



The Cincinnati Insurance Company

POLICY NUMBER

H02 1035377

Image 8

EXECUTIVE HOMEOWNER DECLARATIONS

Policy Period: From 11/01/2021 To 11/01/2022

12:01 a.m. Standard Time at the Address of the Named Insured

Renewal

H02 1035377

Named Insured & Address

Pall Spera

Susan Spera

PO BOX 539

STOWE, VT 05672-0539

Please refer any questions to your agent:

Hickok & Boardman Insurance Group

PO BOX 1457

STOWE, VT 05672-1457

802-253-9707

Agency 44043

County of LAMOILLE

In the event of a claim, you may call your agent or The Cincinnati Insurance Company at 877-242-2544.

Unless otherwise stated, the residence premises covered by this policy is located at the above address.

100 SIMMONS LN STOWE, VT 05672-0000

PAYOR - Account

Billing Method:	Direct Bill
Current Pay Plan:	Quarterly Pay
Total Premium:	\$4,802.00

THIS IS NOT A BILL. You will receive a separate invoice if a premium charge or return is due.

COVERAGES AND LIMITS OF INSURANCE

SECTION I	A. Dwelling	\$1,365,000
	B. Other Structures	\$136,500
	C. Personal Property	\$1,023,750
	D. Loss of Use	Actual Loss
DEDUCTIBLE (SECTION I ONLY)		
\$2,500 Applies to all causes of loss unless otherwise noted.		
SECTION II	E. Personal Liability	
	a. Bodily Injury and Property Damage (per Each Occurrence)	} \$500,000
	b. Personal Injury (Aggregate)	
	F. Medical Payments to Others - Each Person	\$5,000



The Cincinnati Insurance Company

POLICY NUMBER

H02 1035377

Image 8

EXECUTIVE HOMEOWNER DECLARATIONS

Policy Period: From 11/01/2021 To 11/01/2022

12:01 a.m. Standard Time at the Address of the Named Insured

Renewal



The following credits have been applied to your policy:

Advance Quote Discount
Deductible Credit
Mature Homeowner Discount
Package Credit
Preferred Risk Credit (No Losses/ 6 Years)

BASIC PREMIUM SUBTOTAL	\$2,646.00
------------------------	------------

OTHER COVERAGES, ENDORSEMENTS AND CHARGES

Executive Form - Your Homeowner Policy	Executive (10/13)	
Homeowner Plus Endorsement	HR700 (10/13)	\$159.00
Homeowners Policy Inflation Guard Endorsement	HR709 (10/04)	\$79.00
Enhanced Replacement Cost - Coverage A (25% Additional Replacement Cost Limit)	HR904 (8/08)	\$40.00
Special Provisions Endorsement - Vermont	HR837VT (3/21)	
Trade or Economic Sanctions Endorsement	IP462 (1/18)	
Notice of Privacy Practices	MI1659 (6/18)	
Limited Water Damage Coverage (\$10,000)	HR1024 (3/18)	\$50.00
Secondary Location Declarations (Owner Occupied)	HR701 (5/06)	\$28.00
Earthquake Exclusion Endorsement	HR772 (10/13)	
Section I - Fungi, Wet or Dry Rot, or Bacteria - Limit of Insurance Schedule	HR929 (10/04)	Included
Section II - Fungi, Wet or Dry Rot, or Bacteria - Limit of Insurance Schedule	HR932 (10/04)	Included
Specific Structures Away From the Residence Premises	HR979 (10/13)	\$1,800.00
Notice to Policyholders - Limited Water Damage Coverage	MI4009 (3/18)	
Earthquake Coverage		Excluded

OTHER COVERAGES, ENDORSEMENTS AND CHARGES PREMIUM	\$2,156.00
---	------------

TOTAL POLICY PREMIUM	\$4,802.00
----------------------	------------

Territory 8	1 Family	Frame	Built 1958	Protection Class 5	Feet From Water Source: 500
Distance from Fire Department: > 1 - 2	miles	Building Code Effectiveness Grade: Un	Tax Location:	Fire Dept: STOWE	T-7



##XXH1136DPCSTM

10122100271310305

Statement of Account
0271310305

PALL D SPERA
SUSAN M SPERA
PO BOX 539
STOWE VT 05672-0539

October 12, 2021
Days in stmt period: 32

Page 1 of 3

Direct Inquiries to:
CALL CENTER
1-800-894-0300

People's United Bank, N.A.
1069 Mountain Road
Stowe VT 05672

Summary of Account Balance

Account
Premier Advantage Checking

Number
0271310305

Ending Balance
\$41,781.44

Premier Advantage Checking 0271310305
Account Contact(s) PALL D SPERA
SUSAN M SPERA

Average balance \$37,626.96
Interest paid year to date \$3.46

Date	Description	Additions	Subtractions	Balance	Number	Date	Amount
09-10	Beginning balance			\$21,126.05	8728	09-13	300.00
09-13	#ACH Withdrawal		-450.00	20,676.05	8745 *	09-14	41.60
	Amex Epayment ACH Pmt				8747 *	09-21	18.40
	210913				8773 *	09-28	1,700.00
09-13	#ACH Withdrawal		-500.00	20,176.05	8792 *	09-21	240.00
	Bank Of America Online Pmt				8796 *	09-21	3,017.75
	210913				* Skip in check sequence		
09-13	#ACH Withdrawal		-2,822.73	17,353.32			
	Amex Epayment ACH Pmt						
	210913						
09-13	#ACH Withdrawal		-412.95	16,940.37			
	Amex Epayment ACH Pmt						
	210913						
09-13	#ACH Withdrawal		-607.28	16,333.09			
	Country Club of 8022441800						
	210913						



#XXH1136DPCSTM

10122100271310305

Statement of Account

0271310305

Pall D Spera

Page 2 of 3

Date	Description	Additions	Subtractions	Balance
09-13	Check 8728		-300.00	16,033.09
09-14	Check 8745		-41.60	15,991.49
09-15	#ACH Credit SSA Treas 310 Xxsoc Sec 210915	2,374.90		18,366.39
09-17	#Checking Deposit Br 351	1,408.13		19,774.52
09-21	#ACH Withdrawal Old Marsh Golf C 00144832 210920		-2,026.00	17,748.52
09-21	Check 8747		-18.40	17,730.12
09-21	Check 8792		-240.00	17,490.12
09-21	Check 8796		-3,017.75	14,472.37
09-22	#ACH Withdrawal Chubb & Son Payment 210922		-147.09	14,325.28
09-24	#ATM Withdrawal Cash Withdrawal Terminal DCF0 1069 Mountain RD Stowe VT XXXXXXXXXXXX1911		-220.00	14,105.28
09-24	#ACH Withdrawal Bank Of America Online Pmt 210924		-500.00	13,605.28
09-27	#Deposit Br 327	125,000.00		138,605.28
09-28	Check 8773		-1,700.00	136,905.28
09-29	#Wire Xfr Out Domstc		-50,000.00	86,905.28
09-29	#ACH Withdrawal Amex Epayment ACH Pmt 210929		-33,000.00	53,905.28
09-30	#ACH Withdrawal Bank Of America Payment 210930		-7,158.68	46,746.60
09-30	#ACH Withdrawal Bank Of America Payment 210930		-26.06	46,720.54
09-30	#ACH Withdrawal Amex Epayment ACH Pmt 210930		-4,201.70	42,518.84
09-30	#ACH Withdrawal Amex Epayment ACH Pmt 210930		-20.94	42,497.90
10-04	#Wire Xfr Cr Domestic	50,000.00		92,497.90
10-05	#Wire Xfr Out Domstc		-50,000.00	42,497.90
10-05	#ACH Withdrawal Hotwire Communic Hotwire CO 211005		-165.04	42,332.86
10-12	#ACH Withdrawal Country Club of 8022441800 211012		-551.75	41,781.11



##XXH1136DPCSTM

10122100271310305

Statement of Account
0271310305
Pall D Spera
Page 3 of 3

Date	Description	Additions	Subtractions	Balance
10-12	#Interest	.33		41,781.44
10-12	Ending totals	178,783.36	-158,127.97	\$41,781.44
	Annual percentage yield earned		0.01%	
	Interest-bearing days		32	
	Average balance for APY	\$37,626.96		
	Interest earned	\$0.33		

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00



##XXH1136DPCSTM

09102100271310305

Statement of Account
0271310305

PALL D SPERA
SUSAN M SPERA
PO BOX 539
STOWE VT 05672-0539

September 10, 2021
Days in stmt period: 31

Page 1 of 2

Direct Inquiries to:
CALL CENTER
1-800-894-0300

People's United Bank, N.A.
1069 Mountain Road
Stowe VT 05672

Summary of Account Balance

Account	Number	Ending Balance
Premier Advantage Checking	0271310305	\$21,126.05

Premier Advantage Checking 0271310305
Account Contact(s) PALL D SPERA
SUSAN M SPERA

Average balance \$23,473.59
Interest paid year to date \$3.13

Date	Description	Additions	Subtractions	Balance	Number	Date	Amount
08-10	Beginning balance			\$33,357.30	8746	08-17	3,000.00
08-11	#ACH Withdrawal		-101.73	33,255.57	8772 *	08-16	3,321.00
	Amex Epayment ACH Pmt				8775 *	09-07	275.00
	210811				* Skip in check sequence		
08-11	#ACH Withdrawal		-2,113.63	31,141.94			
	Amex Epayment ACH Pmt						
	210811						
08-11	#ACH Withdrawal		-1,015.90	30,126.04			
	Country Club of 8022441800						
	210811						
08-16	Check 8772		-3,321.00	26,805.04			
08-17	Check 8746		-3,000.00	23,805.04			
08-18	#ACH Credit	2,374.90		26,179.94			
	SSA Treas 310 Xxsoc Sec						
	210818						



#XXH1136DPCSTM

09102100271310305

Statement of Account

0271310305

Pall D Spera

Page 2 of 2

Date	Description	Additions	Subtractions	Balance
08-20	#ACH Withdrawal Bank Of America Online Pmt 210820		-3,930.10	22,249.84
08-23	#ACH Withdrawal Chubb & Son Payment 210821		-147.09	22,102.75
08-23	#ACH Withdrawal Old Marsh Golf C 00144832 210820		-536.86	21,565.89
09-03	#ACH Withdrawal Hotwire Communic Hotwire CO 210903		-165.04	21,400.85
09-07	Check 8775		-275.00	21,125.85
09-10	#Interest	.20		21,126.05
09-10	Ending totals	2,375.10	-14,606.35	\$21,126.05

