are or were obligations of the Agency.
3. All new bond issues shall be listed and for each new bond issue, the following information is required:
  - a. Name of the project financed with the bond proceeds.
  - b. Whether the project occupant is a not-for-profit corporation.
  - c. Name and address of each owner of the project.
  - d. The estimated amount of tax exemptions authorized for each project.
  - e. Purpose for which the bond was issued.
  - f. Bond interest rate at issuance and, if variable, the range of interest rates applicable.
  - g. Bond maturity date.
  - h. Federal tax status of the bond issue.
  - i. Estimate of the number of jobs created and retained for the project.
4. All new straight lease transactions shall be listed and for each new straight lease transaction, the following information is required:
  - a. Name of the project.
  - b. Whether the project occupant is a not-for-profit corporation.
  - c. Name and address of each owner of the project.
  - d. The estimated amount of tax exemptions authorized for each project.
  - e. Purpose for which each transaction was made.
  - f. Method of financial assistance utilized for each project, other than the tax exemptions claimed by the project.
  - g. Estimate of the number of jobs created and retained for the project.

Also of importance to IDA applicants is Section 874(8) of the General Municipal Law (copy attached), which requires agents (i.e., project owners and/or occupants) of the Agency to file an

annual statement with the State Department of Taxation and Finance, of the value of all sales tax exemptions claimed by such agents or their agents, including but not limited to consultants or subcontractors, who claim exemption from sales tax by virtue of the Agency's involvement in a transaction. The penalty for failure to file the statement is removal of authority to act as agent of the Agency.

Please sign below to indicate that you have read and understood the above.

  
\_\_\_\_\_  
Name: Bruce Nelson  
Title: Owner Member  
Company: Nelson Development Group, LLC  
Date: 10/27/16

RIDER A

TO BE COMPLETED BY ALL APPLICANTS FOR FINANCIAL ASSISTANCE FOR  
RETAIL PROJECTS OR PROJECTS WITH A RETAIL COMPONENT:

1. What percentage of the total Project cost will be used to finance premises that will be primarily used in making retail sales of goods or services to customers who personally visit the premises?

33%

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2. If the Agency does not provide the financial assistance requested in this application, will the Applicant or the Project User (if different from the Applicant) locate some or all of the jobs attributable to the Project outside New York State? If so, describe.

No.

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3. Will the proposed Project make available to residents of the city, town or village within which the Project will be located goods or services that are not otherwise reasonably available to such residents? If so, describe.

Tenants, residents and visitors will be able to use public restrooms, currently not available in downtown Owego, and enjoy the public overlook. Both amenities will improve consumers shopping experience, and will support other business in the commercial district.

## RIDER B

## TO BE COMPLETED BY ALL APPLICANTS FOR TAX-EXEMPT FINANCING

(Note: Bond Counsel also will require applicant to complete a Bond Counsel Questionnaire to determine whether the Project qualifies, in whole or in part, for tax-exempt financing. The information requested in this Rider is for initial screening and structuring purposes.)

## A. List capital expenditures with respect to this Project:

	<u>Past 3 Years</u>	<u>Next 3 Years</u>	<u>Total</u>
Land	\$	\$	\$
Buildings			
Equipment			
Engineering			
Architecture			
Research and development			
Interest during construction			
Other (please explain)			

If an expenditure may be either treated as a capital expenditure or may be currently expensed, for these purposes it must be treated as a capital expenditure.

Research and development expenses (other than in-house wages and supplies) with respect to a facility must be treated as capital expenditures with respect to products to be produced at the facility and with respect to equipment to be used there. Research and development expenses allocable to the project under the foregoing rule must be treated as capital expenditures with respect to it even though the research and development work takes place in a different municipality or state.

Costs of molds, etc., to be used at a facility are capital expenditures even if paid by the customer.

Costs of Equipment to be moved to a facility are capital expenditures even if the purchase and initial use of the equipment occurred outside the municipality.

## B. List capital expenditures with respect to other facilities of the Company or any related corporation or person, if the facilities are located in the same municipality.

	<u>Past 3 Years</u>	<u>Next 3 Years</u>	<u>Total</u>
Land	\$	\$	\$
Buildings			
Equipment			
Engineering			
Architecture			
Research and development			
Interest during construction			
Other (please explain)			

PURCHASE AND SALE CONTRACT FOR COMMERCIAL PROPERTY

SELLER: OWEGO MARKETPLACE, INC. d/b/a HISTORIC OWEGO MARKETPLACE

BUYER: BRUCE R. NELSON

SELLER'S

ATTORNEY: KRISTEN K. LUCE, Esq., of COUGHLIN & GERHART, LLP

BUYER'S

ATTORNEY: KURT SCHRADER, Esq., of POPE, SCHRADER & POPE, LLP

OFFER TO PURCHASE

Buyer offers to purchase the property described below from Seller on the following terms:

1. PROPERTY DESCRIPTION.

Property known as 200-202 Front Street and 204 Front Street in the Village of Owego, County of Tioga, State of New York, also identified as Tax Map Parcel Numbers 128.08-6-50.1 and 128.08-6-49.1, approximate lot sizes 0.09 and 0.03 acres as described in more detail in the deeds attached hereto as Schedule "A", including any improvements owned by the Seller and located at the premises at the time of closing and all rights which the Seller has in or with the property. The parties acknowledge that the premises being conveyed are vacant and will be vacant at the time of closing. Seller warrants that the premises presently meet all Code requirements for use and occupancy as a mixed use commercial and residential property located in the Village of Owego, Tioga County, New York.

2. PRICE: AMOUNT AND HOW IT WILL BE PAID.

The purchase price is \$42,000.00. Buyer shall receive credit at closing for the deposit of \$500.00 made hereunder. The deposit shall be immediately returned if this contract is not accepted by Seller or if this contract fails to close for any reason not the fault of Buyer. If Buyer fails to perform Buyer's obligations under this contract, Buyer shall forfeit the deposit and Seller may also pursue other legal rights Seller has against the Buyer. The balance of the purchase price shall be paid in cash, or certified or bank check at closing.

### 3. CONTINGENCIES.

This contract is contingent upon the following conditions,, which conditions shall survive the closing:

- a. The execution of a Development Agreement between the parties to this contract and/or any assignee providing for the development of the property on terms acceptable to the parties and providing for, at a minimum, the following:
  - i) That the Buyer will design, construct and manage a project consisting of a single mixed use building to be constructed on the premises of a style and construction suitable for the location and acceptable to the State Historic Preservation Office (SHPO),
  - ii) That the building to be constructed shall include commercial uses on the first floor,
  - iii) That the building to be constructed shall include a public restroom (however the Seller shall either bear or arrange a third party to be responsible for the restroom utilities, including electricity, water and sewer, and daily cleaning,
  - iv) That the Buyer shall erect a scaffold to maintain sidewalk access during construction so as to not interfere with the customers of other retail shops on Front Street,
  - v) That the Buyer shall have site control during the development of the property including such access to the property as is reasonably necessary to include the property in any plans needed to obtain site plan approval.
- b. Buyer being able to obtain grant funding sufficient to cover costs of the development project. If Buyer is unable to obtain grant funding sufficient to cover the costs of the development project, then this contract shall automatically terminate in one year from the date of this contract unless the parties agree to an extension.
- c. Buyer being able to secure all necessary permits and approvals required to develop, construct and manage the property in accordance with the development agreement.
- d. Buyer negotiating a PILOT agreement with the Village of Owego, Town of Owego, County of Tioga and the Owego-Apalachin School District on terms acceptable to the Buyer and consistent with the Buyer's *pro forma* for the costs of designing, constructing and managing the development project.
- e. Buyer securing any and all easements, including party wall agreements, as necessary to construct and operate the property in accordance with the development agreement.
- f. Buyer reviewing any existing reports of environmental inspections and obtaining such additional reports of environmental conditions and obtaining
- g. The Seller being able to obtain New York Supreme Court approval for transfer of the properties. Seller is not obligated to petition Supreme Court until all the financing contingencies have been removed by the Buyer.

### 4. CLOSING DATE AND PLACE.

The transfer of title to the property shall take place on or about before July 1, 2017. The closing shall be held at the office of the Seller's Attorney or at a place designated by any party providing financing for the project. Unless otherwise agreed between the parties, this contract shall automatically terminate on July 1, 2017 without notice to either party.

5. BUYER'S POSSESSION OF PROPERTY.

Unless otherwise agreed in writing and subject to the agreement for site control provided for in the ancillary development agreement between the parties, Buyer shall have possession of the property on the day of closing. This means Seller must be out of the property on the closing date.

6. TITLE DOCUMENTS.

Seller shall provide the following documents in connection with the sale:

A. Deed. Seller will deliver or cause to be delivered to Buyer at closing a properly signed and notarized warranty deed or other such form of deed as is acceptable to Buyer's Attorney.

B. Abstract and Tax Searches. Seller will provide Buyer or Buyer's Attorney at least 15 calendar days prior to the date of closing an Abstract of Title together with a local tax certificate for Village, Town and County and School taxes, if any. Seller will pay for continuing such searches to and including the day of closing, and provide proof of payment of any taxes not covered by the tax certificates. The Abstract of Title is to be prepared in accordance with the standards of the Broome County Bar Association.

7. MARKETABILITY OF TITLE.

The deed and other documents delivered by Seller shall be sufficient to convey good and marketable title in fee simple, to the property free and clear of all liens and encumbrances. However, Buyer agrees to accept title to the property subject to restrictive covenants of record, provided these restrictions have not been violated, or if they have been violated, that the time for anyone to complain of the violations has expired or Seller obtains releases from all who may enforce the violation. Buyer also agrees to accept title to the property subject to public utility easements along lot lines and other visible easements and other easements of record provided they do not interfere with any building now on the property or with any improvements Buyer may construct in compliance with all present restrictive covenants of record and zoning and building codes applicable to the property.

8. OBJECTIONS TO TITLE.

In the event that the Abstract of Title fails to show marketable title, Buyer shall elect one of the following:

- (a) Accept the title as presented.
- (b) Reject the title and allow Seller a reasonable time to cure the defect.
- (c) Allow the Seller to provide Buyer with a Fee Title Insurance Policy at Seller's expense insuring marketable title.

If Buyer elects not to accept such title as Seller can convey, and Seller will not or cannot cure the defect, either party may terminate this contract. In the event this contract is terminated by either party pursuant to this paragraph, the Seller shall refund the deposit and reimburse the Buyer for any non-refundable fees paid to obtain a commitment for a mortgage loan, and neither Buyer nor Seller shall have any further rights as against the other.



9. RECORDING COSTS, MORTGAGE TAX, TRANSFER TAX AND CLOSING ADJUSTMENTS.

A. Recording. Seller will pay any applicable transfer taxes and the fee for filing the TP-584. Buyer will pay for recording the deed and filing form RP-5204 and will pay all fees and taxes required by any party providing financing for this project, if any.

B. Closing Adjustments. All real estate taxes, including installments for special assessments (including improvement assessment), school taxes, fuel in storage, rentals, interest if any, water rates, sewer charges, insurance and other prepaid or deferred charges affecting the premises shall be adjusted between the parties as of the date of closing.

10. RESPONSIBILITY OF PERSONS UNDER THIS CONTRACT: ASSIGNABILITY.

Any party signing this contract as Buyer or Seller and any successor to the party's legal position shall be responsible for keeping the promises made by them in this contract. This contract may not be assigned without the consent of both parties, which consent shall not be withheld unreasonably. Seller consents to the assignment of this contract by the Buyer to a corporation or limited liability company formed by the Buyer for the purpose of acquiring, developing and managing the property as long as such an assignment does not impair the purposes and goals of the development of the property established by the parties hereto.

11. REALTOR.

Both Seller and Buyer represent that no real estate broker or agent is responsible for or participated in the bringing about of this offer and should a real estate broker or agent make a claim for a commission by reason of this transaction, the party with whom the broker or agent dealt shall be solely responsible for said commission or contesting the claim.

12. ENTIRE CONTRACT.

This contract when signed by both Buyer and Seller will be the record of the complete agreement concerning the purchase and sale of the property. No agreements or promises will be binding on either the Buyer or Seller unless they are in writing, and signed by Buyer and Seller.

June 27, 2016  
Date

  
BRUCE R. NELSON, Buyer

ACCEPTANCE OF OFFER BY SELLER

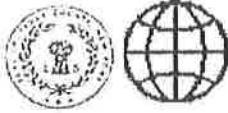
Seller certifies that it owns the property and has the power to sell the property. Seller accepts the offer and agrees to sell on the terms and conditions set forth above and agrees that the deposit may be held by Pope, Schrader & Pope, LLP or designee.

OWEGO MARKETPLACE, INC.  
d/b/a HISTORIC OWEGO MARKETPLACE

7/13/16  
Date

by *Laura Spencer Eberly*  
LAURA SPENCER EBERLY, Seller

# Schedule A



**Tioga County  
GIS**

## Property Description Report For: 200-202 Front St, Municipality of V. Owego

*No Photo Available*

<b>Status:</b>	Active
<b>Roll Section:</b>	Wholly Exem
<b>Swis:</b>	493001
<b>Tax Map ID #:</b>	128.08-6-50.1
<b>Property Class:</b>	331 - Com vac w/imp
<b>Site:</b>	COM 1
<b>In Ag. District:</b>	No
<b>Site Property Class:</b>	331 - Com vac w/imp
<b>Zoning Code:</b>	05
<b>Neighborhood Code:</b>	30164
<b>School District:</b>	Owego-Apalachin
<b>Total Assessment:</b>	2015 - \$21,900
<b>Legal Property Desc:</b>	
<b>Deed Page:</b>	8001
<b>Grid North:</b>	766131

<b>Total Acreage/Size:</b>	0.09
<b>Land Assessment:</b>	2015 - \$7,000
<b>Full Market Value:</b>	2015 - \$28,442
<b>Equalization Rate:</b>	----
<b>Deed Book:</b>	11169
<b>Grid East:</b>	907894

### Owners

Owego Marketplace Inc 187 Front St Owego NY 13827	Db a Historic Owego Market 187 Front St Owego NY 13827
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### Sales

*No Sales Information Available*

### Utilities

<b>Sewer Type:</b>	Comm/public	<b>Water Supply:</b>	Comm/public
<b>Utilities:</b>	Gas & elec		

### Inventory

<b>Overall Eff Year Built:</b>		<b>Overall Condition:</b>	Normal
<b>Overall Grade:</b>	Average	<b>Overall Desirability:</b>	3

### Buildings

<b>Basement</b>	<b>Year</b>	<b>Gross Floor</b>
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AC%	Sprinkler%	Alarm%	Elevators	Type	Built	Condition	Quality	Area (sqft)	Stories
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### Improvements

Structure	Size	Grade	Condition	Year
Porch-open/deck	53.58 x 30	Average	Normal	2012

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### Taxes

Year	Description	Amount
------	-------------	--------

**\*Taxes may not reflect exemptions or changes in assessment**



**Robert L Woodburn**  
**TIOGA COUNTY CLERK**

16 Court St PO Box 307  
Owego, NY 13827  
(607) 687-8660  
Fax: (607) 687-4612

**Instrument Number**  
**\*111698-001\***

No. of Pages: 2

Delivered By: COUGHLIN&GERHERT WILL PIC

Receipt No. 111698

Return To:  
OWEGO MARKETPLACE

DATE: 07/29/2004

187 FRONT STREET  
OWEGO, NY 13827

Time: 03:26 PM

Document Type: DEED

Parties To Transaction: BESSER - OWEGO MARKETPLACE

Deed Information

Mortgage Information

Consideration: \$55,000.00

Mortgage Amount

Transfer Tax: \$220.00

Basic Mtge. Tax:

RETT No: 02432

Special Mtge. Tax:

Additional Mtge. Tax:

State of New York  
Tioga County Clerk

Mortgage Serial No.:

This sheet constitutes the Clerk endorsement required by Section 316-A(5) & Section 319 of the Real Property Law of the State of New York. DO NOT DETACH

Tioga County Clerk



\* 1 1 1 6 9 8 - 0 0 1 \*

Instrument #: 2004-00111698-001 Seq: 1

**WARRANTY DEED WITH FULL COVENANTS  
(INDIVIDUAL AND CORPORATION)**

**FORM 8008**

CAUTION: THIS AGREEMENT SHOULD BE PREPARED BY AN ATTORNEY AND REVIEWED BY ATTORNEYS FOR SELLER AND PURCHASER BEFORE SIGNING.

THIS INDENTURE, made July 15, 2004, between

ROGER E. BESSER and LINDA L. BESSER of 481 Kellam Road, Apalachin, New York 13732, party of the first part, and

OWEGO MARKETPLACE, INC., d/b/a HISTORIC OWEGO MARKETPLACE of 187 Front Street, Owego, New York 13827, party of the second part,

WITNESSETH, that the party of the first part, in consideration of \$1.00 dollar, lawful money of the United States, paid by the party of the second part, does hereby grant and release unto the party of the second part, the heirs or successors and assigns of the party of the second part forever,

ALL THAT TRACT OR PARCEL OF LAND, situate in the Village and Town of Owego, County of Tioga and State of New York, bounded and described as follows:

BEING the double brick business block situate on the south side of Front Street in said Village, known as Nos. 200 and 202 Front Street, and being bounded North by Front Street, East by lands now or formerly owned or occupied by Security Manufacturing & Contracting Company, South by the Susquehanna River and West by lands now or formerly owned by Noteware, and being forty-two (42) feet, more or less, wide front and rear, and one hundred and eighteen (118) feet, more or less, deep.

This conveyance is made subject to the terms of an agreement between Maxon Stores, Inc. and Village of Owego, dated January 2, 1965 and recorded July 12, 1966 in Book 327 of Deeds at page 995.

BEING the same premises conveyed by Kathleen J. Ayers to Roger E. Besser and Linda L. Besser by Warranty Deed dated and recorded December 30, 1993 in Book 551 of Deeds at page 210.

All recordings are in the Tioga County Clerk's Office.

TOGETHER with all right, title and interest, if any, of the party of the first part in and to any streets and roads abutting the above described premises to the center lines thereof,

TOGETHER with the appurtenances and all the estate and rights of the party of the first part in and to said premises,

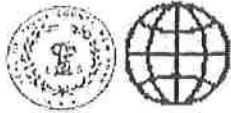
TO HAVE AND TO HOLD the premises herein granted unto the party of the second part, the heirs or successors and assigns of the party of the second part forever.

AND the party of the first part, in compliance with Section 13 of the Lien Law, covenants that the party of the first part will receive the consideration for this conveyance and will hold the right to receive such consideration as a trust fund to be applied first for the purpose of paying the costs of the improvement and will apply the same first to the payment of the cost of the improvement before using any part of the total of the same for any other purpose.

AND the party of the first part covenants as follows:







Tioga County  
GIS

## Property Description Report For: 204 Front St, Municipality of V. Owego

No Photo  
Available

	<b>Status:</b>	Active
	<b>Roll Section:</b>	Wholly Exem
	<b>Swis:</b>	493001
	<b>Tax Map ID #:</b>	128.08-6-49.1
	<b>Property Class:</b>	330 - Vacant comm
	<b>Site:</b>	COM 1
	<b>In Ag. District:</b>	No
	<b>Site Property Class:</b>	330 - Vacant comm
	<b>Zoning Code:</b>	05
	<b>Neighborhood Code:</b>	30164
	<b>School District:</b>	Owego-Apalachin
	<b>Total Assessment:</b>	2015 - \$4,700
<b>Total Acreage/Size:</b>	0.03	
<b>Land Assessment:</b>	2015 - \$4,700	
<b>Full Market Value:</b>	2015 - \$6,104	
<b>Equalization Rate:</b>	---	
<b>Deed Book:</b>	11694	
<b>Grid East:</b>	907918	
	<b>Legal Property Desc:</b>	
	<b>Deed Page:</b>	2002
	<b>Grid North:</b>	766144

### Owners

Owego Marketplace, Inc.  
P.O. Box 425  
Owego NY 13827

### Sales

No Sales Information Available

### Utilities

<b>Sewer Type:</b>	Comm/public	<b>Water Supply:</b>	Comm/public
<b>Utilities:</b>	Gas & elec		

### Inventory

<b>Overall Eff Year Built:</b>		<b>Overall Condition:</b>	Normal
<b>Overall Grade:</b>	Average	<b>Overall Desirability:</b>	4

### Buildings

Basement Year

Gross Floor

AC%	Sprinkler%	Alarm%	Elevators	Type	Built	Condition	Quality	Area (sqft)	Stories
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### Improvements

Structure	Size	Grade	Condition	Year
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### Taxes

Year	Description	Amount
------	-------------	--------

**\*Taxes may not reflect exemptions or changes in assessment**



**Robert L Woodburn**  
**TIoga COUNTY CLERK**

16 Court St PO Box 307  
Owego, NY 13827  
(607) 687-8660  
Fax: (607) 687-4612

**Instrument Number**  
\*116942-002\*

No. of Pages:	2	Delivered By:	COUGHLIN & GERHART
Receipt No.	116942	Return To:	COUGHLIN & GERHART PO BOX 2039 BINGHAMTON, NY 13902
DATE:	01/19/2005		
Time:	03:25 PM		
Document Type:	DEED		
Parties To Transaction:	NINNIE-OWEGO MARKETPLACE		

Deed Information

Consideration: \$19,000.00  
 Transfer Tax: \$76.00  
 RETT No: 01294

State of New York  
Tioga County Clerk

Mortgage Information

Mortgage Amount:  
 Basic Mtge. Tax:  
 Special Mtge. Tax:  
 Additional Mtge. Tax:  
 Mortgage Serial No.:

This sheet constitutes the Clerk endorsement required by Section 316-A(5) & Section 319 of the Real Property Law of the State of New York. DO NOT DETACH

Tioga County Clerk



## This Indenture,

made the 16 day of December, Two Thousand and four

between

Eugene D. Ninnie, residing at 2622 South Avenue, Wappinger Falls, NY 12950, party of the first part,

and

Owego Marketplace, Inc., a New York State Corporation with an address of P.O. Box 425, Owego, NY 13827, party of the second part,

Witnesseth, that the party of the first part, in consideration of One Dollar (\$1.00) lawful money of the United States, and other good and valuable consideration paid by the party of the second part, does hereby grant and release unto the party of the second part, its successors and assigns forever

ALL THAT TRACT, PIECE OR PARCEL OF LAND situate in the Village of Owego, County of Tioga and State of New York, bounded and described as follows, to wit: Commencing in the centre of the main twelve inch westerly wall of J.B.C. Babcock's store now occupied by Mrs. Manning on the South side of Front Street in said Village and running from the southerly line of said Front Street through the centre wall on a direct line to low water mark of the Susquehanna River; thence southwesterly to a parallel line and wall with the line and wall aforesaid. Said wall being an eight inch partition wall between Ransom Walker's store and the store on the premises hereby intended to be conveyed; thence northerly along said line and through the centre of said wall to the South side of Front Street; thence easterly to the place of beginning, being fourteen feet and eight inches (wide) more or less, front and rear.

SUBJECT ALSO TO a right of way for sewer lines conveyed by Carl Heinrich Siegrist, et al to Village of Owego dated January 26, 1965 and recorded July 12, 1966 in the Tioga County Clerk's Office, Liber 327 of Deeds, at page 1003.

Being the same premises conveyed to Samuel R. and Jeanne F. Pulford by Warranty Deed of Edward Yescavage which deed was dated September 15, 1976 and recorded September 22, 1976 in the Tioga County Clerk's Office in Book 375 of Deeds at page 795.

Being a portion (designated as Parcel III) of the premises conveyed to the Grantor herein by warranty deed from Samuel R. Pulford and Jeanne F. Pulford date August 26, 1997 and recorded on the same date in the Tioga County Clerk's Office in Book 601 of Deeds at page 34.

Together with the appurtenances and all the estate and rights of the party of the first part in and to said premises,

To have and to hold the premises herein granted unto the party of the second part, its successors and assigns forever.

And said party of the first part covenants as follows:

First, that the party of the second part shall quietly enjoy the said premises;

Second, that said party of the first part will forever Warrant the title to said premises.

Third, that, in compliance with Sec. 13 of the Lien Law, the grantor will receive the consideration for this conveyance and will hold the right to receive such consideration as a trust fund to be applied first for the purpose of paying the cost of the improvement and will apply the same first to the payment of the cost of the improvement before using any part of the total of the same for any other purpose.

In Witness Whereof, the party of the first part has hereunto set hand and seal the day and year first above written.

  
Eugene D. Ninnie

STATE OF NEW YORK )  
COUNTY OF Orange ) ss

On this 16 day of ~~November~~ <sup>DECEMBER</sup> 02, in the year 2004, before me, the undersigned, personally appeared EUGENE D. NINNIE, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

DEBRA L. GAITO  
Notary Public, State of New York  
No. 01GA6077863  
Qualified in Orange County  
Commission Expires 8/5/08

  
Notary Public

Record and return to:

**LETTERS FROM LOCAL PLANNING/ZONING OFFICIALS  
STATING PROJECT COMPLIANCE**

	PAGE
VILLAGE OF OWEGO PLANNING BOARD	2
VILLAGE OF OWEGO ZONING BOARD OF APPEALS	7
TIOGA COUNTY PLANNING BOARD	12
NYSHPO	17
OWEGO HISTORIC PRESERVATION COMMISSION	18
NYS DOT REGION 9	19

## DECISION OF PLANNING BOARD OF THE VILLAGE OF OWEGO

Applicant: Bruce Nelson  
1803 Castle Gardens Road  
Vestal NY 13850

Subject Property: Gateway Project  
200-204 Front Street  
Owego NY 13827  
Tax Map ID # 128.08-6-50.1 & 128.08-6-49.1

Mr. Bruce Nelson of 1803 Castle Gardens Road, Vestal, NY13850 applied for the following site plan review, area variances and a special use permit for the property located at 200-204 Front Street, Owego, NY 13827 (the "Property");

### Site Plan Review:

Pursuant to Chapter 195 Article XXII Section 139 of the Village of Owego Zoning Code; All permitted uses in zoning districts defined under the Village Zoning Code as Article XIA, require site plan approval by the Village of Owego Planning Board before a building permit is issued for the alteration or construction of any building. Upon full review for sufficiency and completeness of the application by the Code Enforcement Officer, the application is submitted to the Village Planning Board for review and is also subject to a public hearing.

### Parking Waiver:

Pursuant to Chapter 195 Article XVIII Section 195-112.C of the Village of Owego Zoning Code, Mr. Nelson has requested a waiver from the off-street parking requirements of Section 195-112.A and B.

### Area Variances:

Pursuant to Chapter 195 Article XIV Section 87 Subsection A of the Village of Owego Zoning Code, Mr. Nelson has requested a variance of 10 feet from the front yard requirements of 15 feet.

Pursuant to Chapter 195 Article XVIII Section 113 Subsection A of the Village of Owego Zoning Code, Mr. Nelson has requested a variance to allow for the businesses in the proposed building to utilize public loading spaces, in lieu of providing each business use with a minimum of one off-street loading space at least 12 feet in width and 40 feet in length.

### Special Use Permit:

Pursuant to Chapter 195 Article VII Section 32 Subsections A-D of the Village of Owego Zoning Code, Mr. Nelson has requested a special use permit to infill the aforementioned property located in FEMA Flood Zone AE (1.0% Annual Chance Flood Hazard) with a new construction 13,600 SF mixed-use development building.

## BACKGROUND

Mr. Bruce Nelson, with Nelson Development Group, LLC as consulting developer, is proposing the new construction of the Gateway Building in the Village of Owego. The Gateway Building will be constructed on 0.09 and 0.03 acre parcels respectively that will be purchased via an option to purchase agreement that Mr. Nelson has in place with the current owners, Owego Marketplace Inc. d/b/a Historic Owego Marketplace.

The proposed project will reconstruct a building located at 200-204 Front Street, previously destroyed by fire in July of 2000. This property will be in-filled with a 13,600 SF new construction mixed-use development building. The building façade will be in keeping with the historic storefront design of the Village's commercial district, and has been approved by NYSHPO, as well as, OHPC, contingent on receipt of the final construction drawings.

- 1st Floor – (4) Storefront Retail Incubators (11' wide x 30' deep), (2) Retail/Office Spaces, Public Bathrooms, Patio/Riverwalk Overlook
- 2nd Floor – (2) 1-Bedroom Apartments, (2) 2-Bedroom Apartments w/ overlook patios
- 3rd Floor – (2) 1-Bedroom Apartments, (2) 2-Bedroom Apartments w/ overlook patios.
- Roof Top - Common area for residents, Patio
- Basement - Unfinished Floor Area, Tenant Storage, Patio Access

The proposed Gateway Project is consistent with the Master Plan Village of Owego 2003:

- Construct new housing at higher densities.
- Make affordable housing and market variety a component of the economic development strategy for the village in order to attract and retain businesses.

It is also consistent with the Village of Owego Comprehensive Plan 2013:

Strategy DG-4, "to encourage appropriate infill development at 200-204 Front Street," as well as, the Village's goal to, "attract market rate mixed-income developments that promote stable, economically healthy neighborhoods."

"The Village feels that improving the conditions of the housing stock, increasing the overall housing values, and establishing mixed income housing developments will advance the housing stock, making the Village more appealing to a diverse array of visitors, potential residents, and current residents." And, "Encourage construction of new and rehabilitated housing at higher densities in targeted areas of the Village, following the guidance of the future land use map."

## Findings

### Site Plan Review:

Upon review and discussion of the submitted site plan and all supporting documentation submitted the Planning Board found that the following objectives were met:

- (1) Harmonious relationship between proposed uses and existing adjacent uses.
- (2) Maximum safety of vehicular circulation between the site and the street network.



(3) Maximum adequacy of interior circulation, parking and loading facilities with particular attention to vehicular and pedestrian safety.

(4) Adequacy of landscaping and setbacks in regard to achieving maximum compatibility and protection to an adjacent residential district.

The property will be in-filled with a 13,600 SF new construction, three-story mixed-use development building. Each floor will be 4,400 square feet. The first floor will have six retail incubator/office spaces to encourage commercial development in the downtown area, and the two upper floors will have eight quality residential rental units. The building facade has been approved by NYSHPO, as well as, OHPC, contingent on receipt of the final construction drawings. The project will connect to all existing utilities including municipal water and sewer, and NYSEG electric and natural gas. The rear of the building will be landscaped with a rain garden, that runoff from downspouts will drain into.

**Demolition:** The original foundation of the previous building that was destroyed by fire in 2000, and the existing decking will need to be deconstructed, prior to construction. As much as is possible, the existing material will be re-used.

**Mechanical Systems:** All mechanical systems will be installed new, with state of the art high efficiency units (individually metered). Separation of utilities between the residential and non-residential components of the project is included in the project design.

**Energy Efficiency:** All electrical and heating and air conditioning systems will be new. High efficiency lighting and electrical appliances will also be installed.

**Handicapped Accessibility:** Retail stores, bathrooms and apartments will be handicapped accessible from the street level.

**Proposed Signs/Lighting:** There will be a painted wooden signs will be provided for each business, all with lit externally. The only other lighting will be a wall-mounted recessed, downward-directed light above the front entrance.

**Hours of Operation:** The hours of operation during construction will be Monday –Friday 7:00 AM – 5:00 PM. Once the building is operational, the hours of operation for the commercial space will be set by the individual tenants, however, it is anticipated that the hours of operation will typically be within the range of Sunday-Saturday 9:00 AM – 8:00 PM.

**Employees:** There will be 15 construction jobs created with this proposed project. Once the building is operational there will be approximately 9 full-time jobs created. Mr. Nelson estimates there will be one employee for each available space (6), plus half of the units will also have an additional employee (3). Mr. Nelson will also have a part-time manager and part-time maintenance worker that will maintain the property.

**Traffic Type:** During construction Mr. Nelson would arrange for off-site parking for construction vehicles, and only occupy the parking area in front of the building. The sidewalk will remain open under scaffolding, and a small window will allow a “peek” of the construction activity. Monthly open houses to encourage community involvement and interest will also benefit neighboring businesses with increased foot traffic.

Once the building is operational it is estimated that pedestrian foot traffic will increase due to consumer interest in the new commercial spaces. Automobile traffic will also increase nominally due to the tenants occupying the commercial and residential units.

Overall, this project will complete the historical row of buildings on Front Street, called RiverRow, and will provide not only more apartment living compliant with HUD requirements, but will also house up to six retail and office businesses, which will also contribute to the local economy.

Parking Waiver:

The Village Zoning Code requires off-street parking spaces to be provided depending upon the type of use proposed and the building's gross floor area. Due to the nature of the downtown area, Mr. Nelson seeks to use public parking spaces in lieu of providing additional off-street parking. This is consistent with the practice of other businesses in the downtown central business district.

Area Variances:

A front yard variance is requested for the proposed building. The Village Code requires business structures in the CBA District to have a front yard of 15 feet, when the CBA District abuts on any residential district. The proposed project will be located in the Village's downtown historic district. Due to the nature of the structures here, Mr. Nelson's requested variance seeks to conform with the yard appearances and character of the historic downtown commercial district.

An off-street loading space variance is also requested for the proposed building. The Village Code requires that each business use shall be provided with a minimum of one off-street loading space at least 12 feet in width and 40 feet in length. The proposed project is located in the Village's downtown historic district. Due to the nature of the downtown area, Mr. Nelson's requested variance seeks to utilize public loading spaces, in lieu of providing each business use with a minimum of one off-street loading space. The requested variance is consistent with the practice of other businesses in the downtown central business district.

Special Use Permit:

A special use permit is requested to construct the proposed building in an area that is subject to flooding. The Village Code requires that an applicant comply with Chapter 195 Article VII Section 32 Subsections A-D. The proposed project will comply with each of these elements. The areas of special flood hazard for the proposed project located in the Village of Owego (Community Number 360840), is identified and defined on the FEMA Flood Insurance Rate Map Panel Number 36107C0382E. The base flood elevation (BFE) is identified as 814 feet. The first floor of the proposed building will be constructed 2.5 feet higher (816.5 feet) than the identified BFE. Additionally, per Mr. Nelson, there will be no tanks of liquid fuel or any other combustible material stored at the site, and tenants will not be permitted to store tanks of liquid fuel or any other combustible material either.

Motion

That the Village of Owego Planning Board approves the Site Plan Review application submitted by Bruce Nelson of 1803 Castle Gardens Road, Vestal, NY 13850 for the property located at

200-204 Front Street, Owego, NY 13827 on condition that any damage to the Riverwalk as a result of construction activities shall immediately be repaired as directed by the Village of Owego Superintendent Public Works;

That the Village of Owego Planning Board grants a waiver from the off-street parking requirements of Section 195-112.A and B of the Village of Owego Zoning Code;

That the Village of Owego Planning Board recommends approval to the Zoning Board of Appeals for the area variances and special use permit applications by Bruce Nelson of 1803 Castle Gardens Road, Vestal, NY 13850 for the property located at 200-204 Front Street, Owego, NY 13827, as presented;

That the Village of Owego Planning Board declares itself as Lead Agency for purposes of the State Environmental Quality Review;

That the Village of Owego Planning Board issues a negative declaration under the State Environmental Quality Review Act, as set forth in the attached Environmental Assessment Forms.

#### Outcome

The Planning Board voted four in favor to approve the site plan review application made by Bruce Nelson on condition that any damage to the Riverwalk as a result of construction activities shall immediately be repaired as directed by the Village of Owego Superintendent Public Works.

The Planning Board voted four in favor to grant the waiver from off-street parking requirements.

The Planning Board also voted four in favor to recommend approval to the Zoning Board of Appeals for the area variances and special use permit applications made by Bruce Nelson.

The Planning Board voted four in favor to declare itself as Lead Agency for purposes of the State Environmental Quality Review;

The Planning Board voted four in favor to issue a negative declaration under the State Environmental Quality Review Act.



Don Sargent  
Planning Board  
Village of Owego

This Decision has been duly filed  
In the Office of the Village Clerk  
On \_\_\_\_\_

## DECISION OF THE ZONING BOARD OF APPEALS OF THE VILLAGE OF OWEGO

Applicant: Bruce Nelson  
1803 Castle Gardens Road  
Vestal NY 13850

Subject Property: Gateway Project  
200-204 Front Street  
Owego NY 13827  
Tax Map ID # 128.08-6-50.1 & 128.08-6-49.1

Mr. Bruce Nelson of 1803 Castle Gardens Road, Vestal, NY13850 applied for the following area variances and a special use permit for the property located at 200-204 Front Street, Owego, NY 13827 (the "Property");

### Area Variances:

Pursuant to Chapter 195 Article XIV Section 87 Subsection A of the Village of Owego Zoning Code, Mr. Nelson has requested a variance of 10 feet from the front yard setback requirements of 15 feet.

Pursuant to Chapter 195 Article XVIII Section 113 Subsection A of the Village of Owego Zoning Code, Mr. Nelson has requested a variance to allow for the businesses in the proposed building to utilize public loading spaces, in lieu of providing each business use with a minimum of one off-street loading space at least 12 feet in width and 40 feet in length.

### Special Use Permit:

Pursuant to Chapter 195 Article VII Section 32 Subsections A-D of the Village of Owego Zoning Code, Mr. Nelson has requested a special use permit to infill the aforementioned property located in FEMA Flood Zone AE (1.0% Annual Chance Flood Hazard) with a new construction 13,600 SF mixed-use development building.

## BACKGROUND

Mr. Bruce Nelson, with Nelson Development Group, LLC as consulting developer, is proposing the new construction of the Gateway Building in the Village of Owego. The Gateway Building will be constructed on 0.09 and 0.03 acre parcels respectively that will be purchased via an option to purchase agreement that Mr. Nelson has in place with the current owners, Owego Marketplace Inc. d/b/a Historic Owego Marketplace.

The proposed project will reconstruct a building located at 200-204 Front Street, previously destroyed by fire in July of 2000. This property will be in-filled with a 13,600 SF new construction mixed-use development building. The building façade will be in keeping with the historic storefront design of the Village's commercial district, and has been approved by NYSHPO, as well as, OHPC, contingent on receipt of the final construction drawings.

