



Hallandale Beach CRA BUSINESS INCENTIVE/ENTICEMENT CHECKLIST

- Completed and signed application
- Copy of all business tax receipts
- Copy of the Corporate documents
- Copy of commercial lease agreement (if applicable) *HIA*
- Landlord SSN or Tax ID ⇒
- Business Plan (for businesses less than 5 years old)
- EB* → Letter of Intent (for business over 5 years old) ✓
- Two years of audited financials and corporate tax returns
- EB* → Two years of tax returns for the owners of a new business ✓
- Qualifications, experience and track records of business owner(s)
- Copy of design and construction plans associated with improvements (if applicable)
- A minimum of four 3 x 5 before pictures of the project
- EB* → Recent Credit Report ✓
- EB* → Criminal background ✓
- Property Deed
- Property Tax Bill (for commercial property owners)
- Insurance
- EB* → Application Fee Check of \$750 payable to the Hallandale Beach CRA

You must complete the application form in its entirety and provide copies of the above listed documents. Incomplete applications and/or failure to provide required documentation will delay consideration of your application.

If you have any further questions, please contact Liza Torres, CRA Business Development Coordinator at 954-457-1381.

A. COMMERCIAL PROPERTY INFORMATION

1. Name of Business: 7th Avenue Village, LLC Business Owner's Name Elias Benaim
2. Owner's Date of Birth: [REDACTED] Owner's Social Security No. [REDACTED]
3. Business Address: 1206 Stirling Rd #7AB. Federal Identification Number [REDACTED]
4. Type and Nature of Business:
Development & Construction

5. State the true, exact, correct and complete name of the corporation, partnership or trade name under which you do business. If a corporation, state the name of the president and secretary. If a trade name, state the names of individuals who do business under the trade name.

Name 7th Avenue Village, LLC / Elias Benaim

Check all that apply: Business is a Sole Proprietorship Partnership Corporation
Non-profit None of Above (Specify _____)

The name, titles and business phone numbers of the corporate officers, or partners, or individuals doing business under a trade name, are as follows:
Elias Benaim - 9546104637

6. How many years has this business been operating? 1 yr
7. How many years at current address: 1 yr
8. Was this business previously located at another site: Yes No
9. Previous Business Address (if applicable):

10. New Business: Yes No Existing Business Yes No

11. Number of Employees: 20-25 Hours of Operation: 7:00AM - 7:00PM

12. Have you or your tenant ever been convicted of a felony/misdemeanor? If yes, please explain on a separate page. N/A

13. List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the business, its parent or subsidiaries or predecessor organizations during the past five years. N/A

Include in the description the disposition of each such petition: If none, so state.
N/A

14. List all current claims, arbitrations, administrative hearings and lawsuits brought by or against the business: If none, so state. NONE - N/A

15. List and describe all criminal proceedings or hearings concerning business related offenses in which the business was a defendant. If none, so state. NONE - N/A

16. Has your property been cited for outstanding code violations? ___ Yes X No

17. List the improvements that you want to make with the proceeds of this loan and the estimated costs, if known:

<u>CITY BLDG. IMPACT FEES</u>	<u>\$ 100,000</u>
<u>CITY BLDG. PERMIT FEES</u>	<u>\$ 70,000</u>
<u>BROWARD IMPACT FEES</u>	<u>\$ 180,000</u>

_____ \$ _____
_____ \$ _____

18. Approximate amount of loan you are applying for, if known: \$ _____

19. List the existing mortgages on the property to be improved.

<u>Lienholder</u>	<u>Origination Date</u>	<u>Balance</u>	<u>Monthly Payment Amt.</u>
1st Lien _____	_____	_____	_____
2nd Lien _____	_____	_____	_____
3rd Lien _____	_____	_____	_____

20. Do business owners have other sources of income in addition to income from this business?

Yes No If Yes, indicate the source of the income: _____

BUSINESS OPERATIONS INFORMATION

1. List the name, position, responsibilities and home address of key business personnel and the length of time each has been working with the business.

Name Position Responsibilities Home Address How Long with Business

2. How did you hear about our program?
 Internet Front Desk Comcast Direct Mail Other

C. BUSINESS DEBT INFORMATION

1. OUTSTANDING LOANS OR OTHER DEBTS: (Including Business Credit Cards)

<u>Lender/Creditor</u>	<u>Account No.</u>	<u>Monthly Pymt</u>
<u>Balance</u>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. FURTHER COMMENTS REGARDING DEBTS, IF APPLICABLE.

=====

D. AGREEMENT

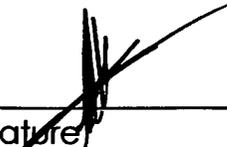
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I (we), the owner(s) of the above described business understand that the intent of this application is only for purposes of pre-qualifying for a loan and does not guarantee acceptance or approval and no commitment is hereby made on the part of either the applicant, the Hallandale Beach Community Redevelopment Agency (HBCRA).

I(we) certify that to the best of my(our) knowledge, all the information in this application and all information furnished in support of this application is true and correct. Any property assisted under this program will not be used for any illegal or restricted purpose.

Any intentionally false or fraudulent statement or supporting documents will constitute cancellation of my (our) application. The HBCRA is hereby authorized to verify any of the above information and to inspect the property prior to approval. I(we) agree to have no claim for defamation, violation of privacy or other claims against any person, firm or corporation by reason of any statement or information released by them to the HBCRA.