Annual percentage yield earned	0.01%
Interest-bearing days	31
Average balance for APY	\$23,473.59
Interest earned	\$0.20

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

**CHASE PRIVATE CLIENT**

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

October 01, 2021 through October 29, 2021

Account Number: **000008311602713**

CUSTOMER SERVICE INFORMATION

Web site: **Chase.com**
Service Center: **1-888-994-5626**
Deaf and Hard of Hearing: **1-800-242-7383**
International Calls: **1-713-262-1679**

00020587 DRI 021 142 30521 NNNNNNNNNN 1 000000000 69 0000

PALL SPERA
SUSAN SPERA
7481 MARSH CV
PALM BEACH GARDENS FL 33418

**CHECKING SUMMARY**

Chase Private Client Checking

	AMOUNT
Beginning Balance	\$45,246.20
Deposits and Additions	50,000.60
Checks Paid	-15,007.26
Electronic Withdrawals	-5,904.63
Fees	-35.00
Ending Balance	\$74,299.91
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.60
Interest Paid Year-to-Date	\$5.02

CHECKS PAID

CHECK NUMBER	DATE PAID	AMOUNT	CHECK NUMBER	DATE PAID	AMOUNT
1178 ^	10/01	\$3,335.00	1185 ^	10/18	180.00
1179 ^	10/19	1,084.00	1186 ^	10/15	1,787.50
1180 ^	10/07	2,405.00	1187 ^	10/25	180.00
1181 ^	10/19	250.00	1188 ^	10/22	2,813.26
1182 ^	10/12	360.00	1189 ^	10/26	2,112.50
1183 ^	10/15	85.00	1193 * ^	10/29	135.00
1184 ^	10/18	280.00			
Total Checks Paid					\$15,007.26

If you see a check description in the Transaction Detail section, it means your check has already been converted for electronic payment. Because of this, we're not able to return the check to you or show you an image on Chase.com.

* All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

^ An image of this check may be available for you to view on Chase.com.

**TRANSACTION DETAIL**

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$45,246.20
10/01	Check # 1178	-3,335.00	41,911.20
10/04	Seacoast Utility PPD 10121 PPD ID: 1650087759	-89.25	41,821.95
10/05	Fedwire Credit Via: People's United Bank, N.A./221172186 B/O: Pall D Spera Stowe, VT 05672 Ref: Chase Nyc/Ctr/Bnf=Pall Spera Susan Spera Palm Beach Gardens FL 33418-7 522 US/Ac-000000083116 Rfb=O/B Peop Les Bank Obi=Purposetransfer To Sel F Bbi=/Acc/DDA/8311602713 Pall Sper A 7481 Marsh Cove Palm Beach GA Imad: 1005B1B7GM1F001196 Trn: 0689950278Ff	50,000.00	91,821.95
10/07	Check # 1180	-2,405.00	89,416.95
10/08	Fpl Direct Debit Elec Pymt PPD ID: 3590247775	-567.21	88,849.74
10/12	Check # 1182	-360.00	88,489.74
10/14	JPMorgan Chase Chase ACH PPD ID: 1000008113	-5,248.17	83,241.57
10/15	Check # 1183	-85.00	83,156.57
10/15	Check # 1186	-1,787.50	81,369.07
10/18	Check # 1184	-280.00	81,089.07
10/18	Check # 1185	-180.00	80,909.07
10/19	Check # 1179	-1,084.00	79,825.07
10/19	Check # 1181	-250.00	79,575.07
10/22	Check # 1188	-2,813.26	76,761.81
10/25	Check # 1187	-180.00	76,581.81
10/26	Check # 1189	-2,112.50	74,469.31
10/29	Check # 1193	-135.00	74,334.31
10/29	Interest Payment	0.60	74,334.91
10/29	Monthly Service Fee	-35.00	74,299.91
	Ending Balance		\$74,299.91

Did you know you can waive your Chase Private Client Checking Monthly Service Fee by keeping an average daily balance of at least \$150,000 in qualifying linked deposits and investments? During this statement period, your combined average daily balance was \$75,707.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A. Member FDIC

**CHASE PRIVATE CLIENT**

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

October 01, 2021 through October 29, 2021
Account Number: **000008311602713**

CUSTOMER SERVICE INFORMATION

Web site: **Chase.com**
Service Center: **1-888-994-5626**
Deaf and Hard of Hearing: **1-800-242-7383**
International Calls: **1-713-262-1679**

00020587 DRI 021 142 30521 NNNNNNNNNN 1 000000000 69 0000

PALL SPERA
SUSAN SPERA
7481 MARSH CV
PALM BEACH GARDENS FL 33418

**CHECKING SUMMARY**

Chase Private Client Checking

	AMOUNT
Beginning Balance	\$45,246.20
Deposits and Additions	50,000.60
Checks Paid	-15,007.26
Electronic Withdrawals	-5,904.63
Fees	-35.00
Ending Balance	\$74,299.91
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.60
Interest Paid Year-to-Date	\$5.02

CHECKS PAID

CHECK NUMBER	DATE PAID	AMOUNT	CHECK NUMBER	DATE PAID	AMOUNT
1178 ^	10/01	\$3,335.00	1185 ^	10/18	180.00
1179 ^	10/19	1,084.00	1186 ^	10/15	1,787.50
1180 ^	10/07	2,405.00	1187 ^	10/25	180.00
1181 ^	10/19	250.00	1188 ^	10/22	2,813.26
1182 ^	10/12	360.00	1189 ^	10/26	2,112.50
1183 ^	10/15	85.00	1193 * ^	10/29	135.00
1184 ^	10/18	280.00			
Total Checks Paid					\$15,007.26

If you see a check description in the Transaction Detail section, it means your check has already been converted for electronic payment. Because of this, we're not able to return the check to you or show you an image on Chase.com.

* All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

^ An image of this check may be available for you to view on Chase.com.

**TRANSACTION DETAIL**

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$45,246.20
10/01	Check # 1178	-3,335.00	41,911.20
10/04	Seacoast Utility PPD 10121 PPD ID: 1650087759	-89.25	41,821.95
10/05	Fedwire Credit Via: People's United Bank, N.A./221172186 B/O: Pall D Spera Stowe, VT 05672 Ref: Chase Nyc/Ctr/Bnf=Pall Spera Susan Spera Palm Beach Gardens FL 33418-7 522 US/Ac-000000083116 Rfb=O/B Peop Les Bank Obi=Purposetransfer To Sel F Bbi=/Acc/DDA/8311602713 Pall Sper A 7481 Marsh Cove Palm Beach GA Imad: 1005B1B7GM1F001196 Trn: 0689950278Ff	50,000.00	91,821.95
10/07	Check # 1180	-2,405.00	89,416.95
10/08	Fpl Direct Debit Elec Pymt PPD ID: 3590247775	-567.21	88,849.74
10/12	Check # 1182	-360.00	88,489.74
10/14	JPMorgan Chase Chase ACH PPD ID: 1000008113	-5,248.17	83,241.57
10/15	Check # 1183	-85.00	83,156.57
10/15	Check # 1186	-1,787.50	81,369.07
10/18	Check # 1184	-280.00	81,089.07
10/18	Check # 1185	-180.00	80,909.07
10/19	Check # 1179	-1,084.00	79,825.07
10/19	Check # 1181	-250.00	79,575.07
10/22	Check # 1188	-2,813.26	76,761.81
10/25	Check # 1187	-180.00	76,581.81
10/26	Check # 1189	-2,112.50	74,469.31
10/29	Check # 1193	-135.00	74,334.31
10/29	Interest Payment	0.60	74,334.91
10/29	Monthly Service Fee	-35.00	74,299.91
	Ending Balance		\$74,299.91

Did you know you can waive your Chase Private Client Checking Monthly Service Fee by keeping an average daily balance of at least \$150,000 in qualifying linked deposits and investments? During this statement period, your combined average daily balance was \$75,707.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A. Member FDIC

**CHASE PRIVATE CLIENT**

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

September 01, 2021 through September 30, 2021

Account Number: **000008311602713**

CUSTOMER SERVICE INFORMATION

Web site: **Chase.com**
Service Center: **1-888-994-5626**
Deaf and Hard of Hearing: **1-800-242-7383**
International Calls: **1-713-262-1679**

00020869 DRI 021 142 27421 NNNNNNNNNNN 1 000000000 69 0000

PALL SPERA
SUSAN SPERA
7481 MARSH CV
PALM BEACH GARDENS FL 33418

**CHECKING SUMMARY**

Chase Private Client Checking

	AMOUNT
Beginning Balance	\$67,985.61
Deposits and Additions	0.44
Checks Paid	-16,697.37
Electronic Withdrawals	-6,007.48
Fees	-35.00
Ending Balance	\$45,246.20
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.44
Interest Paid Year-to-Date	\$4.42

CHECKS PAID

CHECK NUMBER	DATE PAID	AMOUNT
1172 ^	09/01	\$3,459.27
1173 ^	09/13	1,446.00
1174 ^	09/13	7,645.00
1175 ^	09/24	330.00
1176 ^	09/23	3,562.10
1177 ^	09/27	255.00
Total Checks Paid		\$16,697.37

If you see a check description in the Transaction Detail section, it means your check has already been converted for electronic payment. Because of this, we're not able to return the check to you or show you an image on Chase.com.

^ An image of this check may be available for you to view on Chase.com.