- 1st Floor – (4) Storefront Retail Incubators (11' wide x 30' deep), (2) Retail/Office Spaces, Public Bathrooms, Patio/Riverwalk Overlook
- 2nd Floor – (2) 1-Bedroom Apartments, (2) 2-Bedroom Apartments w/ overlook patios

- 3rd Floor – (2) 1-Bedroom Apartments, (2) 2-Bedroom Apartments w/ overlook patios.
- Roof Top - Common area for residents, Patio
- Basement - Unfinished Floor Area, Tenant Storage, Patio Access

A front yard variance is requested for the proposed building. The Village Code requires business structures in the CBA District to have a front yard of 15 feet, when the CBA District abuts on any residential district. The proposed project will be located in the Village's downtown historic district. Due to the nature of the structures here, Mr. Nelson's requested variance seeks to conform with the yard appearances and character of the historic downtown commercial district.

An off-street loading space variance is also requested for the proposed building. The Village Code requires that each business use shall be provided with a minimum of one off-street loading space at least 12 feet in width and 40 feet in length. The proposed project is located in the Village's downtown historic district. Due to the nature of the downtown area, Mr. Nelson's requested variance seeks to utilize public loading spaces, in lieu of providing each business use with a minimum of one off-street loading space. The requested variance is consistent with the practice of other businesses in the downtown central business district.

A special use permit is requested to construct the proposed building in an area that is subject to flooding. The Village Code requires that an applicant comply with Chapter 195 Article VII Section 32 Subsections A-D. The proposed project will comply with each of these elements, as outlined below.

The proposed Gateway Project is consistent with the Master Plan Village of Owego 2003:

- Construct new housing at higher densities.
- Make affordable housing and market variety a component of the economic development strategy for the village in order to attract and retain businesses.

It is also consistent with the Village of Owego Comprehensive Plan 2013:

Strategy DG-4, "to encourage appropriate infill development at 200-204 Front Street," as well as, the Village's goal to, "attract market rate mixed-income developments that promote stable, economically healthy neighborhoods."

"The Village feels that improving the conditions of the housing stock, increasing the overall housing values, and establishing mixed income housing developments will advance the housing stock, making the Village more appealing to a diverse array of visitors, potential residents, and current residents." And, "Encourage construction of new and rehabilitated housing at higher densities in targeted areas of the Village, following the guidance of the future land use map."

The area variance will allow the construction of new housing at a higher density in a targeted area of the Village of Owego fulfilling the goal of the Comprehensive Plan of 2013. Additionally the plan states that advancing the housing stock will make the village more appealing to a diverse array of visitors, potential residents and current residents. The improved conditions of the housing stock will increase the overall housing values and establish mixed income housing developments.

The Board considered the following 5 factors for an area variance:

**1. Whether an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by the granting of the area variance?**

No. The requested front yard area variance will actually allow for the proposed building to be consistent with the character of the other commercial buildings in the historic downtown central business district.

No. The requested off-street loading area variance is consistent with the practice of other businesses in the downtown central business district. Due to the small square footage of the commercial retail spaces, utilization of the public loading spaces will be in scope with the other businesses in the downtown, and will not detriment nearby properties.

**2. Whether the benefit sought by the applicant can be achieved by some method, feasible for the applicant to pursue, other than an area variance?**

No. There is no other feasible method for the applicant to pursue. Without the requested front yard area variance, the proposed building will be inconsistent with the character of the other commercial buildings located along Front Street, and in the Village's historic downtown.

No. Due to the nature of the limited available space in the downtown area, there is no other feasible method for the applicant to pursue other than the requested off-street loading area variance. The only available space is the public loading spaces that are already utilized by other businesses in the downtown.

**3. Whether the requested area variance is substantial?**

No. The requested front yard variance is not substantial. The applicant is requesting a 10 foot variance to allow for a front yard of 5 feet, in lieu of the required 15 feet. Although the applicant is requesting a 66% variance from the code, we do not feel that this is substantial, as the variance only seeks to conform with the yard appearances and character of the historic downtown commercial district.

Yes. The requested off-street loading variance is substantial. The applicant is requesting a 100% variance from the code, as they will not be providing any off-street loading spaces for the proposed building. However, we feel that this substantial variance is mitigated by the following factors:

- Businesses in the proposed building will utilize the public loading spaces.
- The small square footage of the commercial retail spaces indicates that most deliveries will be limited to smaller UPS packages.

**4. Whether the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district?**

No. The proposed front yard variance will not have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district. The variance will result in a positive physical impact for the neighborhood and district, by allowing the building to be consistent with the look and feel of the other commercial buildings in the downtown.

No. The proposed off-street loading variance will not have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district. The variance is consistent, and in scope with the other businesses in the downtown.

**5. Whether the alleged difficulty was self-created, which consideration shall be relevant to the decision of the board of appeals, but shall not necessarily preclude the granting of the area variance.**

No. The alleged difficulty was not self-created, as it is a result of the appearance and character of the already existing historic downtown central business district.

No. The alleged difficulty was not self-created, as the limited available space in the downtown was already a present issue.

The Board considered the following 4 factors for a special use permit.

**1. Elevation of the lowest floor to be used for any dwelling purpose in any residential structure shall be equal to or higher than the elevation of the high water level as determined by the Superintendent of Public Works in accordance with previous flood records.**

The areas of special flood hazard for the proposed project located in the Village of Owego (Community Number 360840), is identified and defined on the FEMA Flood Insurance Rate Map Panel Number 36107C0382E. The base flood elevation (BFE) is identified as 814 feet. The first floor of the proposed building will be constructed 2.5 feet higher (816.5 feet) than the identified BFE.

**2. Wherever desirable or necessary, the first floor level of any structure not used for residential purposes shall be equal to or higher than the elevation of the high water level as determined by the Superintendent of Public Works in accordance with previous flood records.**

The areas of special flood hazard for the proposed project located in the Village of Owego (Community Number 360840), is identified and defined on the FEMA Flood Insurance Rate Map Panel Number 36107C0382E. The base flood elevation (BFE) is identified as 814 feet. The first floor of the proposed building will be constructed 2.5 feet higher (816.5 feet) than the identified BFE.

**3. No storage in tanks of liquid fuel or any other combustible material shall be permitted.**

Per Mr. Nelson, there will be no tanks of liquid fuel or any other combustible material stored at the site, and tenants will not be permitted to store tanks of liquid fuel or any other combustible material either. As a condition of approval, -the following language shall be included in all tenant leases:

“Tenants shall not store tanks of liquid fuel or any other combustible material on the premises.”

**4. Any other controls or restrictions which are deemed necessary to minimize or eliminate damage to buildings and structures from floodwaters shall be required by the Board of Appeals.**

The Zoning Board of Appeals did not identify any other controls or restrictions.

**Motion**

That the Village of Owego Zoning Board of Appeals approves the requests of Bruce Nelson of 1803 Castle Gardens Road, Vestal, NY 13850 for the following area variances and special use permit for the property located at 200-204 Front Street, Owego, NY 13827;

A variance of 10 feet from the front yard requirements of 15 feet.

A variance in which no off-street loading spaces will be provided for each business use.

Special use permit to infill the 200-204 Front Street, Owego property located in FEMA Flood Zone AE (1.0% Annual Chance Flood Hazard) with a new construction mixed-use development building, with the following condition:

The following language shall be included in all tenant leases. "Tenants shall not store tanks of liquid fuel or any other combustible material on the premises."

**Outcome**

The Zoning Board of Appeals voted three in favor to approve the application for both area variances, as well as, the special use permit made by Bruce Nelson. The Zoning Board of Appeals also consented to the designation of the Village of Owego Planning Board as Lead Agency for purposes of the State Environmental Quality Review.



Jana Ingalsbe  
Zoning Board of Appeals  
Village of Owego

This Decision has been duly filed  
In the Office of the Village Clerk  
On \_\_\_\_\_





tel: 607 687 8255

fax: 607 687 1435

EDP.tiogacountyny.com

info@developtioga.com

September 22, 2016

Meg Gilbert  
Village of Owego Planning and Zoning Secretary  
20 Elm Street  
Owego NY 13827

Bruce Nelson  
Nelson Development Group  
1803 Castle Garden Rd  
Vestal NY 13850

RE: County Case # 2016-026  
Special Use Permit, Area Variances, Site Plan Review

Village of Owego  
Local Case No.

Pursuant to Article 12B, Section 239m of NYS General Municipal Law, the Tioga County Planning Board has reviewed the cited case at their September 21<sup>st</sup> meeting and provided a finding and recommendation for **Approval of Your Special Use Permit, Areas Variances and Site Plan Review** with the condition noted. It is therefore requested that the appropriate Village of Owego Board(s) consider the information presented in the attached document, "Staff Analysis and Recommendation, Section 239 Review" when rendering a decision on this case.

Please notify this office of your Board's decision.

Sincerely,

Elaine D. Jardine  
County Planning Director

cc: Jeff Soules, Earl Hartman, Robert McKertich, Brittany Woodburn

File:239/2016-0026N



Tel: 607 687 8255  
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tiogacountyny.com

**TIOGA COUNTY DEPT OF ECONOMIC DEVELOPMENT & PLANNING**  
**STAFF ANALYSIS AND RECOMMENDATIONS**  
**SECTION 239 REVIEW**

**COUNTY CASE: #2016-026**

**VILLAGE OF OWEGO CASE:**

**APPLICANT: Nelson Development Group**

**DATE RECEIVED: 9/9/2016**

**REQUEST: Area Variances, Site Plan Review, Special Use Permit**

**LOCATION: 202 – 204 Front Street, Tax Map Number 128.08-6-49.1 and -50.1**

**ZONING: Central Business (CB)**

**General Information:** The applicant is requesting area variances, site plan review approval, and a special use permit to construct an infill Gateway building where the Cracker Barrel used to be on Front Street in the Village of Owego. The building was completely destroyed by fire in 2000 and subsequently demolished. This new infill building will be a total of 13,600 square feet, with three floors, each at 4,400 square feet. The height of the building measures 50 feet from mean grade at ground level to the top of the highest point. The building is designed in all aspects to blend in exactly with the surrounding buildings on RiverRow. NY SHPO has already issued the project a No Adverse Impact determination.

The first occupied floor will contain four small retail incubator spaces in the front of the building, public bathrooms in the middle, and two offices spaces at the rear. There will also be a Riverwalk Overlook outside of the rear of the building. The two other stories will contain four apartments each – two 1-bedroom and two 2-bedroom apartments on each of the two floors. The two-bedroom apartments will have small overlook decks in the rear. The rooftop will contain a roof access with a small sitting area.

The basement will contain nothing but unfinished floor space, as well as access to the Riverwalk Overlook and the River Walk itself. It will be constructed to be flood proof.

Each of the four storefronts will have a small oval sign on top of the door in the lintel section of the building with a goose neck, downward-directed, external light fixture. The middle oval sign will be of the same design, but display Gateway and the address.

This Gateway project will hook into all existing utilities including municipal water and sewer, NYSEG electricity and natural gas, as well as broadband telecommunications.

Please see attached narrative and graphics for further details.

**ANALYSIS:**

**Local Zoning Code:**

**Charter and Code of the Village of Owego  
Chapter 195  
ZONING**

## Article XIV. CB Districts

### § 195-83. Applicable provisions.

In CB Districts, the regulations in this division shall apply.

### § 195-84. Permitted uses.

[Amended 1-5-1976 by L.L. No. 1-1976]

In a CB District, a building may be erected, altered or used and a lot or premises may be used for any of the following purposes and for no other:

B. Stores and shops for the conducting of any retail business.

H. Marquees or canopies, advertising or display signs which relate solely to the use of the premises. A marquee, canopy, advertising or display sign shall not extend from any building so as to overhang the sidewalk more than three feet. And in no event shall such marquee, canopy, advertising or display sign extend beyond the curbline.[Amended 1-18-1982 by L.L. No. 1-1982]

### § 195-85. Building height regulations.

In a CB District, no business structure shall be erected or altered to exceed a height of 50 feet.

### § 195-87. Yard requirements.

Business structures shall have front, side and rear yards only when the CB District abuts on any residential district, otherwise no yard setback shall be required. If a yard is provided, however, it shall not be less than eight feet. The following requirements shall be met for yards in areas of transition:

A. Front yard: 15 feet.

B. Side yard: on that side that abuts the residential district, a requirement of 10 feet.

C. Rear yard: 10% of the depth of the lot, but no less than 20 feet.

⇒ *The only setback the site plan does not meet is the front yard. Whether measured from 8 feet or 15 feet, the proposed front yard is only five feet. This is to blend in with front line of all the other existing buildings. Therefore an area variance is needed.*

## Article XVIII. Supplemental District Regulations

### § 195-112. Off-street parking requirements.

In CB Districts only, new and altered structures may be permitted to waive the requirements of this section.

⇒ *It is advised that Village of Owego officials grant this off-street parking waiver to the applicant. The community benefits far outweigh the necessity for the small amount of parking spaces needed.*

### § 195-113. Off-street loading requirements.

A. Each business use shall be provided with a minimum of one off-street loading space at least 12 feet in width and 40 feet in length.

⇒ *The site plan does not show a loading space. It is likely that the four small incubator retail businesses will have small truck deliveries at the most. NYS DOT does provide a common on-street loading space among the marked parking spaces on the south side of Front Street. This space can be used for these retailers as well. Since it is on-street loading, an area variance is needed.*

### § 195-114. Billboard and display signs.

[Amended 8-17-1970]

No billboard, poster, panel, advertising sign or display sign shall be erected or maintained in any district except as hereinafter provided.

E. CB Districts. Advertising signs or structures shall be permitted in CB Districts only as described in § 195-84H.

G. Illumination of signs. Within any district where a billboard, poster, panel, advertising sign or display sign is permitted, the illumination of such sign shall be nonflashing, indirect or diffused and shall be so constructed so that the illumination shall not shine or reflect light into adjacent properties.

⇒ *Signage is described in the General Information section of this document and will comply with these sign regulations.*

## **Article VII. Special Use Permits**

### **§ 195-32. Areas subject to flooding.**

All applicants for building and use permits in areas ascertained by the Superintendent of Public Works as subject to flood conditions shall obtain from the Zoning Board of Appeals a special use permit, provided that the following standards and controls are complied with:

- A. Elevation of the lowest floor to be used for any dwelling purpose in any residential structure shall be equal to or higher than the elevation of the high water level as determined by the Superintendent of Public Works in accordance with previous flood records.
- B. Wherever desirable or necessary, the first floor level of any structure not used for residential purposes shall be equal to or higher than the elevation of the high water level as determined by the Superintendent of Public Works in accordance with previous flood records.
- D. Any other controls or restrictions which are deemed necessary to minimize or eliminate damage to buildings and structures from floodwaters shall be required by the Board of Appeals.

⇒ *The proposed infill building construction must comply with the Village of Owego's Flood Damage Prevention Regulations since this property is within FEMA's Special Flood Hazard Area 1% annual chance for flooding. The basement will not have anything in it but unfinished floor space.*

### **§ 195-139. Site plan review.**

All permitted uses in zoning districts defined under the Village zoning code as Article XIV, Article CB Districts, Article XV, CBA Districts, Article XVI, B Districts, Article XVII, I Districts, and Article XXI, High-Density/Mixed- Use Overlay District and Article XIIA, OP Districts, shall require site plan approval by the Planning Board and shall have prior site plan review and approval before a building permit is issued for the alteration or construction of any building. The site plan and required related drawing shall first be submitted by an applicant or agent thereof to the Code Enforcement Officer of the Village. Upon full review for sufficiency and completeness of the application by the Code Enforcement Officer, the application shall be submitted to the Village Planning Board and shall be reviewed in accordance with the following procedures and standards and shall be subject to a public hearing.

- A. Site plan approval. The Planning Board shall review the site plan and supporting data and shall hold a public hearing within 62 days of submittal before approval or approval with stated conditions is given, and shall take into consideration the following objectives:
  - (1) Harmonious relationship between proposed uses and existing adjacent uses.
  - (2) Maximum safety of vehicular circulation between the site and the street network.
  - (3) Maximum adequacy of interior circulation, parking and loading facilities with particular attention to vehicular and pedestrian safety.
  - (4) Adequacy of landscaping and setbacks in regard to achieving maximum compatibility and protection to an adjacent residential district. Should changes or additional facilities be required by the Planning Board, final approval of the site plan shall be conditional upon the satisfactory compliance by the applicant to the changes or addition. An applicant wishing to make changes to an approved site plan shall submit a revised site plan to the Planning Board for review and approval before making application for a building permit.

**Area Variance Considerations:** (Please see applicant's answers attached)

**1. Will there be an undesirable change in the neighborhood character or to nearby properties?**

Front yard setback – No, in fact it will improve aesthetics in the area as it will again complete RiverRow's character, filling in the gap, and the building's outside will be historically accurate.

Loading Space – No, this project does not propose to add a loading space, but utilize the existing provided common on-street loading space.

**2. Will the request have adverse physical or environmental effects?**

Front yard setback - No. It will improve the physicality of the area by sensitively filling in the gap that has been there for 16 years, with a building that will align with the surrounding building, just as the previous one had.

Loading Space – No, this project does not propose to add a loading space, but utilize the existing provided common on-street loading space..

**3. Is the variance request substantial?**

Front yard setback – No. At either 37% for eight feet or 66% feet for 15 feet, having the 5-foot setback to make all front lines of the building line up and blend in is much more important.

Loading Space – Yes, at 100%.

**4. Can the benefit be achieved by other means feasible to the applicant?**

Front yard setback – Yes, but if the applicant proposed the building's front line with either the eight- or fifteen-foot required setback, it would not line up with the rest of the buildings.

Loading Space – No, there just is no room on the front of the property and it is not feasible for trucks to go on the River Walk in the rear for unloading.

**5. Is the alleged difficulty self-created? (relevant but shall not necessarily preclude the granting of an area variance)**

Front yard setback - Yes, but the proposed front line of the building is designed to conform and blend with the surrounding buildings.

Loading Space – Yes, but all other businesses on Front Street utilize the common on-street loading space.

**Comments:** This building infill project will provide a significant benefit to the community. It will contain small but productive retail and office spaces, public restrooms, and much needed apartments. The community has been waiting in anticipation a long time for such a project to come along and once again complete RiverRow.

**Conditions:**

1. That the applicant obtain all required federal, state and local permits, licenses, registrations, and approvals.
2. That the NYS DOT Site Plan Review Committee reviews and approves this project.
3. That building construction is compliant with the Village of Owego's Flood Damage Prevention Regulations of 2012.

**RECOMMENDATION:** After thorough consideration of the above, Staff advises the County Planning Board recommend **APPROVAL of the Area Variances, Special Use Permit and Site Plan Review with the conditions noted above.**



# Parks, Recreation, and Historic Preservation

ANDREW M. CUOMO  
Governor

ROSE HARVEY  
Commissioner

September 7, 2016

Mr. Bruce Nelson  
1803 Castle Garden Road  
Vestal, NY 13850

Re: DHCR  
Restore New York/New Construction  
200-204 Front Street, Owego, NY 13827  
16PR04880

Dear Mr. Nelson:

Thank you for requesting the comments of the New York State Historic Preservation Office (SHPO). We have reviewed the submitted materials in accordance with Section 106 of the National Historic Preservation Act of 1966. These comments are those of the SHPO and relate only to Historic/Cultural resources. They do not include other environmental impacts to New York State Parkland that may be involved in or near your project. Such impacts must be considered as part of the environmental review of the project pursuant to the National Environmental Policy Act and/or the State Environmental Quality Review Act (New York Environmental Conservation Law Article 8).

We understand that you are proposing new construction in the Owego Central Historic District. We have reviewed the project for its potential impact on the district. The new design is compatible in massing, scale, and materials. It is the opinion of SHPO that the project will have No Adverse Effect on the district.

If I can be of further assistance, please contact me at 518-268-2158.

Sincerely,

Sloane Bullough  
Historic Sites Restoration Coordinator

via e-mail only

---

**Division for Historic Preservation**

P.O. Box 189, Waterford, New York 12188-0189 • (518) 237-8643 • [www.nysparks.com](http://www.nysparks.com)

September 26, 2016

Bruce Nelson  
1803 Castle Garden Road  
Vestal, NY 13850

Re: Application #160921(1)  
Gateway Project  
200-204 Front Street, Owego

Dear Mr. Nelson,

Thank you for requesting the comments of the Owego Historic Preservation Commission (OHPC).

The Owego Historic Preservation Commission's goal is to preserve and enhance the historic character and spirit of the Village of Owego's Central Historic District. People, who visit, live or work in the Historic District of Owego all benefit from the historic nature of the Village, and the Commission strives to assist those property owners who endeavor to maintain or restore Owego structures.

The OHPC must review and approve all exterior renovation, restoration, and new construction in the Historic District.

Two main criteria are used to determine project appropriateness:

- The project must maintain or restore the historic style, material and character of the building.
- The project design, detail and construction should help to protect the property from future deterioration.

The OHPC has reviewed Application #160921(1) (Gateway Project), and found that the new construction of the Gateway Building will be compatible in massing, scale and materials, and will have No Adverse Effect on the Owego Central Historic District, as the building will maintain the historic style and character of the district. Furthermore, the project design, detail and construction will help to protect and preserve the historic mixed-use buildings located on either side of the property, whose side walls were not built for exposure. Based on these findings, the OHPC hereby approves the proposed Gateway Project as presented, contingent on receipt of the final construction drawings.

Sincerely,



Mark Trabucco  
Chair, Owego Historic Preservation Commission



September 16, 2016

Ms. Elaine D. Jardine  
County Planning Director  
Tioga County Department of Economic Development & Planning  
56 Main Street  
Owego, New York 13827

Dear Ms. Jardine:

**RE: SITE PLAN REVIEW –  
200-204 FRONT STREET DEVELOPMENT  
(NYS ROUTE 17C)  
VILLAGE OF OWEGO, TIOGA COUNTY  
NYSDOT CASE #16-227**

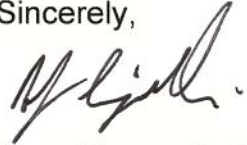
We have reviewed the site plan for the above-referenced proposal. Please note the following comments:

- For any work to be conducted within the State Right-of-Way, the applicant will require an approved Highway Work Permit prior to the commencement of this work. The applicant may contact the NYSDOT Region 9 Permit Office at (607) 721-8082 or visit [www.dot.ny.gov/permits](http://www.dot.ny.gov/permits) for the details and requirements of this process;
- Construction activity for the facility is not allowed to create a condition where it will significantly impact the traffic flow on NYS Route 17C or other streets. The applicant should coordinate with the Department and Village officials if minor traffic disruptions are anticipated. Please contact Mr. Rick Sperski of the NYSDOT Tioga Residency at (607) 687-3730 for information and assistance;
- As part of the Highway Work Permit application process requirements, a utility permit may be required for this project;



If you have any questions, or need further assistance, please contact Sean Murphy at (607) 772-7335.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tony Signorelli', written in a cursive style.

Tony Signorelli, P.E.  
Regional Traffic Engineer

**Full Environmental Assessment Form**  
**Part 1 - Project and Setting**

**Instructions for Completing Part 1**

**Part 1 is to be completed by the applicant or project sponsor.** Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification.

Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either “Yes” or “No”. If the answer to the initial question is “Yes”, complete the sub-questions that follow. If the answer to the initial question is “No”, proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the project sponsor to verify that the information contained in Part 1 is accurate and complete.

**A. Project and Sponsor Information.**

Name of Action or Project:		
Project Location (describe, and attach a general location map):		
Brief Description of Proposed Action (include purpose or need):		
Name of Applicant/Sponsor:		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:
Project Contact (if not same as sponsor; give name and title/role):		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:
Property Owner (if not same as sponsor):		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:

**B. Government Approvals**

**B. Government Approvals Funding, or Sponsorship.** (“Funding” includes grants, loans, tax relief, and any other forms of financial assistance.)

Government Entity	If Yes: Identify Agency and Approval(s) Required	Application Date (Actual or projected)
a. City Council, Town Board, or Village Board of Trustees <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. City, Town or Village Planning Board or Commission <input type="checkbox"/> Yes <input type="checkbox"/> No		
c. City Council, Town or Village Zoning Board of Appeals <input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Other local agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
e. County agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
f. Regional agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
g. State agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
h. Federal agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
i. Coastal Resources. <ul style="list-style-type: none"> <li data-bbox="121 829 1485 861">i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li data-bbox="89 861 1485 892">If Yes,</li> <li data-bbox="121 892 1485 924">ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li data-bbox="121 924 1485 955">iii. Is the project site within a Coastal Erosion Hazard Area? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>		

**C. Planning and Zoning**

**C.1. Planning and zoning actions.**

Will administrative or legislative adoption, or amendment of a plan, local law, ordinance, rule or regulation be the only approval(s) which must be granted to enable the proposed action to proceed?  Yes  No

- **If Yes**, complete sections C, F and G.
- **If No**, proceed to question C.2 and complete all remaining sections and questions in Part 1

**C.2. Adopted land use plans.**

a. Do any municipally- adopted (city, town, village or county) comprehensive land use plan(s) include the site where the proposed action would be located?  Yes  No

If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located?  Yes  No

b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?)  Yes  No

If Yes, identify the plan(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, or an adopted municipal farmland protection plan?  Yes  No

If Yes, identify the plan(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C.3. Zoning**

a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance.  Yes  No  
If Yes, what is the zoning classification(s) including any applicable overlay district?

\_\_\_\_\_

\_\_\_\_\_

b. Is the use permitted or allowed by a special or conditional use permit?  Yes  No

c. Is a zoning change requested as part of the proposed action?  Yes  No

If Yes,

i. What is the proposed new zoning for the site? \_\_\_\_\_

**C.4. Existing community services.**

a. In what school district is the project site located? \_\_\_\_\_

b. What police or other public protection forces serve the project site?  
\_\_\_\_\_

c. Which fire protection and emergency medical services serve the project site?  
\_\_\_\_\_

d. What parks serve the project site?  
\_\_\_\_\_  
\_\_\_\_\_

**D. Project Details**

**D.1. Proposed and Potential Development**

a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed, include all components)?  
\_\_\_\_\_

b. a. Total acreage of the site of the proposed action? \_\_\_\_\_ acres  
b. Total acreage to be physically disturbed? \_\_\_\_\_ acres  
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? \_\_\_\_\_ acres

c. Is the proposed action an expansion of an existing project or use?  Yes  No  
i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % \_\_\_\_\_ Units: \_\_\_\_\_

d. Is the proposed action a subdivision, or does it include a subdivision?  Yes  No  
If Yes,

i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types)  
\_\_\_\_\_

ii. Is a cluster/conservation layout proposed?  Yes  No

iii. Number of lots proposed? \_\_\_\_\_

iv. Minimum and maximum proposed lot sizes? Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

e. Will proposed action be constructed in multiple phases?  Yes  No

i. If No, anticipated period of construction: \_\_\_\_\_ months

ii. If Yes:

- Total number of phases anticipated \_\_\_\_\_
- Anticipated commencement date of phase 1 (including demolition) \_\_\_\_\_ month \_\_\_\_\_ year
- Anticipated completion date of final phase \_\_\_\_\_ month \_\_\_\_\_ year

• Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: \_\_\_\_\_

\_\_\_\_\_

f. Does the project include new residential uses?  Yes  No  
 If Yes, show numbers of units proposed.

	<u>One Family</u>	<u>Two Family</u>	<u>Three Family</u>	<u>Multiple Family (four or more)</u>
Initial Phase	_____	_____	_____	_____
At completion	_____	_____	_____	_____
of all phases	_____	_____	_____	_____

g. Does the proposed action include new non-residential construction (including expansions)?  Yes  No  
 If Yes,

*i.* Total number of structures \_\_\_\_\_

*ii.* Dimensions (in feet) of largest proposed structure: \_\_\_\_\_ height; \_\_\_\_\_ width; and \_\_\_\_\_ length

*iii.* Approximate extent of building space to be heated or cooled: \_\_\_\_\_ square feet

h. Does the proposed action include construction or other activities that will result in the impoundment of any liquids, such as creation of a water supply, reservoir, pond, lake, waste lagoon or other storage?  Yes  No  
 If Yes,

*i.* Purpose of the impoundment: \_\_\_\_\_

*ii.* If a water impoundment, the principal source of the water:  Ground water  Surface water streams  Other specify: \_\_\_\_\_

*iii.* If other than water, identify the type of impounded/contained liquids and their source.  
 \_\_\_\_\_

*iv.* Approximate size of the proposed impoundment. Volume: \_\_\_\_\_ million gallons; surface area: \_\_\_\_\_ acres

*v.* Dimensions of the proposed dam or impounding structure: \_\_\_\_\_ height; \_\_\_\_\_ length

*vi.* Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete):  
 \_\_\_\_\_

**D.2. Project Operations**

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both?  Yes  No  
 (Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite)  
 If Yes:

*i.* What is the purpose of the excavation or dredging? \_\_\_\_\_

*ii.* How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site?

- Volume (specify tons or cubic yards): \_\_\_\_\_
- Over what duration of time? \_\_\_\_\_

*iii.* Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them.  
 \_\_\_\_\_  
 \_\_\_\_\_

*iv.* Will there be onsite dewatering or processing of excavated materials?  Yes  No  
 If yes, describe. \_\_\_\_\_  
 \_\_\_\_\_

*v.* What is the total area to be dredged or excavated? \_\_\_\_\_ acres

*vi.* What is the maximum area to be worked at any one time? \_\_\_\_\_ acres

*vii.* What would be the maximum depth of excavation or dredging? \_\_\_\_\_ feet

*viii.* Will the excavation require blasting?  Yes  No

*ix.* Summarize site reclamation goals and plan: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. Would the proposed action cause or result in alteration of, increase or decrease in size of, or encroachment into any existing wetland, waterbody, shoreline, beach or adjacent area?  Yes  No  
 If Yes:

*i.* Identify the wetland or waterbody which would be affected (by name, water index number, wetland map number or geographic description): \_\_\_\_\_  
 \_\_\_\_\_

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

iii. Will proposed action cause or result in disturbance to bottom sediments?  Yes  No

If Yes, describe: \_\_\_\_\_

iv. Will proposed action cause or result in the destruction or removal of aquatic vegetation?  Yes  No

If Yes:

- acres of aquatic vegetation proposed to be removed \_\_\_\_\_
- expected acreage of aquatic vegetation proposed to be removed \_\_\_\_\_
- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access): \_\_\_\_\_
  
- proposed method of plant removal: \_\_\_\_\_
- if chemical/herbicide treatment will be used, specify product(s): \_\_\_\_\_

v. Describe any proposed reclamation/mitigation following disturbance: \_\_\_\_\_

\_\_\_\_\_

c. Will the proposed action use, or create a new demand for water?  Yes  No

If Yes:

i. Total anticipated water usage/demand per day: \_\_\_\_\_ gallons/day

ii. Will the proposed action obtain water from an existing public water supply?  Yes  No

If Yes:

- Name of district or service area: \_\_\_\_\_
- Does the existing public water supply have capacity to serve the proposal?  Yes  No
- Is the project site in the existing district?  Yes  No
- Is expansion of the district needed?  Yes  No
- Do existing lines serve the project site?  Yes  No

iii. Will line extension within an existing district be necessary to supply the project?  Yes  No

If Yes:

- Describe extensions or capacity expansions proposed to serve this project: \_\_\_\_\_
  
- Source(s) of supply for the district: \_\_\_\_\_

iv. Is a new water supply district or service area proposed to be formed to serve the project site?  Yes  No

If Yes:

- Applicant/sponsor for new district: \_\_\_\_\_
- Date application submitted or anticipated: \_\_\_\_\_
- Proposed source(s) of supply for new district: \_\_\_\_\_

v. If a public water supply will not be used, describe plans to provide water supply for the project: \_\_\_\_\_

\_\_\_\_\_

vi. If water supply will be from wells (public or private), maximum pumping capacity: \_\_\_\_\_ gallons/minute.

d. Will the proposed action generate liquid wastes?  Yes  No

If Yes:

i. Total anticipated liquid waste generation per day: \_\_\_\_\_ gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all components and approximate volumes or proportions of each): \_\_\_\_\_

\_\_\_\_\_

iii. Will the proposed action use any existing public wastewater treatment facilities?  Yes  No

If Yes:

- Name of wastewater treatment plant to be used: \_\_\_\_\_
- Name of district: \_\_\_\_\_
- Does the existing wastewater treatment plant have capacity to serve the project?  Yes  No
- Is the project site in the existing district?  Yes  No
- Is expansion of the district needed?  Yes  No

• Do existing sewer lines serve the project site?  Yes  No  
 • Will line extension within an existing district be necessary to serve the project?  Yes  No  
 If Yes:  
 • Describe extensions or capacity expansions proposed to serve this project: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

iv. Will a new wastewater (sewage) treatment district be formed to serve the project site?  Yes  No  
 If Yes:  
 • Applicant/sponsor for new district: \_\_\_\_\_  
 • Date application submitted or anticipated: \_\_\_\_\_  
 • What is the receiving water for the wastewater discharge? \_\_\_\_\_

v. If public facilities will not be used, describe plans to provide wastewater treatment for the project, including specifying proposed receiving water (name and classification if surface discharge, or describe subsurface disposal plans):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

vi. Describe any plans or designs to capture, recycle or reuse liquid waste: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

---

e. Will the proposed action disturb more than one acre and create stormwater runoff, either from new point sources (i.e. ditches, pipes, swales, curbs, gutters or other concentrated flows of stormwater) or non-point source (i.e. sheet flow) during construction or post construction?  Yes  No  
 If Yes:  
 i. How much impervious surface will the project create in relation to total size of project parcel?  
     \_\_\_\_\_ Square feet or \_\_\_\_\_ acres (impervious surface)  
     \_\_\_\_\_ Square feet or \_\_\_\_\_ acres (parcel size)  
 ii. Describe types of new point sources. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

iii. Where will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent properties, groundwater, on-site surface water or off-site surface waters)?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

• If to surface waters, identify receiving water bodies or wetlands: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

• Will stormwater runoff flow to adjacent properties?  Yes  No

iv. Does proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater?  Yes  No

---

f. Does the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel combustion, waste incineration, or other processes or operations?  Yes  No  
 If Yes, identify:  
 i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles)  
 \_\_\_\_\_  
 ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers)  
 \_\_\_\_\_  
 iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation)  
 \_\_\_\_\_  
 \_\_\_\_\_

---

g. Will any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit, or Federal Clean Air Act Title IV or Title V Permit?  Yes  No  
 If Yes:  
 i. Is the project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet ambient air quality standards for all or some parts of the year)  Yes  No  
 ii. In addition to emissions as calculated in the application, the project will generate:  
 • \_\_\_\_\_ Tons/year (short tons) of Carbon Dioxide (CO<sub>2</sub>)  
 • \_\_\_\_\_ Tons/year (short tons) of Nitrous Oxide (N<sub>2</sub>O)  
 • \_\_\_\_\_ Tons/year (short tons) of Perfluorocarbons (PFCs)  
 • \_\_\_\_\_ Tons/year (short tons) of Sulfur Hexafluoride (SF<sub>6</sub>)  
 • \_\_\_\_\_ Tons/year (short tons) of Carbon Dioxide equivalent of Hydroflouorocarbons (HFCs)  
 • \_\_\_\_\_ Tons/year (short tons) of Hazardous Air Pollutants (HAPs)

h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)?  Yes  No

If Yes:

i. Estimate methane generation in tons/year (metric): \_\_\_\_\_

ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): \_\_\_\_\_

---

i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations?  Yes  No

If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): \_\_\_\_\_

---

j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services?  Yes  No

If Yes:

i. When is the peak traffic expected (Check all that apply):  Morning  Evening  Weekend  
 Randomly between hours of \_\_\_\_\_ to \_\_\_\_\_.

ii. For commercial activities only, projected number of semi-trailer truck trips/day: \_\_\_\_\_

iii. Parking spaces: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Net increase/decrease \_\_\_\_\_

iv. Does the proposed action include any shared use parking?  Yes  No

v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: \_\_\_\_\_

---

vi. Are public/private transportation service(s) or facilities available within 1/2 mile of the proposed site?  Yes  No

vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles?  Yes  No

viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes?  Yes  No

---

k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy?  Yes  No

If Yes:

i. Estimate annual electricity demand during operation of the proposed action: \_\_\_\_\_

ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other): \_\_\_\_\_

iii. Will the proposed action require a new, or an upgrade to, an existing substation?  Yes  No

---

l. Hours of operation. Answer all items which apply.

<p>i. During Construction:</p> <ul style="list-style-type: none"> <li>• Monday - Friday: _____</li> <li>• Saturday: _____</li> <li>• Sunday: _____</li> <li>• Holidays: _____</li> </ul>	<p>ii. During Operations:</p> <ul style="list-style-type: none"> <li>• Monday - Friday: _____</li> <li>• Saturday: _____</li> <li>• Sunday: _____</li> <li>• Holidays: _____ NA _____</li> </ul>
--	--



<p>m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If yes:</p> <p>i. Provide details including sources, time of day and duration:</p> <p>_____</p> <p>_____</p>	
<p>ii. Will proposed action remove existing natural barriers that could act as a noise barrier or screen? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>Describe: _____</p> <p>_____</p>	
<p>n. Will the proposed action have outdoor lighting? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If yes:</p> <p>i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:</p> <p>_____</p> <p>_____</p>	
<p>ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>Describe: _____</p> <p>_____</p>	
<p>o. Does the proposed action have the potential to produce odors for more than one hour per day? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures: _____</p> <p>_____</p> <p>_____</p>	
<p>p. Will the proposed action include any bulk storage of petroleum (combined capacity of over 1,100 gallons) or chemical products (185 gallons in above ground storage or an amount in underground storage)? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Product(s) to be stored _____</p> <p>ii. Volume(s) _____ per unit time _____ (e.g., month, year)</p> <p>iii. Generally describe proposed storage facilities: _____</p> <p>_____</p>	
<p>q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Describe proposed treatment(s):</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>ii. Will the proposed action use Integrated Pest Management Practices? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	
<p>r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Describe any solid waste(s) to be generated during construction or operation of the facility:</p> <ul style="list-style-type: none"> <li>• Construction: _____ tons per _____ (unit of time)</li> <li>• Operation : _____ tons per _____ (unit of time)</li> </ul> <p>ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:</p> <ul style="list-style-type: none"> <li>• Construction: _____</li> <li>_____</li> <li>• Operation: _____</li> <li>_____</li> </ul> <p>iii. Proposed disposal methods/facilities for solid waste generated on-site:</p> <ul style="list-style-type: none"> <li>• Construction: _____</li> <li>_____</li> <li>• Operation: _____</li> <li>_____</li> </ul>	

s. Does the proposed action include construction or modification of a solid waste management facility?  Yes  No  
 If Yes:  
 i. Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): \_\_\_\_\_  
 ii. Anticipated rate of disposal/processing:  
 • \_\_\_\_\_ Tons/month, if transfer or other non-combustion/thermal treatment, or  
 • \_\_\_\_\_ Tons/hour, if combustion or thermal treatment  
 iii. If landfill, anticipated site life: \_\_\_\_\_ years

t. Will proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste?  Yes  No  
 If Yes:  
 i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: \_\_\_\_\_  
 \_\_\_\_\_  
 ii. Generally describe processes or activities involving hazardous wastes or constituents: \_\_\_\_\_  
 \_\_\_\_\_  
 iii. Specify amount to be handled or generated \_\_\_\_\_ tons/month  
 iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: \_\_\_\_\_  
 \_\_\_\_\_  
 v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility?  Yes  No  
 If Yes: provide name and location of facility: \_\_\_\_\_  
 \_\_\_\_\_  
 If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility:  
 \_\_\_\_\_  
 \_\_\_\_\_

**E. Site and Setting of Proposed Action**

**E.1. Land uses on and surrounding the project site**

a. Existing land uses.  
 i. Check all uses that occur on, adjoining and near the project site.  
 Urban  Industrial  Commercial  Residential (suburban)  Rural (non-farm)  
 Forest  Agriculture  Aquatic  Other (specify): \_\_\_\_\_  
 ii. If mix of uses, generally describe:  
 \_\_\_\_\_  
 \_\_\_\_\_

b. Land uses and covertypes on the project site.

