

SCOTT FINKELSTEIN & MOLLY LINDQUIST

Tax and Credits

38 Amount from line 37 (adjusted gross income)
39a Check if: [] You were born before January 2, 1950, [] Spouse was born before January 2, 1950. [] Blind. [] Blind. Total boxes checked 39a

38 405,558

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$5,200 Married filing jointly or Qualifying widow(er), \$12,400 Head of household, \$9,100

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 39b
41 Subtract line 40 from line 38

40 73,725

42 Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-

41 331,833

42 2,844

44 Tax (see instr.). Check if any from: a [] Form(s) 8814 b [] Form 4972 c []
45 Alternative minimum tax (see instructions). Attach Form 6251

43 328,989

44 83,998

46 Excess advance premium tax credit repayment. Attach Form 8962
47 Add lines 44, 45, and 46

45 11,199

46

48 Foreign tax credit. Attach Form 1116 if required
49 Credit for child and dependent care expenses. Attach Form 2441

48 15
49

47 95,197

50 Education credits from Form 8863, line 19
51 Retirement savings contributions credit. Attach Form 8880

50
51

52 Child tax credit. Attach Schedule 8812, if required
53 Residential energy credits. Attach Form 5695

52
53

54 Other credits from Form: a [] 3800 b [] 8801 c []
55 Add lines 48 through 54. These are your total credits

54

55 15

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

56 95,182

Other Taxes

57 Self-employment tax. Attach Schedule SE
58 Unreported social security and Medicare tax from Form: a [] 4137 b [] 8919

57

58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required
60a Household employment taxes from Schedule H

59

60a

b First-time homebuyer credit repayment. Attach Form 5405 if required
61 Health care: individual responsibility (see instructions) Full-year coverage [X]

60b

61

62 Taxes from: a [X] Form 8959 b [] Form 8960 c [] Instructions, enter code(s)
63 Add lines 56 through 62. This is your total tax

62 1,402

63 96,584

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099
65 2014 estimated tax payments and amount applied from 2013 return

64 106,245

65

66a Earned income credit (EIC)
b Nontaxable combat pay election 66b

66a

67 Additional child tax credit. Attach Schedule 8812
68 American opportunity credit from Form 8863, line 8

67

68

69 Net premium tax credit. Attach Form 8962
70 Amount paid with request for extension to file

69

70

71 Excess social security and tier 1 RRTA tax withheld
72 Credit for federal tax on fuels. Attach Form 4136

71

72

73 Credits from Form: a [] 2439 b [] Reserved c [] Reserved d []
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments

73

74 106,245

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here []

75 9,661

76a 9,661

Direct deposit? See instructions.

b Routing number 084301767 c Type: [X] Checking [] Savings
d Account number 960141207624
77 Amount of line 75 you want applied to your 2015 estimated tax 77

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions
79 Estimated tax penalty (see instructions) 79

78

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 Personal identification number (PIN) Phone no.

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 5/17/14 Your occupation PHYSICIAN Daytime phone number
Spouse's signature Date 5/17/14 Spouse's occupation NONPROFIT CEO
If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Paid Preparer SUSAN J LIENHART Date 03/17/15 Check self-employed [] PTIN P01294935
Firm's name SUSAN J LIENHART CPA PC Firm's EIN 26-0462132
Firm's address 1500 SW 5TH AVE #401 PORTLAND OR 97201 Phone no 503-299-6297

SCOTT FINKELSTEIN & MOLLY LINDQUIST

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 411,250

39a Check You were born before January 2, 1951, Blind. Spouse was born before January 2, 1951, Blind. Total boxes checked 39a

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 79,328

41 Subtract line 40 from line 38 41 331,922

42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 5d. Otherwise, see instructions 42 2,880

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 329,042

44 Tax (see instr.) Check if any from: a Form(s) 8814 b Form 4972 c 44 83,581

45 Alternative minimum tax (see instructions). Attach Form 6251 45 12,560

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

47 Add lines 44, 45, and 46 47 96,141

48 Foreign tax credit. Attach Form 1116 if required 48 14

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

50 Education credits from Form 8863, line 19 50

51 Retirement savings contributions credit. Attach Form 8880 51

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

53 Residential energy credits. Attach Form 5695 53

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

55 Add lines 48 through 54. These are your total credits 55 14

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 96,127

Standard Deduction for—

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others
- Single or Married filing separately, \$6,300
- Married filing jointly or Qualifying widow(er), \$12,600
- Head of household, \$9,250

Other Taxes

57 Self-employment tax. Attach Schedule SE 57 96,127

58 Unreported social security and Medicare tax from Form: a 4137 b 8919 58 42

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

60a Household employment taxes from Schedule H 60a

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

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

62 Taxes from: a Form 8959 b Form 8950 c instructions; enter code(s) 62 1,455

63 Add lines 56 through 62. This is your total tax 63 97,624

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 107,251

65 2015 estimated tax payments and amount applied from 2014 return 65

66a Earned income credit (EIC) 66a

66b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Schedule 8812 67

68 American opportunity credit from Form 8863, line 8 68

69 Net premium tax credit. Attach Form 8962 69

70 Amount paid with request for extension to file 70

71 Excess social security and tier 1 RRTA tax withheld 71

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

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

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 107,251

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 9,627

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a 9,492

76b Routing number 084301767 c Type: Checking Savings

76d Account number 960141207624

77 Amount of line 75 you want applied to your 2016 estimated tax 77 135

Amount You Owe

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

79 Estimated tax penalty (see instructions) 79

Third Party Designee

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

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

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: *[Signature]* Date: 5/9/16 Your occupation: PHYSICIAN Daytime phone number: _____

Spouse's signature: *[Signature]* Date: 5/9/16 Spouse's occupation: NONPROFIT CEO If the IRS sent you an Identity Protection PIN, enter it here (see instr.): _____

Paid Preparer Use Only

Print/Type preparer's name: SUSAN J LIENHART Preparer's signature: SUSAN J LIENHART Date: 04/07/16 Check if self-employed PTIN: P01294935

Firm's name: SUSAN J LIENHART CPA PC Firm's EIN: 26-0462132

Firm's address: 1500 SW 5TH AVE #401 PORTLAND OR 97201 Phone no.: 503-299-6297