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$67,985.61
09/01	Seacoast Utility PPD 83121 PPD ID: 1650087759	-91.11	67,894.50
09/01	Check # 1172	-3,459.27	64,435.23
09/08	Fpl Direct Debit Elec Pyrmt PPD ID: 3590247775	-668.20	63,767.03
09/13	Check # 1173	-1,446.00	62,321.03

Two-Year Comparison Worksheet

2020

Name(s) as shown on return		Social security number
PALL D. & SUSAN M. SPERA		084-36-0079
2019 Filing Status	MARRIED FILING JOINT	2020 Filing Status MARRIED FILING JOINT
2019 Tax Bracket	37.0%	2020 Tax Bracket 35.0%

Description	Tax Year 2019	Tax Year 2020	Increase (Decrease)
SCHEDULE B - TAXABLE INTEREST	1,340.	233.	-1,107.
SCHEDULE B - QUALIFIED DIVIDENDS	14,948.	14,146.	-802.
SCHEDULE B - ORDINARY DIVIDENDS	19,766.	18,865.	-901.
TAXABLE IRA DISTRIBUTIONS	342,011.	159,627.	-182,384.
TAXABLE SOCIAL SECURITY BENEFITS	41,057.	42,039.	982.
SCHEDULE D (CAPITAL GAIN/LOSS)	214,157.	5,630.	-208,527.
SCH. C (BUSINESS INCOME/LOSS)	562,612.	512,741.	-49,871.
SCHEDULE E (RENTAL AND PASSTHROUGH)	-38,490.	-21,757.	16,733.
TOTAL INCOME	1,142,453.	717,378.	-425,075.
DEDUCTIBLE PART OF SE TAX	15,774.	15,404.	-370.
SELF-EMPLOYED HEALTH INS. DEDUCTION	8,999.	9,909.	910.
CONTRIBUTIONS	0.	300.	300.
TOTAL ADJUSTMENTS	24,773.	25,613.	840.
ADJUSTED GROSS INCOME	1,117,680.	691,765.	-425,915.
TAXES	10,000.	0.	-10,000.
INTEREST (DEDUCTIBLE)	26,016.	0.	-26,016.
CONTRIBUTIONS	12,564.	0.	-12,564.
TOTAL ITEMIZED DEDUCTIONS	48,580.	0.	-48,580.
STANDARD DEDUCTION	0.	27,400.	27,400.
QUALIFIED BUSINESS INCOME DEDUCTION	147,858.	129,894.	-17,964.
TOTAL DEDUCTIONS	196,438.	157,294.	-39,144.
TAXABLE INCOME	921,242.	534,471.	-386,771.
TAX	240,207.	134,420.	-105,787.
TAX BEFORE CREDITS	240,207.	134,420.	-105,787.
TAX AFTER NON-REFUNDABLE CREDITS	240,207.	134,420.	-105,787.
SCHEDULE SE (SELF-EMPLOYMENT TAX)	31,547.	30,807.	-740.
FORM 8959 (ADDITIONAL MEDICARE TAX)	2,426.	2,012.	-414.
FORM 8960 (NET INVEST. INCOME TAX)	82.	930.	848.
TOTAL TAX	274,262.	168,169.	-106,093.
FEDERAL INCOME TAX WITHHELD	10,503.	12,787.	2,284.
FORM 4868 (EXTENSION REQUEST)	15,000.	150,000.	135,000.
TOTAL PAYMENTS	25,503.	162,787.	137,284.
FORM 2210/2210F (EST. TAX PENALTY)	8,031.	2,417.	-5,614.
BALANCE DUE (INCLUDING 2210/2210F)	256,790.	7,799.	-248,991.
LATE PAYMENT/LATE FILING PEN. & INT.	5,614.	67.	-5,547.
TOTAL DUE AFTER PENALTY & INTEREST	262,404.	7,866.	-254,538.
VERMONT STATE RETURN			
TAXABLE INCOME	1,089,339.	667,714.	-421,625.
TAX	88,137.	51,286.	-36,851.
PAYMENTS	10,000.	50,000.	40,000.

2020

Social security number

084-36-0079

2020 Filing Status **MARRIED FILING JOINT**

2020 Tax Bracket 35.0%

Description	Tax Year 2019	Tax Year 2020	Increase (Decrease)
BALANCE DUE INCLUDING PEN. & INT.	91,768.	6,187.	-85,581.

Filing Instructions

Prepared for:

PALL D. & SUSAN M. SPERA
P O BOX 539
STOWE, VT 05672

Prepared by:

VAN BLARCOM AND HARRISON, LLP
P.O. BOX 1330
STOWE, VT 05672

2020 U.S. INDIVIDUAL INCOME TAX RETURN

YOU HAVE A BALANCE DUE OF.....\$ 7,866

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING AND THE PRACTITIONER PIN PROGRAM HAS BEEN ELECTED. PLEASE SIGN AND RETURN FORM 8879 TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IRS.

2021 U.S. ESTIMATED INDIVIDUAL INCOME TAX

ESTIMATED TAX VOUCHERS ARE DUE AS FOLLOWS:

\$ 172,200 DUE BY JANUARY 18, 2022

INCLUDE YOUR SSN AND THE WORDS "2021 FORM 1040-ES" ON YOUR CHECK.

MAIL ON OR BEFORE THE DUE DATE TO: INTERNAL REVENUE SERVICE CENTER
P.O. BOX 931100
LOUISVILLE, KY 40293-1100

FORM 1040-V

PAYMENT SHOULD BE SUBMITTED WITH FORM 1040-V. INCLUDE YOUR SSN, PHONE NUMBER AND THE WORDS "2020 FORM 1040" ON YOUR CHECK. MAKE CHECK FOR \$7,866 PAYABLE TO UNITED STATES TREASURY.

MAIL BY OCTOBER 15, 2021 TO: INTERNAL REVENUE SERVICE CENTER
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

Filing Instructions

Prepared for:

PALL D. & SUSAN M. SPERA
P O BOX 539
STOWE, VT 05672

Prepared by:

VAN BLARCOM AND HARRISON, LLP
P.O. BOX 1330
STOWE, VT 05672

2020 VERMONT INCOME TAX RETURN

YOU HAVE A BALANCE DUE OF.....\$ 6,187

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE VDOT, PLEASE SIGN, DATE, AND RETURN FORM VT 8879 TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE VDOT.

2021 VERMONT ESTIMATED INCOME TAX

ESTIMATED TAX VOUCHERS ARE DUE AS FOLLOWS:
\$ 51,300 DUE BY JANUARY 18, 2022

INCLUDE YOUR SSN AND PHONE NUMBER ON YOUR CHECK.

MAIL ON OR BEFORE THE DUE DATE TO: VERMONT DEPARTMENT OF TAXES
PO BOX 1779
MONTPELIER, VT 05601-1779

2020 VERMONT ELECTRONIC FILING INFORMATION

PAYMENT SHOULD BE SUBMITTED WITH VERMONT FORM IN-116. INCLUDE YOUR SOCIAL SECURITY NUMBER AND DAYTIME PHONE NUMBER ON YOUR CHECK. MAKE YOUR CHECK FOR \$6,187 PAYABLE TO VERMONT DEPARTMENT OF TAXES. BE SURE TO ATTACH YOUR PAYMENT TO VERMONT FORM IN-116, PAYMENT VOUCHER.

MAIL BY OCTOBER 15, 2021 TO: VERMONT DEPARTMENT OF TAXES
PO BOX 1779
MONTPELIER, VT 05601-1779

IRS e-file Signature Authorization

OMB No. 1545-0074

- ▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name PALL D. SPERA	Social security number 084 36 0079
Spouse's name SUSAN M. SPERA	Spouse's social security number 265 02 4329

Part I Tax Return Information - Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	691,765.
2	Total tax	2	168,169.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	12,787.
4	Amount you want refunded to you	4	
5	Amount you owe	* 5	7,799.

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 the income tax return (original or amended) I am now authorizing, 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 the income tax return (original or amended) I am now authorizing. 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 the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only * INCLUDES LATE PENALTIES AND INTEREST: 7,866.

☒ I authorize **VAN BLARCOM AND HARRISON, LLP** to enter or generate my PIN **1 0 0 7 9** as my signature on the income tax return (original or amended) I am now authorizing. **ERO firm name** Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 ▶ **10/07/2021**

Spouse's PIN: check one box only

☒ I authorize **VAN BLARCOM AND HARRISON, LLP** to enter or generate my PIN **4 4 3 2 9** as my signature on the income tax return (original or amended) I am now authorizing. **ERO firm name** Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 ▶ **10/07/2021**

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. **0 3 0 3 7 0 1 8 8 2 0**

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorizing to file for tax year indicated above 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 Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ Date ▶ **10/07/2021**

**Tax Year 2020 e-file Jurat/Disclosure
for Form 1040 or 1040NR
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)**

ERO Declaration

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

ERO Signature

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

ERO's PIN 03037018820
(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

Perjury Statement (1040 and 1040NR)

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 the taxpayer) is based on all information of which the preparer has any knowledge.

Perjury Statement (104X)

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Consent to Disclosure

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

Electronic Funds Withdrawal Consent

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

Taxpayer's PIN: 10079 Date 10072021

Spouse's PIN: 44329

2020

Form 1040-V

Department of the Treasury
Internal Revenue Service

Paperwork Reduction Act Notice.

We ask for the information on Form 1040-V to help us carry out the Internal Revenue laws of the United States. If you use Form 1040-V, you must provide the requested information. Your cooperation will help us ensure that we are collecting the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return. If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

010681 06-02-20

LHA

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

▼ DETACH HERE ▼

Form **1040-V** (2020)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074

2020

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 ▶	Dollars	Cents
	7,866	

1019

PALL D. & SUSAN M. SPERA
P O BOX 539
STOWE, VT 05672

P.O. BOX 931000
LOUISVILLE, KY 40293-1000

084360079 JP SPER 30 0 202012 610

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

PALL D. & SUSAN M. SPERA

Your social security number

084-36-0079

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	512,741.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-21,757.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	490,984.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	15,404.
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	9,909.
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	25,313.

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

Schedule 1 (Form 1040) 2020

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

► Attach to Form 1040, 1040-SR, or 1040-NR.
► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

PALL D. & SUSAN M. SPERA

Your social security number

084-36-0079

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	30,807.
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) SEE STATEMENT 9	8	2,942.
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	33,749.

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

Schedule 2 (Form 1040) 2020

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

PALL D. & SUSAN M. SPERA

Your social security number

084-36-0079

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	7	0.

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file (see instructions)	9	150,000.
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other:	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	150,000.

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

Schedule 3 (Form 1040) 2020

Recovery Rebate Credit Worksheet - Line 30

Name(s) shown on return PALL D. & SUSAN M. SPERA	Your SSN 084-36-0079
--	--------------------------------

Before you begin: ✓ See the instructions for line 30 to find out if you can take this credit and for definitions and other information needed to fill out this worksheet.
 ✓ If you received Notice 1444 and Notice 1444-B, have them available.
 Don't include on line 16 or 19 any amount you received but later returned to the IRS.