Land use or Covertypes	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces			
• Forested			
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)			
• Agricultural (includes active orchards, field, greenhouse etc.)			
• Surface water features (lakes, ponds, streams, rivers, etc.)			
• Wetlands (freshwater or tidal)			
• Non-vegetated (bare rock, earth or fill)			
• Other Describe: _____	0.12	0.12	0.00

c. Is the project site presently used by members of the community for public recreation?  Yes  No  
i. If Yes: explain: \_\_\_\_\_

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d. Are there any facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed day care centers, or group homes) within 1500 feet of the project site?  Yes  No  
If Yes,  
i. Identify Facilities:  
\_\_\_\_\_

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e. Does the project site contain an existing dam?  Yes  No  
If Yes:  
i. Dimensions of the dam and impoundment:  

- Dam height: \_\_\_\_\_ feet
- Dam length: \_\_\_\_\_ feet
- Surface area: \_\_\_\_\_ acres
- Volume impounded: \_\_\_\_\_ gallons OR acre-feet

ii. Dam's existing hazard classification: \_\_\_\_\_  
iii. Provide date and summarize results of last inspection:  
\_\_\_\_\_

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f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility?  Yes  No  
If Yes:  
i. Has the facility been formally closed?  Yes  No  

- If yes, cite sources/documentation: \_\_\_\_\_

ii. Describe the location of the project site relative to the boundaries of the solid waste management facility:  
\_\_\_\_\_

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g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste?  Yes  No  
If Yes:  
i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred:  
\_\_\_\_\_

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h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site?  Yes  No  
If Yes:  
i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply:  Yes  No  
 Yes – Spills Incidents database      Provide DEC ID number(s): \_\_\_\_\_  
 Yes – Environmental Site Remediation database      Provide DEC ID number(s): \_\_\_\_\_  
 Neither database  
ii. If site has been subject of RCRA corrective activities, describe control measures: \_\_\_\_\_  
\_\_\_\_\_

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iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database?  Yes  No  
If yes, provide DEC ID number(s): \_\_\_\_\_  
iv. If yes to (i), (ii) or (iii) above, describe current status of site(s):  
\_\_\_\_\_



m. Identify the predominant wildlife species that occupy or use the project site: _____ _____ _____	
n. Does the project site contain a designated significant natural community? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If Yes: <i>i.</i> Describe the habitat/community (composition, function, and basis for designation): _____ _____ <i>ii.</i> Source(s) of description or evaluation: _____ <i>iii.</i> Extent of community/habitat: <ul style="list-style-type: none"> <li>• Currently: _____ acres</li> <li>• Following completion of project as proposed: _____ acres</li> <li>• Gain or loss (indicate + or -): _____ acres</li> </ul>	
o. Does project site contain any species of plant or animal that is listed by the federal government or NYS as endangered or threatened, or does it contain any areas identified as habitat for an endangered or threatened species? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
p. Does the project site contain any species of plant or animal that is listed by NYS as rare, or as a species of special concern? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, give a brief description of how the proposed action may affect that use: _____ _____	
<b>E.3. Designated Public Resources On or Near Project Site</b>	
a. Is the project site, or any portion of it, located in a designated agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If Yes, provide county plus district name/number: _____	
b. Are agricultural lands consisting of highly productive soils present? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>i.</i> If Yes: acreage(s) on project site? _____ <i>ii.</i> Source(s) of soil rating(s): _____	
c. Does the project site contain all or part of, or is it substantially contiguous to, a registered National Natural Landmark? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If Yes: <i>i.</i> Nature of the natural landmark: <input type="checkbox"/> Biological Community <input type="checkbox"/> Geological Feature <i>ii.</i> Provide brief description of landmark, including values behind designation and approximate size/extent: _____ _____ _____	
d. Is the project site located in or does it adjoin a state listed Critical Environmental Area? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If Yes: <i>i.</i> CEA name: _____ <i>ii.</i> Basis for designation: _____ <i>iii.</i> Designating agency and date: _____	

e. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on, or has been nominated by the NYS Board of Historic Preservation for inclusion on, the State or National Register of Historic Places?  Yes  No

If Yes:

i. Nature of historic/archaeological resource:  Archaeological Site  Historic Building or District

ii. Name: Owego Central Historic District

iii. Brief description of attributes on which listing is based:  
Three story brick, Greek Revival/Italianate style commercial buildings (1872-1914).

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f. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?  Yes  No

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g. Have additional archaeological or historic site(s) or resources been identified on the project site?  Yes  No

If Yes:

i. Describe possible resource(s): \_\_\_\_\_

ii. Basis for identification: \_\_\_\_\_

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h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource?  Yes  No

If Yes:

i. Identify resource: Ahwaga Park, Draper Park, Riverwalk Park, Marvin Park, Hickories Park, Evergreen Cemetery, Susquehanna River

ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): Local Parks

iii. Distance between project and resource: 0.04 - 2.00 miles.

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i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666?  Yes  No

If Yes:

i. Identify the name of the river and its designation: \_\_\_\_\_

ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666?  Yes  No

**F. Additional Information**

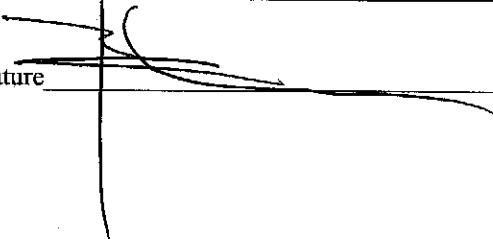
Attach any additional information which may be needed to clarify your project.

If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

**G. Verification**

I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name Bruce Nelson Date June 23, 2016

Signature  Title \_\_\_\_\_

**Full Environmental Assessment Form**  
**Part 2 - Identification of Potential Project Impacts**

**Part 2 is to be completed by the lead agency.** Part 2 is designed to help the lead agency inventory all potential resources that could be affected by a proposed project or action. We recognize that the lead agency's reviewer(s) will not necessarily be environmental professionals. So, the questions are designed to walk a reviewer through the assessment process by providing a series of questions that can be answered using the information found in Part 1. To further assist the lead agency in completing Part 2, the form identifies the most relevant questions in Part 1 that will provide the information needed to answer the Part 2 question. When Part 2 is completed, the lead agency will have identified the relevant environmental areas that may be impacted by the proposed activity.

If the lead agency is a state agency **and** the action is in any Coastal Area, complete the Coastal Assessment Form before proceeding with this assessment.

**Tips for completing Part 2:**

- Review all of the information provided in Part 1.
- Review any application, maps, supporting materials and the Full EAF Workbook.
- Answer each of the 18 questions in Part 2.
- If you answer “**Yes**” to a numbered question, please complete all the questions that follow in that section.
- If you answer “**No**” to a numbered question, move on to the next numbered question.
- Check appropriate column to indicate the anticipated size of the impact.
- Proposed projects that would exceed a numeric threshold contained in a question should result in the reviewing agency checking the box “Moderate to large impact may occur.”
- The reviewer is not expected to be an expert in environmental analysis.
- If you are not sure or undecided about the size of an impact, it may help to review the sub-questions for the general question and consult the workbook.
- When answering a question consider all components of the proposed activity, that is, the “whole action”.
- Consider the possibility for long-term and cumulative impacts as well as direct impacts.
- Answer the question in a reasonable manner considering the scale and context of the project.

<b>1. Impact on Land</b> Proposed action may involve construction on, or physical alteration of, <span style="float: right;"><input type="checkbox"/> NO</span> <span style="float: right;"><input type="checkbox"/> YES</span> the land surface of the proposed site. (See Part 1. D.1) <i>If “Yes”, answer questions a - j. If “No”, move on to Section 2.</i>			
	<b>Relevant Part I Question(s)</b>	<b>No, or small impact may occur</b>	<b>Moderate to large impact may occur</b>
a. The proposed action may involve construction on land where depth to water table is less than 3 feet.	E2d	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may involve construction on slopes of 15% or greater.	E2f	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may involve construction on land where bedrock is exposed, or generally within 5 feet of existing ground surface.	E2a	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action may involve the excavation and removal of more than 1,000 tons of natural material.	D2a	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action may involve construction that continues for more than one year or in multiple phases.	D1e	<input type="checkbox"/>	<input type="checkbox"/>
f. The proposed action may result in increased erosion, whether from physical disturbance or vegetation removal (including from treatment by herbicides).	D2e, D2q	<input type="checkbox"/>	<input type="checkbox"/>
g. The proposed action is, or may be, located within a Coastal Erosion hazard area.	B1i	<input type="checkbox"/>	<input type="checkbox"/>
h. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

<b>2. Impact on Geological Features</b> The proposed action may result in the modification or destruction of, or inhibit access to, any unique or unusual land forms on the site (e.g., cliffs, dunes, minerals, fossils, caves). (See Part 1. E.2.g) <span style="float: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES</span> <i>If "Yes", answer questions a - c. If "No", move on to Section 3.</i>			
	<b>Relevant Part I Question(s)</b>	<b>No, or small impact may occur</b>	<b>Moderate to large impact may occur</b>
a. Identify the specific land form(s) attached: _____ _____	E2g	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may affect or is adjacent to a geological feature listed as a registered National Natural Landmark. Specific feature: _____	E3c	<input type="checkbox"/>	<input type="checkbox"/>
c. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

<b>3. Impacts on Surface Water</b> The proposed action may affect one or more wetlands or other surface water bodies (e.g., streams, rivers, ponds or lakes). (See Part 1. D.2, E.2.h) <span style="float: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES</span> <i>If "Yes", answer questions a - l. If "No", move on to Section 4.</i>			
	<b>Relevant Part I Question(s)</b>	<b>No, or small impact may occur</b>	<b>Moderate to large impact may occur</b>
a. The proposed action may create a new water body.	D2b, D1h	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may result in an increase or decrease of over 10% or more than a 10 acre increase or decrease in the surface area of any body of water.	D2b	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may involve dredging more than 100 cubic yards of material from a wetland or water body.	D2a	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action may involve construction within or adjoining a freshwater or tidal wetland, or in the bed or banks of any other water body.	E2h	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action may create turbidity in a waterbody, either from upland erosion, runoff or by disturbing bottom sediments.	D2a, D2h	<input type="checkbox"/>	<input type="checkbox"/>
f. The proposed action may include construction of one or more intake(s) for withdrawal of water from surface water.	D2c	<input type="checkbox"/>	<input type="checkbox"/>
g. The proposed action may include construction of one or more outfall(s) for discharge of wastewater to surface water(s).	D2d	<input type="checkbox"/>	<input type="checkbox"/>
h. The proposed action may cause soil erosion, or otherwise create a source of stormwater discharge that may lead to siltation or other degradation of receiving water bodies.	D2e	<input type="checkbox"/>	<input type="checkbox"/>
i. The proposed action may affect the water quality of any water bodies within or downstream of the site of the proposed action.	E2h	<input type="checkbox"/>	<input type="checkbox"/>
j. The proposed action may involve the application of pesticides or herbicides in or around any water body.	D2q, E2h	<input type="checkbox"/>	<input type="checkbox"/>
k. The proposed action may require the construction of new, or expansion of existing, wastewater treatment facilities.	D1a, D2d	<input type="checkbox"/>	<input type="checkbox"/>



I. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
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<b>4. Impact on groundwater</b> The proposed action may result in new or additional use of ground water, or may have the potential to introduce contaminants to ground water or an aquifer. <span style="float: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES</span> (See Part 1. D.2.a, D.2.c, D.2.d, D.2.p, D.2.q, D.2.t) <i>If "Yes", answer questions a - h. If "No", move on to Section 5.</i>			
	<b>Relevant Part I Question(s)</b>	<b>No, or small impact may occur</b>	<b>Moderate to large impact may occur</b>
a. The proposed action may require new water supply wells, or create additional demand on supplies from existing water supply wells.	D2c	<input type="checkbox"/>	<input type="checkbox"/>
b. Water supply demand from the proposed action may exceed safe and sustainable withdrawal capacity rate of the local supply or aquifer. Cite Source: _____	D2c	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may allow or result in residential uses in areas without water and sewer services.	D1a, D2c	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action may include or require wastewater discharged to groundwater.	D2d, E2l	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action may result in the construction of water supply wells in locations where groundwater is, or is suspected to be, contaminated.	D2c, E1f, E1g, E1h	<input type="checkbox"/>	<input type="checkbox"/>
f. The proposed action may require the bulk storage of petroleum or chemical products over ground water or an aquifer.	D2p, E2l	<input type="checkbox"/>	<input type="checkbox"/>
g. The proposed action may involve the commercial application of pesticides within 100 feet of potable drinking water or irrigation sources.	E2h, D2q, E2l, D2c	<input type="checkbox"/>	<input type="checkbox"/>
h. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

<b>5. Impact on Flooding</b> The proposed action may result in development on lands subject to flooding. <span style="float: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES</span> (See Part 1. E.2) <i>If "Yes", answer questions a - g. If "No", move on to Section 6.</i>			
	<b>Relevant Part I Question(s)</b>	<b>No, or small impact may occur</b>	<b>Moderate to large impact may occur</b>
a. The proposed action may result in development in a designated floodway.	E2i	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may result in development within a 100 year floodplain.	E2j	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may result in development within a 500 year floodplain.	E2k	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action may result in, or require, modification of existing drainage patterns.	D2b, D2e	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action may change flood water flows that contribute to flooding.	D2b, E2i, E2j, E2k	<input type="checkbox"/>	<input type="checkbox"/>
f. If there is a dam located on the site of the proposed action, is the dam in need of repair, or upgrade?	E1e	<input type="checkbox"/>	<input type="checkbox"/>

g. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
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<b>6. Impacts on Air</b>			
The proposed action may include a state regulated air emission source. (See Part 1. D.2.f., D.2.h, D.2.g) <i>If "Yes", answer questions a - f. If "No", move on to Section 7.</i>		<input type="checkbox"/> NO	<input type="checkbox"/> YES
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. If the proposed action requires federal or state air emission permits, the action may also emit one or more greenhouse gases at or above the following levels: i. More than 1000 tons/year of carbon dioxide (CO <sub>2</sub> ) ii. More than 3.5 tons/year of nitrous oxide (N <sub>2</sub> O) iii. More than 1000 tons/year of carbon equivalent of perfluorocarbons (PFCs) iv. More than .045 tons/year of sulfur hexafluoride (SF <sub>6</sub> ) v. More than 1000 tons/year of carbon dioxide equivalent of hydrochloroflourocarbons (HFCs) emissions vi. 43 tons/year or more of methane	D2g D2g D2g D2g D2g D2h	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. The proposed action may generate 10 tons/year or more of any one designated hazardous air pollutant, or 25 tons/year or more of any combination of such hazardous air pollutants.	D2g	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may require a state air registration, or may produce an emissions rate of total contaminants that may exceed 5 lbs. per hour, or may include a heat source capable of producing more than 10 million BTU's per hour.	D2f, D2g	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action may reach 50% of any of the thresholds in "a" through "c", above.	D2g	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action may result in the combustion or thermal treatment of more than 1 ton of refuse per hour.	D2s	<input type="checkbox"/>	<input type="checkbox"/>
f. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

<b>7. Impact on Plants and Animals</b>			
The proposed action may result in a loss of flora or fauna. (See Part 1. E.2. m.-q.) <i>If "Yes", answer questions a - j. If "No", move on to Section 8.</i>		<input type="checkbox"/> NO	<input type="checkbox"/> YES
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may cause reduction in population or loss of individuals of any threatened or endangered species, as listed by New York State or the Federal government, that use the site, or are found on, over, or near the site.	E2o	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may result in a reduction or degradation of any habitat used by any rare, threatened or endangered species, as listed by New York State or the federal government.	E2o	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may cause reduction in population, or loss of individuals, of any species of special concern or conservation need, as listed by New York State or the Federal government, that use the site, or are found on, over, or near the site.	E2p	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action may result in a reduction or degradation of any habitat used by any species of special concern and conservation need, as listed by New York State or the Federal government.	E2p	<input type="checkbox"/>	<input type="checkbox"/>

e. The proposed action may diminish the capacity of a registered National Natural Landmark to support the biological community it was established to protect.	E3c	<input type="checkbox"/>	<input type="checkbox"/>
f. The proposed action may result in the removal of, or ground disturbance in, any portion of a designated significant natural community. Source: _____	E2n	<input type="checkbox"/>	<input type="checkbox"/>
g. The proposed action may substantially interfere with nesting/breeding, foraging, or over-wintering habitat for the predominant species that occupy or use the project site.	E2m	<input type="checkbox"/>	<input type="checkbox"/>
h. The proposed action requires the conversion of more than 10 acres of forest, grassland or any other regionally or locally important habitat. Habitat type & information source: _____	E1b	<input type="checkbox"/>	<input type="checkbox"/>
i. Proposed action (commercial, industrial or recreational projects, only) involves use of herbicides or pesticides.	D2q	<input type="checkbox"/>	<input type="checkbox"/>
j. Other impacts: _____		<input type="checkbox"/>	<input type="checkbox"/>

<b>8. Impact on Agricultural Resources</b>			
The proposed action may impact agricultural resources. (See Part 1. E.3.a. and b.)		<input type="checkbox"/> NO	<input type="checkbox"/> YES
<i>If "Yes", answer questions a - h. If "No", move on to Section 9.</i>			
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may impact soil classified within soil group 1 through 4 of the NYS Land Classification System.	E2c, E3b	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may sever, cross or otherwise limit access to agricultural land (includes cropland, hayfields, pasture, vineyard, orchard, etc).	E1a, E1b	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may result in the excavation or compaction of the soil profile of active agricultural land.	E3b	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action may irreversibly convert agricultural land to non-agricultural uses, either more than 2.5 acres if located in an Agricultural District, or more than 10 acres if not within an Agricultural District.	E1b, E3a	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action may disrupt or prevent installation of an agricultural land management system.	E1 a, E1b	<input type="checkbox"/>	<input type="checkbox"/>
f. The proposed action may result, directly or indirectly, in increased development potential or pressure on farmland.	C2c, C3, D2c, D2d	<input type="checkbox"/>	<input type="checkbox"/>
g. The proposed project is not consistent with the adopted municipal Farmland Protection Plan.	C2c	<input type="checkbox"/>	<input type="checkbox"/>
h. Other impacts: _____		<input type="checkbox"/>	<input type="checkbox"/>

<b>9. Impact on Aesthetic Resources</b> The land use of the proposed action are obviously different from, or are in sharp contrast to, current land use patterns between the proposed project and a scenic or aesthetic resource. (Part 1. E.1.a, E.1.b, E.3.h.) <i>If "Yes", answer questions a - g. If "No", go to Section 10.</i>				<input type="checkbox"/> NO	<input type="checkbox"/> YES
	<b>Relevant Part I Question(s)</b>	<b>No, or small impact may occur</b>	<b>Moderate to large impact may occur</b>		
a. Proposed action may be visible from any officially designated federal, state, or local scenic or aesthetic resource.	E3h	<input type="checkbox"/>	<input type="checkbox"/>		
b. The proposed action may result in the obstruction, elimination or significant screening of one or more officially designated scenic views.	E3h, C2b	<input type="checkbox"/>	<input type="checkbox"/>		
c. The proposed action may be visible from publicly accessible vantage points: i. Seasonally (e.g., screened by summer foliage, but visible during other seasons) ii. Year round	E3h	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
d. The situation or activity in which viewers are engaged while viewing the proposed action is: i. Routine travel by residents, including travel to and from work ii. Recreational or tourism based activities	E3h E2q, E1c	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
e. The proposed action may cause a diminishment of the public enjoyment and appreciation of the designated aesthetic resource.	E3h	<input type="checkbox"/>	<input type="checkbox"/>		
f. There are similar projects visible within the following distance of the proposed project: 0-1/2 mile 1/2 -3 mile 3-5 mile 5+ mile	D1a, E1a, D1f, D1g	<input type="checkbox"/>	<input type="checkbox"/>		
g. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>		

<b>10. Impact on Historic and Archeological Resources</b> The proposed action may occur in or adjacent to a historic or archaeological resource. (Part 1. E.3.e, f. and g.) <i>If "Yes", answer questions a - e. If "No", go to Section 11.</i>				<input type="checkbox"/> NO	<input type="checkbox"/> YES
	<b>Relevant Part I Question(s)</b>	<b>No, or small impact may occur</b>	<b>Moderate to large impact may occur</b>		
a. The proposed action may occur wholly or partially within, or substantially contiguous to, any buildings, archaeological site or district which is listed on or has been nominated by the NYS Board of Historic Preservation for inclusion on the State or National Register of Historic Places.	E3e	<input type="checkbox"/>	<input type="checkbox"/>		
b. The proposed action may occur wholly or partially within, or substantially contiguous to, an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory.	E3f	<input type="checkbox"/>	<input type="checkbox"/>		
c. The proposed action may occur wholly or partially within, or substantially contiguous to, an archaeological site not included on the NY SHPO inventory. Source: _____	E3g	<input type="checkbox"/>	<input type="checkbox"/>		

d. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
e. If any of the above (a-d) are answered “Yes”, continue with the following questions to help support conclusions in Part 3:			
i. The proposed action may result in the destruction or alteration of all or part of the site or property.	E3e, E3g, E3f	<input type="checkbox"/>	<input type="checkbox"/>
ii. The proposed action may result in the alteration of the property’s setting or integrity.	E3e, E3f, E3g, E1a, E1b	<input type="checkbox"/>	<input type="checkbox"/>
iii. The proposed action may result in the introduction of visual elements which are out of character with the site or property, or may alter its setting.	E3e, E3f, E3g, E3h, C2, C3	<input type="checkbox"/>	<input type="checkbox"/>

<b>11. Impact on Open Space and Recreation</b>			
The proposed action may result in a loss of recreational opportunities or a reduction of an open space resource as designated in any adopted municipal open space plan. (See Part 1. C.2.c, E.1.c., E.2.q.) <i>If “Yes”, answer questions a - e. If “No”, go to Section 12.</i>		<input type="checkbox"/> NO	<input type="checkbox"/> YES
	<b>Relevant Part I Question(s)</b>	<b>No, or small impact may occur</b>	<b>Moderate to large impact may occur</b>
a. The proposed action may result in an impairment of natural functions, or “ecosystem services”, provided by an undeveloped area, including but not limited to stormwater storage, nutrient cycling, wildlife habitat.	D2e, E1b E2h, E2m, E2o, E2n, E2p	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may result in the loss of a current or future recreational resource.	C2a, E1c, C2c, E2q	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may eliminate open space or recreational resource in an area with few such resources.	C2a, C2c E1c, E2q	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action may result in loss of an area now used informally by the community as an open space resource.	C2c, E1c	<input type="checkbox"/>	<input type="checkbox"/>
e. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

<b>12. Impact on Critical Environmental Areas</b>			
The proposed action may be located within or adjacent to a critical environmental area (CEA). (See Part 1. E.3.d) <i>If “Yes”, answer questions a - c. If “No”, go to Section 13.</i>		<input type="checkbox"/> NO	<input type="checkbox"/> YES
	<b>Relevant Part I Question(s)</b>	<b>No, or small impact may occur</b>	<b>Moderate to large impact may occur</b>
a. The proposed action may result in a reduction in the quantity of the resource or characteristic which was the basis for designation of the CEA.	E3d	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may result in a reduction in the quality of the resource or characteristic which was the basis for designation of the CEA.	E3d	<input type="checkbox"/>	<input type="checkbox"/>
c. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

<b>13. Impact on Transportation</b> The proposed action may result in a change to existing transportation systems. <input type="checkbox"/> NO <input type="checkbox"/> YES (See Part 1. D.2.j) <i>If "Yes", answer questions a - g. If "No", go to Section 14.</i>			
	<b>Relevant Part I Question(s)</b>	<b>No, or small impact may occur</b>	<b>Moderate to large impact may occur</b>
a. Projected traffic increase may exceed capacity of existing road network.	D2j	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may result in the construction of paved parking area for 500 or more vehicles.	D2j	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action will degrade existing transit access.	D2j	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action will degrade existing pedestrian or bicycle accommodations.	D2j	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action may alter the present pattern of movement of people or goods.	D2j	<input type="checkbox"/>	<input type="checkbox"/>
f. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

<b>14. Impact on Energy</b> The proposed action may cause an increase in the use of any form of energy. <input type="checkbox"/> NO <input type="checkbox"/> YES (See Part 1. D.2.k) <i>If "Yes", answer questions a - e. If "No", go to Section 15.</i>			
	<b>Relevant Part I Question(s)</b>	<b>No, or small impact may occur</b>	<b>Moderate to large impact may occur</b>
a. The proposed action will require a new, or an upgrade to an existing, substation.	D2k	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action will require the creation or extension of an energy transmission or supply system to serve more than 50 single or two-family residences or to serve a commercial or industrial use.	D1f, D1q, D2k	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may utilize more than 2,500 MWhrs per year of electricity.	D2k	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action may involve heating and/or cooling of more than 100,000 square feet of building area when completed.	D1g	<input type="checkbox"/>	<input type="checkbox"/>
e. Other Impacts: _____ _____			

<b>15. Impact on Noise, Odor, and Light</b> The proposed action may result in an increase in noise, odors, or outdoor lighting. <input type="checkbox"/> NO <input type="checkbox"/> YES (See Part 1. D.2.m., n., and o.) <i>If "Yes", answer questions a - f. If "No", go to Section 16.</i>			
	<b>Relevant Part I Question(s)</b>	<b>No, or small impact may occur</b>	<b>Moderate to large impact may occur</b>
a. The proposed action may produce sound above noise levels established by local regulation.	D2m	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may result in blasting within 1,500 feet of any residence, hospital, school, licensed day care center, or nursing home.	D2m, E1d	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may result in routine odors for more than one hour per day.	D2o	<input type="checkbox"/>	<input type="checkbox"/>

d. The proposed action may result in light shining onto adjoining properties.	D2n	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action may result in lighting creating sky-glow brighter than existing area conditions.	D2n, E1a	<input type="checkbox"/>	<input type="checkbox"/>
f. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

<b>16. Impact on Human Health</b>			
The proposed action may have an impact on human health from exposure to new or existing sources of contaminants. (See Part 1.D.2.q., E.1. d. f. g. and h.) <i>If "Yes", answer questions a - m. If "No", go to Section 17.</i>		<input type="checkbox"/> NO	<input type="checkbox"/> YES
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action is located within 1500 feet of a school, hospital, licensed day care center, group home, nursing home or retirement community.	E1d	<input type="checkbox"/>	<input type="checkbox"/>
b. The site of the proposed action is currently undergoing remediation.	E1g, E1h	<input type="checkbox"/>	<input type="checkbox"/>
c. There is a completed emergency spill remediation, or a completed environmental site remediation on, or adjacent to, the site of the proposed action.	E1g, E1h	<input type="checkbox"/>	<input type="checkbox"/>
d. The site of the action is subject to an institutional control limiting the use of the property (e.g., easement or deed restriction).	E1g, E1h	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action may affect institutional control measures that were put in place to ensure that the site remains protective of the environment and human health.	E1g, E1h	<input type="checkbox"/>	<input type="checkbox"/>
f. The proposed action has adequate control measures in place to ensure that future generation, treatment and/or disposal of hazardous wastes will be protective of the environment and human health.	D2t	<input type="checkbox"/>	<input type="checkbox"/>
g. The proposed action involves construction or modification of a solid waste management facility.	D2q, E1f	<input type="checkbox"/>	<input type="checkbox"/>
h. The proposed action may result in the unearthing of solid or hazardous waste.	D2q, E1f	<input type="checkbox"/>	<input type="checkbox"/>
i. The proposed action may result in an increase in the rate of disposal, or processing, of solid waste.	D2r, D2s	<input type="checkbox"/>	<input type="checkbox"/>
j. The proposed action may result in excavation or other disturbance within 2000 feet of a site used for the disposal of solid or hazardous waste.	E1f, E1g E1h	<input type="checkbox"/>	<input type="checkbox"/>
k. The proposed action may result in the migration of explosive gases from a landfill site to adjacent off site structures.	E1f, E1g	<input type="checkbox"/>	<input type="checkbox"/>
l. The proposed action may result in the release of contaminated leachate from the project site.	D2s, E1f, D2r	<input type="checkbox"/>	<input type="checkbox"/>
m. Other impacts: _____ _____			

<b>17. Consistency with Community Plans</b>			
The proposed action is not consistent with adopted land use plans. (See Part 1. C.1, C.2. and C.3.) <i>If “Yes”, answer questions a - h. If “No”, go to Section 18.</i>		<input type="checkbox"/> NO	<input type="checkbox"/> YES
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action’s land use components may be different from, or in sharp contrast to, current surrounding land use pattern(s).	C2, C3, D1a E1a, E1b	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action will cause the permanent population of the city, town or village in which the project is located to grow by more than 5%.	C2	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action is inconsistent with local land use plans or zoning regulations.	C2, C2, C3	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action is inconsistent with any County plans, or other regional land use plans.	C2, C2	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action may cause a change in the density of development that is not supported by existing infrastructure or is distant from existing infrastructure.	C3, D1c, D1d, D1f, D1d, E1b	<input type="checkbox"/>	<input type="checkbox"/>
f. The proposed action is located in an area characterized by low density development that will require new or expanded public infrastructure.	C4, D2c, D2d D2j	<input type="checkbox"/>	<input type="checkbox"/>
g. The proposed action may induce secondary development impacts (e.g., residential or commercial development not included in the proposed action)	C2a	<input type="checkbox"/>	<input type="checkbox"/>
h. Other: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

<b>18. Consistency with Community Character</b>			
The proposed project is inconsistent with the existing community character. (See Part 1. C.2, C.3, D.2, E.3) <i>If “Yes”, answer questions a - g. If “No”, proceed to Part 3.</i>		<input type="checkbox"/> NO	<input type="checkbox"/> YES
	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may replace or eliminate existing facilities, structures, or areas of historic importance to the community.	E3e, E3f, E3g	<input type="checkbox"/>	<input type="checkbox"/>
b. The proposed action may create a demand for additional community services (e.g. schools, police and fire)	C4	<input type="checkbox"/>	<input type="checkbox"/>
c. The proposed action may displace affordable or low-income housing in an area where there is a shortage of such housing.	C2, C3, D1f D1g, E1a	<input type="checkbox"/>	<input type="checkbox"/>
d. The proposed action may interfere with the use or enjoyment of officially recognized or designated public resources.	C2, E3	<input type="checkbox"/>	<input type="checkbox"/>
e. The proposed action is inconsistent with the predominant architectural scale and character.	C2, C3	<input type="checkbox"/>	<input type="checkbox"/>
f. Proposed action is inconsistent with the character of the existing natural landscape.	C2, C3 E1a, E1b E2g, E2h	<input type="checkbox"/>	<input type="checkbox"/>
g. Other impacts: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>



**Full Environmental Assessment Form**  
**Part 3 - Evaluation of the Magnitude and Importance of Project Impacts**  
**and**  
**Determination of Significance**

Part 3 provides the reasons in support of the determination of significance. The lead agency must complete Part 3 for every question in Part 2 where the impact has been identified as potentially moderate to large or where there is a need to explain why a particular element of the proposed action will not, or may, result in a significant adverse environmental impact.

Based on the analysis in Part 3, the lead agency must decide whether to require an environmental impact statement to further assess the proposed action or whether available information is sufficient for the lead agency to conclude that the proposed action will not have a significant adverse environmental impact. By completing the certification on the next page, the lead agency can complete its determination of significance.

**Reasons Supporting This Determination:**

To complete this section:

- Identify the impact based on the Part 2 responses and describe its magnitude. Magnitude considers factors such as severity, size or extent of an impact.
- Assess the importance of the impact. Importance relates to the geographic scope, duration, probability of the impact occurring, number of people affected by the impact and any additional environmental consequences if the impact were to occur.
- The assessment should take into consideration any design element or project changes.
- Repeat this process for each Part 2 question where the impact has been identified as potentially moderate to large or where there is a need to explain why a particular element of the proposed action will not, or may, result in a significant adverse environmental impact.
- Provide the reason(s) why the impact may, or will not, result in a significant adverse environmental impact
- For Conditional Negative Declarations identify the specific condition(s) imposed that will modify the proposed action so that no significant adverse environmental impacts will result.
- Attach additional sheets, as needed.

**Determination of Significance - Type 1 and Unlisted Actions**

SEQR Status:             Type 1                       Unlisted

Identify portions of EAF completed for this Project:    Part 1             Part 2             Part 3

Upon review of the information recorded on this EAF, as noted, plus this additional support information

and considering both the magnitude and importance of each identified potential impact, it is the conclusion of the Village of Owego Planning Board \_\_\_\_\_ as lead agency that:

A. This project will result in no significant adverse impacts on the environment, and, therefore, an environmental impact statement need not be prepared. Accordingly, this negative declaration is issued.

B. Although this project could have a significant adverse impact on the environment, that impact will be avoided or substantially mitigated because of the following conditions which will be required by the lead agency:

There will, therefore, be no significant adverse impacts from the project as conditioned, and, therefore, this conditioned negative declaration is issued. A conditioned negative declaration may be used only for UNLISTED actions (see 6 NYCRR 617.d).

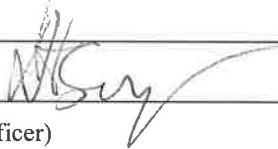
C. This Project may result in one or more significant adverse impacts on the environment, and an environmental impact statement must be prepared to further assess the impact(s) and possible mitigation and to explore alternatives to avoid or reduce those impacts. Accordingly, this positive declaration is issued.

Name of Action: Negative Declaration

Name of Lead Agency: Village of Owego Planning Board

Name of Responsible Officer in Lead Agency: Don Sargent

Title of Responsible Officer: Chair

Signature of Responsible Officer in Lead Agency: 

Date: 9/28/16

Signature of Preparer (if different from Responsible Officer)

Date:

**For Further Information:**

Contact Person: Don Sargent

Address: 178 Main Street, Owego, NY 13827

Telephone Number: (607) 687-3555

E-mail: owegodpw@hotmail.com

**For Type 1 Actions and Conditioned Negative Declarations, a copy of this Notice is sent to:**

Chief Executive Officer of the political subdivision in which the action will be principally located (e.g., Town / City / Village of)

Other involved agencies (if any)

Applicant (if any)

Environmental Notice Bulletin: <http://www.dec.ny.gov/enb/enb.html>

## DECISION OF PLANNING BOARD OF THE VILLAGE OF OWEGO

Applicant: Bruce Nelson  
1803 Castle Gardens Road  
Vestal NY 13850

Subject Property: Gateway Project  
200-204 Front Street  
Owego NY 13827  
Tax Map ID # 128.08-6-50.1 & 128.08-6-49.1

Mr. Bruce Nelson of 1803 Castle Gardens Road, Vestal, NY13850 applied for the following site plan review, area variances and a special use permit for the property located at 200-204 Front Street, Owego, NY 13827 (the "Property");

### Site Plan Review:

Pursuant to Chapter 195 Article XXII Section 139 of the Village of Owego Zoning Code; All permitted uses in zoning districts defined under the Village Zoning Code as Article XIA, require site plan approval by the Village of Owego Planning Board before a building permit is issued for the alteration or construction of any building. Upon full review for sufficiency and completeness of the application by the Code Enforcement Officer, the application is submitted to the Village Planning Board for review and is also subject to a public hearing.

### Parking Waiver:

Pursuant to Chapter 195 Article XVIII Section 195-112.C of the Village of Owego Zoning Code, Mr. Nelson has requested a waiver from the off-street parking requirements of Section 195-112.A and B.

### Area Variances:

Pursuant to Chapter 195 Article XIV Section 87 Subsection A of the Village of Owego Zoning Code, Mr. Nelson has requested a variance of 10 feet from the front yard requirements of 15 feet.

Pursuant to Chapter 195 Article XVIII Section 113 Subsection A of the Village of Owego Zoning Code, Mr. Nelson has requested a variance to allow for the businesses in the proposed building to utilize public loading spaces, in lieu of providing each business use with a minimum of one off-street loading space at least 12 feet in width and 40 feet in length.

### Special Use Permit:

Pursuant to Chapter 195 Article VII Section 32 Subsections A-D of the Village of Owego Zoning Code, Mr. Nelson has requested a special use permit to infill the aforementioned property located in FEMA Flood Zone AE (1.0% Annual Chance Flood Hazard) with a new construction 13,600 SF mixed-use development building.

## BACKGROUND

Mr. Bruce Nelson, with Nelson Development Group, LLC as consulting developer, is proposing the new construction of the Gateway Building in the Village of Owego. The Gateway Building will be constructed on 0.09 and 0.03 acre parcels respectively that will be purchased via an option to purchase agreement that Mr. Nelson has in place with the current owners, Owego Marketplace Inc. d/b/a Historic Owego Marketplace.

The proposed project will reconstruct a building located at 200-204 Front Street, previously destroyed by fire in July of 2000. This property will be in-filled with a 13,600 SF new construction mixed-use development building. The building façade will be in keeping with the historic storefront design of the Village's commercial district, and has been approved by NYSHPO, as well as, OHPC, contingent on receipt of the final construction drawings.

- 1st Floor – (4) Storefront Retail Incubators (11' wide x 30' deep), (2) Retail/Office Spaces, Public Bathrooms, Patio/Riverwalk Overlook
- 2nd Floor – (2) 1-Bedroom Apartments, (2) 2-Bedroom Apartments w/ overlook patios
- 3rd Floor – (2) 1-Bedroom Apartments, (2) 2-Bedroom Apartments w/ overlook patios.
- Roof Top - Common area for residents, Patio
- Basement - Unfinished Floor Area, Tenant Storage, Patio Access

The proposed Gateway Project is consistent with the Master Plan Village of Owego 2003:

- Construct new housing at higher densities.
- Make affordable housing and market variety a component of the economic development strategy for the village in order to attract and retain businesses.

It is also consistent with the Village of Owego Comprehensive Plan 2013:

Strategy DG-4, "to encourage appropriate infill development at 200-204 Front Street," as well as, the Village's goal to, "attract market rate mixed-income developments that promote stable, economically healthy neighborhoods."

"The Village feels that improving the conditions of the housing stock, increasing the overall housing values, and establishing mixed income housing developments will advance the housing stock, making the Village more appealing to a diverse array of visitors, potential residents, and current residents." And, "Encourage construction of new and rehabilitated housing at higher densities in targeted areas of the Village, following the guidance of the future land use map."

## Findings

### Site Plan Review:

Upon review and discussion of the submitted site plan and all supporting documentation submitted the Planning Board found that the following objectives were met:

- (1) Harmonious relationship between proposed uses and existing adjacent uses.
- (2) Maximum safety of vehicular circulation between the site and the street network.

(3) Maximum adequacy of interior circulation, parking and loading facilities with particular attention to vehicular and pedestrian safety.

(4) Adequacy of landscaping and setbacks in regard to achieving maximum compatibility and protection to an adjacent residential district.

The property will be in-filled with a 13,600 SF new construction, three-story mixed-use development building. Each floor will be 4,400 square feet. The first floor will have six retail incubator/office spaces to encourage commercial development in the downtown area, and the two upper floors will have eight quality residential rental units. The building facade has been approved by NYSHPO, as well as, OHPC, contingent on receipt of the final construction drawings. The project will connect to all existing utilities including municipal water and sewer, and NYSEG electric and natural gas. The rear of the building will be landscaped with a rain garden, that runoff from downspouts will drain into.

**Demolition:** The original foundation of the previous building that was destroyed by fire in 2000, and the existing decking will need to be deconstructed, prior to construction. As much as is possible, the existing material will be re-used.

**Mechanical Systems:** All mechanical systems will be installed new, with state of the art high efficiency units (individually metered). Separation of utilities between the residential and non-residential components of the project is included in the project design.

**Energy Efficiency:** All electrical and heating and air conditioning systems will be new. High efficiency lighting and electrical appliances will also be installed.

**Handicapped Accessibility:** Retail stores, bathrooms and apartments will be handicapped accessible from the street level.

**Proposed Signs/Lighting:** There will be a painted wooden signs will be provided for each business, all with lit externally. The only other lighting will be a wall-mounted recessed, downward-directed light above the front entrance.

**Hours of Operation:** The hours of operation during construction will be Monday –Friday 7:00 AM – 5:00 PM. Once the building is operational, the hours of operation for the commercial space will be set by the individual tenants, however, it is anticipated that the hours of operation will typically be within the range of Sunday-Saturday 9:00 AM – 8:00 PM.

**Employees:** There will be 15 construction jobs created with this proposed project. Once the building is operational there will be approximately 9 full-time jobs created. Mr. Nelson estimates there will be one employee for each available space (6), plus half of the units will also have an additional employee (3). Mr. Nelson will also have a part-time manager and part-time maintenance worker that will maintain the property.

**Traffic Type:** During construction Mr. Nelson would arrange for off-site parking for construction vehicles, and only occupy the parking area in front of the building. The sidewalk will remain open under scaffolding, and a small window will allow a “peek” of the construction activity. Monthly open houses to encourage community involvement and interest will also benefit neighboring businesses with increased foot traffic.

Once the building is operational it is estimated that pedestrian foot traffic will increase due to consumer interest in the new commercial spaces. Automobile traffic will also increase nominally due to the tenants occupying the commercial and residential units.

Overall, this project will complete the historical row of buildings on Front Street, called RiverRow, and will provide not only more apartment living compliant with HUD requirements, but will also house up to six retail and office businesses, which will also contribute to the local economy.

Parking Waiver:

The Village Zoning Code requires off-street parking spaces to be provided depending upon the type of use proposed and the building's gross floor area. Due to the nature of the downtown area, Mr. Nelson seeks to use public parking spaces in lieu of providing additional off-street parking. This is consistent with the practice of other businesses in the downtown central business district.

Area Variances:

A front yard variance is requested for the proposed building. The Village Code requires business structures in the CBA District to have a front yard of 15 feet, when the CBA District abuts on any residential district. The proposed project will be located in the Village's downtown historic district. Due to the nature of the structures here, Mr. Nelson's requested variance seeks to conform with the yard appearances and character of the historic downtown commercial district.

An off-street loading space variance is also requested for the proposed building. The Village Code requires that each business use shall be provided with a minimum of one off-street loading space at least 12 feet in width and 40 feet in length. The proposed project is located in the Village's downtown historic district. Due to the nature of the downtown area, Mr. Nelson's requested variance seeks to utilize public loading spaces, in lieu of providing each business use with a minimum of one off-street loading space. The requested variance is consistent with the practice of other businesses in the downtown central business district.

Special Use Permit:

A special use permit is requested to construct the proposed building in an area that is subject to flooding. The Village Code requires that an applicant comply with Chapter 195 Article VII Section 32 Subsections A-D. The proposed project will comply with each of these elements. The areas of special flood hazard for the proposed project located in the Village of Owego (Community Number 360840), is identified and defined on the FEMA Flood Insurance Rate Map Panel Number 36107C0382E. The base flood elevation (BFE) is identified as 814 feet. The first floor of the proposed building will be constructed 2.5 feet higher (816.5 feet) than the identified BFE. Additionally, per Mr. Nelson, there will be no tanks of liquid fuel or any other combustible material stored at the site, and tenants will not be permitted to store tanks of liquid fuel or any other combustible material either.

Motion

That the Village of Owego Planning Board approves the Site Plan Review application submitted by Bruce Nelson of 1803 Castle Gardens Road, Vestal, NY 13850 for the property located at

200-204 Front Street, Owego, NY 13827 on condition that any damage to the Riverwalk as a result of construction activities shall immediately be repaired as directed by the Village of Owego Superintendent Public Works;

That the Village of Owego Planning Board grants a waiver from the off-street parking requirements of Section 195-112.A and B of the Village of Owego Zoning Code;

That the Village of Owego Planning Board recommends approval to the Zoning Board of Appeals for the area variances and special use permit applications by Bruce Nelson of 1803 Castle Gardens Road, Vestal, NY 13850 for the property located at 200-204 Front Street, Owego, NY 13827, as presented;

That the Village of Owego Planning Board declares itself as Lead Agency for purposes of the State Environmental Quality Review;

That the Village of Owego Planning Board issues a negative declaration under the State Environmental Quality Review Act, as set forth in the attached Environmental Assessment Forms.

#### Outcome

The Planning Board voted four in favor to approve the site plan review application made by Bruce Nelson on condition that any damage to the Riverwalk as a result of construction activities shall immediately be repaired as directed by the Village of Owego Superintendent Public Works.

The Planning Board voted four in favor to grant the waiver from off-street parking requirements.

The Planning Board also voted four in favor to recommend approval to the Zoning Board of Appeals for the area variances and special use permit applications made by Bruce Nelson.

The Planning Board voted four in favor to declare itself as Lead Agency for purposes of the State Environmental Quality Review;

The Planning Board voted four in favor to issue a negative declaration under the State Environmental Quality Review Act.




Don Sargent  
Planning Board  
Village of Owego

This Decision has been duly filed  
In the Office of the Village Clerk  
On \_\_\_\_\_





**Legend**

 Targeted Properties  
200-204 Front Street, Owego

150 75 0 150 Feet





200-204 FRONT STREET, OWEGO, NY



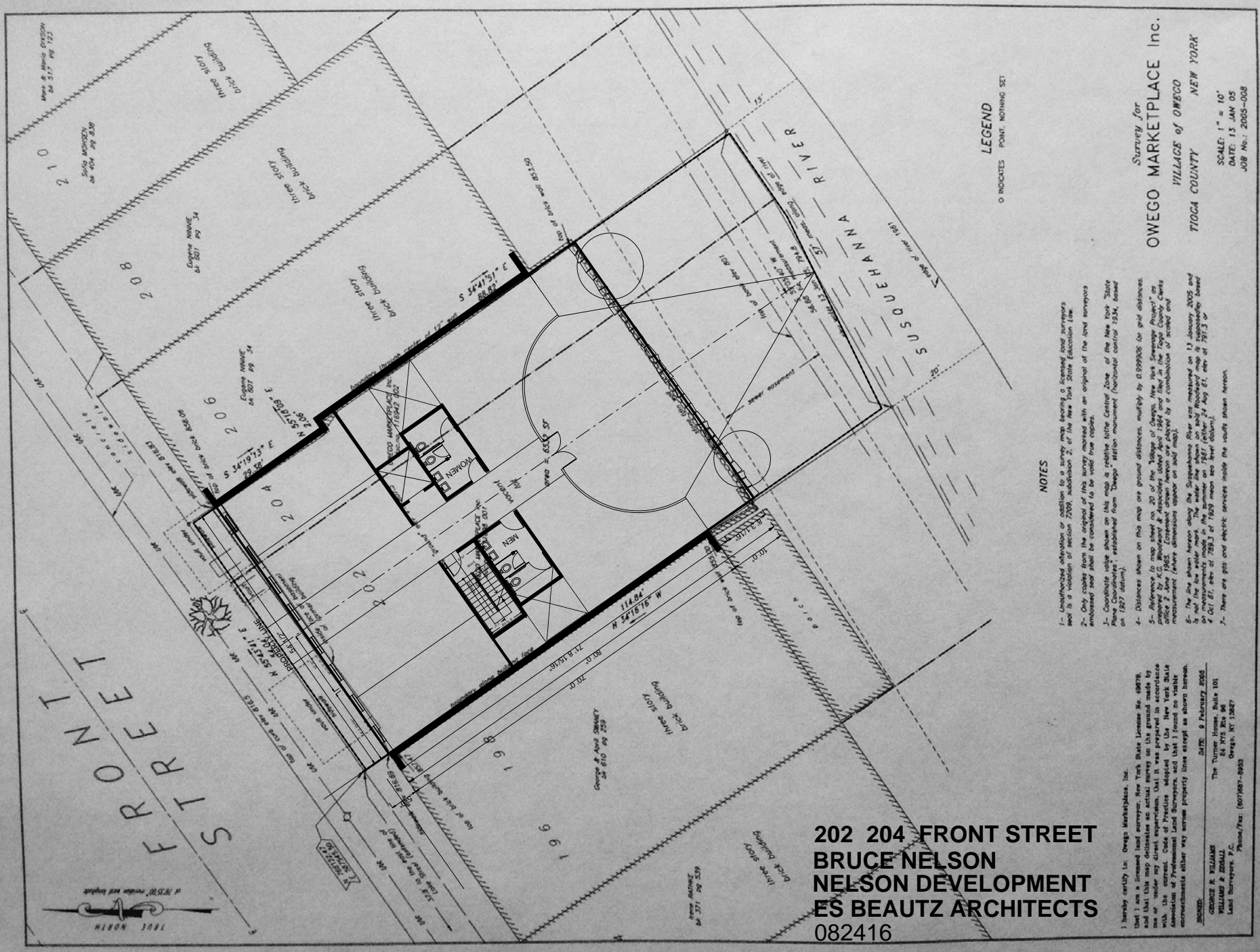
200-204 FRONT STREET, OWEGO, NY





200-204 FRONT STREET, OWEGO, NY





**LEGEND**  
 O INDICATES POINT, NOTHING SET

**NOTES**

- 1- Identified elevation of building is a former map bearing is former land surveys and is a location of section 2004, subsection 2, of the New York State Election Law.
- 2- Only copies from the original of this survey marked with an original of the land surveys increased their size for comparison to be used for maps.
- 3- Coordinate value shown on this map is relative to the Central Zone of the New York State Survey System, established from Owego Station monument (horizontal control 1934, based on 1827 datum).
- 4- Distances shown on this map are ground distances, multiply by 0.999026 for grid distances.
- 5- Reference to map sheet no. 20 of the Village of Owego, New York Sewerage Project, an office of the Owego Sewerage Association dated April 1967 and filed in the Tappan County Clerk's office by the Owego Sewerage Association, dated April 1967, by a combination of actual and measurement, (where dimensions appear on said map).
- 6- The line shown across the Susquehanna River was measured on 13 January 2005 and is not the low water mark. The water line shown on said (referred) map is substantially lower than the low water mark in the summer of 1987, (after 24 Aug 87, date of 791.3 or 4.41.87, date of 793.3 or 1.829 mean sea level datum).
- 7- There are gas and electric services inside the vaults shown hereon.

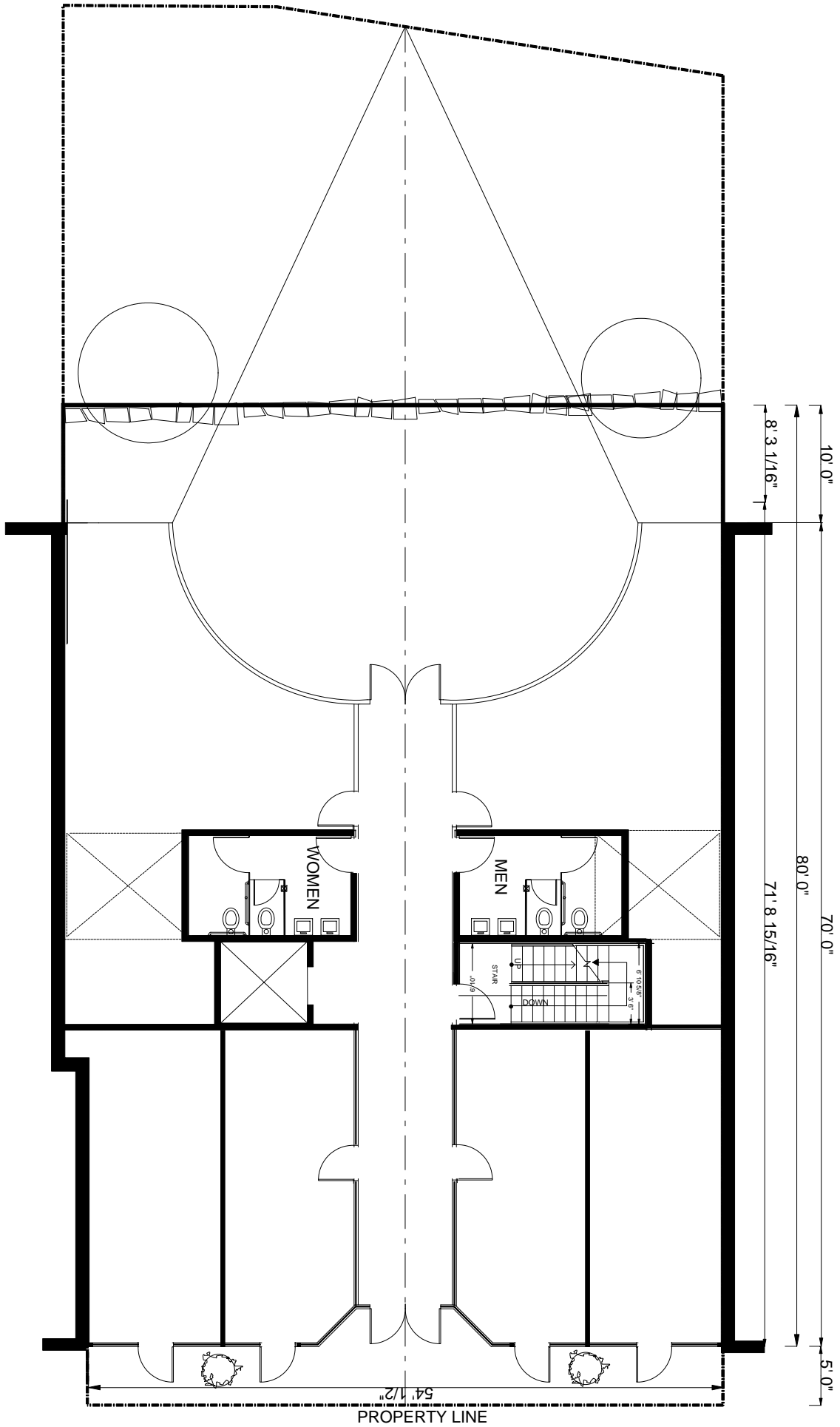
I hereby certify that Owego Marketplace, Inc. had been a licensed land surveyor, New York State License No. 44879, and that this map was made by me or under my direct supervision and that it is in accordance with the current Code of Practice adopted by the New York State Association of Professional Land Surveyors, and that I found no visible encroachments either way across property lines except as shown hereon.

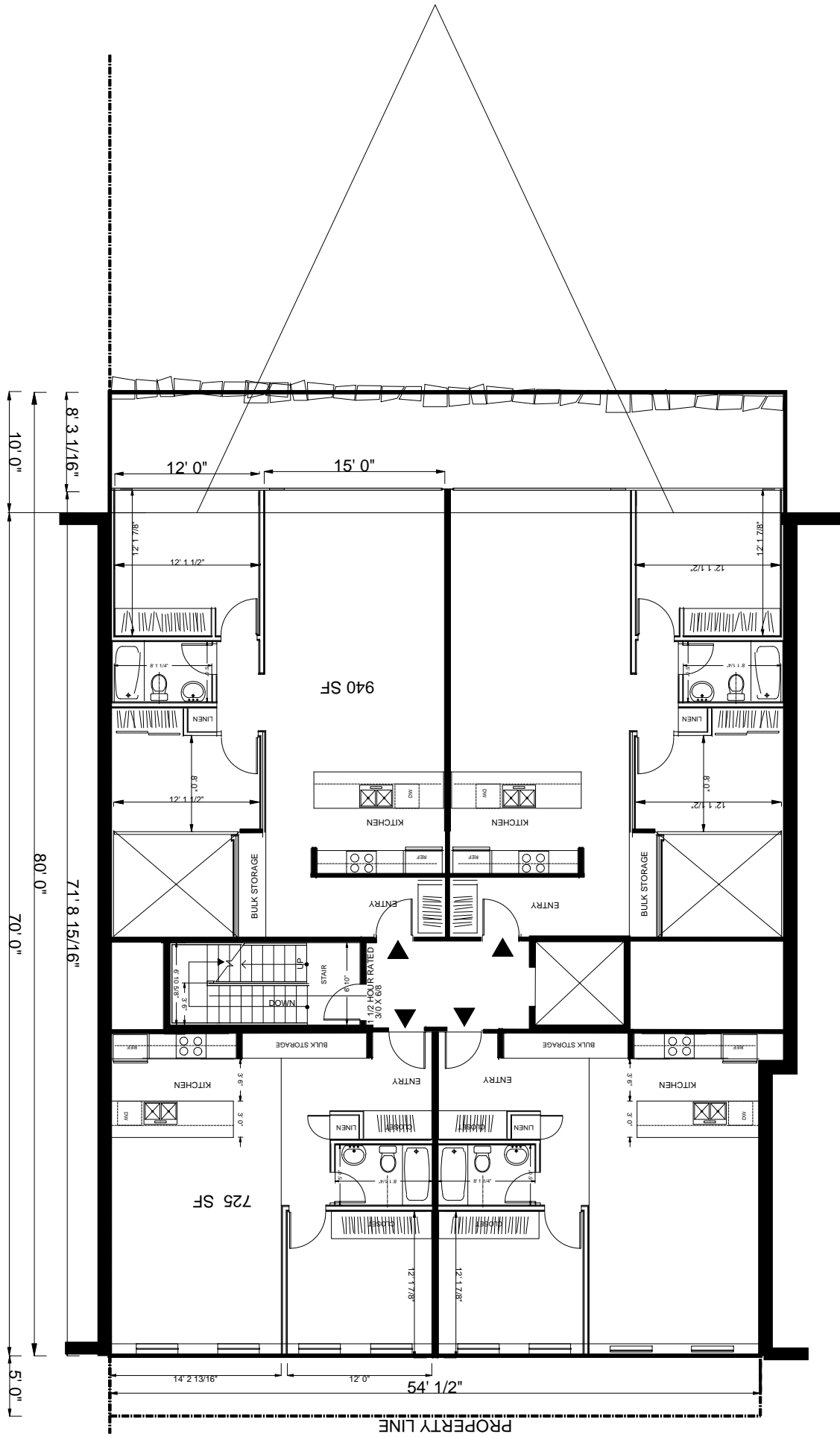
**DRAWN:** GEORGE B. WILLIAMS  
**DATE:** 9 February 2005  
**THE TURNER HOUSE, BUILDING 101**  
**WILLIAMSBURG, PENNSYLVANIA**  
 Land Surveyors, P.C.  
 Phone/Fax: (807)887-8953

**202 204 FRONT STREET**  
**BRUCE NELSON**  
**NELSON DEVELOPMENT**  
**ES BEAUTZ ARCHITECTS**  
**082416**

Survey for  
**OWEGO MARKETPLACE Inc.**  
 VILLAGE of OWEGO  
 TIOGA COUNTY NEW YORK

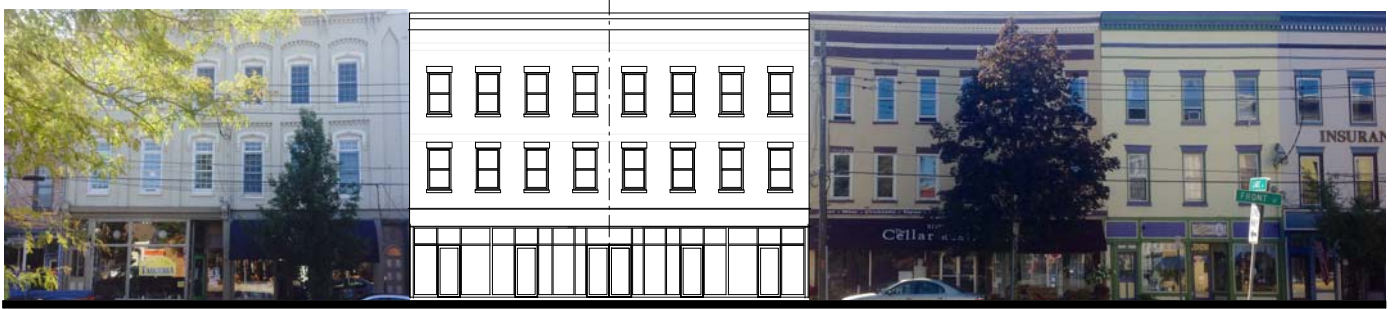
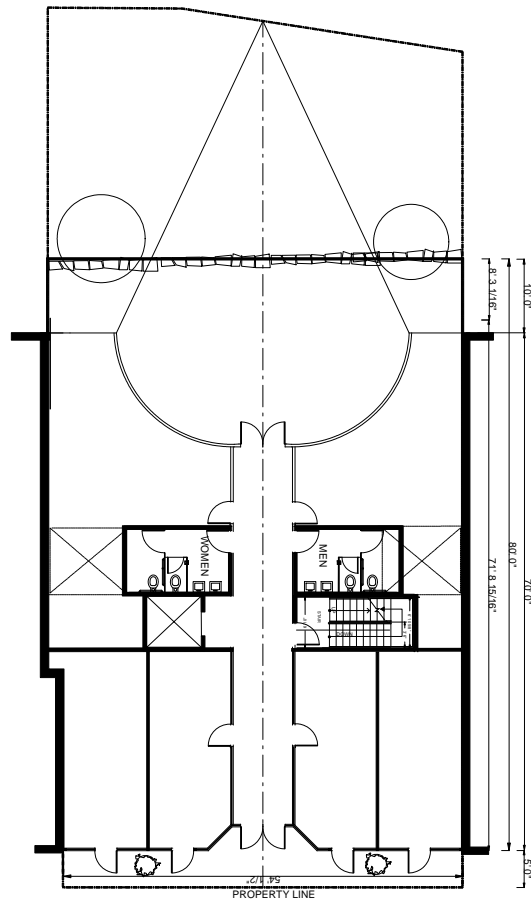
SCALE: 1" = 10'  
 DATE: 13 JAN 05  
 JOB No.: 2005-008





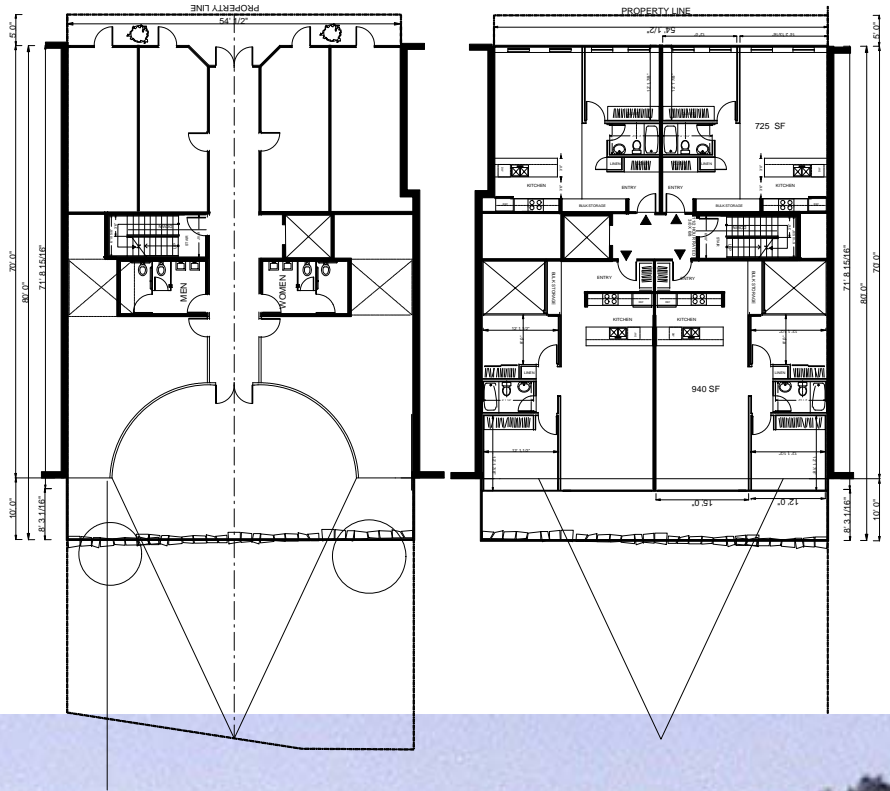
PROPERTY LINE





FRONT STREET ELEVATION

**202 204 FRONT STREET  
 BRUCE NELSON  
 NELSON DEVELOPMENT  
 ES BEAUTZ ARCHITECTS  
 082416**



RIVER ELEVATION

202 204 FRONT STREET  
 BRUCE NELSON  
 NELSON DEVELOPMENT  
 ES BEAUTZ ARCHITECTS  
 082416



## Materials List

### *Roof*

- EPDM roofing

### *Drainage*

- surface roof drainage will be utilized as a green solution to water in a planted area between the Riverwalk and the stone wall on site

### *Foundation*

- concrete foundation of conventional footings at the required elevations

## Front Elevation

### *1<sup>st</sup> Floor*

- primarily commercial storefront glass
- horizontal steel lintel beam above glass storefront, which is similar to adjacent buildings

### *2<sup>nd</sup> and 3<sup>rd</sup> Floor*

- conventional red brick at second and third floor, similar to other adjacent buildings, with brick details at head and sill.
- brick field double hung punch windows
- use detail that shows configuration at the top of the building – compatible brick detailing at cornice level

## Rear Elevation

### *1<sup>st</sup> Floor*

- primarily relative commercial glass and aluminum framing on public space

### *2<sup>nd</sup> and 3<sup>rd</sup> Floor*

- primarily glass on the apartments



September 27<sup>th</sup>, 2016

Bruce R. Nelson  
1803 Castle Gardens Road  
Vestal NY 13850

**Commitment Letter Cover Letter**

The purpose of this cover letter is to provide an outline of the total of two million five hundred thousand dollars (\$2,500,000) that is available as bridge/interim construction financing for Bruce R. Nelson to complete the "Gateway Project" 200-204 Front Street, Owego NY 13827. In addition, it also outlines the remaining principal of four hundred thousand dollars (\$400,000) that is estimated to remain after all grant funding has been received.

The funding will be available as follows:

1. Five hundred thousand dollars (\$500,000) is currently available under an existing line of credit.
2. Two million dollars (\$2,000,000) is being offered under a new commitment from NBT Bank, N.A. This two million dollar commitment allows for the Borrower to reduce the principal balance with the receipt of grants and other funding to four hundred thousand dollars (\$400,000.00) of permanent financing. The formal commitment letter is attached.

Please direct all questions to Kellyanne Truesdale at the address here and above set forth or at telephone number 607-797-8466.

Very truly yours,

A handwritten signature in black ink, appearing to read "Kellyanne Truesdale", written over a horizontal line.

Kellyanne Truesdale  
Assistant Vice President  
Business Banking Officer

*Confidential*



September 27, 2016

Bruce R. Nelson  
1803 Castle Gardens Road  
Vestal, NY 13850

Re: \$2,000,000 Commercial Loan Secured by Mortgage on Real Estate Located at 231 Main Street  
Owego, New York (the "Premises")

### LETTER OF OFFER OF COMMITMENT

Dear Mr. Nelson:

NBT Bank (the "Lender") is pleased to inform you that it has approved your request for a two million dollar \$ 2,000,000 loan (the "Loan") to be made to the Borrower (as defined below), which Loan is to be evidenced by a note in that principal amount (the "Note"), and secured by, among other things, a first mortgage (the "Mortgage") encumbering the Premises, on the following terms and conditions:

**Borrower:** Nelson Development Group, LLC or entity to be formed (the "Borrower").

**Type:** A) Real Estate secured Time Note

B) Permanent mortgage loan

**Amount of Loan:** A) Two Million Dollars (\$2,000,000), but in no event more than seventy five percent (75%) of the appraised value of the Premises as determined by an appraisal meeting the requirements outlined in Appraisal Requirements below.

B) Four Hundred Thousand Dollars (\$400,000).

**Rate of Interest:** A) Variable rate of interest equal to the Prime Rate as published in the Wall Street Journal, which rate of interest shall change as of the effective date of any change in the Prime Rate (the "Variable Rate"). Interest shall be computed on the basis of a 360 day year over the actual number of days elapsed in an interest period.

B) The Borrower shall have the option of a Variable rate as defined above, or the option of a Fixed Rate. The fixed rate of interest will be 4.75% per annum fixed from the date of conversion to permanent financing (the "Conversion Date") for forty two months (42).. Interest shall be computed on the basis of a 360 day year over the actual number of days elapsed in an interest period



The Borrower shall choose between the Variable Rate and the Fixed Rate options by giving the Lender irrevocable written notice not later than three business days before the Conversion Date. If such notice shall not have been received by the Lender from the Borrower, the Variable Rate option shall go into effect.

- Term:** A) Interest only for up to eighteen (18) months.  
B) Forty two (42) months from the Conversion Date.

- Amortization:** A) None.  
B) One hundred sixty two (162) months.

- Repayment:** A) Interest only monthly in arrears  
B) Monthly payments of principal and interest based on the amortization.

**Pre-Payment:** None

**Purpose of Loan:** The funds will be used for the construction of a mixed use building at 200 Front Street, Owego, NY.

**Collateral:** A & B) First mortgage on the property located at 231 Main Street, Owego, NY ("the Premises").

The Bank shall require the assignment of all leases and rents on the Premises. The Borrower shall provide copies of all commercial leases affecting the Premises and a copy of the Premises' rent roll to the Lender or the Lender's counsel at least seven (7) business days prior to the Closing Date). The leases shall be in form and substance satisfactory to the Lender, and subordinate to the lien of the Mortgage.

The Borrower shall execute and deliver to the Lender no later than the Closing Date, such security agreements as the Lender's counsel shall prepare in order to grant the Lender a first lien on all items of personal property and fixtures to be placed upon or used in connection with the Premises, including, but not limited to, such financing statements and other documents as are required to comply with, and create, attach and perfect a first security interest under the Uniform Commercial Code

**Expiration of Offer of Commitment:** 30 days from the date hereof.

**Commitment Fee:** Two Thousand Dollars (\$ 2,000) which shall be due at closing.

**Appraisal Requirements:** An appraisal of the Premises prepared by an appraiser designated by the Lender, in form and substance acceptable to the Lender, must be





delivered to the Lender at least fifteen (15) business days prior to the Closing Date. The cost of the appraisal shall be borne by the Borrower.

**Environmental Assessment:** An environmental assessment, within the scope of the current ASTM standards, of the Premises, prepared by an environmental consultant approved by the Lender, in form and substance acceptable to the Lender, must be delivered to the Lender or the Lender's counsel at least fifteen (15) business days prior to the Closing Date. The Lender reserves the right, in its sole and absolute discretion, to retain, at the Borrower's expense, an independent professional consultant to review any report prepared on behalf of or by the Borrower and/or to conduct its own investigation of the Premises, and the Borrower hereby grants to the Lender, its agents, employees, consultants and contractors the right to enter upon the Premises and to perform such tests on the premises as are necessary to conduct such a review or investigation. The Borrower and all Guarantors (as defined below) shall execute any and all documentation concerning environmental issues as the Lender may request, and such documentation shall include, but not be limited to, an indemnification that shall survive foreclosure or a conveyance made pursuant to a deed in lieu of foreclosure, and such documentation shall be satisfactory to the Lender and the Lender's counsel.

**Tax/Insurance Escrow:** Not required.

**Insurance:** (i) All-risk insurance policy issued by a company satisfactory to the Lender in its sole and absolute discretion, with extended coverage insuring the Premises in at least an amount equal to 100% of the insurable value of the Premises, with a standard New York mortgagee clause endorsement in favor of NBT Bank, its successors and/or assigns, 52 South Broad Street, Norwich, New York 13815, which must be furnished to the Lender at least fifteen (15) business days prior to the Closing Date; and (ii) a general public liability insurance policy satisfactory to Lender in its sole and absolute discretion must be furnished to the Lender at least fifteen (15) business days prior to the Closing Date.

**Flood Zone Certification:** If the Premises are located in a Special Flood Hazard Area, a policy or binder with proof of purchase of flood insurance naming the Lender as first mortgagee must be delivered to the Lender no later than the Closing Date. A flood zone certification must be furnished to the Lender at least fifteen (15) business days prior to the Closing Date.

**Title Insurance/Survey:** A policy of mortgagee title insurance in form and substance satisfactory to the Lender and the Lender's counsel in the amount of the Mortgage and issued by a company or companies (including title abstract companies) acceptable to the Lender and Lender's counsel, must be delivered to the Lender on the Closing Date. Lender's counsel shall be provided with a preliminary title report at least seven (7) business days prior to the Closing Date. The title insurance fees are set by state statute.



**Guarantors:** Nelson Development Group, LLC and Bruce R. Nelson (the "Guarantors") shall provide unlimited, joint and several guarantee of payment of the Loan and all liabilities and obligations of the Borrower to the Lender of whatever nature, which guaranty shall be in form and substance satisfactory in all respects to the Lender and Lender's counsel.

**Financial Statements:** As soon as available, but on no event later than thirty (30) days after the applicable filing date, furnish the Lender with Tax Returns for the Borrower and all Guarantors. Borrower shall cause its Personal Guarantors to furnish Lender with an Updated Personal Financial Statement satisfactory to the Lender.

- Financial Covenants:**
- 1) Borrower shall provide a copy of annual rent rolls satisfactory to the Lender.
  - 2) Borrower shall provide draw requests supported by AIA requisition form G702 & 703, signed by an architect and invoices for any soft costs.
  - 3) Borrower shall provide, prior to closing, copies of all applicable permits and approvals associated with the 200 Front Street Owego, NY project.
  - 4) Borrower shall provide, prior to closing, copies of all applicable grant awards and loan commitment letters associated with the 200 Front Street Owego, NY project.
  - 5) Borrower shall maintain their primary operating accounts with NBT Bank, N.A.

**Cross Default:** The Loan documents shall specify that a default under any other loan to the Borrower or any Guarantor, whether made by the Lender or any other creditor, shall constitute a default under the Loan.

**Additional Terms and Conditions:** This Loan shall be closed in accordance with the Lender's standard commercial mortgage loan documents, copies of which will be made available upon request.

**General Conditions:** All instruments and documents required hereby or affecting the Premises and/or the Improvements, securing the Loan or relating to the Borrower's and Guarantor's (the "Obligors") capacity or authority to enter into the Loan transactions and to execute and perform pursuant to the terms and provisions of the Loan Documents and such other documents, instruments, certificates, opinions, (including, but not limited to, the Obligors' attorneys' legal opinion), assurances, consents and approvals as the Lender or the Lender's counsel may request and all procedures connected therewith shall be subject to the approval of the Lender and the Lender's counsel.





Anything contained in this letter or the Loan Documents to the contrary notwithstanding, the Obligors shall indemnify and hold the Lender harmless and defend the Lender at the Obligors' sole cost and expense against any loss or liability, cost or expense (including, but not limited to, title insurance premiums or charges and reasonable fees and disbursements of the Lender's counsel) and all claims, actions, procedures and suits arising out of or in connection with:

1. This letter and any ongoing matters arising out of the transactions contemplated by this letter, the Note, the Mortgage or any other document or instrument now or hereafter executed and/or delivered in connection with the Loan (the "Loan Documents") including, but not limited to, all costs of any reappraisals of the Premises or any other collateral for the Loan;
2. Any amendment to, or restructuring of, the Loan and the Loan Documents;
3. Any and all lawful actions that may be taken by the Lender in connection with the enforcement of the provisions of the Note, the Mortgage or any of the other Loan Documents, whether or not suit is filed in connection with the same, or in connection with any of the Obligors and/or any partner, joint venturer or shareholder thereof becoming a party to a voluntary or involuntary Federal or state bankruptcy, insolvency of similar proceeding.