- Can you be claimed as a dependent on another person's 2020 return? If filing a joint return, go to line 2.
☒ **No.** Go to line 2.
☐ **Yes.** Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
- Does your 2020 return include a valid social security number (defined under *Valid social security number*, earlier) for you and, if filing a joint return, your spouse?
☒ **Yes.** Skip lines 3 and 4, and go to line 5.
 If you are filing a joint return, go to line 3.
☐ **No.** If you aren't filing a joint return, STOP you can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
- Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number (defined under *Valid social security number*, earlier)?
☐ **Yes.** Your credit is not limited. Go to line 5.
☐ **No.** Go to line 4.
- Does one of you have a valid social security number (defined under *Valid social security number*, earlier)?
☐ **Yes.** Your credit is limited. Go to line 5.
☐ **No.** Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
- If your EIP 1 was \$1,200 (\$2,400 if married filing jointly) plus \$500 for each qualifying child you had in 2020, skip lines 5 and 6, enter zero on lines 7 and 16, and go to line 8. Otherwise, enter:
 • \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or
 • \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3 5. _____
- Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number 6. _____
- Add lines 5 and 6 7. 0.
- If your EIP 2 was \$600 (\$1,200 if married filing jointly) plus \$600 for each qualifying child you had in 2020, skip lines 8 and 9, enter zero on lines 10 and 19, and go to line 11. Otherwise, enter:
 • \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or
 • \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3 8. _____
- Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number 9. _____
- Add lines 8 and 9 10. 0.
- Enter the amount from line 11 of Form 1040 or 1040-SR 11. 691,765.
- Enter the amount shown below for your filing status:
 • \$150,000 if married filing jointly or qualifying widow(er)
 • \$112,500 if head of household
 • \$75,000 if single or married filing separately
 12. 150,000.
- Is the amount on line 11 more than the amount on line 12?
☐ **No.** Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18.
☒ **Yes.** Subtract line 12 from line 11. 13. 541,765.
- Multiply line 13 by 5% (0.05) 14. 27,088.
- Subtract line 14 from line 7. If zero or less, enter -0- 15. 0.
- Enter the amount, if any, of EIP 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at [IRS.gov/Account](https://www.irs.gov/Account) for the amount to enter here 16. 0.
- Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15, you don't have to pay back the difference 17. 0.
- Subtract line 14 from line 10. If zero or less, enter -0- 18. 0.
- Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at [IRS.gov/Account](https://www.irs.gov/Account) for the amount to enter here 19. 0.
- Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18, you don't have to pay back the difference 20. 0.
- Recovery rebate credit.** Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR 21. 0.

010161 01-06-21

12.1

**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**▶ Go to www.irs.gov/Form2210 for instructions and the latest information.

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

2020Attachment
Sequence No. **06**

Name(s) shown on tax return

PALL D. & SUSAN M. SPERA

Identifying number

084-36-0079

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000?	Yes	Don't file Form 2210. You don't owe a penalty.
No		
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You don't owe a penalty. Don't file Form 2210 unless box E in Part II applies, then file page 1 of Form 2210.
No		
You may owe a penalty. Does any box in Part II below apply?	Yes	You must file Form 2210. Does box B, C, or D in Part II apply?
No		
	No	You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210 .
	Yes	You must figure your penalty.
Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but don't file Form 2210 .		

Part I Required Annual Payment

1	Enter your 2020 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	134,420.
2	Other taxes, including the portion of 2020 self-employment tax to which the estimated tax requirement applies and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	33,749.
3	Refundable credits, including the premium tax credit (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	168,169.
5	Multiply line 4 by 90% (0.90)	5	151,352.
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	12,787.
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	155,382.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	301,688.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	151,352.

Next: Is line 9 more than line 6?

☐ **No.** You **don't** owe a penalty. **Don't** file Form 2210 unless **box E** below applies.☒ **Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.• If box **B, C, or D** applies, you must figure your penalty and file Form 2210.• If box **A or E** applies (but not **B, C, or D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210**.**Part II Reasons for Filing.** Check applicable boxes. If none apply, **don't** file Form 2210.

- A** ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** ☐ You filed or are filing a joint return for either 2019 or 2020, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C, or D** applies).

Part III Short Method**Can You Use the Short Method?**

You can use the short method if:

- You made no estimated tax payments (or your only payments were withheld federal income tax), or
- You paid the same amount of estimated tax on each of the four payment due dates.

Must You Use the Regular Method?

You must use the regular method (Part IV) instead of the short method if:

- You made any estimated tax payments late,
- You checked box **C** or **D** in Part II, or
- You're filing Form 1040-NR and you didn't receive wages as an employee subject to U.S. income tax withholding.

Note: If any payment was made earlier than the due date, you can use the short method, but using it may cause you to pay a larger penalty than the regular method. If the payment was only a few days early, the difference is likely to be small.

10	Enter the amount from Form 2210, line 9	10	151,352.
11	Enter the amount, if any, from Form 2210, line 6	11	12,787.
12	Enter the total amount, if any, of estimated tax payments you made	12	
13	Add lines 11 and 12	13	12,787.
14	Total underpayment for year. Subtract line 13 from line 10. If zero or less, stop ; you don't owe a penalty. If the amount on line 14 was paid on or before 1/15/21, do not use the short method. Don't file Form 2210 unless you checked box E in Part II	14	138,565.
15	Multiply line 14 by 0.01744	15	2,417.
16	<ul style="list-style-type: none"> • If the amount on line 14 was paid on or after 4/15/21, enter -0-. • If the amount on line 14 was paid after 1/15/21 and before 4/15/21, make the following computation to find the amount to enter on line 16. <div style="margin-left: 40px;"> Amount on line 14 x Number of days paid before 4/15/21 x 0.00008 </div>	16	0.
17	Penalty. Subtract line 16 from line 15. Enter the result here and on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II	17	2,417.

Form 2210 (2020)

SCHEDULE B
(Form 1040)

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

Interest and Ordinary Dividends

► Go to www.irs.gov/ScheduleB for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2020

Attachment
Sequence No. **08**

Your social security number

PALL D. & SUSAN M. SPERA

084 36 0079

Part I

Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

CHARLES SCHWAB

CHARLES SCHWAB

OFFICE

FROM K-1 - HARRISON AND SPERA INVESTMENT FU

Amount

1.

1.

228.

3.

1

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

- 2 Add the amounts on line 1

2

233.

- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

3

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ►

4

233.

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

Part II

Ordinary Dividends

- 5 List name of payer ►

FIDELITY

PEOPLES SECURITIES

FROM K-1 - HARRISON AND SPERA INVESTMENT FU

Amount

2,292.

4,719.

11,854.

5

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

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ►

6

18,865.

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

Part III

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.
027501 11-05-20

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

- 7a At any time during 2020, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

Yes No

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 If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

- 8 During 2020, 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

X

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

Schedule B (Form 1040) 2020

Interest and Dividend Summary

Name: PALL D. & SUSAN M. SPERA

FEIN/SSN: 084-36-0079

Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A CHARLES SCHWAB	1.							
B CHARLES SCHWAB	1.							
C OFFICE	228.							
D FIDELITY							2,292.	2,292.
E PEOPLES SECURITIES							4,719.	
F FROM K-1 - HARRISON AND SPERA INVESTMENT FU	3.						11,854.	11,854.
G FROM K-1 - NEWTON-SPERA								
H								
I								
J								
K								
Totals	233.						18,865.	14,146.

Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A								
B								
C								
D								
E								
F								
G				234,154.				
H								
I								
J								
K								
Totals				234,154.				

13.1

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.
► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2020

Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

PALL D. SPERA

084-36-0079

A Principal business or profession, including product or service (see instructions)

B Enter code from instructions

REAL ESTATE/PROPERTY

531210

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

PALL SPERA COMPANY REALTORS, LLC

03-0229189

E Business address (including suite or room no.) ► **BOX 539**

City, town or post office, state, and ZIP code **STOWE, VT 05672**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2020, check here

☐ Yes ☒ No

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions

☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099?

☐ Yes ☒ No

Part I Income

1 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"/>	1	3,901,438.
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	3,901,438.
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3		5	3,901,438.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	3,901,438.

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

8 Advertising	8	136,566.	18 Office expense	18	47,018.
9 Car and truck expenses (see instructions) STMT 10	9	8,223.	19 Pension and profit-sharing plans	19	7,200.
10 Commissions and fees	10	2,473,160.	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depreciation	12		b Other business property	20b	3,216.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	1,062.	21 Repairs and maintenance	21	12,934.
14 Employee benefit programs (other than on line 19)	14	17,123.	22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15	14,970.	23 Taxes and licenses	23	30,809.
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	1,100.
b Other	16b		b Deductible meals (see instructions)	24b	9,490.
17 Legal and professional services	17	169,279.	25 Utilities	25	11,149.
28 Total expenses before expenses for business use of home. Add lines 8 through 27a			26 Wages (less employment credits)	26	284,521.
29 Tentative profit or (loss). Subtract line 28 from line 7			27 a Other expenses (from line 48)	27a	160,877.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.			b Reserved for future use	27b	
Simplified method filers only: 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					
31 Net profit or (loss). Subtract line 30 from line 29.				30	
• If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 .					
• If a loss, you must go to line 32.					
32 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 Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 .					
• If you checked 32b, you must attach Form 6198 . Your loss may be limited.					
				31	512,741.
				32a	<input type="checkbox"/> All investment is at risk.
				32b	<input type="checkbox"/> Some investment is not at risk.

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

Schedule C (Form 1040) 2020

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? ☐ Yes ☐ No
If "Yes," attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35

36 Purchases less cost of items withdrawn for personal use 36

37 Cost of labor. Do not include any amounts paid to yourself 37

38 Materials and supplies 38

39 Other costs 39

40 Add lines 35 through 39 40

41 Inventory at end of year 41

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

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

43 When did you place your vehicle in service for business purposes? (month/day/year) ► 07/24/16

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:
a Business 14,300 b Commuting c Other 3,500

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

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

47 a Do you have evidence to support your deduction? ☒ Yes ☐ No
b If "Yes," is the evidence written? ☒ Yes ☐ No

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

VILLAGE OFFICE	47,678.
DUES AND SUBSCRIPTIONS	22,551.
EDUCATION	1,340.
MORRISVILLE OFFICE	63,457.
TELEPHONE	17,326.
REIMBURSABLE	8,525.
48 Total other expenses. Enter here and on line 27a	160,877.