All sums expended by the Lender on account of any of the foregoing items shall be payable on demand and, until reimbursed by the Obligors, shall (if the Loan closes, be deemed additional principal of the Loan and shall bear interest at the default interest rate set forth in the Note.)

The Obligors will bear all closing costs, including the Lender's counsel's fees, recording fees, mortgage tax, title insurance premiums and fees, environmental audit fees, appraisal fees, survey fees and charges, insurance fees and charges and bond premiums. The Obligors confirm that the Lender shall not be required to pay any brokerage fees or commissions arising from the issuance of this letter or the making of the Loan, and the Obligors agree to defend, indemnify and hold the Lender harmless from and against any and all such claims. The Obligors' obligations hereunder shall survive closing or termination of this letter.

The obligation of the Lender to make the Loan is subject to:

1. Receipt by the Lender of the Obligors' written acceptance of this letter within thirty (30) days from the date hereof and
2. Receipt by the Lender, with such acceptance, of the commitment fee as set forth above. The Lender may terminate this letter if, except as otherwise provided herein:



- (A) The Loan, or any other feature of the Loan has been or is misrepresented by any of the Obligors in any application therefor and delivered by any of the Obligors to the Lender with respect to the Loan, or otherwise;
- (B) Any adverse change or damage shall occur with respect to any portion of the Premises and/or the Improvements, including, but not limited to, any change of access to the Premises;
- (C) At any time prior to the Closing Date, any adverse change shall occur with respect to any of the Obligors, any major tenant of the Premises, indemnitors or with respect to any other person or entity connection with the Loan or any collateral for the Loan or other source of repayment of the Loan;
- (D) Any part of the Premises shall have been taken in condemnation or other like proceedings, or any such proceeding as pending at the time of the Closing Date; or
- (E) Any of the Obligors or indemnitors, or other person or entity connected with the Loan, shall be insolvent or involved in any arrangement, bankruptcy, reorganization, or insolvency proceeding.

If the foregoing terms and conditions are acceptable, please indicate your agreement to, and acceptance of, this letter by executing and returning to us a copy of this letter within thirty (30) days from the date hereof. In the event that a signed copy of this letter is not received within such period, then, at the option of the Lender, the offer of commitment contained in this letter will be of no force or effect.

The closing of the Loan shall be held on a date within 180 days from the date hereof. Unless the closing of the Loan is held within such period, the Lender's obligations hereunder, at the Lender's option, will terminate. The Obligor's will pay all out of pocket expenses incurred by the Lender, including, but not limited to, appraisal fees, environmental audit fees, title insurance fees and charges and legal fees and disbursements.

No statements, agreements, or representations, oral or written, that may have been made either by the Lender, or by any employee, agent, or broker acting on behalf of the Lender with respect to this letter or the Loan, shall be of any force or effect except to the extent stated in this letter and all prior agreements and representations with respect to this letter and the Loan are merged herein so that this letter shall contain the entire agreement with respect to the Loan. This letter may not be:

1. Changed, except by written agreement signed by the Obligors and the Lender; or





- Assigned by the Obligors by agreement, operation of law, or otherwise, unless the Lender shall consent, in writing, to such assignment. Any purported assignment without the Lender's written consent shall be ineffective and, at the Lender's option, result in a termination of the offer of commitment contained in this letter.

Please direct all questions regarding this offer to Kellyanne Truesdale at the address here and above set forth or at telephone number 607-797-8466.

Very truly yours,

**NBT Bank**

By: 

Kellyanne Truesdale, AVP and Business Banking Officer

Accepted and Agreed to this 28 day of ~~October~~ <sup>Sept</sup> 2016

**Nelson Development, LLC or entity to be formed** 

By: 

The undersigned Guarantors join in and accept and agree to the terms and conditions of this letter.

  
Bruce R. Nelson, Guarantor

  
Nelson Development Group, LLC, Guarantor

**IRS e-file Signature Authorization**

Department of the Treasury  
Internal Revenue Service

▶ 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).

**2014**

Submission Identification Number (SID) ▶ 16234220151032030419

Taxpayer's name <b>BRUCE R NELSON</b>	Social security number 059-54-1749
Spouse's name	Spouse's social security number

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

<b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	<b>1</b>	480,614.
<b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	<b>2</b>	156,272.
<b>3</b> Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	<b>3</b>	
<b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	<b>4</b>	
<b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	<b>5</b>	134,126.

**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 Wayne H. Piotti to enter or generate my PIN as my signature on my tax year 2014 electronically filed income tax return.

4 1 7 4 9

Enter five digits, but do not enter all zeros

I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

I authorize \_\_\_\_\_ to enter or generate my PIN 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 ▶ \_\_\_\_\_

**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.

1 6 2 3 4 2 0 8 0 4 9

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 ▶ 06/24/2016

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

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

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

059-54-1749

Taxpayer name BRUCE R NELSON

Taxpayer address (optional)

252 GREENWOOD ROAD

LISLE NY 13797

1.  Your federal income tax return for 2014 was filed electronically with the Andover Submission Processing Center. The electronic filing services were provided by Wayne H. Piotti.
2.  Your return was accepted on 04/13/2015 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 16234220151032030419.
3.  Your return was accepted on \_\_\_\_\_ . Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4.  Your electronic funds withdrawal payment was accepted.
5.  Your electronic funds withdrawal payment was not accepted. You must pay the balance due by the prescribed due date. Refer to the "If You Owe Tax" section.
6.  Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on \_\_\_\_\_ . The Submission ID assigned to your extension is \_\_\_\_\_ .

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

### If You Need to Make a Change to Your Return

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

### If You Need to Ask About Your Refund

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

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

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The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

### **If You Owe Tax**

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to [www.irs.gov/e-pay](http://www.irs.gov/e-pay).

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to [www.irs.gov](http://www.irs.gov). You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

### **If You Need to Inquire About Your Electronic Funds Withdrawal Payment**

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

### **Tax Refund Related Financial Products**

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

IF you live in . . .	THEN use this address to send in your payment . . .
Florida, Louisiana, Mississippi, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704
Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
Alabama, Georgia, Kentucky, New Jersey, North Carolina, South Carolina, Tennessee, Virginia	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New York, Pennsylvania, Rhode Island, Vermont, West Virginia	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-7008
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands.	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury  
Internal Revenue Service (99)

**2014**

**Form 1040-V Payment Voucher**

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment . . . . . ▶	<b>134,126.</b>
--	-----------------

REV 10/16/14 PRO 1555

**BRUCE R NELSON**  
  
**252 GREENWOOD ROAD**  
**LISLE NY 13797**

**INTERNAL REVENUE SERVICE**  
**P.O. BOX 37008**  
**HARTFORD, CT 06176-7008**

059541749 ST NELS 30 0 201412 610

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning \_\_\_\_\_, 2014, ending \_\_\_\_\_, 20

Your first name and initial: **BRUCE R** Last name: **NELSON** Your social security number: **059-54-1749**

If a joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Spouse's social security number: \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. **252 GREENWOOD ROAD** Apt. no. \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **LISLE NY 13797**

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

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

**Filing Status**

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

Check only one box.

**Exemptions**

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

b  Spouse . . . . .

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 (see instructions)
(1) First name	Last name			
JAKOB	NELSON	120-94-3450	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

**Boxes checked on 6a and 6b** 1

**No. of children on 6c who:**

- lived with you 1
- did not live with you due to divorce or separation (see instructions) \_\_\_\_\_

**Dependents on 6c not entered above** \_\_\_\_\_

**Add numbers on lines above** 2

d Total number of exemptions claimed . . . . .

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	24,168.
b	Tax-exempt interest. Do not include on line 8a . . . . .	8b	
9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a	
b	Qualified dividends . . . . .	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	0.
11	Alimony received . . . . .	11	
12	Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	124,184.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	-1,569.
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	341,677.
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 <u>NYS QEZE RE TAX REFUND FROM 2013</u>	21	9,875.
22	Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶	22	498,335.

**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	8,774.
28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	
29	Self-employed health insurance deduction . . . . .	29	8,947.
30	Penalty on early withdrawal of savings . . . . .	30	
31a	Alimony paid b Recipient's SSN ▶ _____	31a	
32	IRA deduction . . . . .	32	
33	Student loan interest deduction . . . . .	33	
34	Tuition and fees. Attach Form 8917 . . . . .	34	
35	Domestic production activities deduction. Attach Form 8903 . . . . .	35	
36	Add lines 23 through 35 . . . . .	36	17,721.
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶	37	480,614.



<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	480,614.
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1950, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes</b> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1950, <input type="checkbox"/> <b>Blind.</b> } <b>checked</b> ▶ <b>39a</b> <input type="checkbox"/>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	8,359.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	472,255.
<b>42</b>	<b>Exemptions.</b> If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	<b>42</b>	0.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	472,255.
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	144,059.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	0.
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	144,059.
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other credits from Form: <b>a</b> <input checked="" type="checkbox"/> 3800 <b>b</b> <input checked="" type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	15,997.
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	15,997.
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	128,062.
<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	17,547.
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input checked="" type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	10,663.
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	156,272.
<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	
<b>65</b>	2014 estimated tax payments and amount applied from 2013 return	<b>65</b>	22,146.
<b>66a</b>	<b>Earned income credit (EIC)</b>	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election <b>66b</b>		
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> Reserved <b>d</b> <input type="checkbox"/>	<b>73</b>	
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	22,146.
<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	<b>76a</b>	
<b>b</b>	Routing number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ▶ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
<b>77</b>	Amount of line 75 you want <b>applied to your 2015 estimated tax</b> ▶	<b>77</b>	
<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶	<b>78</b>	134,126.
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

**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 ▶ Wayne H. Piotti, CPA Phone no. ▶ (607) 749-2391 Personal identification number (PIN) ▶ 08049

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

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Your occupation **EXECUTIVE** Daytime phone number \_\_\_\_\_

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

**Paid Preparer Use Only**

Print/Type preparer's name Wayne H. Piotti, CPA Preparer's signature \_\_\_\_\_ Date 06/24/2016 Check  if self-employed PTIN P00846758

Firm's name ▶ WAYNE H. PIOTTI, CPA Firm's EIN ▶ 16-1240377

Firm's address ▶ 78 COPELAND AVE, BOX 333 HOMER NY 130779701 Phone no. (607) 749-2391

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

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

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

BRUCE R NELSON

059-54-1749

<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
<b>Medical and Dental Expenses</b>	<b>1</b> Medical and dental expenses (see instructions) . . . . .	<b>1</b>	3,270.
	<b>2</b> Enter amount from Form 1040, line 38 <b>2</b> 480,614.		
	<b>3</b> 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	<b>3</b>	48,061.
	<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	<b>4</b>	0.
<b>Taxes You Paid</b>	<b>5</b> State and local ( <b>check only one box</b> ):		
	<b>a</b> <input type="checkbox"/> Income taxes, or	<b>5</b>	2,845.
	<b>b</b> <input checked="" type="checkbox"/> General sales taxes		
	<b>6</b> Real estate taxes (see instructions) . . . . .	<b>6</b>	6,756.
	<b>7</b> Personal property taxes . . . . .	<b>7</b>	
	<b>8</b> Other taxes. List type and amount ►	<b>8</b>	
	-----		
	<b>9</b> Add lines 5 through 8 . . . . .	<b>9</b>	9,601.
	<b>Interest You Paid</b>	<b>10</b> Home mortgage interest and points reported to you on Form 1098	<b>10</b>
<b>11</b> 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 ►		<b>11</b>	
-----			
<b>12</b> Points not reported to you on Form 1098. See instructions for special rules . . . . .		<b>12</b>	
<b>13</b> Mortgage insurance premiums (see instructions) . . . . .		<b>13</b>	
<b>14</b> Investment interest. Attach Form 4952 if required. (See instructions.)		<b>14</b>	
<b>15</b> Add lines 10 through 14 . . . . .		<b>15</b>	
<b>Gifts to Charity</b>	<b>16</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	<b>16</b>	5,550.
	<b>17</b> Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	<b>17</b>	
	<b>18</b> Carryover from prior year . . . . .	<b>18</b>	
	<b>19</b> Add lines 16 through 18 . . . . .	<b>19</b>	5,550.
<b>Casualty and Theft Losses</b>	<b>20</b> Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	<b>20</b>	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	<b>21</b> Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	<b>21</b>	
	<b>22</b> Tax preparation fees . . . . .	<b>22</b>	
	<b>23</b> Other expenses—investment, safe deposit box, etc. List type and amount ►	<b>23</b>	
	-----		
	<b>24</b> Add lines 21 through 23 . . . . .	<b>24</b>	
	<b>25</b> Enter amount from Form 1040, line 38 <b>25</b>	<b>25</b>	
	<b>26</b> Multiply line 25 by 2% (.02) . . . . .	<b>26</b>	
<b>27</b> Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	<b>27</b>		
<b>Other Miscellaneous Deductions</b>	<b>28</b> Other—from list in instructions. List type and amount ►	<b>28</b>	
<b>Total Itemized Deductions</b>	<b>29</b> Is Form 1040, line 38, over \$152,525?		
	<input type="checkbox"/> <b>No.</b> 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.	}	8,359.
	<input checked="" type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
	<b>30</b> If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .		<input type="checkbox"/>





**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

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

► **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.**

OMB No. 1545-0074

**2014**  
Attachment  
Sequence No. **09**

Name of proprietor <b>BRUCE R NELSON</b>		Social security number (SSN) <b>059-54-1749</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>REAL ESTATE DEVELOPMENT</b>	<b>B</b> Enter code from instructions ► <b>5   3   1   3   9   0</b>	
<b>C</b> Business name. If no separate business name, leave blank. <b>NELSON DEVELOPMENT GROUP</b>	<b>D</b> Employer ID number (EIN), (see instr.) <b>2   6   3   2   5   5   0   2   7</b>	
<b>E</b> Business address (including suite or room no.) ► <b>1803 CASTLE GARDEN ROAD</b> City, town or post office, state, and ZIP code <b>VESTAL, NY 13850</b>		
<b>F</b> Accounting method: <b>(1)</b> <input checked="" type="checkbox"/> Cash <b>(2)</b> <input type="checkbox"/> Accrual <b>(3)</b> <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses . . . . .		<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>H</b> If you started or acquired this business during 2014, check here . . . . .		<input type="checkbox"/>
<b>I</b> Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) . . . . .		<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>J</b> If "Yes," did you or will you file required Forms 1099? . . . . .		<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**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 . . . . .	<b>1</b>	1,812,786.
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	1,812,786.
<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>	1,812,786.
<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>	1,812,786.

**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>	9,784.
<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>		<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>	867.	<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>	3,709.
<b>b</b> Other . . . . .	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions) . . . . .	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>	975.	<b>25</b> Utilities . . . . .	<b>25</b>	5,682.
<b>18</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	<b>18</b>		<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
<b>19</b> Tentative profit or (loss). Subtract line 18 from line 7 . . . . .	<b>19</b>		<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	1,791,546.
<b>20</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>20</b>		<b>27b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>21</b> <b>Net profit or (loss).</b> Subtract line 20 from line 19. • 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>21</b>		<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	<b>28</b>	1,812,563.
<b>22</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>22</b>		<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>	223.
	<b>22</b>		<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>22</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>	223.
	<b>22</b>		<b>32a</b> <input 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**

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

**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 2014, 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**

**47a** 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.

PROJECT COSTS .....		1,782,681.
TELEPHONE & INTERNET .....		7,929.
SMALL TOOLS .....		816.
DUES & SUBS .....		120.
.....		
.....		
.....		
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b>	1,791,546.

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

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

► **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.**

OMB No. 1545-0074

**2014**  
Attachment  
Sequence No. **09**

Name of proprietor <b>BRUCE R NELSON</b>		Social security number (SSN) <b>059-54-1749</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>CONOMINIUM SALES</b>	<b>B</b> Enter code from instructions ► <b>5   3   1   3   9   0</b>	
<b>C</b> Business name. If no separate business name, leave blank. <b>WATERS WORKS CENTER, LLC</b>	<b>D</b> Employer ID number (EIN), (see instr.) <b>4   5   5   3   3   9   0   2   2</b>	
<b>E</b> Business address (including suite or room no.) ► <b>1803 CASTLE GARDEN ROAD</b> City, town or post office, state, and ZIP code <b>VESTAL, NY 13850</b>		
<b>F</b> Accounting method: <b>(1)</b> <input checked="" type="checkbox"/> Cash <b>(2)</b> <input type="checkbox"/> Accrual <b>(3)</b> <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>H</b> If you started or acquired this business during 2014, check here <input checked="" type="checkbox"/>		
<b>I</b> Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
<b>J</b> If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

**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>	2,671,298.
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	2,671,298.
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	2,442,039.
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	229,259.
<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>	229,259.

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

<b>8</b> Advertising	<b>8</b>	56,228.	<b>18</b> Office expense (see instructions)	<b>18</b>	5,056.
<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>		<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>	7,139.	<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>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>	4,800.	<b>25</b> Utilities	<b>25</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>28</b>		<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>		<b>27a</b> Other expenses (from line 48)	<b>27a</b>	32,075.
<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>27b</b> <b>Reserved for future use</b>	<b>27b</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>				123,961.
<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)

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input checked="" type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)	
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b> _____
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b> 4,965,424.
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b> _____
<b>38</b>	Materials and supplies . . . . .	<b>38</b> _____
<b>39</b>	Other costs . . . . .	<b>39</b> _____
<b>40</b>	Add lines 35 through 39 . . . . .	<b>40</b> 4,965,424.
<b>41</b>	Inventory at end of year . . . . .	<b>41</b> 2,523,385.
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b> 2,442,039.

**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.

<b>43</b>	When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
<b>44</b>	Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:
<b>a</b>	Business _____
<b>b</b>	Commuting (see instructions) _____
<b>c</b>	Other _____
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use?. . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>47a</b>	Do you have evidence to support your deduction? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	If "Yes," is the evidence written? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

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

LICENSE & PERMITS	11,900.
FEES	20,175.
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>48 Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b> 32,075.

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2014**  
Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**  
▶ **Information about Schedule D and its separate instructions is at [www.irs.gov/scheduled](http://www.irs.gov/scheduled).**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

BRUCE R NELSON

Your social security number

059-54-1749

**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 . . . . .				
<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>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<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>6</b> ( 1,172. )
<b>7 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 the back . . . . .				<b>7</b> -1,172.

**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 . . . . .				
<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>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<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>14</b> ( 397. )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .				<b>15</b> -397.

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	-1,569.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions . . . ▶	<b>18</b>	
<b>19</b>	Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions . . . . . ▶	<b>19</b>	
<b>20</b>	Are lines 18 and 19 <b>both</b> zero or blank? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>	<b>21</b>	( 1,569. )
	<b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).  <input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.		



**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2014**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

▶ 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).

Name(s) shown on return

Your social security number

BRUCE R NELSON

059-54-1749

**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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	176 MAIN STREET OWEGO NY 13827				
<b>B</b>	231 MAIN STREET OWEGO NY 13827				
<b>C</b>	(401) MONTOUR FALLS HOUSE MONTOUR FALLS NY 14865				
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	2		365	0	<input type="checkbox"/>
<b>B</b>	8		365	0	<input type="checkbox"/>
<b>C</b>	8		365	0	<input type="checkbox"/>

**Type of Property:** COMMCL & RESIDENTIAL COMMCL & RESIDENTIAL

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

Income:	Properties:	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b>	100,413.	347,665.	209,137.
<b>4</b> Royalties received . . . . .	<b>4</b>			
<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>	10,015.	12,948.	6,415.
<b>8</b> Commissions. . . . .	<b>8</b>			1,050.
<b>9</b> Insurance . . . . .	<b>9</b>	3,130.	8,373.	5,722.
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>		2,000.	
<b>11</b> Management fees . . . . .	<b>11</b>	13,219.	28,320.	15,330.
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>		37,417.	29,458.
<b>13</b> Other interest. . . . .	<b>13</b>			
<b>14</b> Repairs. . . . .	<b>14</b>	20,030.	25,897.	13,024.
<b>15</b> Supplies . . . . .	<b>15</b>			
<b>16</b> Taxes . . . . .	<b>16</b>	14,975.	26.	1,836.
<b>17</b> Utilities. . . . .	<b>17</b>	7,572.	25,475.	7,048.
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>	16,033.	18,714.	21,338.
<b>19</b> Other (list) ▶ See Line 19 Other Expenses	<b>19</b>	11,710.	22,624.	13,089.
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	96,684.	181,794.	114,310.
<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 <b>Form 6198</b> . . . . .	<b>21</b>	3,729.	165,871.	94,827.
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	( )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		904,693.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		80,144.	
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		119,826.	
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		582,305.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>			322,388.
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b>	( )		( )
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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>			322,388.



**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2014**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

BRUCE R NELSON

059-54-1749

**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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	208 W BROADWAY MONTAUR FALLS NY 14865				
<b>B</b>	65 SALT POINT ROAD WATKINS GLEN NY 14891				
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	2		365	0	<input type="checkbox"/>
<b>B</b>	2		365	0	<input type="checkbox"/>
<b>C</b>					<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>	166,626.	80,852.	
<b>4</b> Royalties received . . . . .	<b>4</b>			
<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>	5,306.		
<b>8</b> Commissions. . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>	4,325.	5,629.	
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>	12,147.	14,157.	
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>	13,269.		
<b>13</b> Other interest. . . . .	<b>13</b>			
<b>14</b> Repairs. . . . .	<b>14</b>	10,611.	2,681.	
<b>15</b> Supplies . . . . .	<b>15</b>			
<b>16</b> Taxes . . . . .	<b>16</b>	8,262.	7,862.	
<b>17</b> Utilities. . . . .	<b>17</b>	10,448.	11,340.	
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>	36,291.	27,450.	
<b>19</b> Other (list) ▶ See Line 19 Other Expenses	<b>19</b>	13,878.	5,861.	
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	114,537.	74,980.	
<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 <b>Form 6198</b> . . . . .	<b>21</b>	52,089.	5,872.	
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (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>			
<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> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b>	( )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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>			

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

Your social security number

BRUCE R NELSON

059-54-1749

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

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

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Row A: CASTLE GARDENS MANAGEMENT, LLC, P, [ ], 46-4386353, [ ]

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Row 29a Totals: 19,289. Row 30: 19,289. Row 31: ( ). Row 32: 19,289.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Row A: [ ], [ ]

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Row 34a Totals: [ ], [ ], [ ], [ ]. Row 35: [ ], [ ]. Row 36: ( ). Row 37: [ ], [ ].

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 38: [ ], [ ], [ ], [ ], [ ]. Row 39: [ ], [ ].

Part V Summary

Table with 2 columns: Description, Amount. Row 40: Net farm rental income or (loss) from Form 4835. Row 41: Total income or (loss). Row 42: Reconciliation of farming and fishing income. Row 43: Reconciliation for real estate professionals.

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2014**  
Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

► **Information about Schedule SE and its separate instructions is at [www.irs.gov/schedulese](http://www.irs.gov/schedulese).**  
► **Attach to Form 1040 or Form 1040NR.**

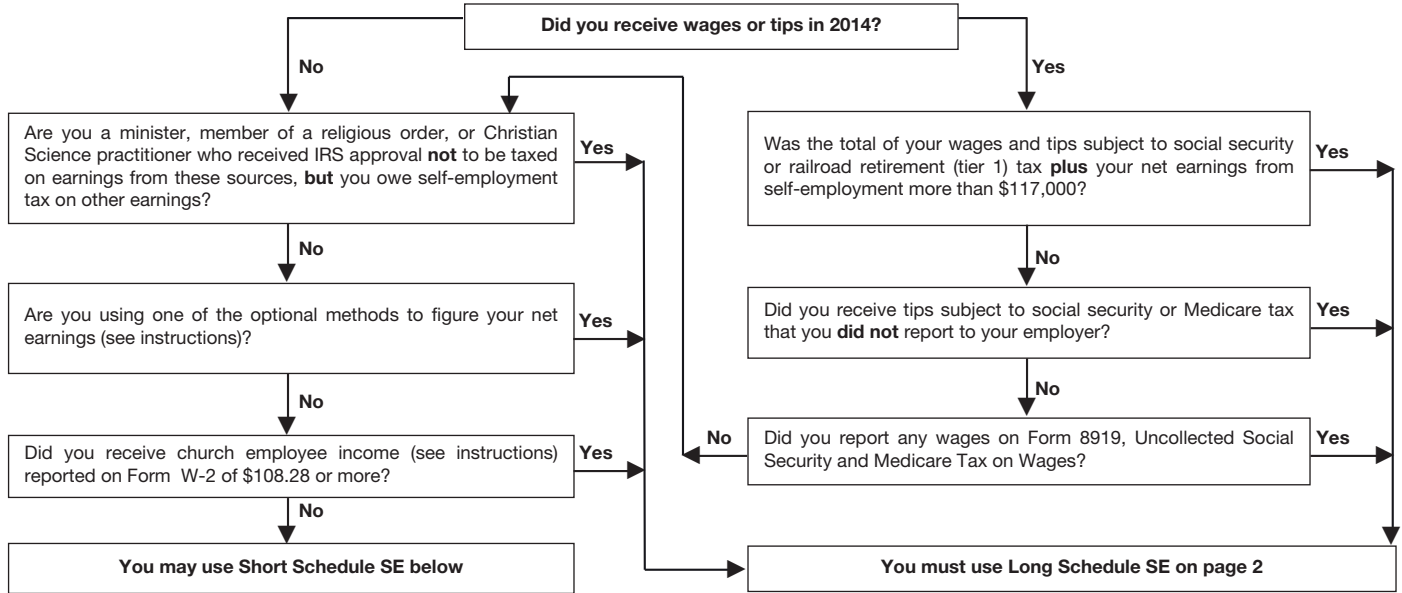
Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)  
BRUCE R NELSON

Social security number of person  
with **self-employment** income ► 059-54-1749

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note.** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z . . . . .	<b>1b</b> ( )	
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	124,184.
<b>3</b> Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	124,184.
<b>4</b> Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; <b>do not</b> file this schedule unless you have an amount on line 1b . . . . . ► <b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	<b>4</b>	114,684.
<b>5 Self-employment tax.</b> If the amount on line 4 is: • \$117,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on <b>Form 1040, line 57,</b> or <b>Form 1040NR, line 55</b> • More than \$117,000, multiply line 4 by 2.9% (.029). Then, add \$14,508 to the result. Enter the total here and on <b>Form 1040, line 57,</b> or <b>Form 1040NR, line 55</b> . . . . .	<b>5</b>	17,547.
<b>6 Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.50). Enter the result here and on <b>Form 1040, line 27,</b> or <b>Form 1040NR, line 27</b> . . . . .	<b>6</b>	8,774.

Department of the Treasury  
Internal Revenue Service (99)

► 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.

**2014**  
Attachment  
Sequence No. **22**

Name(s) shown on return

BRUCE R NELSON

Identifying number

059-54-1749

**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)

<b>1</b>	General business credit from line 2 of all Parts III with box A checked . . . . .	<b>1</b>	
<b>2</b>	Passive activity credits from line 2 of all Parts III with box B checked <input type="text" value="2"/>		
<b>3</b>	Enter the applicable passive activity credits allowed for 2014 (see instructions) . . . . .	<b>3</b>	
<b>4</b>	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 . . . . .	<b>4</b>	403,465.
<b>5</b>	Carryback of general business credit from 2015. Enter the amount from line 2 of Part III with box D checked (see instructions) . . . . .	<b>5</b>	
<b>6</b>	Add lines 1, 3, 4, and 5 . . . . .	<b>6</b>	403,465.

**Part II Allowable Credit**

<b>7</b>	Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 . . . . . • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return . . . . . • 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 . . . . .	<b>7</b>	144,059.
<b>8</b>	Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 35 . . . . . • Corporations. Enter the amount from Form 4626, line 14 . . . . . • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 . . . . .	<b>8</b>	0.
<b>9</b>	Add lines 7 and 8 . . . . .	<b>9</b>	144,059.
<b>10a</b>	Foreign tax credit . . . . .	<b>10a</b>	
<b>b</b>	Certain allowable credits (see instructions) . . . . .	<b>10b</b>	
<b>c</b>	Add lines 10a and 10b . . . . .	<b>10c</b>	
<b>11</b>	<b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	<b>11</b>	144,059.
<b>12</b>	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0- . . . . .	<b>12</b>	144,059.
<b>13</b>	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions) . . . . .	<b>13</b>	29,765.
<b>14</b>	Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 33 . . . . . • Corporations. Enter the amount from Form 4626, line 12 . . . . . • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 . . . . .	<b>14</b>	128,062.
<b>15</b>	Enter the greater of line 13 or line 14 . . . . .	<b>15</b>	128,062.
<b>16</b>	Subtract line 15 from line 11. If zero or less, enter -0- . . . . .	<b>16</b>	15,997.
<b>17</b>	Enter the <b>smaller</b> 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.	<b>17</b>	15,997.

**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.

<b>18</b>	Multiply line 14 by 75% (.75) (see instructions) . . . . .	<b>18</b>	
<b>19</b>	Enter the greater of line 13 or line 18 . . . . .	<b>19</b>	
<b>20</b>	Subtract line 19 from line 11. If zero or less, enter -0- . . . . .	<b>20</b>	
<b>21</b>	Subtract line 17 from line 20. If zero or less, enter -0- . . . . .	<b>21</b>	
<b>22</b>	Combine the amounts from line 3 of all Parts III with box A, C, or D checked . . . . .	<b>22</b>	
<b>23</b>	Passive activity credit from line 3 of all Parts III with box B checked	<b>23</b>	
<b>24</b>	Enter the applicable passive activity credit allowed for 2014 (see instructions) . . . . .	<b>24</b>	
<b>25</b>	Add lines 22 and 24 . . . . .	<b>25</b>	
<b>26</b>	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 . . . . .	<b>26</b>	0.
<b>27</b>	Subtract line 13 from line 11. If zero or less, enter -0- . . . . .	<b>27</b>	114,294.
<b>28</b>	Add lines 17 and 26 . . . . .	<b>28</b>	15,997.
<b>29</b>	Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	<b>29</b>	98,297.
<b>30</b>	Enter the general business credit from line 5 of all Parts III with box A checked . . . . .	<b>30</b>	
<b>31</b>	Reserved . . . . .	<b>31</b>	
<b>32</b>	Passive activity credits from line 5 of all Parts III with box B checked	<b>32</b>	
<b>33</b>	Enter the applicable passive activity credits allowed for 2014 (see instructions) . . . . .	<b>33</b>	
<b>34</b>	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 . . . . .	<b>34</b>	
<b>35</b>	Carryback of business credit from 2015. Enter the amount from line 5 of Part III with box D checked (see instructions) . . . . .	<b>35</b>	
<b>36</b>	Add lines 30, 33, 34, and 35 . . . . .	<b>36</b>	
<b>37</b>	Enter the <b>smaller</b> of line 29 or line 36 . . . . .	<b>37</b>	0.
<b>38</b>	<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>	<b>38</b>	15,997.

Name(s) shown on return <b>BRUCE R NELSON</b>	Identifying number 059-54-1749
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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)

- |  |  |
|--|--|
| <b>A</b> <input type="checkbox"/> General Business Credit From a Non-Passive Activity<br><b>B</b> <input type="checkbox"/> General Business Credit From a Passive Activity<br><b>C</b> <input checked="" type="checkbox"/> General Business Credit Carryforwards<br><b>D</b> <input type="checkbox"/> General Business Credit Carrybacks | <b>E</b> <input type="checkbox"/> Reserved<br><b>F</b> <input type="checkbox"/> Reserved<br><b>G</b> <input type="checkbox"/> Eligible Small Business Credit Carryforwards<br><b>H</b> <input type="checkbox"/> 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 . . . . .

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note.</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468) . . . . .	<b>1a</b>	403,465.
<b>b</b> Reserved . . . . .	<b>1b</b>	
<b>c</b> Increasing research activities (Form 6765) . . . . .	<b>1c</b>	
<b>d</b> Low-income housing (Form 8586, Part I only) . . . . .	<b>1d</b>	
<b>e</b> Disabled access (Form 8826) (see instructions for limitation) . . . . .	<b>1e</b>	
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>	
<b>g</b> Indian employment (Form 8845) . . . . .	<b>1g</b>	
<b>h</b> Orphan drug (Form 8820) . . . . .	<b>1h</b>	
<b>i</b> New markets (Form 8874) . . . . .	<b>1i</b>	
<b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<b>1j</b>	
<b>k</b> Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) . . . . .	<b>1k</b>	
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864) . . . . .	<b>1l</b>	
<b>m</b> Low sulfur diesel fuel production (Form 8896) . . . . .	<b>1m</b>	
<b>n</b> Distilled spirits (Form 8906) . . . . .	<b>1n</b>	
<b>o</b> Nonconventional source fuel (Form 8907) . . . . .	<b>1o</b>	
<b>p</b> Energy efficient home (Form 8908) . . . . .	<b>1p</b>	
<b>q</b> Energy efficient appliance (Form 8909) . . . . .	<b>1q</b>	
<b>r</b> Alternative motor vehicle (Form 8910) . . . . .	<b>1r</b>	
<b>s</b> Alternative fuel vehicle refueling property (Form 8911) . . . . .	<b>1s</b>	
<b>t</b> Reserved . . . . .	<b>1t</b>	
<b>u</b> Mine rescue team training (Form 8923) . . . . .	<b>1u</b>	
<b>v</b> Agricultural chemicals security (Form 8931) (see instructions for limitation) .	<b>1v</b>	
<b>w</b> Employer differential wage payments (Form 8932) . . . . .	<b>1w</b>	
<b>x</b> Carbon dioxide sequestration (Form 8933) . . . . .	<b>1x</b>	
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936) . . . . .	<b>1y</b>	
<b>z</b> Qualified plug-in electric vehicle (carryforward only) . . . . .	<b>1z</b>	
<b>aa</b> New hire retention (carryforward only) . . . . .	<b>1aa</b>	
<b>bb</b> General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	<b>1bb</b>	
<b>zz</b> Other . . . . .	<b>1zz</b>	
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>	403,465.
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II.	<b>3</b>	
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468) . . . . .	<b>4a</b>	
<b>b</b> Work opportunity (Form 5884) . . . . .	<b>4b</b>	
<b>c</b> Biofuel producer (Form 6478) . . . . .	<b>4c</b>	
<b>d</b> Low-income housing (Form 8586, Part II) . . . . .	<b>4d</b>	
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>	
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>	
<b>g</b> Qualified railroad track maintenance (Form 8900) . . . . .	<b>4g</b>	
<b>h</b> Small employer health insurance premiums (Form 8941) . . . . .	<b>4h</b>	
<b>i</b> Reserved . . . . .	<b>4i</b>	
<b>j</b> Reserved . . . . .	<b>4j</b>	
<b>z</b> Other . . . . .	<b>4z</b>	
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II .	<b>5</b>	
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . .	<b>6</b>	403,465.



**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>BRUCE R NELSON</b>	Identifying number <b>059-54-1749</b>
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**1** Enter the gross proceeds from sales or exchanges reported to you for 2014 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)

<b>2</b>	<b>(a)</b> Description of property	<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	<b>(d)</b> Gross sales price	<b>(e)</b> Depreciation allowed or allowable since acquisition	<b>(f)</b> Cost or other basis, plus improvements and expense of sale	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)
	CONDOS	Various	12/31/2014	2,671,298.		2,671,298.	0.

**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** 0.

**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 did not 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):


**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**

**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**

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

Your social security number

BRUCE R NELSON

059-54-1749

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

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	472,255.
2	Medical and dental. If you or your spouse was 65 or older, enter the <b>smaller</b> 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	9,601.
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	( 6,792. )
7	Tax refund from Form 1040, line 10 or line 21	7	( 0. )
8	Investment interest expense (difference between regular tax and AMT).	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	( )
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	0.
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	0.
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	-4,664.
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	470,400.

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

29	Exemption. (If you were under age 24 at the end of 2014, see instructions.) <b>IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . .</b> 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 <b>over</b> 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	470,400.
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 the back and enter the amount from line 64 here. • <b>All others:</b> 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	128,062.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	128,062.
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 Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	144,059.
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.

<b>36</b>	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 . . . . .	<b>36</b>	
<b>37</b>	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 . . . . .	<b>37</b>	
<b>38</b>	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 . . . . .	<b>38</b>	
<b>39</b>	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 <b>smaller</b> 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 . . . . .	<b>39</b>	
<b>40</b>	Enter the <b>smaller</b> of line 36 or line 39 . . . . .	<b>40</b>	
<b>41</b>	Subtract line 40 from line 36 . . . . .	<b>41</b>	
<b>42</b>	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 . . . ▶	<b>42</b>	
<b>43</b>	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>	<b>43</b>	
<b>44</b>	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 . . . . .	<b>44</b>	
<b>45</b>	Subtract line 44 from line 43. If zero or less, enter -0- . . . . .	<b>45</b>	
<b>46</b>	Enter the <b>smaller</b> of line 36 or line 37 . . . . .	<b>46</b>	
<b>47</b>	Enter the <b>smaller</b> of line 45 or line 46. This amount is taxed at 0% . . . . .	<b>47</b>	
<b>48</b>	Subtract line 47 from line 46 . . . . .	<b>48</b>	
<b>49</b>	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>	<b>49</b>	
<b>50</b>	Enter the amount from line 45 . . . . .	<b>50</b>	
<b>51</b>	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 . . . . .	<b>51</b>	
<b>52</b>	Add line 50 and line 51 . . . . .	<b>52</b>	
<b>53</b>	Subtract line 52 from line 49. If zero or less, enter -0- . . . . .	<b>53</b>	
<b>54</b>	Enter the smaller of line 48 or line 53 . . . . .	<b>54</b>	
<b>55</b>	Multiply line 54 by 15% (.15) . . . . . ▶	<b>55</b>	
<b>56</b>	Add lines 47 and 54 . . . . .	<b>56</b>	
	<b>If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.</b>		
<b>57</b>	Subtract line 56 from line 46 . . . . .	<b>57</b>	
<b>58</b>	Multiply line 57 by 20% (.20) . . . . . ▶	<b>58</b>	
	<b>If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.</b>		
<b>59</b>	Add lines 41, 56, and 57 . . . . .	<b>59</b>	
<b>60</b>	Subtract line 59 from line 36 . . . . .	<b>60</b>	
<b>61</b>	Multiply line 60 by 25% (.25) . . . . . ▶	<b>61</b>	
<b>62</b>	Add lines 42, 55, 58, and 61 . . . . .	<b>62</b>	
<b>63</b>	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 . . . . .	<b>63</b>	
<b>64</b>	Enter the <b>smaller</b> 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 . . . . .	<b>64</b>	

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

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to your tax return.**  
▶ **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

BRUCE R NELSON

Your social security number or EIN

059-54-1749

- 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) . . . . .		24,168.
<b>2</b>	Ordinary dividends (see instructions) . . . . .		
<b>3</b>	Annuities (see instructions) . . . . .		
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) . . . . .	341,677.	
<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>c</b>	Combine lines 4a and 4b . . . . .		341,677.
<b>5a</b>	Net gain or loss from disposition of property (see instructions) . . . . .	-1,569.	
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) . . . . .	1,569.	
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock (see instructions) . . . . .		
<b>d</b>	Combine lines 5a through 5c . . . . .		0.
<b>6</b>	Adjustments to investment income for certain CFCs and PFICs (see instructions) . . . . .		
<b>7</b>	Other modifications to investment income (see instructions) . . . . .		0.
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 . . . . .		365,845.