2020 DEPRECIATION AND AMORTIZATION REPORT

PALL SPERA COMPANY REALTORS, LLC

SCHEDULE C- 9998

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
127	IMPROVEMENTS	07/01/89	SL	31.50	MM17		4,843.				4,843.	4,690.		153.	4,843.
128	IMPROVEMENTS	07/01/90	SL	31.50	MM17		3,070.				3,070.	2,858.		97.	2,955.
145	COMPUTERS / COPIERS	07/01/03	200DB	5.00	HY17		22,026.		22,026.	0.	0.			0.	0.
147	VILLAGE IMP	07/01/03	SL	39.00	MM17		10,891.				10,891.	4,592.		279.	4,871.
148	SNOW BLOWER	12/01/03	200DB	5.00	HY17		2,757.		2,757.	0.	0.			0.	0.
154	VILLAGE IMP	07/01/05	SL	39.00	MM17		15,666.				15,666.	5,812.		402.	6,214.
202	MORRISVILLE OFFICE	07/01/13	200DB	7.00	HY17		2,927.				2,927.	2,796.		131.	2,927.
207	EQUIPMENT FROM LMS	03/01/09	200DB	7.00	HY17		26,614.				26,614.	26,614.		0.	26,614.
210	EQUIPMENT	07/01/11	200DB	5.00	HY17		3,416.		3,416.	0.	0.			0.	0.
211	EQUIPMENT	07/01/12	200DB	5.00	HY17		8,284.		8,284.	0.	0.			0.	0.
304	EQUIPMENT	07/01/13	200DB	5.00	HY17		12,971.		12,971.	0.	0.			0.	0.
305	EQUIPMENT	07/01/14	200DB	5.00	HY17		2,037.		2,037.	0.	0.			0.	0.
306	EQUIPMENT	07/01/14	200DB	5.00	HY17		18,460.		18,460.	0.	0.			0.	0.
307	EQUIPMENT	07/01/15	200DB	5.00	HY17		16,963.		16,963.	0.	0.			0.	0.
308	EQUIPMENT	07/01/16	200DB	5.00	HY17		17,395.		17,395.	0.	0.			0.	0.
310	EQUIPMENT	07/01/17	200DB	5.00	HY17		13,292.		13,292.	0.	0.			0.	0.
* GRAND TOTAL SCH C DEPRECIATION							181,612.		117,601.		64,011.	47,362.		1,062.	48,424.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

SCHEDULE D

(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2020

Attachment
Sequence No. 12

Name(s) shown on return

Your social security number

PALL D. & SUSAN M. SPERA

084 36 0079

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

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)
1a 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				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 11			5	4,879.
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2			7	4,879.

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

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)
8a 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				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	4,834.	7,891.		<3,057.>
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 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			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 12			12	3,808.
13 Capital gain distributions			13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on page 2			15	751.

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

Schedule D (Form 1040) 2020

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	5,630.
<ul style="list-style-type: none"> If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input checked="" type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21	()
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Schedule D (Form 1040) 2020

Social security number or taxpayer identification no.

084-36-0079

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☒ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (F) Long-term transactions not reported to you on Form 1099-B

[illegible]

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Schedule D Tax Worksheet

Name(s) shown on return PALL D. & SUSAN M. SPERA	Your SSN 084-36-0079
--	--------------------------------

Complete this worksheet only if line 18 or line 19 of Schedule D is more than zero and lines 15 and 16 of Schedule D are gains or if you file Form 4952 and you have an amount on line 4e or 4g, even if you don't need to file Schedule D. Otherwise, complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16 (or in the instructions for Form 1040-NR, line 16) to figure your tax. Before completing this worksheet, complete Form 1040, 1040-SR, or 1040-NR through line 15.

Exception: Don't use the Qualified Dividends and Capital Gain Tax Worksheet or this worksheet to figure your tax if:

- Line 15 or line 16 of Schedule D is zero or less and you have no qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a; or
- Form 1040, 1040-SR, or 1040-NR, line 15, is zero or less.

Instead, see the instructions for Forms 1040 and 1040-SR, line 16 (or Form 1040-NR, line 16).

1. Enter your taxable income from Form 1040, 1040-SR, or 1040-NR, line 15. (However, if you are filing Form 2555 (relating to foreign earned income), enter instead the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16)	1. 534,471.
2. Enter your qualified dividends from Form 1040, 1040-SR, or 1040-NR, line 3a	2. 14,146.
3. Enter the amount from Form 4952 (used to figure investment interest expense deduction), line 4g	3. _____
4. Enter the amount from Form 4952, line 4e*	4. 751.
5. Subtract line 4 from line 3. If zero or less, enter -0-	5. 0.
6. Subtract line 5 from line 2. If zero or less, enter -0-	6. 14,146.
7. Enter the smaller of line 15 or line 16 of Sch. D	7. 751.
8. Enter the smaller of line 3 or line 4	8. _____
9. Subtract line 8 from line 7. If zero or less, enter -0-	9. 751.
10. Add lines 6 and 9	10. 14,897.
11. Add lines 18 and 19 of Schedule D**	11. _____
12. Enter the smaller of line 9 or line 11	12. _____
13. Subtract line 12 from line 10	13. 14,897.
14. Subtract line 13 from line 1. If zero or less, enter -0-	14. 519,574.
15. Enter: <ul style="list-style-type: none"> • \$40,000 if single or married filing separately; • \$80,000 if married filing jointly or qualifying widow(er); or • \$53,600 if head of household. 	15. 80,000.
16. Enter the smaller of line 1 or line 15	16. 80,000.
17. Enter the smaller of line 14 or line 16	17. 80,000.
18. Subtract line 10 from line 1. If zero or less, enter -0-	18. 519,574.
19. Enter the smaller of line 1 or: <ul style="list-style-type: none"> • \$163,300 if single or married filing separately; • \$326,600 if married filing jointly or qualifying widow(er); or • \$163,300 if head of household. 	19. 326,600.
20. Enter the smaller of line 14 or line 19	20. 326,600.
21. Enter the larger of line 18 or line 20	21. 519,574.
22. Subtract line 17 from line 16. This amount is taxed at 0%	22. 0.
If lines 1 and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.	
23. Enter the smaller of line 1 or line 13	23. 14,897.
24. Enter the amount from line 22. (If line 22 is blank, enter -0-.)	24. 0.
25. Subtract line 24 from line 23. If zero or less, enter -0-	25. 14,897.
26. Enter: <ul style="list-style-type: none"> • \$441,450 if single; • \$248,300 if married filing separately; • \$496,600 if married filing jointly or qualifying widow(er); or • \$469,050 if head of household. 	26. 496,600.
27. Enter the smaller of line 1 or line 26	27. 496,600.
28. Add lines 21 and 22	28. 519,574.
29. Subtract line 28 from line 27. If zero or less, enter -0-	29. 0.
30. Enter the smaller of line 25 or line 29	30. 0.

Schedule D Tax Worksheet - Continued

31. Multiply line 30 by 15% (0.15)	31.	0.
32. Add lines 24 and 30	32.	0.
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33.		
33. Subtract line 32 from line 23	33.	14,897.
34. Multiply line 33 by 20% (0.20)	34.	2,979.
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.		
35. Enter the smaller of line 9 above or Schedule D, line 19	35.	
36. Add lines 10 and 21	36.	
37. Enter the amount from line 1 above	37.	
38. Subtract line 37 from line 36. If zero or less, enter -0-	38.	
39. Subtract line 38 from line 35. If zero or less, enter -0-	39.	
40. Multiply line 39 by 25% (0.25)	40.	
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.		
41. Add lines 21, 22, 30, 33, and 39	41.	
42. Subtract line 41 from line 1	42.	
43. Multiply line 42 by 28% (0.28)	43.	
44. Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44.	131,441.
45. Add lines 31, 34, 40, 43, and 44	45.	134,420.
46. Figure the tax on the amount on line 1 . If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	46.	136,655.
47. Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also, include this amount on Form 1040, 1040-SR, or 1040-NR, line 16. (If you are filing Form 2555, don't enter this amount on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the Instructions for Forms 1040 and 1040-SR)	47.	134,420.

* If applicable, enter instead the smaller amount you entered on the dotted line next to line 4e of Form 4952.

** If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16, before completing this line.

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

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

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

PALL D. & SUSAN M. SPERA

084-36-0079

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. 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 2020 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No
B If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

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

A **1800 MOUNTAIN ROAD, STOWE, VT 05672**

B

C

1b Type of Property
(from list below)

2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.

Fair Rental
Days

Personal
Use Days

QJV

A **4**

A **366**

B

B

C

C

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
3 Rents received	3	26,000.		
4 Royalties received	4			

Expenses:

5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	14,197.		
15 Supplies	15			
16 Taxes	16	20,705.		
17 Utilities	17			
18 Depreciation expense or depletion	18	3,208.		
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	38,110.		
21 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	21	-12,110.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	12,110.		

23a Total of all amounts reported on line 3 for all rental properties	23a	26,000.		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d	3,208.		
e Total of all amounts reported on line 20 for all properties	23e	38,110.		

24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	12,110.		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	-12,110.		

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

Schedule E (Form 1040) 2020

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

Your social security number

PALL D. & SUSAN M. SPERA

084-36-0079

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, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. 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 (f) 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 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 ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	NEWTON-SPERA	P		20-1825185		
B	INVESTMENT INTEREST EXPENSE	P		20-1825185		
C	SECTION 754 BASIS REDUCTION	P		20-1825185		
D	HARRISON AND SPERA INVESTMENT FU	P		03-0241389		

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A		1,807.		
B		267.		
C		7,573.		
D	0.			
29a Totals		9,647.		
30 Add columns (h) and (k) of line 29a			30	
31 Add columns (g), (i), and (j) of line 29b			31	(9,647.)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31			32	-9,647.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36
37 Total estate and trust income or (loss). Combine lines 35 and 36			37

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	-21,757.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	-21,757.