**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>c</b>	Miscellaneous investment expenses (see instructions) . . . . .		
<b>d</b>	Add lines 9a, 9b, and 9c . . . . .		
<b>10</b>	Additional modifications (see instructions) . . . . .		
<b>11</b>	Total deductions and modifications. Add lines 9d and 10 . . . . .		

**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- . . . . .		365,845.
<b>Individuals:</b>			
<b>13</b>	Modified adjusted gross income (see instructions) . . . . .	480,614.	
<b>14</b>	Threshold based on filing status (see instructions) . . . . .	200,000.	
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0- . . . . .	280,614.	
<b>16</b>	Enter the smaller of line 12 or line 15 . . . . .		280,614.
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). <b>Enter here and include on your tax return</b> (see instructions) . . . . .		10,663.
<b>Estates and Trusts:</b>			
<b>18a</b>	Net investment income (line 12 above) . . . . .		
<b>b</b>	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) . . . . .		
<b>c</b>	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0- . . . . .		
<b>19a</b>	Adjusted gross income (see instructions) . . . . .		
<b>b</b>	Highest tax bracket for estates and trusts for the year (see instructions) . . . . .		
<b>c</b>	Subtract line 19b from line 19a. If zero or less, enter -0- . . . . .		
<b>20</b>	Enter the smaller of line 18c or line 19c . . . . .		
<b>21</b>	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). <b>Enter here and include on your tax return</b> (see instructions) . . . . .		

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

► 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.

Name(s) shown on return

BRUCE R NELSON

Identifying number

059-54-1749

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

<b>1</b>	Combine lines 1, 6, and 10 of your 2013 Form 6251. Estates and trusts, see instructions . . . . .	<b>1</b>	293,227.
<b>2</b>	Enter adjustments and preferences treated as exclusion items (see instructions) . . . . .	<b>2</b>	8,267.
<b>3</b>	Minimum tax credit net operating loss deduction (see instructions) . . . . .	<b>3</b>	( )
<b>4</b>	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 . . . . .	<b>4</b>	301,494.
<b>5</b>	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	<b>5</b>	51,900.
<b>6</b>	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 . . . . .	<b>6</b>	115,400.
<b>7</b>	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9 . . . . .	<b>7</b>	186,094.
<b>8</b>	Multiply line 7 by 25% (.25) . . . . .	<b>8</b>	46,524.
<b>9</b>	Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2013, see instructions	<b>9</b>	5,376.
<b>10</b>	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 . . . . .	<b>10</b>	296,118.
<b>11</b>	<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>	<b>11</b>	79,323.
<b>12</b>	Minimum tax foreign tax credit on exclusion items (see instructions) . . . . .	<b>12</b>	
<b>13</b>	Tentative minimum tax on exclusion items. Subtract line 12 from line 11 . . . . .	<b>13</b>	79,323.
<b>14</b>	Enter the amount from your 2013 Form 6251, line 34, or 2013 Form 1041, Schedule I, line 55 . . . . .	<b>14</b>	80,287.
<b>15</b>	<b>Net minimum tax on exclusion items.</b> Subtract line 14 from line 13. If zero or less, enter -0- . . . . .	<b>15</b>	0.

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

<b>16</b>	Enter the amount from your 2013 Form 6251, line 35, or 2013 Form 1041, Schedule I, line 56 . . . . .	<b>16</b>	1,661.
<b>17</b>	Enter the amount from line 15 . . . . .	<b>17</b>	0.
<b>18</b>	Subtract line 17 from line 16. If less than zero, enter as a negative amount . . . . .	<b>18</b>	1,661.
<b>19</b>	<b>2013 credit carryforward.</b> Enter the amount from your 2013 Form 8801, line 26 . . . . .	<b>19</b>	10,311.
<b>20</b>	Enter your 2013 unallowed qualified electric vehicle credit (see instructions) . . . . .	<b>20</b>	
<b>21</b>	Combine lines 18 through 20. If zero or less, stop here and see the instructions . . . . .	<b>21</b>	11,972.
<b>22</b>	Enter your 2014 regular income tax liability minus allowable credits (see instructions) . . . . .	<b>22</b>	128,062.
<b>23</b>	Enter the amount from your 2014 Form 6251, line 33, or 2014 Form 1041, Schedule I, line 54 . . . . .	<b>23</b>	128,062.
<b>24</b>	Subtract line 23 from line 22. If zero or less, enter -0- . . . . .	<b>24</b>	0.
<b>25</b>	<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>b</b> ); Form 1040NR, line 51 (check box <b>b</b> ); or Form 1041, Schedule G, line 2c . . . . .	<b>25</b>	0.
<b>26</b>	<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 . . . . .	<b>26</b>	11,972.

**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.

**Caution.** 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.

**27** 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 . . . . .

**27**

**Caution.** If for **2013** you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 28, 29, and 30.

**28** 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\* . . . . .

**28**

**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.**

**29** 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) . . . . .

**29**

**30** 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 . . . . .

**30**

**31** Enter the **smaller** of line 27 or line 30 . . . . .

**31**

**32** Subtract line 31 from line 27 . . . . .

**32**

**33** 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 . . . . . ▶

**33**

**34** Enter:

- \$72,500 if married filing jointly or qualifying widow(er) for 2013,
  - \$36,250 if single or married filing separately for 2013,
  - \$48,600 if head of household for 2013, or
  - \$2,450 for an estate or trust.
- Form 1040NR filers, see instructions. } . . . . .

**34**

**35** 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 . . . . .

**35**

**36** Subtract line 35 from line 34. If zero or less, enter -0- . . . . .

**36**

**37** Enter the **smaller** of line 27 or line 28 . . . . .

**37**

**38** Enter the **smaller** of line 36 or line 37 . . . . .

**38**

**39** Subtract line 38 from line 37 . . . . .

**39**

**40** Enter:

- \$400,000 if single for 2013,
  - \$225,000 if married filing separately for 2013,
  - \$450,000 if married filing jointly or qualifying widow(er) for 2013,
  - \$425,000 if head of household for 2013, or
  - \$11,950 for an estate or trust.
- Form 1040NR filers, see instructions. } . . . . .

**40**

**41** Enter the amount from line 36 . . . . .

**41**

**42** 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 . . . . .

**42**

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

<b>43</b>	Add lines 41 and 42 . . . . .	<b>43</b>
<b>44</b>	Subtract line 43 from line 40. If zero or less, enter -0- . . . . .	<b>44</b>
<b>45</b>	Enter the <b>smaller</b> of line 39 or line 44 . . . . .	<b>45</b>
<b>46</b>	Multiply line 45 by 15% (.15) . . . . . ▶	<b>46</b>
<b>47</b>	Add lines 38 and 45 . . . . .	<b>47</b>
<b>If lines 47 and 27 are the same, skip lines 48 through 52 and go to line 53. Otherwise, go to line 48.</b>		
<b>48</b>	Subtract line 47 from line 37 . . . . .	<b>48</b>
<b>49</b>	Multiply line 48 by 20% (.20) . . . . . ▶	<b>49</b>
<b>If line 29 is zero or blank, skip lines 50 through 52 and go to line 53. Otherwise, go to line 50.</b>		
<b>50</b>	Add lines 32, 47, and 48 . . . . .	<b>50</b>
<b>51</b>	Subtract line 50 from line 27 . . . . .	<b>51</b>
<b>52</b>	Multiply line 51 by 25% (.25) . . . . . ▶	<b>52</b>
<b>53</b>	Add lines 33, 46, 49, and 52 . . . . .	<b>53</b>
<b>54</b>	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 . . . . .	<b>54</b>
<b>55</b>	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 . . . . .	<b>55</b>

\* 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)).

**Additional information from your 2014 Federal Tax Return**

**Schedule E: Supplemental Income and Loss -- Page 1 (Copy 1)**

**Line 19 Other Expenses: Property (A)**

**Continuation Statement**

Expense Description	Amount
YARD MAINTENANCE & SNOW REMOVAL	7,683.
TRASH REMOVAL	4,027.
<b>Total</b>	<b>11,710.</b>

**Schedule E: Supplemental Income and Loss -- Page 1 (Copy 1)**

**Line 19 Other Expenses: Property (B)**

**Continuation Statement**

Expense Description	Amount
YARD MAINTENANCE & SNOW REMOVAL	15,589.
TRASH REMOVAL	7,035.
<b>Total</b>	<b>22,624.</b>

**Schedule E: Supplemental Income and Loss -- Page 1 (Copy 1)**

**Line 19 Other Expenses: Property (C)**

**Continuation Statement**

Expense Description	Amount
YARD MAINTENANCE & SNOW REMOVAL	8,919.
TRASH REMOVAL	4,170.
<b>Total</b>	<b>13,089.</b>

**Schedule E: Supplemental Income and Loss -- Page 1 (Copy 2)**

**Line 19 Other Expenses: Property (A)**

**Continuation Statement**

Expense Description	Amount
LAWN MAINTENANCE & SNOW REMOVAL	9,744.
TRASH	4,134.
<b>Total</b>	<b>13,878.</b>

**Schedule E: Supplemental Income and Loss -- Page 1 (Copy 2)**

**Line 19 Other Expenses: Property (B)**

**Continuation Statement**

Expense Description	Amount
SNOW PLOW & LAWN CARE	3,099.
TRASH REMOVAL	2,762.
<b>Total</b>	<b>5,861.</b>

BRUCE R. NELSON  
252 GREENWOOD ROAD  
LISLE, NY 13797

NY

State Processing Center  
PO Box 61000  
Albany, NY 12261-0001





## **New York State requires this income tax return to be filed electronically.**

### **Attention tax return preparer:**

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

**Preparers who file paper returns are subject to penalties.**

**Avoid penalties and e-file this return.**

### **Attention taxpayer:**

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- **No charge for e-filing:** New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- **Faster tax refunds:** New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- **90% of New Yorkers** enjoy the benefits of e-filing.

### **Questions?**

Visit our Web site for more information about New York's e-file mandate.



# Resident Income Tax Return

New York State • New York City • Yonkers

# IT-201

For the full year January 1, 2014, through December 31, 2014, or fiscal year beginning ... 14

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name BRUCE		MI R	Your last name (for a joint return, enter spouse's name on line below) NELSON		Your date of birth (mmdyyy) 0   7   0   5   1   9   5   7	Your social security number 0   5   9   5   4   1   7   4   9		
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmdyyy)		Spouse's social security number	
Mailing address (see instructions, page 12) (number and street or PO box) 252 GREENWOOD ROAD					Apartment number		New York State county of residence BROO	
City, village, or post office LISLE			State NY	ZIP code 13797	Country (if not United States)		School district name WHITNEY POINT	
Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route)					Apartment number		School district code number ..... 703	
City, village, or post office			State NY	ZIP code	Decedent information		Taxpayer's date of death (mmdyyy) Spouse's date of death (mmdyyy)	

- A Filing status**  
(mark an **X** in one box):
- ①  Single
  - ②  Married filing joint return  
(enter spouse's social security number above)
  - ③  Married filing separate return  
(enter spouse's social security number 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 page 13) ..... Yes  No

**D2 Yonkers residents and Yonkers part-year residents only:**  
(1) Did you receive a property tax freeze credit? (see page 13) ..... Yes  No

(2) If Yes, enter the amount..... 00

**D3 Did you receive a family tax relief credit?** (see page 13) ..... Yes  No

**E (1) Did you or your spouse maintain living quarters in NYC** during 2014? (see page 13) .. Yes  No

(2) Enter the number of days spent in NYC in 2014 (any part of a day spent in NYC is considered a day).....

**F NYC residents and NYC part-year residents only** (see page 13):

(1) Number of months **you** lived in NYC in 2014 .....

(2) Number of months **your spouse** lived in NYC in 2014 .....

**G Enter your 2-character special condition code if applicable** (see page 13) .....   
If applicable, also enter your **second** 2-character special condition code .....

**H Dependent exemption information** (see page 14)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmdyyy)
JAKOB		NELSON	SON	1   2   0   9   4   3   4   5   0	1   0   0   1   2   0   0   5

If more than 7 dependents, mark an **X** in the box.



For office use only

Your social security number									
0	5	9	5	4	1	7	4	9	

**Federal income and adjustments** (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1		00
2	Taxable interest income .....	2	24,168	00
3	Ordinary dividends .....	3		00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4		00
5	Alimony received .....	5		00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....	6	124,184	00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7	-1,569	00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8		00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box ... <input type="checkbox"/>	9		00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	10		00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) .....	11	341,677	00
12	Rental real estate included in line 11 .....	12	322,388	00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13		00
14	Unemployment compensation .....	14		00
15	Taxable amount of social security benefits (also enter on line 27) .....	15		00
16	Other income (see page 14) Identify: NYS QEZE RE TAX REFU	16	9,875	00
17	Add lines 1 through 11 and 13 through 16 .....	17	498,335	00
18	Total federal adjustments to income (see page 14) Identify: SEE FEDERAL ADJ STMT	18	17,721	00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	480,614	00

**New York additions** (see page 15)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20		00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)	21		00
22	<b>New York's</b> 529 college savings program distributions (see page 15) .....	22		00
23	Other (Form IT-225, line 9) .....	23		00
24	Add lines 19 through 23 .....	24	480,614	00

**New York subtractions** (see page 16)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25		00
26	Pensions of NYS and local governments and the federal government (see page 16)	26		00
27	Taxable amount of social security benefits (from line 15) .....	27		00
28	Interest income on U.S. government bonds .....	28		00
29	Pension and annuity income exclusion (see page 16) .....	29		00
30	<b>New York's</b> 529 college savings program deduction/earnings	30		00
31	Other (Form IT-225, line 18).....	31		00
32	Add lines 25 through 31 .....	32		00
33	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	480,614	00

**Standard deduction or itemized deduction** (see page 18)

34	Enter your <b>standard deduction</b> (table on page 18) or your <b>itemized deduction</b> (from Form IT-201-D) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	7,800	00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	472,814	00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 18) .....	36	1000	00
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	471,814	00

201002143555



Name(s) as shown on page 1  
 BRUCE R NELSON

Your social security number  
 0 | 5 | 9 | 5 | 4 | 1 | 7 | 4 | 9

**Tax computation, credits, and other taxes** (see page 19)

<b>38</b> Taxable income (from line 37 on page 2) .....	<b>38</b>	471,814	00
<b>39</b> NYS tax on line 38 amount (see page 19 and Tax computation on pages 51, 52, and 53) .....	<b>39</b>	32,319	00
<b>40</b> NYS household credit (page 19, table 1, 2, or 3) .....	<b>40</b>		00
<b>41</b> Resident credit (see page 20) .....	<b>41</b>		00
<b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7) .....	<b>42</b>	32,319	00
<b>43</b> Add lines 40, 41, and 42 .....	<b>43</b>	32,319	00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	<b>44</b>		00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30) .....	<b>45</b>		00
<b>46</b> Total New York State taxes (add lines 44 and 45) .....	<b>46</b>		00

**New York City and Yonkers taxes, credits, and tax surcharges**

<b>47</b> NYC resident tax on line 38 amount (see page 20) .....	<b>47</b>		00
<b>48</b> NYC household credit (page 20, table 4, 5, or 6) .....	<b>48</b>		00
<b>49</b> Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank) .....	<b>49</b>		00
<b>50</b> Part-year NYC resident tax (Form IT-360.1) .....	<b>50</b>		00
<b>51</b> Other NYC taxes (Form IT-201-ATT, line 34) .....	<b>51</b>		00
<b>52</b> Add lines 49, 50, and 51 .....	<b>52</b>		00
<b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10) .....	<b>53</b>		00
<b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....	<b>54</b>		00
<b>55</b> Yonkers resident income tax surcharge (see page 22) .....	<b>55</b>		00
<b>56</b> Yonkers nonresident earnings tax (Form Y-203) .....	<b>56</b>		00
<b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....	<b>57</b>		00
<b>58</b> Total New York City and Yonkers taxes / surcharges (add lines 54 through 57) .....	<b>58</b>		00
<b>59</b> Sales or use tax (see page 23; do not leave line 59 blank) .....	<b>59</b>		0 00

See instructions on pages 20, 21, and 22 to compute New York City and Yonkers taxes, credits, and tax surcharges.

**Voluntary contributions** (see page 24)

<b>60a</b> Return a Gift to Wildlife .....	<b>60a</b>		00
<b>60b</b> Missing/Exploited Children Fund .....	<b>60b</b>		00
<b>60c</b> Breast Cancer Research Fund .....	<b>60c</b>		00
<b>60d</b> Alzheimer's Fund .....	<b>60d</b>		00
<b>60e</b> Olympic Fund (\$2 or \$4; see page 24) .....	<b>60e</b>		00
<b>60f</b> Prostate and Testicular Cancer Research and Education Fund ..	<b>60f</b>		00
<b>60g</b> 9/11 Memorial .....	<b>60g</b>		00
<b>60h</b> Volunteer Firefighting & EMS Recruitment Fund .....	<b>60h</b>		00
<b>60i</b> Teen Health Education .....	<b>60i</b>		00
<b>60j</b> Veterans Remembrance .....	<b>60j</b>		00
<b>60</b> Total voluntary contributions (add lines 60a through 60j) .....	<b>60</b>		00
<b>61</b> Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60) .....	<b>61</b>		00







New York State Department of Taxation and Finance  
**Other Tax Credits and Taxes**  
 Attachment to Form IT-201

**IT-201-ATT**

See the instructions for completing Form IT-201-ATT in the instructions for Form IT-201. **Submit this form with your Form IT-201.**

Name(s) as shown on your Form IT-201	Your social security number
BRUCE R NELSON	0   5   9   5   4   1   7   4   9

**A** Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? (see instructions)..... Yes  No

**Part 1 – Other New York State, New York City, and Yonkers tax credits**

**Section A – New York State nonrefundable, non-carryover credits used**

Whole dollars only

1	Accumulation distribution credit (submit computation) .....	1		00
2	Other nonrefundable, non-carryover credits			
2a	Code	Amount	Code	Amount
2b				
	Total other nonrefundable, non-carryover credits (add lines 2a and 2b) .....	2		00

**Section B – New York State nonrefundable, carryover credits used**

3	Long-term care insurance credit .....	3		00
4	Investment credit .....	4		00
5	Solar energy system equipment credit .....	5		00
6	Other nonrefundable, carryover credits			
	Code	Amount	Code	Amount
6a	238	32,319 00	6h	
6b		00	6i	
6c		00	6j	
6d		00	6k	
6e		00	6l	
6f		00	6m	
6g		00	6n	
	Total other nonrefundable, carryover credits (add lines 6a through 6n) .....	6	32,319	00
7	<b>Total New York State nonrefundable credits used</b> (add lines 1 through 6; enter here and on Form IT-201, line 42) .....	7	32,319	00

**Section C – New York City nonrefundable, non-carryover credits used**

8	New York City resident UBT credit .....	8		00
8a	New York City resident GCT credit .....	8a		00
9	New York City accumulation distribution credit (submit computation) .....	9		00
9a	Part-year resident nonrefundable NYC child and dependent care credit .....	9a		00
10	<b>Total other New York City nonrefundable credits used</b> (add lines 8, 8a, 9, and 9a; enter here and on Form IT-201, line 53) .....	10		00

**Section D – New York State, New York City, and Yonkers refundable credits**

11	Farmers' school tax credit .....	11		00
12	Other refundable credits			
	Code	Amount	Code	Amount
12a	166	8,985 00	12g	
12b		00	12h	
12c		00	12i	
12d		00	12j	
12e		00	12k	
12f		00	12l	
	Total other refundable credits (add lines 12a through 12l) .....	12	8,985	00
13	Add lines 11 and 12 .....	13	8,985	00

(continued on back)

241001141555



Your social security number									
0	5	9	5	4	1	7	4	9	

**Part 1, Section D – New York State, New York City, and Yonkers refundable credits** (continued)

14	Enter amount from line 13 on the front page .....	14	8,985	00
15	<b>New York State</b> claim of right credit .....	15		00
16	<b>New York City</b> claim of right credit .....	16		00
17	<b>Yonkers</b> claim of right credit .....	17		00
18	<b>Total New York State, New York City, and Yonkers other refundable credits</b> (add lines 14 through 17; enter here and on <b>Form IT-201, line 71</b> ) .....	18	8,985	00

**Part 2 – Other New York State taxes** (submit all applicable forms)

If you are subject to other New York State taxes, **complete Part 2.**

19	New York State tax on capital gain portion of lump-sum distributions (Form IT-230) .....	19		00
20	Other New York State taxes			

	Code	Amount		Code	Amount
20a		00	20g		00
20b		00	20h		00
20c		00	20i		00
20d		00	20j		00
20e		00	20k		00
20f		00	20l		00

Total other New York State taxes (add lines 20a through 20l) .....		20		00
21	Add lines 19 and 20 .....	21		00
22	See instructions for line 22 .....	22		00
23	Enter amount from <b>Form IT-201</b> , line 39 .....	23		00
24	Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank) .....	24		00
25	Subtract line 24 from line 21 (if line 24 is more than line 21, leave blank) .....	25		00
26	New York State separate tax on lump-sum distributions (Form IT-230) .....	26		00
27	Resident credit against separate tax on lump-sum distributions .....	27		00
28	Subtract line 27 from line 26 .....	28		00
29	This line intentionally left blank .....	29		
30	<b>Net other New York State taxes</b> (add lines 25 and 28; enter here and on <b>Form IT-201, line 45</b> ) .....	30		00

**Part 3 – Other New York City taxes** (submit all applicable forms)

31	This line intentionally left blank .....	31		
32	New York City resident separate tax on lump-sum distributions (Form IT-230) .....	32		00
33	New York City tax on capital gain portion of lump-sum distributions (Form IT-230) .....	33		00
34	<b>Total other New York City taxes</b> (add lines 32 and 33; enter here and on <b>Form IT-201, line 51</b> ) .....	34		00



**Additional information from your 2014 New York Tax Return**

IT-201: Resident Income Tax Return - Long Form

Federal Adj Stmt

Continuation Statement

Adjustment Description	Adjustment Amount
SE TAX DEDUCTION	8,774.
SE HEALTH INS DED	8,947.
<b>Total</b>	17,721.



**IRS e-file Signature Authorization**

Department of the Treasury  
Internal Revenue Service

▶ 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).

**2015**

Submission Identification Number (SID) ▶ 16234220160824326963

Taxpayer's name <b>BRUCE R NELSON</b>	Social security number <b>059-54-1749</b>
Spouse's name	Spouse's social security number

**Part I Tax Return Information—Tax Year Ending December 31, 2015 (Whole Dollars Only)**

<b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	<b>1</b>	<b>532,599.</b>
<b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	<b>2</b>	<b>133,037.</b>
<b>3</b> Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	<b>3</b>	
<b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	<b>4</b>	
<b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	<b>5</b>	<b>69,261.</b>

**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, 2015, 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 Wayne H. Piotti to enter or generate my PIN 

4	1	7	4	9
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 as my signature on my tax year 2015 electronically filed income tax return.  
ERO firm name  
**Enter five digits, but do not enter all zeros**
- I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on my tax year 2015 electronically filed income tax return.  
ERO firm name  
**Enter five digits, but do not enter all zeros**
- I will enter my PIN as my signature on my tax year 2015 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 ▶ \_\_\_\_\_

**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. 

1	6	2	3	4	2	0	8	0	4	9
---	---	---	---	---	---	---	---	---	---	---

  
**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2015 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 ▶ 06/24/2016

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

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

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

059-54-1749  
Taxpayer name BRUCE R NELSON

Taxpayer address (optional)

252 GREENWOOD ROAD  
LISLE NY 13797

1.  Your federal income tax return for 2015 was filed electronically with the Andover Submission Processing Center. The electronic filing services were provided by Wayne H. Piotti.
2.  Your return was accepted on 03/22/2016 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 16234220160824326963.
3.  Your return was accepted on \_\_\_\_\_ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4.  Your electronic funds withdrawal payment request was accepted for processing.
5.  Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6.  Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on \_\_\_\_\_. The Submission ID assigned to your extension is \_\_\_\_\_.

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

### If You Need to Make a Change to Your Return

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

### If You Need to Ask About Your Refund

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

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

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The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

### **If You Owe Tax**

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to [www.irs.gov/e-pay](http://www.irs.gov/e-pay).

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to [www.irs.gov](http://www.irs.gov). You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

### **If You Need to Inquire About Your Electronic Funds Withdrawal Payment**

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

### **Tax Refund Related Financial Products**

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

IF you live in . . .	THEN use this address to send in your payment . . .
Florida, Louisiana, Mississippi, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704
Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
Alabama, Georgia, Kentucky, New Jersey, North Carolina, South Carolina, Tennessee, Virginia	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New York, Pennsylvania, Rhode Island, Vermont, West Virginia	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-7008
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands.	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Form 1040-V (2015)

Department of the Treasury  
Internal Revenue Service (99)

**2015**

**Form 1040-V Payment Voucher**

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment . . . . . ▶	69,261.
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REV 06/12/16 PRO 1555

**BRUCE R NELSON**  
  
**252 GREENWOOD ROAD**  
**LISLE NY 13797**

**INTERNAL REVENUE SERVICE**  
**P.O. BOX 37008**  
**HARTFORD, CT 06176-7008**

059541749 ST NELS 30 0 201512 610

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning \_\_\_\_\_, 2015, ending \_\_\_\_\_, 20

Your first name and initial: **BRUCE R** Last name: **NELSON** Your social security number: **059-54-1749**

If a joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Spouse's social security number: \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. **252 GREENWOOD ROAD** Apt. no. \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **LISLE NY 13797**

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

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

**Filing Status**

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

Check only one box.

**Exemptions**

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

b  Spouse . . . . .

(1) 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 (see instructions)
First name	Last name			
JAKOB	NELSON	120-94-3450	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

**Boxes checked on 6a and 6b** 1

**No. of children on 6c who:**

- lived with you 1
- did not live with you due to divorce or separation (see instructions) \_\_\_\_\_

**Dependents on 6c not entered above** \_\_\_\_\_

**Add numbers on lines above** 2

d Total number of exemptions claimed . . . . .

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	29,723.
b	Tax-exempt interest. Do not include on line 8a . . . . .	8b	
9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a	
b	Qualified dividends . . . . .	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	
11	Alimony received . . . . .	11	
12	Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	212,547.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> . . . . .	13	3,844.
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	321,194.
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 <u>See Line 21 Statement</u> . . . . .	21	21,985.
22	Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶	22	589,293.

**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	10,193.
28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	40,471.
29	Self-employed health insurance deduction . . . . .	29	6,030.
30	Penalty on early withdrawal of savings . . . . .	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction . . . . .	32	
33	Student loan interest deduction . . . . .	33	
34	Tuition and fees. Attach Form 8917 . . . . .	34	
35	Domestic production activities deduction. Attach Form 8903 . . . . .	35	
36	Add lines 23 through 35 . . . . .	36	56,694.
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶	37	532,599.







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

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **08**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

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

Name(s) shown on return

BRUCE R NELSON

Your social security number

059-54-1749

**Part I**  
**Interest**

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

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

		Amount
<b>1</b>	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶ VISIONS FEDERAL CREDIT UNION VISIONS FEDERAL CREDIT UNION VISIONS FEDERAL CREDIT UNION NELSONS LAMP LIGHTERS PORTELA MORTGAGE VISIONS FEDERAL CREDIT UNION LESS REPTD BY PTRSHP 46-4386353 JOE MATUS ELMIRA SAVINGS CASTLE GARDENS MANAGEMENT, LLC	141. 410. 595. 4,755. 3,159. 89. -89. 16,561. 4,019. 83.
<b>2</b>	Add the amounts on line 1 . . . . .	29,723.
<b>3</b>	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .	
<b>4</b>	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a . . . . . ▶	29,723.

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

**Part II**  
**Ordinary Dividends**

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

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

<b>5</b>	List name of payer ▶	
<b>6</b>	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**

(See instructions on back.)

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

	Yes	No
<b>7a</b> At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .		X
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .		
<b>b</b> If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
<b>8</b> During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back . . . . .		X



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

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

► **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.**

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **09**

Name of proprietor <b>BRUCE R NELSON</b>		Social security number (SSN) <b>059-54-1749</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>REAL ESTATE DEVELOPMENT</b>	<b>B</b> Enter code from instructions ► <b>5   3   1   3   9   0</b>	
<b>C</b> Business name. If no separate business name, leave blank. <b>NELSON DEVELOPMENT GROUP</b>	<b>D</b> Employer ID number (EIN), (see instr.) <b>2   6   3   2   5   5   0   2   7</b>	
<b>E</b> Business address (including suite or room no.) ► <b>1803 CASTLE GARDEN ROAD</b> City, town or post office, state, and ZIP code <b>VESTAL, NY 13850</b>		
<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 2015? If "No," see instructions for limit on losses . . . . .		<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>H</b> If you started or acquired this business during 2015, check here . . . . .		<input type="checkbox"/>
<b>I</b> Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) . . . . .		<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>J</b> If "Yes," did you or will you file required Forms 1099? . . . . .		<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**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 . . . . .	<b>1</b>	1,055,490.
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	1,055,490.
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>	59,642.
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	995,848.
<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>	995,848.

**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>	29,600.
<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>		<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>	917.	<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>	7,014.
<b>b</b> Other . . . . .	<b>16b</b>	533.	<b>b</b> Deductible meals and entertainment (see instructions) . . . . .	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>	3,441.	<b>25</b> Utilities . . . . .	<b>25</b>	4,701.
			<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
			<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	895,672.
			<b>b</b> <b>Reserved for future use</b> . . . . .	<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>		<b>28</b>	<b>28</b>	941,878.
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>		<b>29</b>	<b>29</b>	53,970.
<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>30</b>	<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>		<b>31</b>	<b>31</b>	53,970.
<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 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)

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)	
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	<b>35</b>
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>
<b>38</b>	Materials and supplies . . . . .	<b>38</b> 59,642.
<b>39</b>	Other costs . . . . .	<b>39</b>
<b>40</b>	Add lines 35 through 39 . . . . .	<b>40</b> 59,642.
<b>41</b>	Inventory at end of year . . . . .	<b>41</b>
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b> 59,642.

**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.

<b>43</b>	When did you place your vehicle in service for business purposes? (month, day, year) ▶	.....
<b>44</b>	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:	
<b>a</b>	Business .....	<b>b</b> Commuting (see instructions) .....
		<b>c</b> Other .....
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use?. . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>47a</b>	Do you have evidence to support your deduction? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</b>	If "Yes," is the evidence written? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

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

PROJECT COSTS	891,007.
TELEPHONE & INTERNET	2,385.
SMALL TOOLS	1,151.
DUES & SUBS	1,129.
<b>48 Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b> 895,672.

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

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

► **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.**

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **09**

Name of proprietor <b>BRUCE R NELSON</b>		Social security number (SSN) <b>059-54-1749</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>CONOMINIUM SALES</b>	<b>B</b> Enter code from instructions ► <b>5   3   1   3   9   0</b>	
<b>C</b> Business name. If no separate business name, leave blank. <b>WATERS WORKS CENTER, LLC</b>	<b>D</b> Employer ID number (EIN), (see instr.) <b>4   5   5   3   3   9   0   2   2</b>	
<b>E</b> Business address (including suite or room no.) ► <b>1803 CASTLE GARDEN ROAD</b> City, town or post office, state, and ZIP code <b>VESTAL, NY 13850</b>		
<b>F</b> Accounting method: <b>(1)</b> <input checked="" type="checkbox"/> Cash <b>(2)</b> <input type="checkbox"/> Accrual <b>(3)</b> <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>H</b> If you started or acquired this business during 2015, check here		<input type="checkbox"/>
<b>I</b> Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions)		<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>J</b> If "Yes," did you or will you file required Forms 1099?		<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**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 . . . . .	<b>1</b>	2,785,173.
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	2,785,173.
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>	2,567,304.
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	217,869.
<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>	217,869.

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

<b>8</b> Advertising . . . . .	<b>8</b>	4,448.	<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>		<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>	
<b>b</b> Other . . . . .	<b>16b</b>	6,320.	<b>b</b> Deductible meals and entertainment (see instructions) . . . . .	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>	46,100.	<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>	2,424.
			<b>b</b> <b>Reserved for future use</b> . . . . .	<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>	59,292.			
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>	158,577.			
<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>	158,577.			
<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 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)

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input checked="" type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)	
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	<b>35</b> 2,523,385.
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>
<b>38</b>	Materials and supplies . . . . .	<b>38</b> 43,919.
<b>39</b>	Other costs . . . . .	<b>39</b>
<b>40</b>	Add lines 35 through 39 . . . . .	<b>40</b> 2,567,304.
<b>41</b>	Inventory at end of year . . . . .	<b>41</b>
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b> 2,567,304.

**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.

<b>43</b>	When did you place your vehicle in service for business purposes? (month, day, year) ▶	.....
<b>44</b>	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:	
<b>a</b>	Business .....	<b>b</b> Commuting (see instructions) .....
		<b>c</b> Other .....
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use?. . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>47a</b>	Do you have evidence to support your deduction? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	If "Yes," is the evidence written? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

FEEES .....	2,424.
.....	
.....	
.....	
.....	
.....	
.....	
<b>48 Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b> 2,424.

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**  
▶ **Information about Schedule D and its separate instructions is at [www.irs.gov/scheduled](http://www.irs.gov/scheduled).**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

**2015**  
Attachment  
Sequence No. **12**

Name(s) shown on return

BRUCE R NELSON

Your social security number

059-54-1749

**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 . . . . .				
<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>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<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>6</b> ( )
<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 the back . . . . .				<b>7</b>

**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 . . . . .				
<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>11</b> 3,844 .
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<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>14</b> ( )
<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 the back . . . . .				<b>15</b> 3,844 .

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	3,844.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions . . . ▶	<b>18</b>	
<b>19</b>	Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions . . . . . ▶	<b>19</b>	
<b>20</b>	Are lines 18 and 19 <b>both</b> zero or blank? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b>	( )
<b>22</b>	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.		

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2015**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

BRUCE R NELSON

059-54-1749

**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 2015 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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	176 MAIN STREET OWEGO NY 13827				
<b>B</b>	231 MAIN STREET OWEGO NY 13827				
<b>C</b>	(401) MONTOUR FALLS HOUSE MONTOUR FALLS NY 14865				
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	2		365	0	<input type="checkbox"/>
<b>B</b>	8		365	0	<input type="checkbox"/>
<b>C</b>	8		365	0	<input type="checkbox"/>

Type of Property: COMMCL & RESIDENTIAL COMMCL & RESIDENTIAL

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

Income:	Properties:	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b>	113,370.	357,380.	206,987.
<b>4</b> Royalties received . . . . .	<b>4</b>			

Expenses:	A	B	C
<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>	22,116.	44,701.
<b>8</b> Commissions. . . . .	<b>8</b>		
<b>9</b> Insurance . . . . .	<b>9</b>	5,076.	13,574.
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>		995.
<b>11</b> Management fees . . . . .	<b>11</b>	12,076.	31,606.
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>		26,040.
<b>13</b> Other interest. . . . .	<b>13</b>	38.	
<b>14</b> Repairs. . . . .	<b>14</b>		
<b>15</b> Supplies . . . . .	<b>15</b>		
<b>16</b> Taxes . . . . .	<b>16</b>	13,033.	74.
<b>17</b> Utilities. . . . .	<b>17</b>	8,178.	25,934.
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>	16,032.	18,714.
<b>19</b> Other (list) ▶ See Line 19 Other Expenses	<b>19</b>	20,434.	31,888.
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	96,983.	192,531.

<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>	16,387.	164,849.	79,731.
<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>	919,127.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>	78,259.	
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>	117,165.	
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	614,950.	

<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>	304,177.
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b>	( )

<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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>	304,177.
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**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2015**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

▶ 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).

Name(s) shown on return

Your social security number

BRUCE R NELSON

059-54-1749

**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 2015 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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	208 W BROADWAY MONTOUR FALLS NY 14865				
<b>B</b>	65 SALT POINT ROAD WATKINS GLEN NY 14891				
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	2		365	0	<input type="checkbox"/>
<b>B</b>	2		365	0	<input type="checkbox"/>
<b>C</b>					<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>	159,325.	82,065.	
<b>4</b>	Royalties received . . . . .	<b>4</b>			
<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>	5,544.	1,526.	
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>	1,050.		
<b>11</b>	Management fees . . . . .	<b>11</b>	18,847.	10,311.	
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>	12,365.	11,620.	
<b>13</b>	Other interest. . . . .	<b>13</b>			
<b>14</b>	Repairs. . . . .	<b>14</b>	13,782.	9,463.	
<b>15</b>	Supplies . . . . .	<b>15</b>			
<b>16</b>	Taxes . . . . .	<b>16</b>	8,074.	6,139.	
<b>17</b>	Utilities. . . . .	<b>17</b>	9,937.	9,925.	
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>	36,290.	24,791.	
<b>19</b>	Other (list) ▶ See Line 19 Other Expenses	<b>19</b>	13,495.	5,021.	
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	119,384.	78,796.	
<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>	39,941.	3,269.	
<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>			
<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>	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>			
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b>	( )		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> 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>			



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

Your social security number

BRUCE R NELSON

059-54-1749

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

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

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Row A: CASTLE GARDENS MANAGEMENT, LLC, P, [ ], 46-4386353, [ ].

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Row A: 17,017. Row 29a Totals: 17,017. Row 30: 17,017. Row 32 Total partnership and S corporation income or (loss): 17,017.

Part III Income or Loss From Estates and Trusts

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

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Row 34a Totals: [ ], [ ], [ ], [ ]. Row 35: [ ], [ ], [ ], [ ]. Row 37 Total estate and trust income or (loss): [ ], [ ], [ ], [ ].

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 38: [ ], [ ], [ ], [ ], [ ]. Row 39: [ ], [ ], [ ], [ ], [ ].

Part V Summary

Table with 2 columns: Description, Amount. Row 40: Net farm rental income or (loss) from Form 4835. Row 41: Total income or (loss). Row 42: Reconciliation of farming and fishing income. Row 43: Reconciliation for real estate professionals.

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

► **Information about Schedule SE and its separate instructions is at [www.irs.gov/schedulese](http://www.irs.gov/schedulese).**  
► **Attach to Form 1040 or Form 1040NR.**

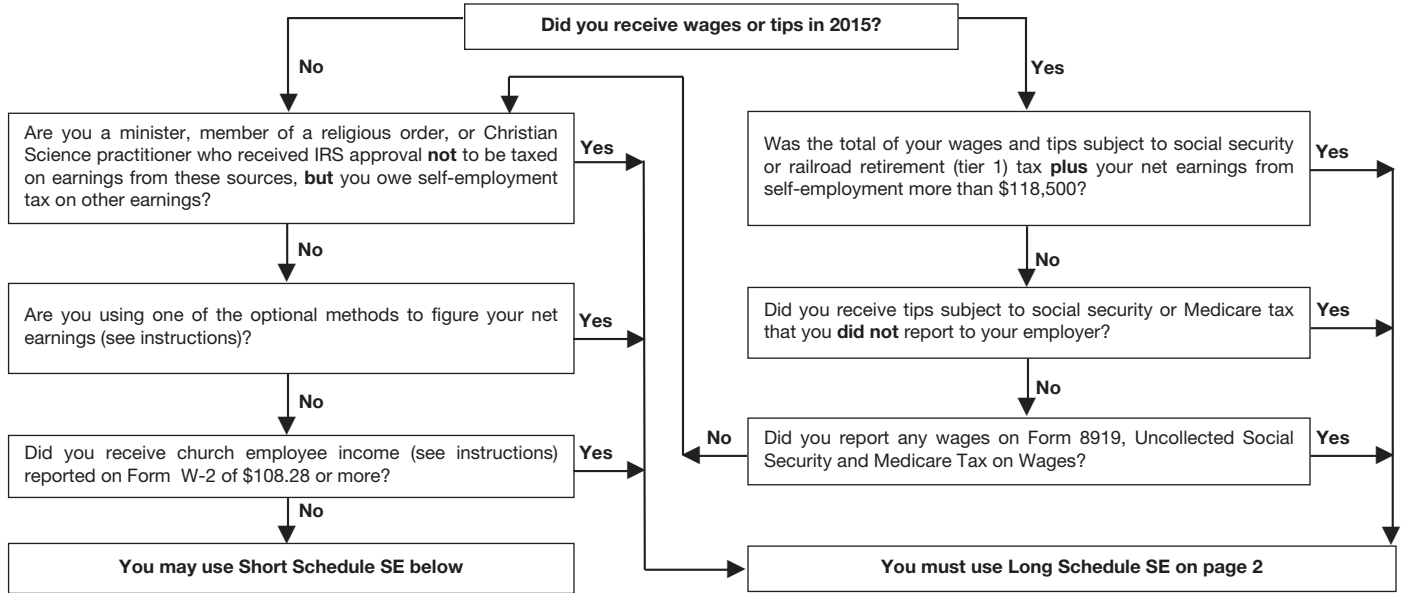
Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)  
BRUCE R NELSON

Social security number of person  
with **self-employment** income ► 059-54-1749

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note.** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

<b>1a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b>	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z . . . . .	<b>1b</b>	( )
<b>2</b>	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	212,547.
<b>3</b>	Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	212,547.
<b>4</b>	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; <b>do not</b> file this schedule unless you have an amount on line 1b . . . . . ► <b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	<b>4</b>	196,287.
<b>5</b>	<b>Self-employment tax.</b> If the amount on line 4 is: • \$118,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on <b>Form 1040, line 57</b> , or <b>Form 1040NR, line 55</b> • More than \$118,500, multiply line 4 by 2.9% (.029). Then, add \$14,694 to the result. Enter the total here and on <b>Form 1040, line 57</b> , or <b>Form 1040NR, line 55</b> . . . . .	<b>5</b>	20,386.
<b>6</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.50). Enter the result here and on <b>Form 1040, line 27</b> , or <b>Form 1040NR, line 27</b> . . . . .	<b>6</b>	10,193.

Department of the Treasury  
Internal Revenue Service (99)

► 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.

**2015**  
Attachment  
Sequence No. **22**

Name(s) shown on return

BRUCE R NELSON

Identifying number

059-54-1749

**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)

<b>1</b>	General business credit from line 2 of all Parts III with box A checked . . . . .	<b>1</b>	
<b>2</b>	Passive activity credits from line 2 of all Parts III with box B checked <input type="text" value="2"/>		
<b>3</b>	Enter the applicable passive activity credits allowed for 2015 (see instructions) . . . . .	<b>3</b>	
<b>4</b>	Carryforward of general business credit to 2015. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach . . . . .	<b>4</b>	
<b>5</b>	Carryback of general business credit from 2016. Enter the amount from line 2 of Part III with box D checked (see instructions) . . . . .	<b>5</b>	
<b>6</b>	Add lines 1, 3, 4, and 5 . . . . .	<b>6</b>	

**Part II Allowable Credit**

<b>7</b>	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 1040NR, 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>	<b>7</b>	157,846.
<b>8</b>	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>	<b>8</b>	0.
<b>9</b>	Add lines 7 and 8 . . . . .	<b>9</b>	157,846.
<b>10a</b>	Foreign tax credit . . . . .	<b>10a</b>	
<b>b</b>	Certain allowable credits (see instructions) . . . . .	<b>10b</b>	
<b>c</b>	Add lines 10a and 10b . . . . .	<b>10c</b>	
<b>11</b>	<b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	<b>11</b>	157,846.
<b>12</b>	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0- . . . . .	<b>12</b>	157,846.
<b>13</b>	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions) . . . . .	<b>13</b>	33,212.
<b>14</b>	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>	<b>14</b>	138,390.
<b>15</b>	Enter the greater of line 13 or line 14 . . . . .	<b>15</b>	138,390.
<b>16</b>	Subtract line 15 from line 11. If zero or less, enter -0- . . . . .	<b>16</b>	19,456.
<b>17</b>	Enter the <b>smaller</b> 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.	<b>17</b>	0.

**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.

<b>18</b>	Multiply line 14 by 75% (.75) (see instructions) . . . . .	<b>18</b>	
<b>19</b>	Enter the greater of line 13 or line 18 . . . . .	<b>19</b>	
<b>20</b>	Subtract line 19 from line 11. If zero or less, enter -0- . . . . .	<b>20</b>	
<b>21</b>	Subtract line 17 from line 20. If zero or less, enter -0- . . . . .	<b>21</b>	
<b>22</b>	Combine the amounts from line 3 of all Parts III with box A, C, or D checked . . . . .	<b>22</b>	
<b>23</b>	Passive activity credit from line 3 of all Parts III with box B checked	<b>23</b>	
<b>24</b>	Enter the applicable passive activity credit allowed for 2015 (see instructions) . . . . .	<b>24</b>	
<b>25</b>	Add lines 22 and 24 . . . . .	<b>25</b>	
<b>26</b>	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 . . . . .	<b>26</b>	0.
<b>27</b>	Subtract line 13 from line 11. If zero or less, enter -0- . . . . .	<b>27</b>	124,634.
<b>28</b>	Add lines 17 and 26 . . . . .	<b>28</b>	0.
<b>29</b>	Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	<b>29</b>	124,634.
<b>30</b>	Enter the general business credit from line 5 of all Parts III with box A checked . . . . .	<b>30</b>	57,834.
<b>31</b>	Reserved . . . . .	<b>31</b>	
<b>32</b>	Passive activity credits from line 5 of all Parts III with box B checked	<b>32</b>	
<b>33</b>	Enter the applicable passive activity credits allowed for 2015 (see instructions) . . . . .	<b>33</b>	
<b>34</b>	Carryforward of business credit to 2015. 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 . . . . .	<b>34</b>	
<b>35</b>	Carryback of business credit from 2016. Enter the amount from line 5 of Part III with box D checked (see instructions) . . . . .	<b>35</b>	
<b>36</b>	Add lines 30, 33, 34, and 35 . . . . .	<b>36</b>	57,834.
<b>37</b>	Enter the <b>smaller</b> of line 29 or line 36 . . . . .	<b>37</b>	57,834.
<b>38</b>	<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>	<b>38</b>	57,834.

Name(s) shown on return <b>BRUCE R NELSON</b>	Identifying number 059-54-1749
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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)

- |   |   |
|---|---|
| <p><b>A</b> <input checked="" type="checkbox"/> General Business Credit From a Non-Passive Activity</p> <p><b>B</b> <input type="checkbox"/> General Business Credit From a Passive Activity</p> <p><b>C</b> <input type="checkbox"/> General Business Credit Carryforwards</p> <p><b>D</b> <input type="checkbox"/> General Business Credit Carrybacks</p> | <p><b>E</b> <input type="checkbox"/> Reserved</p> <p><b>F</b> <input type="checkbox"/> Reserved</p> <p><b>G</b> <input type="checkbox"/> Eligible Small Business Credit Carryforwards</p> <p><b>H</b> <input type="checkbox"/> Reserved</p> |
|---|---|

**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 ▶

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note.</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468) . . . . .	<b>1a</b>	
<b>b</b> Reserved . . . . .	<b>1b</b>	
<b>c</b> Increasing research activities (Form 6765) . . . . .	<b>1c</b>	
<b>d</b> Low-income housing (Form 8586, Part I only) . . . . .	<b>1d</b>	
<b>e</b> Disabled access (Form 8826) (see instructions for limitation) . . . . .	<b>1e</b>	
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>	
<b>g</b> Indian employment (Form 8845) . . . . .	<b>1g</b>	
<b>h</b> Orphan drug (Form 8820) . . . . .	<b>1h</b>	
<b>i</b> New markets (Form 8874) . . . . .	<b>1i</b>	
<b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<b>1j</b>	
<b>k</b> Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) . . . . .	<b>1k</b>	
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864) . . . . .	<b>1l</b>	
<b>m</b> Low sulfur diesel fuel production (Form 8896) . . . . .	<b>1m</b>	
<b>n</b> Distilled spirits (Form 8906) . . . . .	<b>1n</b>	
<b>o</b> Nonconventional source fuel . . . . .	<b>1o</b>	
<b>p</b> Energy efficient home (Form 8908) . . . . .	<b>1p</b>	
<b>q</b> Energy efficient appliance . . . . .	<b>1q</b>	
<b>r</b> Alternative motor vehicle (Form 8910) . . . . .	<b>1r</b>	
<b>s</b> Alternative fuel vehicle refueling property (Form 8911) . . . . .	<b>1s</b>	
<b>t</b> Reserved . . . . .	<b>1t</b>	
<b>u</b> Mine rescue team training (Form 8923) . . . . .	<b>1u</b>	
<b>v</b> Agricultural chemicals security (carryforward only) . . . . .	<b>1v</b>	
<b>w</b> Employer differential wage payments (Form 8932) . . . . .	<b>1w</b>	
<b>x</b> Carbon dioxide sequestration (Form 8933) . . . . .	<b>1x</b>	
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936) . . . . .	<b>1y</b>	
<b>z</b> Qualified plug-in electric vehicle (carryforward only) . . . . .	<b>1z</b>	
<b>aa</b> New hire retention (carryforward only) . . . . .	<b>1aa</b>	
<b>bb</b> General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	<b>1bb</b>	
<b>zz</b> Other . . . . .	<b>1zz</b>	
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>	
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II.	<b>3</b>	
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468) . . . . .	<b>4a</b>	57,834.
<b>b</b> Work opportunity (Form 5884) . . . . .	<b>4b</b>	
<b>c</b> Biofuel producer (Form 6478) . . . . .	<b>4c</b>	
<b>d</b> Low-income housing (Form 8586, Part II) . . . . .	<b>4d</b>	
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>	
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>	
<b>g</b> Qualified railroad track maintenance (Form 8900) . . . . .	<b>4g</b>	
<b>h</b> Small employer health insurance premiums (Form 8941) . . . . .	<b>4h</b>	
<b>i</b> Reserved . . . . .	<b>4i</b>	
<b>j</b> Reserved . . . . .	<b>4j</b>	
<b>z</b> Other . . . . .	<b>4z</b>	
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II.	<b>5</b>	57,834.
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.	<b>6</b>	57,834.

**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 BRUCE R NELSON	Identifying number 059-54-1749
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**1** Enter the gross proceeds from sales or exchanges reported to you for 2015 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)

<b>2</b>	<b>(a)</b> Description of property	<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	<b>(d)</b> Gross sales price	<b>(e)</b> Depreciation allowed or allowable since acquisition	<b>(f)</b> Cost or other basis, plus improvements and expense of sale	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)
	TIMBER	Various	06/01/2015	4,116.		272.	3,844.

**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** 3,844.

**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 did not 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):


**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**

**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**



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

Your social security number

BRUCE R NELSON

059-54-1749

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

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	510,682.
2	Medical and dental. If you or your spouse was 65 or older, enter the <b>smaller</b> 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	11,873.
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 \$154,950 or less, enter -0-. Otherwise, see instructions	6	( 8,230. )
7	Tax refund from Form 1040, line 10 or line 21	7	( )
8	Investment interest expense (difference between regular tax and AMT).	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	( )
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	13	0.
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	0.
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	-5,734.
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 \$246,250, see instructions.)	28	508,591.

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

29	Exemption. (If you were under age 24 at the end of 2015, see instructions.) <b>IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . .</b> Single or head of household . . . \$119,200 . . . \$53,600 Married filing jointly or qualifying widow(er) 158,900 . . . 83,400 Married filing separately . . . 79,450 . . . 41,700 If line 28 is <b>over</b> 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	508,591.
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 the back and enter the amount from line 64 here. • <b>All others:</b> If line 30 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result.	31	138,390.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	138,390.
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 Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	157,846.
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.

<b>36</b>	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 . . . . .	<b>36</b>	508,591.
<b>37</b>	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 . . . . .	<b>37</b>	3,844.
<b>38</b>	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 . . . . .	<b>38</b>	0.
<b>39</b>	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 <b>smaller</b> 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 . . . . .	<b>39</b>	3,844.
<b>40</b>	Enter the <b>smaller</b> of line 36 or line 39 . . . . .	<b>40</b>	3,844.
<b>41</b>	Subtract line 40 from line 36 . . . . .	<b>41</b>	504,747.
<b>42</b>	If line 41 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result . . . ▶	<b>42</b>	137,621.
<b>43</b>	Enter: <ul style="list-style-type: none"> <li>• \$74,900 if married filing jointly or qualifying widow(er),</li> <li>• \$37,450 if single or married filing separately, or</li> <li>• \$50,200 if head of household.</li> </ul>	<b>43</b>	37,450.
<b>44</b>	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 . . . . .	<b>44</b>	506,838.
<b>45</b>	Subtract line 44 from line 43. If zero or less, enter -0- . . . . .	<b>45</b>	0.
<b>46</b>	Enter the <b>smaller</b> of line 36 or line 37 . . . . .	<b>46</b>	3,844.
<b>47</b>	Enter the <b>smaller</b> of line 45 or line 46. This amount is taxed at 0% . . . . .	<b>47</b>	0.
<b>48</b>	Subtract line 47 from line 46 . . . . .	<b>48</b>	3,844.
<b>49</b>	Enter: <ul style="list-style-type: none"> <li>• \$413,200 if single</li> <li>• \$232,425 if married filing separately</li> <li>• \$464,850 if married filing jointly or qualifying widow(er)</li> <li>• \$439,000 if head of household</li> </ul>	<b>49</b>	413,200.
<b>50</b>	Enter the amount from line 45 . . . . .	<b>50</b>	0.
<b>51</b>	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 . . . . .	<b>51</b>	506,838.
<b>52</b>	Add line 50 and line 51 . . . . .	<b>52</b>	506,838.
<b>53</b>	Subtract line 52 from line 49. If zero or less, enter -0- . . . . .	<b>53</b>	0.
<b>54</b>	Enter the smaller of line 48 or line 53 . . . . .	<b>54</b>	0.
<b>55</b>	Multiply line 54 by 15% (.15) . . . . . ▶	<b>55</b>	0.
<b>56</b>	Add lines 47 and 54 . . . . .	<b>56</b>	0.
<b>If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.</b>			
<b>57</b>	Subtract line 56 from line 46 . . . . .	<b>57</b>	3,844.
<b>58</b>	Multiply line 57 by 20% (.20) . . . . . ▶	<b>58</b>	769.
<b>If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.</b>			
<b>59</b>	Add lines 41, 56, and 57 . . . . .	<b>59</b>	
<b>60</b>	Subtract line 59 from line 36 . . . . .	<b>60</b>	
<b>61</b>	Multiply line 60 by 25% (.25) . . . . . ▶	<b>61</b>	
<b>62</b>	Add lines 42, 55, 58, and 61 . . . . .	<b>62</b>	138,390.
<b>63</b>	If line 36 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result . . . . .	<b>63</b>	138,697.
<b>64</b>	Enter the <b>smaller</b> 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 . . . . .	<b>64</b>	138,390.



**Net Investment Income Tax—  
Individuals, Estates, and Trusts**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to your tax return.**  
▶ **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

BRUCE R NELSON

Your social security number or EIN

059-54-1749

- 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>	29,723.
<b>2</b>	Ordinary dividends (see instructions)		<b>2</b>	
<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> 321,194.		
<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>	321,194.
<b>5a</b>	Net gain or loss from disposition of property (see instructions)	<b>5a</b> 3,844.		
<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>	3,844.
<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>	
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		<b>8</b>	354,761.

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

<b>9a</b>	Investment interest expenses (see instructions)	<b>9a</b>		
<b>b</b>	State, local, and foreign income tax (see instructions)	<b>9b</b>		
<b>c</b>	Miscellaneous investment expenses (see instructions)	<b>9c</b>		
<b>d</b>	Add lines 9a, 9b, and 9c		<b>9d</b>	
<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>	

**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-		<b>12</b>	354,761.
<b>Individuals:</b>				
<b>13</b>	Modified adjusted gross income (see instructions)	<b>13</b> 532,599.		
<b>14</b>	Threshold based on filing status (see instructions)	<b>14</b> 200,000.		
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0-	<b>15</b> 332,599.		
<b>16</b>	Enter the smaller of line 12 or line 15		<b>16</b>	332,599.
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). <b>Enter here and include on your tax return</b> (see instructions)		<b>17</b>	12,639.
<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). <b>Enter here and include on your tax return</b> (see instructions)		<b>21</b>	

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

► **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.**

Name(s) shown on return

BRUCE R NELSON

Identifying number

059-54-1749

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

<b>1</b>	Combine lines 1, 6, and 10 of your 2014 Form 6251. Estates and trusts, see instructions . . . . .	<b>1</b>	465,463.
<b>2</b>	Enter adjustments and preferences treated as exclusion items (see instructions) . . . . .	<b>2</b>	9,601.
<b>3</b>	Minimum tax credit net operating loss deduction (see instructions) . . . . .	<b>3</b>	( )
<b>4</b>	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 \$242,450 and you were married filing separately for 2014, see instructions . . . . .	<b>4</b>	475,064.
<b>5</b>	Enter: \$82,100 if married filing jointly or qualifying widow(er) for 2014; \$52,800 if single or head of household for 2014; or \$41,050 if married filing separately for 2014. Estates and trusts, enter \$23,500	<b>5</b>	52,800.
<b>6</b>	Enter: \$156,500 if married filing jointly or qualifying widow(er) for 2014; \$117,300 if single or head of household for 2014; or \$78,250 if married filing separately for 2014. Estates and trusts, enter \$78,250 . . . . .	<b>6</b>	117,300.
<b>7</b>	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9 . . . . .	<b>7</b>	357,764.
<b>8</b>	Multiply line 7 by 25% (0.25). . . . .	<b>8</b>	89,441.
<b>9</b>	Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2014, see instructions	<b>9</b>	0.
<b>10</b>	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 . . . . .	<b>10</b>	475,064.
<b>11</b>	<ul style="list-style-type: none"> <li>• If for 2014 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>• If for 2014 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 \$182,500 or less (\$91,250 or less if married filing separately for 2014), multiply line 10 by 26% (0.26). Otherwise, multiply line 10 by 28% (0.28) and subtract \$3,650 (\$1,825 if married filing separately for 2014) from the result. Form 1040NR filers, see instructions.</li> </ul>	<b>11</b>	129,368.
<b>12</b>	Minimum tax foreign tax credit on exclusion items (see instructions) . . . . .	<b>12</b>	
<b>13</b>	Tentative minimum tax on exclusion items. Subtract line 12 from line 11 . . . . .	<b>13</b>	129,368.
<b>14</b>	Enter the amount from your 2014 Form 6251, line 34, or 2014 Form 1041, Schedule I, line 55 . . . . .	<b>14</b>	144,059.
<b>15</b>	<b>Net minimum tax on exclusion items.</b> Subtract line 14 from line 13. If zero or less, enter -0- . . . . .	<b>15</b>	0.

**Part II Minimum Tax Credit and Carryforward to 2016**

<b>16</b>	Enter the amount from your 2014 Form 6251, line 35, or 2014 Form 1041, Schedule I, line 56 . . . . .	<b>16</b>	0 .
<b>17</b>	Enter the amount from line 15 . . . . .	<b>17</b>	0 .
<b>18</b>	Subtract line 17 from line 16. If less than zero, enter as a negative amount . . . . .	<b>18</b>	0 .
<b>19</b>	<b>2014 credit carryforward.</b> Enter the amount from your 2014 Form 8801, line 26 . . . . .	<b>19</b>	11,972 .
<b>20</b>	Enter your 2014 unallowed qualified electric vehicle credit (see instructions) . . . . .	<b>20</b>	
<b>21</b>	Combine lines 18 through 20. If zero or less, stop here and see the instructions . . . . .	<b>21</b>	11,972 .
<b>22</b>	Enter your 2015 regular income tax liability minus allowable credits (see instructions) . . . . .	<b>22</b>	100,012 .
<b>23</b>	Enter the amount from your 2015 Form 6251, line 33, or 2015 Form 1041, Schedule I, line 54 . . . . .	<b>23</b>	138,390 .
<b>24</b>	Subtract line 23 from line 22. If zero or less, enter -0- . . . . .	<b>24</b>	0 .
<b>25</b>	<b>Minimum tax credit.</b> Enter the <b>smaller</b> of line 21 or line 24. Also enter this amount on your 2015 Form 1040, line 54 (check box <b>b</b> ); Form 1040NR, line 51 (check box <b>b</b> ); or Form 1041, Schedule G, line 2c . . . . .	<b>25</b>	0 .
<b>26</b>	<b>Credit carryforward to 2016.</b> Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years . . . . .	<b>26</b>	11,972 .

**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.

**Caution:** If you didn't complete the 2014 Qualified Dividends and Capital Gain Tax Worksheet, the 2014 Schedule D Tax Worksheet, or Part V of the 2014 Schedule D (Form 1041), see the instructions before completing this part.\*

**27** Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2014, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions . . . . .

**27**

**Caution: If for 2014** you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 28, 29, and 30.

**28** Enter the amount from line 6 of your 2014 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2014 Schedule D Tax Worksheet, or the amount from line 26 of the 2014 Schedule D (Form 1041), whichever applies\* . . . . .

**28**

**If you figured your 2014 tax using the 2014 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.**

**29** Enter the amount from line 19 of your 2014 Schedule D (Form 1040), or line 18b, column (2), of the 2014 Schedule D (Form 1041) . . . . .

**29**

**30** Add lines 28 and 29, and enter the **smaller** of that result or the amount from line 10 of your 2014 Schedule D Tax Worksheet . . . . .

**30**

**31** Enter the **smaller** of line 27 or line 30 . . . . .

**31**

**32** Subtract line 31 from line 27 . . . . .

**32**

**33** If line 32 is \$182,500 or less (\$91,250 or less if married filing separately for 2014), multiply line 32 by 26% (0.26). Otherwise, multiply line 32 by 28% (0.28) and subtract \$3,650 (\$1,825 if married filing separately for 2014) from the result. Form 1040NR filers, see instructions . . . . . ▶

**33**

**34** Enter:

- \$73,800 if married filing jointly or qualifying widow(er) for 2014,
  - \$36,900 if single or married filing separately for 2014,
  - \$49,400 if head of household for 2014, or
  - \$2,500 for an estate or trust.
- Form 1040NR filers, see instructions. } . . . . .

**34**

**35** Enter the amount from line 7 of your 2014 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2014 Schedule D Tax Worksheet, or the amount from line 27 of the 2014 Schedule D (Form 1041), whichever applies. If you didn't complete either worksheet or Part V of the 2014 Schedule D (Form 1041), enter the amount from your 2014 Form 1040, line 43, or 2014 Form 1041, line 22, whichever applies; if zero or less, enter -0-. Form 1040NR filers, see instructions . . . . .

**35**

**36** Subtract line 35 from line 34. If zero or less, enter -0- . . . . .

**36**

**37** Enter the **smaller** of line 27 or line 28 . . . . .

**37**

**38** Enter the **smaller** of line 36 or line 37 . . . . .

**38**

**39** Subtract line 38 from line 37 . . . . .

**39**

**40** Enter:

- \$406,750 if single for 2014,
  - \$228,800 if married filing separately for 2014,
  - \$457,600 if married filing jointly or qualifying widow(er) for 2014,
  - \$432,200 if head of household for 2014, or
  - \$12,150 for an estate or trust.
- Form 1040NR filers, see instructions. } . . . . .

**40**

**41** Enter the amount from line 36 . . . . .

**41**

**42** Form 1040 filers, enter the amount from line 7 of your 2014 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 19 of your 2014 Schedule D Tax Worksheet, whichever applies. If you didn't complete either worksheet, see instructions. Form 1041 filers, enter the amount from line 27 of your 2014 Schedule D (Form 1041) or line 18 of your 2014 Schedule D Tax Worksheet, whichever applies. If you didn't complete either the worksheet or Part V of the 2014 Schedule D (Form 1041), enter the amount from your 2014 Form 1041, line 22; if zero or less, enter -0-. Form 1040NR filers, see instructions . . . . .

**42**

\* The 2014 Qualified Dividends and Capital Gain Tax Worksheet is in the 2014 Instructions for Form 1040. The 2014 Schedule D Tax Worksheet is in the 2014 Instructions for Schedule D (Form 1040) (or the 2014 Instructions for Schedule D (Form 1041)).

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

<b>43</b>	Add lines 41 and 42 . . . . .	<b>43</b>
<b>44</b>	Subtract line 43 from line 40. If zero or less, enter -0- . . . . .	<b>44</b>
<b>45</b>	Enter the <b>smaller</b> of line 39 or line 44 . . . . .	<b>45</b>
<b>46</b>	Multiply line 45 by 15% (0.15) . . . . . ▶	<b>46</b>
<b>47</b>	Add lines 38 and 45 . . . . .	<b>47</b>
<b>If lines 47 and 27 are the same, skip lines 48 through 52 and go to line 53. Otherwise, go to line 48.</b>		
<b>48</b>	Subtract line 47 from line 37 . . . . .	<b>48</b>
<b>49</b>	Multiply line 48 by 20% (0.20) . . . . . ▶	<b>49</b>
<b>If line 29 is zero or blank, skip lines 50 through 52 and go to line 53. Otherwise, go to line 50.</b>		
<b>50</b>	Add lines 32, 47, and 48 . . . . .	<b>50</b>
<b>51</b>	Subtract line 50 from line 27 . . . . .	<b>51</b>
<b>52</b>	Multiply line 51 by 25% (0.25) . . . . . ▶	<b>52</b>
<b>53</b>	Add lines 33, 46, 49, and 52 . . . . .	<b>53</b>
<b>54</b>	If line 27 is \$182,500 or less (\$91,250 or less if married filing separately for 2014), multiply line 27 by 26% (0.26). Otherwise, multiply line 27 by 28% (0.28) and subtract \$3,650 (\$1,825 if married filing separately for 2014) from the result. Form 1040NR filers, see instructions . . . . .	<b>54</b>
<b>55</b>	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 2014, don't 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 . . . . .	<b>55</b>

**Passive Activity Loss Limitations**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at [www.irs.gov/form8582](http://www.irs.gov/form8582).

**2015**  
Attachment  
Sequence No. **88**

Name(s) shown on return

BRUCE R NELSON

Identifying number

059-54-1749

**Part I 2015 Passive Activity Loss**

**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

<b>1a</b> Activities with net income (enter the amount from Worksheet 1, column (a)) . . . . .	<b>1a</b>	321,194.	
<b>b</b> Activities with net loss (enter the amount from Worksheet 1, column (b)) . . . . .	<b>1b</b>	( 0. )	
<b>c</b> Prior years unallowed losses (enter the amount from Worksheet 1, column (c)) . . . . .	<b>1c</b>	( )	
<b>d</b> Combine lines 1a, 1b, and 1c . . . . .	<b>1d</b>		321,194.

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

<b>2a</b> Commercial revitalization deductions from Worksheet 2, column (a) . . . . .	<b>2a</b>	( )	
<b>b</b> Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) . . . . .	<b>2b</b>	( )	
<b>c</b> Add lines 2a and 2b . . . . .	<b>2c</b>	( )	

**All Other Passive Activities**

<b>3a</b> Activities with net income (enter the amount from Worksheet 3, column (a)) . . . . .	<b>3a</b>	( )	
<b>b</b> Activities with net loss (enter the amount from Worksheet 3, column (b)) . . . . .	<b>3b</b>	( )	
<b>c</b> Prior years unallowed losses (enter the amount from Worksheet 3, column (c)) . . . . .	<b>3c</b>	( )	
<b>d</b> Combine lines 3a, 3b, and 3c . . . . .	<b>3d</b>		

<b>4</b> Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used . . . . . If line 4 is a loss and: <ul style="list-style-type: none"> <li>• Line 1d is a loss, go to Part II.</li> <li>• Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.</li> <li>• Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.</li> </ul>	<b>4</b>		321,194.
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**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

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

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

<b>5</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4 . . . . .	<b>5</b>		
<b>6</b> Enter \$150,000. If married filing separately, see instructions . . . . .	<b>6</b>		
<b>7</b> Enter modified adjusted gross income, but not less than zero (see instructions) <b>Note:</b> If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	<b>7</b>		
<b>8</b> Subtract line 7 from line 6 . . . . .	<b>8</b>		
<b>9</b> Multiply line 8 by 50% (.5). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	<b>9</b>		
<b>10</b> Enter the <b>smaller</b> of line 5 or line 9 . . . . . If line 2c is a loss, go to Part III. Otherwise, go to line 15.	<b>10</b>		0.

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

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

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

**Part IV Total Losses Allowed**

<b>15</b> Add the income, if any, on lines 1a and 3a and enter the total . . . . .	<b>15</b>		
<b>16</b> <b>Total losses allowed from all passive activities for 2015.</b> Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return . . . . .	<b>16</b>		

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
176 MAIN STREET	16,387.	0.		16,387.	
231 MAIN STREET	164,849.	0.		164,849.	
(401) MONTOUR FALLS HOUSE	79,731.	0.		79,731.	
208 W BROADWAY	39,941.	0.		39,941.	
See Passive Wkst 1	20,286.	0.			
<b>Total. Enter on Form 8582, lines 1a, 1b, and 1c</b> . . . . . ▶	321,194.	0.			

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

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
<b>Total. Enter on Form 8582, lines 2a and 2b</b> . . . . . ▶			

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
<b>Total. Enter on Form 8582, lines 3a, 3b, and 3c</b> . . . . . ▶					

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
<b>Total</b> . . . . . ▶			1.00		

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total</b> . . . . . ▶			1.00	

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to your tax return.**  
▶ **Information about Form 3468 and its separate instructions is at [www.irs.gov/form3468](http://www.irs.gov/form3468).**

**2015**  
Attachment  
Sequence No. **174**

Name(s) shown on return

Identifying number

BRUCE R NELSON

059-54-1749

**Part I Information Regarding the Election To Treat the Lessee as the Purchaser of Investment Credit Property**

If you are claiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4, 1990) election, provide the following information. If you acquired more than one property as a lessee, attach a statement showing the information below.

- 1 Name of lessor \_\_\_\_\_
- 2 Address of lessor \_\_\_\_\_
- 3 Description of property \_\_\_\_\_
- 4 Amount for which you were treated as having acquired the property . . . . . ▶ \$ \_\_\_\_\_

**Part II Qualifying Advanced Coal Project Credit, Qualifying Gasification Project Credit, and Qualifying Advanced Energy Project Credit**

<b>5</b>	Qualifying advanced coal project credit (see instructions):		
<b>a</b>	Qualified investment in integrated gasification combined cycle property placed in service during the tax year for projects described in section 48A(d)(3)(B)(i) . . . . . \$ _____ × 20% (.20)	<b>5a</b>	
<b>b</b>	Qualified investment in advanced coal-based generation technology property placed in service during the tax year for projects described in section 48A(d)(3)(B)(ii) . . . . . \$ _____ × 15% (.15)	<b>5b</b>	
<b>c</b>	Qualified investment in advanced coal-based generation technology property placed in service during the tax year for projects described in section 48A(d)(3)(B)(iii) . . . . . \$ _____ × 30% (.30)	<b>5c</b>	
<b>d</b>	Total. Add lines 5a, 5b, and 5c . . . . .		<b>5d</b>
<b>6</b>	Qualifying gasification project credit (see instructions):		
<b>a</b>	Qualified investment in qualified gasification property placed in service during the tax year for which credits were allocated or reallocated after October 3, 2008, and that includes equipment that separates and sequesters at least 75% of the project's carbon dioxide emissions . . . . . \$ _____ × 30% (.30)	<b>6a</b>	
<b>b</b>	Qualified investment in property other than in <b>a</b> above placed in service during the tax year . . . . . \$ _____ × 20% (.20)	<b>6b</b>	
<b>c</b>	Total. Add lines 6a and 6b . . . . .		<b>6c</b>
<b>7</b>	Qualifying advanced energy project credit (see instructions): Qualified investment in advanced energy project property placed in service during the tax year . . . . . \$ _____ × 30% (.30)		<b>7</b>
<b>8</b>	Reserved . . . . .		<b>8</b>
<b>9</b>	Enter the applicable unused investment credit from cooperatives (see instructions) . . . . .		<b>9</b>
<b>10</b>	Add lines 5d, 6c, 7, and 9. Report this amount on Form 3800, line 1a . . . . .		<b>10</b>

For Paperwork Reduction Act Notice, see separate instructions.

BAA

REV 06/12/16 PRO

Form **3468** (2015)



**Part III Rehabilitation Credit and Energy Credit**

<b>11</b>	Rehabilitation credit (see instructions for requirements that must be met):		
<b>a</b>	Check this box if you are electing under section 47(d)(5) to take your qualified rehabilitation expenditures into account for the tax year in which paid (or, for self-rehabilitated property, when capitalized). See instructions. <b>Note.</b> This election applies to the current tax year and to all later tax years. You may not revoke this election without IRS consent . . . . . <input type="checkbox"/>		
<b>b</b>	Enter the dates on which the 24- or 60-month measuring period begins _____ and ends _____		
<b>c</b>	Enter the adjusted basis of the building as of the beginning date above (or the first day of your holding period, if later) . . . . . \$ _____		
<b>d</b>	Enter the amount of the qualified rehabilitation expenditures incurred, or treated as incurred, during the period on line 11b above . . . . . \$ _____		
	Enter the amount of qualified rehabilitation expenditures and multiply by the percentage shown:		
<b>e</b>	Pre-1936 buildings located in the Gulf Opportunity Zone (only enter amounts paid or incurred before 2012) . . . . . \$ _____ × 13% (.13)	<b>11e</b>	
<b>f</b>	Pre-1936 buildings affected by a Midwestern disaster (only enter amounts paid or incurred before 2012) . . . . . \$ _____ × 13% (.13)	<b>11f</b>	
<b>g</b>	Other pre-1936 buildings . . . . . \$ _____ × 10% (.10)	<b>11g</b>	
<b>h</b>	Certified historic structures located in the Gulf Opportunity Zone (only enter amounts paid or incurred before 2012) . . . . . \$ _____ × 26% (.26)	<b>11h</b>	
<b>i</b>	Certified historic structures affected by a Midwestern disaster (only enter amounts paid or incurred before 2012) . . . . . \$ _____ × 26% (.26)	<b>11i</b>	
<b>j</b>	Other certified historic structures . . . . . \$ <u>289,171.</u> × 20% (.20)	<b>11j</b>	57,834.
	For properties identified on lines 11h, 11i, or 11j, complete lines 11k and 11l.		
<b>k</b>	Enter the assigned NPS project number or the pass-through entity's employer identification number (see instructions) . . . . . <u>NPS26176</u>		
<b>l</b>	Enter the date that the NPS approved the Request for Certification of Completed Work (see instructions) . . . . . <u>03/06/2012</u>		
<b>m</b>	Rehabilitation credit from an electing large partnership (Schedule K-1 (Form 1065-B), box 9) . . . . .	<b>11m</b>	
<b>12</b>	Energy credit:		
<b>a</b>	Basis of property using geothermal energy or solar energy (acquired before January 1, 2006, and the basis attributable to construction, reconstruction, or erection by the taxpayer before January 1, 2006) placed in service during the tax year (see instructions) \$ _____ × 10% (.10)	<b>12a</b>	
<b>b</b>	Basis of property using solar illumination or solar energy placed in service during the tax year that was acquired after December 31, 2005, and the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31, 2005 (see instructions) \$ _____ × 30% (.30)	<b>12b</b>	
	Qualified fuel cell property (see instructions):		
<b>c</b>	Basis of property placed in service during the tax year that was acquired after December 31, 2005, and before October 4, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31, 2005, and before October 4, 2008 \$ _____ × 30% (.30)	<b>12c</b>	
<b>d</b>	Applicable kilowatt capacity of property on line 12c (see instructions) ▶ _____ × \$1,000	<b>12d</b>	
<b>e</b>	Enter the lesser of line 12c or line 12d . . . . .	<b>12e</b>	
<b>f</b>	Basis of property placed in service during the tax year that was acquired after October 3, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after October 3, 2008 . . . . . \$ _____ × 30% (.30)	<b>12f</b>	
<b>g</b>	Applicable kilowatt capacity of property on line 12f (see instructions) ▶ _____ × \$3,000	<b>12g</b>	
<b>h</b>	Enter the lesser of line 12f or line 12g . . . . .	<b>12h</b>	
	Qualified microturbine property (see instructions):		
<b>i</b>	Basis of property placed in service during the tax year that was acquired after December 31, 2005, and the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31, 2005 . . . . . \$ _____ × 10% (.10)	<b>12i</b>	
<b>j</b>	Kilowatt capacity of property on line 12i . . . . . ▶ _____ × \$200	<b>12j</b>	
<b>k</b>	Enter the lesser of line 12i or line 12j . . . . .	<b>12k</b>	

**Part III Rehabilitation Credit and Energy Credit (continued)**

Combined heat and power system property (see instructions):

**Caution.** You cannot claim this credit if the electrical capacity of the property is more than 50 megawatts or 67,000 horsepower.