SCHEDULE E

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2020

Name FALL D. SPERA ID 20-1825185 SSN/EIN 084 36 0079 TAXPAYER
 Passthrough NEWTON-SPERA
 PARTNERSHIP

MATERIAL PARTICIPATING REAL EST. PROFESSIONAL	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)	-1,807.							
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-1,807.							-1,807.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other	-7,840.							-7,840.
Total Schedule E (page 2)	-9,647.							-9,647.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

2020

Name	PALL D. SPERA	ID	20 1825185
Passthrough NEWTON SPERA			

TAXPAYER

22

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2020

SCHEDULE E

Name PALL D. SPERA ID 03-0241389 SSN/EIN 084-36-0079 TAXPAYER TAXPAYER

Passthrough HARRISON AND SPERA INVESTMENT FU

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)								
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)								
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)	4,879.							4,879.
Net long-term cap. gain (loss)	3,808.							3,808.
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2020

SCHEDULE E

Name PALL D. SPERA SSN/EIN 084-36-0079 ID 03-0241389 TAXPAYER
Passthrough HARRISON AND SPERA INVESTMENT FU
 PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	3.							3.
Interest from U.S. bonds								
Ordinary dividends	11,854.							11,854.
Qualified dividends	11,854.							11,854.
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis								

2020 DEPRECIATION AND AMORTIZATION REPORT

OFFICE BUILDING, STOWE, VERMONT - 1800

SCHEDULE E- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	12/22/75	L				12,000.				12,000.			0.	0.
10	SEWER HOOKUP	07/01/99	SL	15.00		16	12,559.				12,559.	12,556.		0.	12,556.
11	ROOF	07/01/03	SL	15.00		16	10,955.				10,955.	10,950.		0.	10,950.
12	IMPROVEMENTS	07/01/03	SL	39.00		MM17	3,100.				3,100.	1,300.		79.	1,379.
153	ROOF/BOILER	07/01/04	SL	15.00		HY17	25,956.			12,978.	12,978.	12,978.		0.	12,978.
206	IMPROVEMENTS - STORE	10/01/09	SL	15.00		16	35,110.				35,110.	23,995.		2,341.	26,336.
309	IMPROVEMENTS-STORE	07/01/16	SL	39.00		MM17	6,596.				6,596.	585.		169.	754.
311	EXPANSION	07/01/17	SL	39.00		MM17	5,000.				5,000.	315.		128.	443.
314	EQUIPMENT	07/01/18	SL	39.00		MM17	19,141.				19,141.	716.		491.	1,207.
	BUILDINGS														
3	STORE FRONT ADDITION	06/30/80	SL	25.00		16	12,451.				12,451.	12,451.		0.	12,451.
4	HOUSE	12/22/75	SL	25.00		16	33,623.				33,623.	33,623.		0.	33,623.
5	BUILDING IMPROVEMENTS	01/01/76	SL	25.00		16	51,812.				51,812.	51,812.		0.	51,812.
6	BUILDING IMPROVEMENTS	07/10/77	SL	25.00		16	49,884.				49,884.	49,884.		0.	49,884.
7	BUILDING IMPROVEMENTS	06/30/82	SL	15.00		16	5,537.				5,537.	5,537.		0.	5,537.
	* SCH E TOTAL BUILDINGS						153,307.				153,307.	153,307.		0.	153,307.
	* GRAND TOTAL SCH E DEPRECIATION						283,724.			12,978.	270,746.	216,702.		3,208.	219,910.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.

► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2020

Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

PALL D. SPERA

Social security number of person

with self-employment income ► **084 36 0079**

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Sch. F, line 34, and farm partnerships, Sch. K-1 (Form 1065), box 14, code A If you received social security retirement or disability benefits, enter the amount of Conservation Reserve	1a	
b Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.		
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order SEE STATEMENT 14	2	512,741.
3 Combine lines 1a, 1b, and 2	3	512,741.
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions	4a	473,516.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue ►	4c	473,516.
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
6 Add lines 4c and 5b	6	473,516.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020	7	137,700
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11	8a	
b Unreported tips subject to social security tax from Form 4137, line 10	8b	
c Wages subject to social security tax from Form 8919, line 10	8c	
d Add lines 8a, 8b, and 8c	8d	
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ►	9	137,700.
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	17,075.
11 Multiply line 6 by 2.9% (0.029)	11	13,732.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	30,807.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 14	13	15,404.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$8,460, or (b) your net farm profits² were less than \$6,107.

14 Maximum income for optional methods	14	5,640
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,640. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A - minus the amount
you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Part III Maximum Deferral of Self-Employment Tax Payments

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020	20	
21	Combine lines 19 and 20	21	
If line 5b is zero, skip line 22 and enter -0- on line 23.			
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020	22	
23	Multiply line 22 by 92.35% (0.9235)	23	
24	Add lines 21 and 23	24	
25	Enter the smaller of line 9 or line 24	25	
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040)	26	

Schedule SE (Form 1040) 2020

024502 11-17-20

Form **6251**Department of the Treasury
Internal Revenue Service (99)**Alternative Minimum Tax - Individuals**▶ Go to www.irs.gov/Form6251 for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2020Attachment
Sequence No. **32**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

PALL D. & SUSAN M. SPERA**084 36 0079****Part I Alternative Minimum Taxable Income**

1 Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract lines 12 and 13 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	534,471.
2a If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12	2a	27,400.
b Tax refund from Schedule 1 (Form 1040), line 1 or line 8	2b	
c Investment interest expense (difference between regular tax and AMT)	2c	
d Depletion (difference between regular tax and AMT)	2d	
e Net operating loss deduction from Schedule 1 (Form 1040), line 8. Enter as a positive amount	2e	
f Alternative tax net operating loss deduction	2f	
g Interest from specified private activity bonds exempt from the regular tax	2g	
h Qualified small business stock, see instructions	2h	
i Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) STMT 15	2l	4.
m Passive activities (difference between AMT and regular tax income or loss)	2m	
n Loss limitations (difference between AMT and regular tax income or loss)	2n	
o Circulation costs (difference between regular tax and AMT)	2o	
p Long-term contracts (difference between AMT and regular tax income)	2p	
q Mining costs (difference between regular tax and AMT)	2q	
r Research and experimental costs (difference between regular tax and AMT)	2r	
s Income from certain installment sales before January 1, 1987	2s	
t Intangible drilling costs preference	2t	
3 Other adjustments, including income-based related adjustments	3	
4 Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$745,200, see instructions.)	4	561,875.

Part II Alternative Minimum Tax (AMT)

5 Exemption. IF your filing status is ... AND line 4 is not over ... THEN enter on line 5 ... Single or head of household \$518,400 \$72,900 Married filing jointly or qualifying widow(er) ... 1,036,800 113,400 Married filing separately 518,400 56,700 If line 4 is over the amount shown above for your filing status, see instructions.	5	113,400.
6 Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6	448,475.
7 • If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; 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 40 here. • All others: If line 6 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result	7	120,423.
8 Alternative minimum tax foreign tax credit (see instructions)	8	
9 Tentative minimum tax. Subtract line 8 from line 7	9	120,423.
10 Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line (see instructions)	10	134,420.
11 AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1	11	0.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

12 Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7	12	448,475.
13 Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Forms 1040 and 1040-SR 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, see instructions for the amount to enter	13	14,897.
14 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, see instructions for the amount to enter	14	
15 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter	15	14,897.
16 Enter the smaller of line 12 or line 15	16	14,897.
17 Subtract line 16 from line 12	17	433,578.
18 If line 17 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result	18	117,444.
19 Enter: <ul style="list-style-type: none"> • \$80,000 if married filing jointly or qualifying widow(er), • \$40,000 if single or married filing separately, or • \$53,600 if head of household. 	19	80,000.
20 Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 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 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	20	519,574.
21 Subtract line 20 from line 19. If zero or less, enter -0-	21	0.
22 Enter the smaller of line 12 or line 13	22	14,897.
23 Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23	0.
24 Subtract line 23 from line 22	24	14,897.
25 Enter: <ul style="list-style-type: none"> • \$441,450 if single • \$248,300 if married filing separately • \$496,600 if married filing jointly or qualifying widow(er) • \$469,050 if head of household 	25	496,600.
26 Enter the amount from line 21	26	0.
27 Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 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 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	27	519,574.
28 Add line 26 and line 27	28	519,574.
29 Subtract line 28 from line 25. If zero or less, enter -0-	29	0.
30 Enter the smaller of line 24 or line 29	30	0.
31 Multiply line 30 by 15% (0.15)	31	
32 Add lines 23 and 30	32	0.
If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.		
33 Subtract line 32 from line 22	33	14,897.
34 Multiply line 33 by 20% (0.20)	34	2,979.
If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.		
35 Add lines 17, 32, and 33	35	
36 Subtract line 35 from line 12	36	
37 Multiply line 36 by 25% (0.25)	37	
38 Add lines 18, 31, 34, and 37	38	120,423.
39 If line 12 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result	39	121,615.
40 Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40	120,423.

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT						
Name(s)		Social Security Number				
PALL D. & SUSAN M. SPERA		084-36-0079				
Form Name	Description	Income	Adjustment			Form 6251 Other Adjustment
			Form 6251, Line 2k	Form 6251, Line 2l	Form 6251, Line 2m	
C-	PALL SPERA COMPANY REALTORS, LLC					
	* REGULAR INCOME	512,741.		4.		
	* AMT DEPR ADJ	4.		4.		
	* AMT NET INCOME	512,745.				
	** TOTAL ADJ & PREF **			4.		

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
	PALL SPERA COMPANY REALTORS, LLC								
127	IMPROVEMENTS	0701189SL		40.00	4,843.	3,686.	153.	121.	32.
128	IMPROVEMENTS	0701190SL		40.00	3,070.	2,268.	97.	77.	20.
147	VILLAGE IMP	0701103SL		39.00	10,891.	4,592.	279.	279.	0.
154	VILLAGE IMP	0701105SL		39.00	15,666.	5,812.	402.	402.	0.
202	MORRISVILLE OFFICE	070113150DB		7.00	2,927.	2,748.	131.	179.	-48.
	** SUBTOTAL **				37,397.	19,106.	1,062.	1,058.	4.
	OFFICE BUILDING, STOWE, VERMONT - 1800 MOUNTAIN								
12	IMPROVEMENTS	0701103SL		39.00	3,100.	1,300.	79.	79.	0.
309	IMPROVEMENTS-STORE	0701116SL		39.00	6,596.	585.	169.	169.	0.
311	EXPANSION	0701117SL		39.00	5,000.	315.	128.	128.	0.
314	EQUIPMENT	0701118SL		39.00	19,141.	716.	491.	491.	0.
	** SUBTOTAL **				33,837.	2,916.	867.	867.	0.
	*** GRAND TOTAL ***				71,234.	22,022.	1,929.	1,925.	4.

Investment Interest Expense Deduction

► Go to www.irs.gov/Form4952 for the latest information.

► Attach to your tax return.

OMB No. 1545-0191

2020

Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

PALL D. & SUSAN M. SPERA

084-36-0079

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2020 (see instructions) SEE STATEMENT 16	1	663.
2	Disallowed investment interest expense from 2019 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	663.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) STMT 17	4a	19,098.
b	Qualified dividends included on line 4a	4b	14,146.
c	Subtract line 4b from line 4a	4c	4,952.
d	Net gain from the disposition of property held for investment	4d	5,630.
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions STMT 18	4e	751.
f	Subtract line 4e from line 4d	4f	4,879.
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions	4g	
h	Investment income. Add lines 4c, 4f, and 4g	4h	9,831.
5	Investment expenses (see instructions)	5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6	9,831.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2021. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions STMT 19	8	663.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4952** (2020)

ALTERNATIVE MINIMUM TAX

Form **4952**
Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

► Go to www.irs.gov/Form4952 for the latest information.
► Attach to your tax return.