<p><b>l</b> Basis of property placed in service during the tax year that was acquired after October 3, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after October 3, 2008 . . . . . \$ _____ × 10% (.10)</p>	<b>12l</b>	
<p><b>m</b> If the electrical capacity of the property is measured in:                  • Megawatts, divide 15 by the megawatt capacity. Enter 1.0 if the capacity is 15 megawatts or less.                  • Horsepower, divide 20,000 by the horsepower. Enter 1.0 if the capacity is 20,000 horsepower or less . . . . .</p>	<b>12m</b>	
<p><b>n</b> Multiply line 12l by line 12m . . . . .</p>	<b>12n</b>	
<p>Qualified small wind energy property (see instructions):</p>		
<p><b>o</b> Basis of property placed in service during the tax year that was acquired after October 3, 2008, and before January 1, 2009, and the basis attributable to the construction, reconstruction, or erection by the taxpayer after October 3, 2008, and before January 1, 2009 . . . . . \$ _____ × 30% (.30)</p>	<b>12o</b>	
<p><b>p</b> Enter the smaller of line 12o or \$4,000 . . . . .</p>	<b>12p</b>	
<p><b>q</b> Basis of property placed in service during the tax year that was acquired after December 31, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31, 2008 . . . . . \$ _____ × 30% (.30)</p>	<b>12q</b>	
<p>Geothermal heat pump systems (see instructions):</p>		
<p><b>r</b> Basis of property placed in service during the tax year that was acquired after October 3, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after October 3, 2008 . . . . . \$ _____ × 10% (.10)</p>	<b>12r</b>	
<p>Qualified investment credit facility property (see instructions):</p>		
<p><b>s</b> Basis of property placed in service during the tax year . . . \$ _____ × 30% (.30)</p>	<b>12s</b>	
<p><b>13</b> Enter the applicable unused investment credit from cooperatives (see instructions) . . . . .</p>	<b>13</b>	
<p><b>14</b> Add lines 11e through 11j, 11m, 12a, 12b, 12e, 12h, 12k, 12n, 12p, 12q, 12r, 12s, and 13. Report this amount on Form 3800, line 4a . . . . .</p>	<b>14</b>	57,834.

### Additional information from your 2015 Federal Tax Return

**Form 1040: Individual Tax Return**

**Line 21 - Other Income**

**Continuation Statement**

Description	Amount
Other Income from box 3 of 1099-Misc	13,000.
NYS QEZE RE TAX REFUND FROM 2014	8,985.
<b>Total</b>	<b>21,985.</b>

**Schedule E: Supplemental Income and Loss -- Page 1 (Copy 1)**

**Line 19 Other Expenses: Property (C)**

**Continuation Statement**

Expense Description	Amount
YARD MAINTENANCE & SNOW REMOVAL	6,867.
TRASH REMOVAL	4,917.
<b>Total</b>	<b>11,784.</b>

**Schedule E: Supplemental Income and Loss -- Page 1 (Copy 1)**

**Line 19 Other Expenses: Property (B)**

**Continuation Statement**

Expense Description	Amount
YARD MAINTENANCE & SNOW REMOVAL	24,210.
TRASH REMOVAL	7,678.
<b>Total</b>	<b>31,888.</b>

**Schedule E: Supplemental Income and Loss -- Page 1 (Copy 1)**

**Line 19 Other Expenses: Property (A)**

**Continuation Statement**

Expense Description	Amount
YARD MAINTENANCE & SNOW REMOVAL	16,348.
TRASH REMOVAL	4,086.
<b>Total</b>	<b>20,434.</b>

**Schedule E: Supplemental Income and Loss -- Page 1 (Copy 2)**

**Line 19 Other Expenses: Property (B)**

**Continuation Statement**

Expense Description	Amount
SNOW PLOW & LAWN CARE	2,333.
TRASH REMOVAL	2,688.
<b>Total</b>	<b>5,021.</b>

**Schedule E: Supplemental Income and Loss -- Page 1 (Copy 2)**

**Line 19 Other Expenses: Property (A)**

**Continuation Statement**

Expense Description	Amount
LAWN MAINTENANCE & SNOW REMOVAL	8,894.
TRASH	4,601.
<b>Total</b>	<b>13,495.</b>

## Form 8582: Passive Activity Loss Limitations (Copy 1)

## Passive Worksheet 1

## Continuation Statement

Activity Name	Current Year Net Inc	Current Year Net Loss	Prior Year Unallowed Loss	Overall Gain	Overall Loss
65 SALT POINT ROAD	3,269.	0.		3,269.	
CASTLE GARDENS MANAGEMENT, LLC	17,017.	0.		17,017.	
<b>Total</b>	20,286.	0.			

BRUCE R. NELSON  
252 GREENWOOD ROAD  
LISLE, NY 13797

NY

State Processing Center  
PO Box 61000  
Albany, NY 12261-0001



## **New York State requires this income tax return to be filed electronically.**

### **Attention tax return preparer:**

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

**Preparers who file paper returns are subject to penalties.**

**Avoid penalties and e-file this return.**

### **Attention taxpayer:**

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- **No charge for e-filing:** New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- **Faster tax refunds:** New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- **90% of New Yorkers** enjoy the benefits of e-filing.

### **Questions?**

Visit our Web site for more information about New York's e-file mandate.



# Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-201

For the full year January 1, 2015, through December 31, 2015, or fiscal year beginning ... 15

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name BRUCE		MI R	Your last name (for a joint return, enter spouse's name on line below) NELSON		Your date of birth (mmdyyyy) 07051957	Your social security number 059-54-1749
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmdyyyy)	Spouse's social security number
Mailing address (see instructions, page 13) (number and street or PO box) 252 GREENWOOD ROAD					Apartment number	New York State county of residence BROO
City, village, or post office LISLE			State NY	ZIP code 13797	Country (if not United States)	School district name WHITNEY POINT
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)					Apartment number	School district code number ..... 703
City, village, or post office			State NY	ZIP code	Decedent information	Taxpayer's date of death (mmdyyyy)
						Spouse's date of death (mmdyyyy)

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

**B Did you itemize** your deductions on your 2015 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 page 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

**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2015? (see page 14) .. Yes  No   
 (2) Enter the number of days spent in NYC in 2015 (any part of a day spent in NYC is considered a day).....  

**F NYC residents and NYC part-year residents only** (see page 14):  
 (1) Number of months **you** lived in NYC in 2015 .....    
 (2) Number of months **your spouse** lived in NYC in 2015 .....  

**G** Enter your **2-character special condition code(s) if applicable** (see page 14) .....    

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

First name	MI	Last name	Relationship	Social security number	Date of birth (mmdyyyy)
JAKOB		NELSON	SON	120-94-3450	10012005

If more than 7 dependents, mark an X in the box.



For office use only

Your social security number
059-54-1749

**Federal income and adjustments** (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1		00
2	Taxable interest income .....	2	29723	00
3	Ordinary dividends .....	3		00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4		00
5	Alimony received .....	5		00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....	6	212547	00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7	3844	00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8		00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box ... <input type="checkbox"/>	9		00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	10		00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) .....	11	321194	00
12	Rental real estate included in line 11 .....	12	304177	00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13		00
14	Unemployment compensation .....	14		00
15	Taxable amount of social security benefits (also enter on line 27) .....	15		00
16	Other income (see page 15) Identify: SEE OTHER INCOME STMT	16	21985	00
17	Add lines 1 through 11 and 13 through 16 .....	17	589293	00
18	Total federal adjustments to income (see page 15) Identify: SEE FEDERAL ADJ STMT	18	56694	00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	532599	00

**New York additions** (see page 16)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20		00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)	21		00
22	<b>New York's</b> 529 college savings program distributions (see page 16) .....	22		00
23	Other (Form IT-225, line 9) .....	23		00
24	Add lines 19 through 23 .....	24	532599	00

**New York subtractions** (see page 17)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25		00
26	Pensions of NYS and local governments and the federal government (see page 17)	26		00
27	Taxable amount of social security benefits (from line 15) .....	27		00
28	Interest income on U.S. government bonds .....	28		00
29	Pension and annuity income exclusion (see page 18) .....	29		00
30	<b>New York's</b> 529 college savings program deduction/earnings	30		00
31	Other (Form IT-225, line 18).....	31		00
32	Add lines 25 through 31 .....	32		00
33	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	532599	00



**Standard deduction or itemized deduction** (see page 20)

34	Enter your <b>standard deduction</b> (table on page 20) or your <b>itemized deduction</b> (from Form IT-201-D) Mark an <b>X</b> in the appropriate box: <input type="checkbox"/> <b>Standard</b> - or - <input checked="" type="checkbox"/> <b>Itemized</b>	34	9948	00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	522651	00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20) .....	36	1 000	00
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	521651	00

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Name(s) as shown on page 1  
 BRUCE R NELSON

Your social security number  
 059-54-1749

**Tax computation, credits, and other taxes**

<b>38</b> Taxable income (from line 37 on page 2) .....	<b>38</b>	521651	00
<b>39</b> NYS tax on line 38 amount (see page 21) .....	<b>39</b>	35733	00
<b>40</b> NYS household credit (page 21, table 1, 2, or 3) .....	<b>40</b>		00
<b>41</b> Resident credit (see page 22) .....	<b>41</b>		00
<b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7) .....	<b>42</b>	35733	00
<b>43</b> Add lines 40, 41, and 42 .....	<b>43</b>	35733	00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	<b>44</b>		00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30) .....	<b>45</b>		00
<b>46</b> Total New York State taxes (add lines 44 and 45) .....	<b>46</b>		00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

<b>47</b> NYC resident tax on line 38 amount (see page 22).....	<b>47</b>		00
<b>48</b> NYC household credit (page 22, table 4, 5, or 6) .....	<b>48</b>		00
<b>49</b> Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank) .....	<b>49</b>		00
<b>50</b> Part-year NYC resident tax (Form IT-360.1) .....	<b>50</b>		00
<b>51</b> Other NYC taxes (Form IT-201-ATT, line 34) .....	<b>51</b>		00
<b>52</b> Add lines 49, 50, and 51 .....	<b>52</b>		00
<b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10) .....	<b>53</b>		00
<b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....	<b>54</b>		00
<b>54a</b> MCTMT net earnings base ....	<b>54a</b>		00
<b>54b</b> MCTMT .....	<b>54b</b>		00
<b>55</b> Yonkers resident income tax surcharge (see page 25) .....	<b>55</b>		00
<b>56</b> Yonkers nonresident earnings tax (Form Y-203) .....	<b>56</b>		00
<b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....	<b>57</b>		00
<b>58</b> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	<b>58</b>		00

See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



<b>59</b> Sales or use tax (see page 26; do not leave line 59 blank) .....	<b>59</b>		0 00
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**Voluntary contributions** (see page 27)

<b>60a</b> Return a Gift to Wildlife .....	<b>60a</b>		00
<b>60b</b> Missing/Exploited Children Fund .....	<b>60b</b>		00
<b>60c</b> Breast Cancer Research Fund .....	<b>60c</b>		00
<b>60d</b> Alzheimer's Fund .....	<b>60d</b>		00
<b>60e</b> Olympic Fund (\$2 or \$4; see page 27) .....	<b>60e</b>		00
<b>60f</b> Prostate and Testicular Cancer Research and Education Fund ..	<b>60f</b>		00
<b>60g</b> 9/11 Memorial .....	<b>60g</b>		00
<b>60h</b> Volunteer Firefighting & EMS Recruitment Fund .....	<b>60h</b>		00
<b>60i</b> Teen Health Education .....	<b>60i</b>		00
<b>60j</b> Veterans Remembrance.....	<b>60j</b>		00
<b>60k</b> Homeless Veterans .....	<b>60k</b>		00
<b>60l</b> Mental Illness Anti-Stigma Fund .....	<b>60l</b>		00
<b>60m</b> Women's Cancers Education and Prevention Fund .....	<b>60m</b>		00
<b>60</b> Total voluntary contributions (add lines 60a through 60m) .....	<b>60</b>		00
<b>61</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) .....	<b>61</b>		00



Your social security number  
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62 Enter amount from line 61 ..... **62** ..... **00**

**Payments and refundable credits** (see page 28)

63	Empire State child credit	63	00
63a	Family tax relief credit	63a	00
64	NYS/NYC child and dependent care credit	64	00
65	NYS earned income credit (EIC)	65	00
66	NYS noncustodial parent EIC	66	00
67	Real property tax credit	67	00
68	College tuition credit	68	00
69	NYC school tax credit (also complete F on page 1; see page 29)	69	00
70	NYC earned income credit	70	00
70a	NYC enhanced real property tax credit	70a	00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	5213 00
72	Total New York State tax withheld	72	00
73	Total New York City tax withheld	73	00
74	Total Yonkers tax withheld	74	00
75	Total estimated tax payments and amount paid with Form IT-370	75	00



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12).

76 Total payments (add lines 63 through 75) ..... **76** ..... 5213 **00**

**Your refund, amount you owe, and account information** (see pages 31 through 33)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) ..... **77** ..... 5213 **00**

78 Amount of line 77 to be refunded  
Mark one refund choice:  direct deposit (fill in line 83) - or -  debit card - or -  paper check ... **78** ..... 5213 **00**

79 Amount of line 77 that you want applied to your 2016 estimated tax (see instructions) ..... **79** ..... **00**  
See page 31 for information about your three refund choices.

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box  and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. .... **80** ..... **00**  
See page 32 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 32) ..... **81** ..... **00**  
See page 35 for the proper assembly of your return.

82 Other penalties and interest (see page 32) ..... **82** ..... **00**

83 Account information for direct deposit or electronic funds withdrawal (see page 33).  
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. 33)

83a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

83b Routing number 021313103 83c Account number 4009886764

84 Electronic funds withdrawal (see page 33) ..... Date ..... Amount ..... **00**

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name WAYNE H. PIOTTI, CPA	Designee's phone number ( 607 ) 749-2391	Personal identification number (PIN)
	E-mail: WHPCPA@VERIZON.NET		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRN NYTPRN excl. code   0   3
Preparer's signature	Preparer's printed name WAYNE H. PIOTTI, CPA	
Firm's name (or yours, if self-employed) WAYNE H. PIOTTI, CPA	Preparer's PTIN or SSN P00846758	
Address 78 COPELAND AVE, BOX 333 HOMER NY 130779701	Employer identification number 16-1240377	Date 06242016
E-mail: WHPCPA@VERIZON.NET		

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation EXECUTIVE	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ( )
E-mail:	

See instructions for where to mail your return.

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Resident Itemized Deduction Schedule

IT-201-D

Submit this form with Form IT-201. See instructions for completing Form IT-201-D in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201	Your social security number
BRUCE R NELSON	059-54-1749

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	11873	00
3 Interest you paid (federal Schedule A, line 15) .....	3		00
4 Gifts to charity (federal Schedule A, line 19) .....	4	18274	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	21917	00
9 State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions) .....	9	2020	00
10 Subtract line 9 from line 8 .....	10	19897	00
11 Addition adjustments (see instructions) .....	11		00
12 Add lines 10 and 11 .....	12	19897	00
13 Itemized deduction adjustment (see instructions) .....	13	9949	00
14 Subtract line 13 from line 12 .....	14	9948	00
15 College tuition itemized deduction (see Form IT-272) .....	15		00
16 New York State itemized deduction (add lines 14 and 15; enter on Form IT-201, line 34) .....	16	9948	00

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Department of Taxation and Finance  
**Other Tax Credits and Taxes**  
 Attachment to Form IT-201

**IT-201-ATT**

See the instructions for completing Form IT-201-ATT in the instructions for Form IT-201. **Submit this form with your Form IT-201.**

Name(s) as shown on your Form IT-201	Your social security number
BRUCE R NELSON	059-54-1749

**A** Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? (see instructions)..... Yes  No

**Part 1 – Other New York State, New York City, and Yonkers tax credits**

**Section A – New York State nonrefundable, non-carryover credits used**

Whole dollars only

1 Accumulation distribution credit (submit computation) .....	<b>1</b>		00
2 Other nonrefundable, non-carryover credits			
Code	Amount	Code	Amount
2a		2b	
Total other nonrefundable, non-carryover credits (add lines 2a and 2b) .....			
		<b>2</b>	00

**Section B – New York State nonrefundable, carryover credits used**

3 Long-term care insurance credit .....	<b>3</b>		00
4 Investment credit .....	<b>4</b>		00
5 Solar energy system equipment credit .....	<b>5</b>		00
6 Other nonrefundable, carryover credits			
Code	Amount	Code	Amount
6a	238 35733 00	6h	
6b		6i	
6c		6j	
6d		6k	
6e		6l	
6f		6m	
6g		6n	
Total other nonrefundable, carryover credits (add lines 6a through 6n) .....			
		<b>6</b>	35733 00
<b>7 Total New York State nonrefundable credits used</b>			
(add lines 1 through 6; enter here and on Form IT-201, line 42) .....			
		<b>7</b>	35733 00

**Section C – New York City nonrefundable, non-carryover credits used**

8 New York City resident UBT credit .....	<b>8</b>		00
8a New York City resident GCT credit .....	<b>8a</b>		00
9 New York City accumulation distribution credit (submit computation) .....	<b>9</b>		00
9a Part-year resident nonrefundable NYC child and dependent care credit .....	<b>9a</b>		00
<b>10 Total other New York City nonrefundable credits used</b>			
(add lines 8, 8a, 9, and 9a; enter here and on Form IT-201, line 53) .....			
		<b>10</b>	00

**Section D – New York State, New York City, Yonkers, and MCTMT refundable credits**

11 Farmers' school tax credit .....	<b>11</b>		00
12 Other refundable credits			
Code	Amount	Code	Amount
12a	166 5213 00	12g	
12b		12h	
12c		12i	
12d		12j	
12e		12k	
12f		12l	
Total other refundable credits (add lines 12a through 12l) .....			
		<b>12</b>	5213 00
<b>13 Add lines 11 and 12 .....</b>			
		<b>13</b>	5213 00

(continued on back)



Your social security number
059-54-1749

**Part 1, Section D – New York State, New York City, Yonkers, and MCTMT refundable credits** (continued)

14 Enter amount from line 13 on the front page .....	14	5213	00
15 New York State claim of right credit .....	15		00
16 New York City claim of right credit .....	16		00
17 Yonkers claim of right credit .....	17		00
17a MCTMT (metropolitan commuter transportation mobility tax) claim of right credit .....	17a		00
18 Total New York State, New York City, Yonkers, and MCTMT other refundable credits (add lines 14 through 17a; enter here and on Form IT-201, line 71) .....	18	5213	00

**Part 2 – Other New York State taxes** (submit all applicable forms)

If you are subject to other New York State taxes, complete Part 2.

19 New York State tax on capital gain portion of lump-sum distributions (Form IT-230) .....	19		00
20 Other New York State taxes			

Code	Amount	Code	Amount
20a		20g	
20b		20h	
20c		20i	
20d		20j	
20e		20k	
20f		20l	

Total other New York State taxes (add lines 20a through 20l) ..... 20

21 Add lines 19 and 20 ..... 21

22 See instructions for line 22 .....	22		00
23 Enter amount from Form IT-201, line 39 .....	23		00
24 Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank) .....	24		00
25 Subtract line 24 from line 21 (if line 24 is more than line 21, leave blank) .....	25		00

26 New York State separate tax on lump-sum distributions  
(Form IT-230) ..... 26

27 Resident credit against separate tax on lump-sum  
distributions ..... 27

28 Subtract line 27 from line 26 ..... 28

29 This line intentionally left blank ..... 29

30 Net other New York State taxes  
(add lines 25 and 28; enter here and on Form IT-201, line 45) ..... 30

**Part 3 – Other New York City taxes** (submit all applicable forms)

31 This line intentionally left blank .....	31		
32 New York City resident separate tax on lump-sum distributions (Form IT-230) .....	32		00
33 New York City tax on capital gain portion of lump-sum distributions (Form IT-230) .....	33		00
34 Total other New York City taxes (add lines 32 and 33; enter here and on Form IT-201, line 51) .....	34		00





# Claim for QEZE Credit for Real Property Taxes

Tax Law - Section 15

# IT-606

**Note:** You must file all pages (1 through 8) with your return. All taxpayers must complete the information below and then complete either Section 1 (pages 1 through 4) or Section 2 (pages 5 through 8). Do not complete both sections.

See Form IT-606-I, *Instructions for Form IT-606*, for assistance.

All filers enter tax period:

beginning  ending

File this claim with your Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on your return BRUCE R NELSON	Taxpayer identification number 059-54-1749
Name of empire zone (EZ) TIOGA COUNTY EMPIRE ZONE	
Name of qualified empire zone enterprise (QEZE) business NELSON PROPERTIES LLC	Employer identification number (EIN) of QEZE 16-1531855

Mark an X in the box if you are a Clean Energy Enterprise (CEE) (see Definitions for all QEZE in the instructions)

Mark an X in the box if you are a QEZE first certified between August 1, 2002, and March 31, 2005, that conducts its operations on real property it owns or leases, that is located in an empire zone (EZ), and that is subject to a brownfield site cleanup agreement executed prior to January 1, 2006

## Section 1 – For QEZE first certified prior to April 1, 2005 (see Important information in the instructions)

Date (mm-dd-yyyy) of first certification by Empire State Development (submit copies of all certificates of eligibility and EZ retention certificates).

## Schedule A – Employment test for QEZE first certified prior to April 1, 2005 (see instructions)

**Part 1 – EZ employment** – Computation of the employment number within all EZs for the current tax year and the five-year base period. Include employees within all EZs, even if you are not certified in all of those zones (see instructions).

Current tax year employment number	March 31	June 30	September 30	December 31	Total	
Number of full-time employees within all EZs	1	1	1	1	4	
<b>1</b> Current tax year employment number within all EZs (do not round; see instructions)					<b>1</b>	1.000

Base period employment no.	Tax year ending (mm-yyyy)	March 31	June 30	September 30	December 31	Total
Number in base year one	122002	0	0	0	0	0
Number in base year two	122001	0	0	0	0	0
Number in base year three	122000	0	0	0	0	0
Number in base year four	121999	0	0	0	0	0
Number in base year five	121998	0	0	0	0	0
Total number of full-time employees within all EZs in the base period						0

**2** Base period employment number within all EZs (do not round; see instructions)

**3** Does the amount on line 1 equal or exceed line 2? (see instructions) Yes  No

If the employment number within all EZs for the current year (line 1) does not equal or exceed the employment number within all EZs in the base period (line 2), **stop**; you are not eligible for the QEZE credit for real property taxes.



**Part 2 – New York State employment outside all EZs** – Computation of the employment number inside New York State and outside all EZs (whether or not you are certified in all of those EZs) for the current tax year and the five-year base period (see instructions).

Current tax year employment number	March 31	June 30	September 30	December 31	Total
Number of full-time employees inside NYS and outside all EZs	0	0	0	0	0
<b>4</b> Current tax year employment number inside New York State and outside all EZs (do not round) .....					<b>4</b> 0.0000

Base period employment no.	Tax year ending (mm-yyyy)	March 31	June 30	September 30	December 31	Total
Number in base year one	122002	0	0	0	0	0
Number in base year two	122001	0	0	0	0	0
Number in base year three	122000	0	0	0	0	0
Number in base year four	121999	0	0	0	0	0
Number in base year five	121998	0	0	0	0	0
Total number of full-time employees inside New York State and outside all EZs in the base period						0
<b>5</b> Base period employment number inside New York State and outside all EZs (do not round) .....					<b>5</b> 0.0000	

**6** Does the amount on line 4 **equal** or **exceed** the amount on line 5? (see instructions) ..... Yes  No   
 If the employment number inside New York State and outside all EZs for the current tax year (line 4) does not **equal** or **exceed** the employment number inside New York State and outside all EZs in the base period (line 5), **stop**; you are not eligible for the QEZE credit for real property taxes.

**Schedule B – Computation of test year employment number within the EZs in which you are certified**

Test year (mm-yyyy)	March 31	June 30	September 30	December 31	Total
<u>012002</u> to <u>122002</u>					
Number of full-time employees within the EZs .....	0	0	0	0	0
<b>7</b> Test year employment number within the EZs in which you are certified (see instructions) .....					<b>7</b> 0.0000

**Schedule C – Employment increase factor (see instructions)**

<b>8</b> Current tax year employment number within the EZs in which you are certified (see instructions) .....	<b>8</b>	1.0000
<b>9</b> Test year employment number within the EZs in which you are certified (from line 7) .....	<b>9</b>	0.0000
<b>10</b> Subtract line 9 from line 8.....	<b>10</b>	1.0000
<b>11</b> Divide line 10 by line 9 (round the result to the fourth decimal place; if line 9 is zero and line 8 is greater than zero, enter 1 here) .....	<b>11</b>	1.0000
<b>12</b> Divide line 10 by 100 (round the result to the fourth decimal place) .....	<b>12</b>	0.0100
<b>13</b> Employment increase factor (enter the greater of line 11 or 12, but not more than 1.0; also enter on line 15) .....	<b>13</b>	1.0000





**Schedule D – Computation of QEZE credit for real property taxes for QEZE first certified prior to April 1, 2005**

14	Tax year of the business tax benefit period <input type="text" value="13"/> ; benefit period factor (from table below) ....	14	<input type="text" value="0.4000"/>
15	Employment increase factor (from line 13) .....	15	<input type="text" value="1.0000"/>
16	Eligible real property taxes (see instructions) .....	16	<input type="text" value="13033.00"/>
17	Multiply line 14 by line 15 by line 16.....	17	<input type="text" value="5213.00"/>
18	<b>Recapture</b> of QEZE credit for real property taxes (from Worksheet A on page 6 of instructions) .....	18	<input type="text" value=".00"/>
Partners, shareholders, and beneficiaries, see instructions.			
19	Net recapture of QEZE credit for real property taxes (Subtract line 17 from line 18. If line 17 is greater than line 18, skip line 19 and continue on line 20; see instructions.) .....	19	<input type="text" value=".00"/>
20	QEZE credit for real property taxes after recapture (subtract line 18 from line 17) .....	20	<input type="text" value="5213.00"/>
21	QEZE credit for real property taxes limitation (see instructions; do not enter 0) .....	21	<input type="text" value="5213.00"/>
22	QEZE credit for real property taxes after limitation (see instructions) .....	22	<input type="text" value="5213.00"/>
23	Partners, shareholders, and beneficiaries, see instructions.....	23	<input type="text" value=".00"/>
24	Total QEZE credit for real property taxes (add lines 22 and 23; see instructions) .....	24	<input type="text" value="5213.00"/>

Benefit period factor table*	
Tax year of the benefit period	Benefit period factor
1 - 10	1.0
11	.8
12	.6
13	.4
14	.2
15	0

\* The QEZE credit for real property taxes is generally available for up to 14 years for taxpayers that continue to qualify.

Find the tax year of your business tax benefit period. Enter the benefit period factor for that year (from the table on the left) on line 14.

**Schedule E – Beneficiary's and fiduciary's share of credit (see instructions)**

A Beneficiary's name <i>(same as on Form IT-205, Schedule C)</i>	B Identifying number	C Share of QEZE credit for real property taxes	D Share of recapture of QEZE credit for real property taxes
<b>Total</b>		<input type="text" value=".00"/>	<input type="text" value=".00"/>
		<input type="text" value=".00"/>	<input type="text" value=".00"/>
		<input type="text" value=".00"/>	<input type="text" value=".00"/>
<b>Fiduciary</b>		<input type="text" value=".00"/>	<input type="text" value=".00"/>

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**Schedule F – Related entities**

List the names and EINs of any related business entities. Submit additional sheets if necessary. Use the definition of related persons in the instructions to determine if an entity is related.

Name	EIN

**Schedule G – Valid business purpose for QEZE first certified prior to August 1, 2002** *(see instructions)*

If you are claiming that the QEZE was formed for a valid business purpose, mark an **X** in the box and submit a notarized statement describing in detail how the QEZE meets the valid business purpose test. ....



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### Claim for QEZE Credit for Real Property Taxes

#### Section 2 – For QEZE first certified on or after April 1, 2005 (see Important information in the instructions)

**Note:** You must file all pages (1 through 8) with your return. All taxpayers must complete the information above Section 1 on page 1 and then complete either Section 1 (pages 1 through 4) or Section 2 (pages 5 through 8). Do not complete both sections.

All filers enter tax period: beginning  ending

File this claim with your Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on your return <b>BRUCE R NELSON</b>	Taxpayer identification number <b>059-54-1749</b>
Name of empire zones (EZ): Indicate whether each zone is a development zone (DZ) or investment zone (IZ) (submit additional sheets if necessary). <b>TIOGA COUNTY EMPIRE ZONE</b>	
Name of qualified empire zone enterprise (QEZE) business <b>NELSON PROPERTIES LLC</b>	Employer identification number (EIN) of QEZE <b>16-1531855</b>

Date (mm-dd-yyyy) of first certification by Empire State Development (submit copies of all certificates of eligibility and EZ retention certificates).

Tax year of the business tax benefit period (see instructions).

#### Schedule H – Employment test for QEZE first certified on or after April 1, 2005 (see instructions)

**Part 1 – EZ employment** – Computation of the employment number within all EZs for the current tax year and the four-year base period. Include employees within all EZs, even if you are not certified in all of those zones (see instructions).

Current tax year employment number	March 31	June 30	September 30	December 31	Total
Number of full-time employees within all EZs					
<b>25</b> Current tax year employment number within all EZs (do not round; see instructions) .....					<b>25</b>

Base period employment no.	Tax year ending (mm-yyyy)	March 31	June 30	September 30	December 31	Total
Number in base year one						
Number in base year two						
Number in base year three						
Number in base year four						

Total number of full-time employees within all EZs in the base period ..... **26**

**26** Base period employment number within all EZs (do not round; see instructions) .....

**27** Does the amount on line 25 exceed line 26? (see instructions) ..... Yes  No

If the employment number within all EZs for the current tax year (line 25) **does not exceed** the employment number within all EZs in the base period (line 26), **stop**; you are not eligible for the QEZE credit for real property taxes.

**Part 2 – New York State employment** – Computation of the employment number in New York State for the current tax year and the four-year base period (see instructions).

Current tax year employment number	March 31	June 30	September 30	December 31	Total
Number of full-time employees in NYS					
<b>28</b> Current tax year employment number in New York State (do not round) .....					<b>28</b>

(continued on page 6)

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Base period employment no.	Tax year ending (mm-yyyy)	March 31	June 30	September 30	December 31	Total
Number in base year one						
Number in base year two						
Number in base year three						
Number in base year four						
Total number of full-time employees in New York State in the base period.....						
<b>29</b> Base period employment number in New York State (do not round).....						<b>29</b>

**30** Does the amount on line 28 **exceed** the amount on line 29? (see instructions) ..... Yes  No

If the employment number inside New York State for the current tax year (line 28) **does not exceed** the employment number in New York State for the base period (line 29), **stop**; you are not eligible for the QEZE credit for real property taxes.

**Schedule I – Computation of net new employment**

<b>31</b> Current year employment number in the EZs in which you are certified (see instructions) .....	<b>31</b>	
<b>32</b> Base period employment number in the EZs in which you are certified (see instructions) .....	<b>32</b>	
<b>33</b> Net new employment (subtract line 32 from 31) .....	<b>33</b>	

**Schedule J – DZ employment increase factor**

Net new employees (from line 33)	DZ employment increase factor
1 to 10 .....	0.25
11 to 49 .....	0.50
50 to 75 .....	0.75
76 and above .....	New employees (from line 33) divided by 100. This number cannot exceed 1.0

**34** DZ employment increase factor from table above ..... **34**

**Schedule K – Employee information**

Enter name, social security number, employee’s zone location, and wage and benefit information for all new employees included in the *Net new employment* number on line 33 upon which this claim is based. Submit additional sheets if necessary.

A Employee’s name	B Employee’s social security number	C Employee’s zone location (see instructions)	D Total wages, health benefits, and retirement benefits	E Eligible wages, health benefits, and retirement benefits included in column D (enter no more than \$40,000 per employee)
			.00	.00
			.00	.00
			.00	.00
Column E total from additional sheet(s) submitted, if any .....				.00

**35** Total eligible wages, health benefits, and retirement benefits (add column E amounts, including any amounts from additional sheets; see instructions) ..... **35** .00

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**Schedule L – Computation of credit for QEZE certified in DZs** (see instructions)

<b>36</b>	Eligible wages, health benefits, and retirement benefits from line 35 .....	<b>36</b>	.00
<b>37</b>	25% (.25) factor .....	<b>37</b>	<b>.25</b>
<b>38</b>	DZ employment increase factor from line 34 .....	<b>38</b>	
<b>39</b>	QEZE credit for real property taxes for QEZE certified in DZs (multiply line 36 by line 37 by line 38) ...	<b>39</b>	.00

**Schedule M – Computation of QEZE credit for real property taxes for manufacturers and QEZE certified only in an IZ** (see instructions)

<b>40</b>	Eligible wages, health benefits, and retirement benefits from line 35 .....	<b>40</b>	.00
<b>41</b>	25% (.25) factor .....	<b>41</b>	<b>.25</b>
<b>42</b>	QEZE credit for real property taxes (multiply line 40 by line 41) .....	<b>42</b>	.00

**Schedule N – QEZE credit for real property taxes**

<b>43</b>	QEZE credit from line 39 or line 42 .....	<b>43</b>	.00
<b>44</b>	Capital investment amount (from line 55 or line 58) .....	<b>44</b>	.00
<b>45</b>	Enter the greater of line 43 or line 44 .....	<b>45</b>	.00
<b>46</b>	Eligible real property taxes (submit documentation) .....	<b>46</b>	.00
<b>47a</b>	Enter the lesser of line 45 or line 46 .....	<b>47a</b>	.00
<b>47b</b>	If certified on or after April 1, 2009, multiply line 47a by 75% (.75) and enter the result. If certified before April 1, 2009, enter the line 47a amount here .....	<b>47b</b>	.00
<b>48</b>	Recapture of QEZE credit for real property taxes (see instructions) .....	<b>48</b>	.00
<b>49</b>	Net recapture of QEZE credit for real property taxes (Subtract line 47b from line 48. If line 47b is greater than line 48, skip line 49 and continue on line 50, see instructions.) .....	<b>49</b>	.00
<b>50</b>	QEZE credit for real property taxes after recapture (subtract line 48 from line 47b) .....	<b>50</b>	.00
<b>51</b>	Partners, shareholders, and beneficiaries, see instructions .....	<b>51</b>	.00
<b>52</b>	Total QEZE credit for real property taxes (add lines 50 and 51; see instructions) .....	<b>52</b>	.00

**Schedule O – Beneficiary’s and fiduciary’s share of credit** (see instructions)

<b>A</b> Beneficiary’s name <i>(same as on Form IT-205, Schedule C)</i>	<b>B</b> Identifying number	<b>C</b> Share of QEZE credit for real property taxes	<b>D</b> Share of recapture of QEZE credit for real property taxes
<b>Total</b>		.00	.00
		.00	.00
		.00	.00
<b>Fiduciary</b>		.00	.00

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**Schedule P – Related entities**

List the names and EINs of any related business entities. Submit additional sheets if necessary. Use the definition of related persons in the instructions to determine if an entity is related.

Name	EIN

**Schedule Q – Capital investment amount** (complete only Part 1 or Part 2; see instructions)

**Part 1 – Capital investment amount for QEZE certified in DZs** (see instructions)

A Address of property	B Name of zone (if applicable)	C Cost or other basis (see instructions)	D Multiply column C by 10% (0.1)	E Percentage of physical occupancy and use (see instructions)	F Multiply column D by column E
		.00	.00		.00
		.00	.00		.00
		.00	.00		.00
		.00	.00		.00
		.00	.00		.00
		.00	.00		.00
<b>53</b> Total (add column F amounts) .....					<b>53</b> .00
<b>54</b> Enter column F total from additional schedules submitted, if any .....					<b>54</b> .00
<b>55</b> Total (add lines 53 and 54; enter here and on line 44) .....					<b>55</b> .00

**Part 2 – Capital investment amount for QEZE certified only in IZs or for manufacturers** (see instructions)

A Address of property	B Name of zone (if applicable)	C Cost or other basis (see instructions)	D Multiply column C by 10% (0.1)	E Percentage of physical occupancy and use (see instr.)	F Percent of column C (see instructions)	G Multiply column D by the greater of column E or F
		.00	.00			.00
		.00	.00			.00
		.00	.00			.00
		.00	.00			.00
		.00	.00			.00
		.00	.00			.00
<b>56</b> Total (add column G amounts) .....						<b>56</b> .00
<b>57</b> Enter column G total from additional schedules submitted, if any .....						<b>57</b> .00
<b>58</b> Total (add lines 56 and 57; enter here and on line 44) .....						<b>58</b> .00

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**Additional information from your 2015 New York Tax Return****IT-201: Resident Income Tax Return - Long Form****Other Income Stmt****Continuation Statement**

<b>Income Description</b>	<b>Income Amount</b>
1099-MISC BOX 3	13000.
NYS QEZE RE TAX REFU	8985.
<b>Total</b>	<b>21985.</b>

**IT-201: Resident Income Tax Return - Long Form****Federal Adj Stmt****Continuation Statement**

<b>Adjustment Description</b>	<b>Adjustment Amount</b>
SE TAX DEDUCTION	10193.
KEOGH RETIRE/SEP DED	40471.
SE HEALTH INS DED	6030.
<b>Total</b>	<b>56694.</b>