OMB No. 1545-0191

2020

Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

PALL D. & SUSAN M. SPERA

084-36-0079

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2020 (see instructions) SEE STATEMENT 20	1	663.
2	Disallowed investment interest expense from 2019 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	663.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	19,098.		
b	Qualified dividends included on line 4a	4b	14,146.		
c	Subtract line 4b from line 4a			4c	4,952.
d	Net gain from the disposition of property held for investment	4d	5,630.		
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions	4e	751.		
f	Subtract line 4e from line 4d			4f	4,879.
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	9,831.
5	Investment expenses (see instructions)			5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-			6	9,831.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2021. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions	8	663.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4952** (2020)

REGULAR FORM 4952, LINE 8
LESS RECOMPUTED FORM 4952, LINE 8
INTEREST ADJUSTMENT - FORM 6251, LINE 2C

663.
663.

Qualified Business Income Deduction

OMB No. 1545-2994

2020Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995A for instructions and the latest information.Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

PALL D. & SUSAN M. SPERA**084-36-0079**

Note: You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions. Use this form if your taxable income, before your qualified business income deduction, is above \$163,300 (\$326,600 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	PALL SPERA COMPANY REALTORS, LLC	<input type="checkbox"/>	<input type="checkbox"/>	03-0229189	<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2 465,938.		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$163,300 or less (\$326,600 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3 93,188.		
4 Allocable share of W-2 wages from the trade, business, or aggregation	4 284,521.		
5 Multiply line 4 by 50% (0.50)	5 142,261.		
6 Multiply line 4 by 25% (0.25)	6 71,130.		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7 130,215.		
8 Multiply line 7 by 2.5% (0.025)	8 3,255.		
9 Add lines 6 and 8	9 74,385.		
10 Enter the greater of line 5 or line 9	10 142,261.		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11 93,188.		
12 Phased-in reduction. Enter the amount from line 26, if any. See instructions	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13 93,188.		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15 Qualified business income component. Subtract line 14 from line 13	15 93,188.		
16 Total qualified business income component. Add all amounts reported on line 15	16 93,188.		

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

Form **8995-A** (2020)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$163,300 but not \$213,300 (\$326,600 and \$426,600 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3	17		
18	Enter the amounts from line 10	18		
19	Subtract line 18 from line 17	19		
20	Taxable income before qualified business income deduction 20			
21	Threshold. Enter \$163,300 (\$326,600 if married filing jointly) 21			
22	Subtract line 21 from line 20	22		
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) 23			
24	Phase-in percentage. Divide line 22 by line 23 ... 24 %			
25	Total phase-in reduction. Multiply line 19 by line 24	25		
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27	93,188.		
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions SEE STATEMENT 21	28	234,154.		
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	()		
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30	234,154.		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31	46,831.		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		140,019.	
33	Taxable income before qualified business income deduction	33	664,365.		
34	Net capital gain. See instructions	34	14,897.		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		649,468.	
36	Income limitation. Multiply line 35 by 20% (0.20)	36		129,894.	
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37		129,894.	
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38			
39	Total qualified business income deduction. Add lines 37 and 38	39		129,894.	
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40		()	

Form **8995-A** (2020)

SCHEDULE C
(Form 8995-A)

Department of the Treasury
Internal Revenue Service

Loss Netting and Carryforward

▶ Attach to Form 8995-A.

▶ Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2294

2020

Attachment
Sequence No. **55D**

Name(s) shown on return

Your taxpayer identification number

PALL D. & SUSAN M. SPERA

084-36-0079

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	PALL SPERA COMPANY REALTORS, LLC	487,428.	(21,490.)	465,938.
	NEWTON-SPERA	-9,380.	()	
	OFFICE BUILDING, STOWE, VERMONT - 1800 MOUNTA	-12,110.	()	
2	Qualified business net (loss) carryforward from prior years. See instructions			2 ()
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations			3 (21,490.)
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations			4 487,428.
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b). See instructions			5 (21,490.)
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-			6 ()

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

Schedule C (Form 8995-A) 2020

Qualified Business Income After Deductions

Activity: **PALL SPERA COMPANY REALTORS, LLC**

1.	Qualified business income before deductions	512,741.
2.	Deductible part of self-employment income:	
a.	Net income subject to self-employment tax from this activity	512,741.
b.	Total income subject to self-employment tax	512,741.
c.	Line 2a divided by line 2b (not greater than 1.000)	1.000000000
d.	Amount from Schedule 1 (Form 1040), line 14	15,404.
e.	Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity	15,404.
3.	Self-employed SEP, SIMPLE and qualified plans:	
a.	Net income subject to self-employment tax from this activity	
b.	Net earnings from	
c.	Line 3a divided by line 3b (not greater than 1.000)	
d.	Amount from Schedule 1 (Form 1040), line 15	
e.	Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity	
4.	Self-employed health insurance deduction:	
a.	Health insurance payments from this activity	9,909.
b.	Health insurance limits for activity above	9,909.
c.	Lesser of line 4a or line 4b	9,909.
d.	Reserved	
e.	Reserved	
f.	Amount from line 4c. This is the allocated SE health insurance deduction for this activity	9,909.
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions	487,428.

Activity: _____

1.	Qualified business income before deductions	
2.	Deductible part of self-employment income:	
a.	Net income subject to self-employment tax from this activity	
b.	Total income subject to self-employment tax	
c.	Line 2a divided by line 2b (not greater than 1.000)	
d.	Amount from Schedule 1 (Form 1040), line 14	
e.	Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity	
3.	Self-employed SEP, SIMPLE and qualified plans:	
a.	Net income subject to self-employment tax from this activity	
b.	Net earnings from	
c.	Line 3a divided by line 3b (not greater than 1.000)	
d.	Amount from Schedule 1 (Form 1040), line 15	
e.	Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity	
4.	Self-employed health insurance deduction:	
a.	Health insurance payments from this activity	
b.	Health insurance limits for activity above	
c.	Lesser of line 4a or line 4b	
d.	Reserved	
e.	Reserved	
f.	Amount from line 4c. This is the allocated SE health insurance deduction for this activity	
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions	

Additional Medicare Tax**2020**Attachment
Sequence No. 71

- If any line does not apply to you, leave it blank. See separate instructions.
 ► Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
 ► Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

PALL D. & SUSAN M. SPERA

Your social security number

084-36-0079**Part I Additional Medicare Tax on Medicare Wages**

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1		
2 Unreported tips from Form 4137, line 6	2		
3 Wages from Form 8919, line 6	3		
4 Add lines 1 through 3	4		
5 Enter the following amount for your filing status:			
Married filing jointly \$250,000			
Married filing separately \$125,000			
Single, Head of household, or Qualifying widow(er) \$200,000	5		
6 Subtract line 5 from line 4. If zero or less, enter -0-		6	
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II		7	

Part II Additional Medicare Tax on Self-Employment Income

8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8	473,516.	
9 Enter the following amount for your filing status:			
Married filing jointly \$250,000			
Married filing separately \$125,000			
Single, Head of household, or Qualifying widow(er) \$200,000	9	250,000.	
10 Enter the amount from line 4	10		
11 Subtract line 10 from line 9. If zero or less, enter -0-	11	250,000.	
12 Subtract line 11 from line 8. If zero or less, enter -0-		12	223,516.
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III		13	2,012.

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

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15 Enter the following amount for your filing status:			
Married filing jointly \$250,000			
Married filing separately \$125,000			
Single, Head of household, or Qualifying widow(er) \$200,000	15		
16 Subtract line 15 from line 14. If zero or less, enter -0-		16	
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV		17	

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 8 (check box a) (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18	2,012.
---	----	--------

Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19		
20 Enter the amount from line 1	20		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages		22	
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)		23	
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)		24	

Net Investment Income Tax -
Individuals, Estates, and Trusts

OMB No. 1545-2227

2020

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.Attachment
Sequence No. 72

Name(s) shown on your tax return

PALL D. & SUSAN M. SPERA

Your social security number or EIN

084-36-0079

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)

1	Taxable interest (see instructions)		1	233.
2	Ordinary dividends (see instructions)		2	18,865.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	-21,757.	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	21,490.	
c	Combine lines 4a and 4b		4c	-267.
5a	Net gain or loss from disposition of property (see instructions)	5a	5,630.	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	5,630.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	24,461.

Part II Investment Expenses Allocable to Investment Income and Modifications

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

Part III Tax Computation

12	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-	12	24,461.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	691,765.
14	Threshold based on filing status (see instructions)	14	250,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	441,765.
16	Enter the smaller of line 12 or line 15	16	24,461.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	930.
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

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

Form 8960 (2020)

VEHICLE EXPENSES OPTIMIZATION WORKSHEET

2020

ENTITY NAME: SCH C - PALL SPERA COMPANY REALTORS, LLC

DESCRIPTION: BMW - 2017

VEHICLE 1

MILEAGE INFORMATION

- | | |
|---|--------------|
| 1. Date vehicle was placed in service | 07/24/16 |
| 2. Total miles vehicle was driven during 2020 | 17,800 |
| 3. Business miles included on line 2 | 14,300 |
| 4. Percent of business use. Divide line 3 by line 2 | 80.34 % |
| 5. Commuting miles included on line 2 | |
| 6. Other personal miles. Add lines 3 and 5 and subtract the total from line 2 | <u>3,500</u> |

MILEAGE RATE

- | | |
|--|---------------|
| 7. Multiply business miles by 57.5 cents | <u>8,223.</u> |
|--|---------------|

ACTUAL EXPENSES

- | | |
|--|---------------|
| 8. Gasoline, oil, repairs, vehicle insurance, etc. | 1,429. |
| 9. Net lease amount | 8,668. |
| 10. Total actual business use auto expenses not including depreciation. Add lines 8 and 9 and multiply by percentage on line 4 | <u>8,112.</u> |

DEPRECIATION

- | | |
|---|---------------|
| 11. Unadjusted cost or basis less Section 179/special allowance | |
| 12. Basis for depreciation (business use only)
multiply line 11 by line 4 | <u></u> |
| 13. Method of figuring depreciation | |
| 14. Depreciation percentage | % |
| 15. Multiply line 12 by percentage on line 14 | <u></u> |
| 16. Section 179/special allowance | |
| 17. Multiply line 16 by percentage on line 4 | <u></u> |
| 18. Add lines 15 and 17 | <u></u> |
| 19. Limitation amount | |
| 20. Business percent limit. Multiply line 19 by line 4 | <u></u> |
| 21. Total depreciation taken on auto. Enter the smaller of line 18 or line 20 | <u></u> |
| 22. Total actual business use auto expenses. Add line 10 and line 21 | <u>8,112.</u> |
| 23. Actual auto or mileage taken. Enter the greater of line 7 or line 22 | <u>8,223.</u> |

FORM 1040	QUALIFIED DIVIDENDS	STATEMENT	1
NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	
FIDELITY	2,292.	2,292.	
FROM K-1 - HARRISON AND SPERA			
INVESTMENT FU	11,854.	11,854.	
TOTAL INCLUDED IN FORM 1040, LINE 3A		14,146.	

FORM 1040	IRA DISTRIBUTIONS	STATEMENT	2
NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT	
JP MORGAN	76,149.	76,149.	
MORGAN STANLEY	83,478.	83,478.	
TOTAL TO FORM 1040, LINES 4A AND 4B	159,627.	159,627.	

FORM 1040

SOCIAL SECURITY BENEFITS WORKSHEET

STATEMENT 3

CHECK ONLY ONE BOX:

- A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)
 X B. MARRIED FILING JOINTLY
 C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE
 AT ANY TIME DURING 2020
 D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE
 FOR ALL OF 2020

1. ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR
 FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON
 FORM 1040, LINE 6A 49,458.
 IF YOU CHECKED BOX B: TAXPAYER AMOUNT 34,988.
 SPOUSE AMOUNT 14,470.
2. MULTIPLY LINE 1 BY 50% (0.50) 24,729.
3. ADD THE AMOUNTS ON FORM 1040, LINES 1, 2A, 2B, 3B, 4B, 5B,
 7 AND 8. IF UNEMPLOYMENT IS EXCLUDED, ADD THE EXCLUSION
 AMOUNT. IF FILING FORM 8815, DON'T INCLUDE THE AMOUNT FROM
 LINE 2B. INSTEAD, USE THE AMOUNT FROM SCHEDULE B, LINE 2.
 DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR
 RRB-1099 675,339.
4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED
 INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS,
 OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF
 PUERTO RICO THAT YOU CLAIMED
5. ADD LINES 2, 3, AND 4 700,068.
6. ADD THE AMOUNTS FROM FORM 1040, LINE 10B, SCHEDULE 1,
 LINES 10 THROUGH 19, PLUS ANY WRITE-IN ADJUSTMENTS
 YOU ENTERED ON THE DOTTED LINE NEXT TO SCHEDULE 1, LINE 22 25,613.
7. SUBTRACT LINE 6 FROM LINE 5 674,455.
8. ENTER: \$25,000 IF YOU CHECKED BOX A OR D, OR
 \$32,000 IF YOU CHECKED BOX B, OR
 \$-0- IF YOU CHECKED BOX C 32,000.
9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7?
 [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE
 TAXABLE. ENTER -0- ON FORM 1040, LINE 6B. IF YOU ARE
 MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR
 SPOUSE FOR ALL OF 2020, BE SURE YOU ENTERED 'D' TO THE
 RIGHT OF THE WORD "BENEFITS" ON LINE 6A.
 [X] YES. SUBTRACT LINE 8 FROM LINE 7 642,455.
10. ENTER \$9,000 IF YOU CHECKED BOX A OR D,
 \$12,000 IF YOU CHECKED BOX B
 \$-0- IF YOU CHECKED BOX C 12,000.
11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 630,455.
12. ENTER THE SMALLER OF LINE 9 OR LINE 10 12,000.
13. ENTER ONE HALF OF LINE 12 6,000.
14. ENTER THE SMALLER OF LINE 2 OR LINE 13 6,000.
15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 535,887.
16. ADD LINES 14 AND 15 541,887.
17. MULTIPLY LINE 1 BY 85% (.85) 42,039.
18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 42,039.
 * ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 6B

FORM 1040	TAX	STATEMENT	4
-----------	-----	-----------	---

DESCRIPTION	AMOUNT
FROM SCHEDULE D WORKSHEET	134,420.
TOTAL TO FORM 1040, LINE 16	134,420.

FORM 1040	TOTAL DUE WITH INTEREST AND PENALTIES	STATEMENT	5
AMOUNT DUE		7,799.	
INTEREST NOT INCLUDED		67.	
TOTAL DUE		7,866.	

FORM 1040	LATE PAYMENT INTEREST	STATEMENT	6
-----------	-----------------------	-----------	---

DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE	05/17/21	155,382.	155,382.	.0300		
FORM 4868 PAYMENT	05/17/21	-150,000.	5,382.	.0300	151	67.
DATE FILED	10/15/21		5,449.			
TOTAL LATE PAYMENT INTEREST						67.

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) 1099	STATEMENT	7
-----------	--	-----------	---

T S DESCRIPTION	AMOUNT
T JP MORGAN	12,787.
TOTAL TO FORM 1040, LINE 25B	12,787.

SCHEDULE 1 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION WORKSHEET STATEMENT 8

PALL D. SPERA

PALL SPERA COMPANY REALTORS, LLC

1	NONSPECIFIED HEALTH INSURANCE PAYMENTS		9,909.
2	NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED		512,741.
3	TOTAL OF ALL NET PROFITS AND EARNED INCOME. S CORPORATIONS SKIP TO LINE 9	512,741.	
4	DIVIDE LINE 2 BY LINE 3	1.0000	
5	DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX	15,404.	
6	LINE 4 TIMES LINE 5		15,404.
7	LINE 2 MINUS LINE 6		497,337.
8	SELF-EMPLOYED SEP, SIMPLE, AND QUALIFIED PLANS ATTRIBUTABLE TO TRADE OR BUSINESS NAMED ABOVE		0.
9	LINE 7 MINUS LINE 8. S CORPORATIONS ENTER WAGES RECEIVED		497,337.
10	FORM 2555, LINE 45 ATTRIBUTABLE TO THE TRADE OR BUSINESS NAMED ABOVE		
11	LINE 9 MINUS LINE 10		497,337.
12	SELF-EMPLOYED HEALTH INSURANCE DEDUCTION. LESSER OF LINE 1 OR LINE 11		9,909.

SCHEDULE 2 OTHER TAXES STATEMENT 9

DESCRIPTION	AMOUNT
FROM FORM 8959	2,012.
FROM FORM 8960	930.
TOTAL TO SCHEDULE 2, LINE 8	2,942.

SCHEDULE C	CAR AND TRUCK EXPENSES	STATEMENT 10
------------	------------------------	--------------

DESCRIPTION	AMOUNT
BMW - 2017 - 14300 BUSINESS MILES @ \$0.575	8,223.
TOTAL TO SCHEDULE C, LINE 9	8,223.

SCHEDULE D	NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 11
------------	---	--------------

DESCRIPTION OF ACTIVITY	GAIN OR LOSS
HARRISON AND SPERA INVESTMENT FU	4,879.
TOTAL TO SCHEDULE D, PART I, LINE 5	4,879.

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 12
------------	--	--------------

DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
HARRISON AND SPERA INVESTMENT FU	3,808.	
TOTAL TO SCHEDULE D, PART II, LINE 12	3,808.	

SCHEDULE E	RECONCILIATION FOR REAL ESTATE PROFESSIONALS	STATEMENT 13
------------	--	--------------

FORM	DESCRIPTION	AMOUNT
SCH E P2	NEWTON-SPERA	-9,647.
SCH E P1	OFFICE BUILDING, STOWE, VERMONT - 1800 MOUNTAIN ROAD, STOWE, VT 05672	-12,110.
TOTAL TO SCHEDULE E, LINE 43		-21,757.

SCHEDULE SE	NON-FARM INCOME	STATEMENT 14
-------------	-----------------	--------------

DESCRIPTION	AMOUNT
REAL ESTATE/PROPERTY	512,741.
TOTAL TO SCHEDULE SE, LINE 2	512,741.

FORM 6251 DEPRECIATION ON ASSETS PLACED IN SERVICE AFTER 1986 STATEMENT 15

DESCRIPTION	AMOUNT
IMPROVEMENTS	32.
IMPROVEMENTS	20.
MORRISVILLE OFFICE	-48.
TOTAL TO FORM 6251, LINE 2L	4.

FORM 4952	INVESTMENT INTEREST EXPENSE	STATEMENT 16
-----------	-----------------------------	--------------

DESCRIPTION	CURRENT	CARRYOVER
FIDELITY	396.	
FROM K-1 - NEWTON-SPERA	267.	
TOTALS TO FORM 4952, LINES 1 AND 2	663.	

FORM 4952	INCOME FROM PROPERTY HELD FOR INVESTMENT	STATEMENT 17
-----------	--	--------------

DESCRIPTION	AMOUNT
INTEREST INCOME	233.
DIVIDEND INCOME	18,865.
TOTAL TO FORM 4952, LINE 4A	19,098.

FORM 4952	NET CAPITAL GAIN FROM THE DISPOSITION OF PROPERTY HELD FOR INVESTMENT	STATEMENT 18
-----------	--	--------------

DESCRIPTION	AMOUNT
480 SHS PEOPLES	-3,057.
GAIN OR LOSS FROM PARTNERSHIPS, S CORPS, TRUSTS, ETC.	3,808.
TOTAL TO FORM 4952, LINE 4E	751.

FORM 4952	INVESTMENT INTEREST EXPENSE DEDUCTION SUMMARY	STATEMENT 19
-----------	---	--------------

NAME	FORM OR SCHEDULE	INVESTMENT INTEREST EXPENSE	INVESTMENT INTEREST EXPENSE C/O	DISALLOWED INVESTMENT INTEREST EXPENSE	ALLOWED INVESTMENT INTEREST EXPENSE
FIDELITY	SCH A	396.	0.	0.	396.
FROM K-1 - NEWTON-SPER	SCH E	267.	0.	0.	267.
TOTALS		663.	0.	0.	663.

FORM 4952AMT INVESTMENT INTEREST EXPENSE STATEMENT 20

DESCRIPTION	CURRENT	CARRYOVER
FIDELITY	396.	
FROM K-1 - NEWTON-SPERA	267.	
TOTALS TO FORM 4952AMT, LINES 1 AND 2	663.	

FORM 8995-A QUALIFIED REIT DIVIDENDS AND PTP INCOME STATEMENT 21

NAME OF ENTITY/ACTIVITY	REIT DIVIDENDS	PTP INCOME
FROM K-1 - NEWTON-SPERA	234,154.	
TOTAL TO FORM 8995-A, LINE 28	234,154.	

FORM 8960 TRADE OR BUSINESS INCOME STATEMENT 22

OFFICE BUILDING, STOWE, VERMONT - 1800 MOUNTAIN ROAD, STOWE, NEWTON-SPERA	12,110. 9,380.
AMOUNT TO FORM 8960, LINE 4B	21,490.