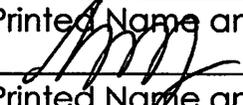
PENALTY FOR FALSE OR FRAUDULENT STATEMENT: Federal law, U.S.C. Title 18, Sec. 1001, provides: Whoever, in any matter within the jurisdiction of any department or agency of the U.S. knowingly and willfully falsifies or makes false, fictitious or fraudulent statements, or entries, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

OWNER: ELIAS GEMAIM 
(Printed name and Signature)

DATE: 7/11/14

OWNER: _____
(Printed Name and Signature)

DATE: _____

WITNESS: 
(Printed Name and Signature)

DATE: 7/11/14

Under the Privacy Act of 1974, it will be necessary for the City of Hallandale Beach or Hallandale Beach CRA to supply the appropriate agencies you listed on your application with written approval from you to allow them to release information from their files to verify the information you provided on your application. Please sign the appropriate space below to authorize these verifications.

This authorizes the HBCRA to have free access to my business information and records, sources of other income, creditors and other verifications as may be required to process my application.

OWNER: _____
(Signature)

DATE: _____

OWNER: _____
(Signature)

DATE: _____



1206 Stirling Rd #7AB · Dania Beach, FL 33004
Phone/FAX: 954-927-3000 · Cel: 954-610-4637

VIA ELECTRONIC MAIL

July 11, 2014.

Lina Duran
Business Development Coordinator CRA
Hallandale Beach Community Redevelopment Agency
400 S. Federal Highway
Hallandale Beach, FL 33009
954-457-1381 Phone
954-457-1342 Fax
lduran@hallandalebeachfl.gov
www.hallandalebeachfl.gov

Re: CRA Business Incentive Application – 7th avenue Village, LLC

Dear Mrs. Duran,

I take this opportunity to write a few lines to describe our 7th avenue village project located at 645-701 West Hallandale Beach Blvd. and the reason why we are seeking the full amount of \$200K. The principal reason is because we've been hit with a strong unforeseen impact and permit fees for this project that were never contemplated in this magnitude in our estimations. The monies will be solely use for this project, the 25,000SF construction project is under way on the 1.8acre lot, we are moving in full force, the building shell is almost done and we anticipate to complete the construction in early 2015.

We anticipate having a maximum of 25 stores generating at least 50-100 formal and informal jobs. Why I say formal because we will have employees working at this plaza in each if the establishments, we will also hire companies for service the plaza such as cleaning and maintenance. Why I say informal because these people when they work in Hallandale they spend in Hallandale, they put gas, they buy stuff, and they use facilities in Hallandale generating what I call informal jobs associated to the creation of this wonderful plaza.

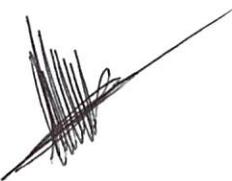
When I say more tax revenue is because when people buy stuff they pay sales tax a portion of that goes to the city I understand, a develop property like mine pays real estate taxes, the facility uses water, sewer, electricity, garbage removal and other local services that they city benefits.

On a separate note and to show how we are committed to Hallandale we are in the process of negotiating 3 other Commercial properties in the west corridor of Hallandale beach to continue the strong development of the community, we believe in Hallandale we love Hallandale we are just searching for a friendly hand to help us on this current project to make sure the financial stability and goals are met in this particular project.

Once again I thank you in advance, I hope you can transfer these true words to your team and we can have a positive feedback from your department and the city that we strongly believe in!

Be well and please do not hesitate to contact me if you need further information.

Very truly yours,



Elias Benaim
Managing Member
7th Avenue Village, LLC
954-610-4637
www.7thavenuevillage.com



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



Detail by Entity Name

Florida Limited Liability Company

7TH AVENUE VILLAGE LLC

Filing Information

Document Number	L13000094214
FEI/EIN Number	██████████
Date Filed	07/01/2013
State	FL
Status	ACTIVE

Principal Address

1206 STIRLING ROAD #7AB
DANIA BEACH, FL 33004

Mailing Address

1206 STIRLING ROAD #7AB
DANIA BEACH, FL 33004

Registered Agent Name & Address

BENAIM, ELIAS
1206 STIRLING ROAD #7AB
DANIA BEACH, FL 33004

Address Changed: 04/14/2014

Authorized Person(s) Detail

Name & Address

Title MGR

BENAIM, ELIAS
1206 STIRLING ROAD #7AB
DANIA BEACH, FL 33004

Title MGR

AMUI, SALOMON S

AV. JESUS DEL MONTE 268 DEPT 2103E
MEXICO CITY 52764 AF

le MGR

HERNAN LLC
1206 STIRLING ROAD #7AB
DANIA BEACH, FL 33004

Annual Reports

Report Year	Filed Date
2014	04/14/2014

Document Images

[04/14/2014 -- ANNUAL REPORT](#)

View image in PDF format

[07/01/2013 -- Florida Limited Liability](#)

View image in PDF format

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L13000094214
FILED 8:00 AM
July 01, 2013
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:

7TH AVENUE VILLAGE LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1206 STIRLING ROAD #7AB
DANIA BEACH, FL. 33004

The mailing address of the Limited Liability Company is:

1206 STIRLING ROAD #7AB
DANIA BEACH, FL. 33004

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

ELIAS BENAİM
3330 NE 190TH ST, APT #1115
AVENTURA, FL. 33180

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ELIAS BENAİM

Article V

The name and address of managing members/managers are:

Title: MGR
ELIAS BENAIM
3330 NE 190TH ST, APT #1115
AVENTURA, FL. 33130

Title: MGR
SALOMON S HAMUI
AV. JESUS DEL MONTE 268 DEPT 2103E
MEXICO CITY, MX. 52764

Title: MGR
HERNAN LLC
1206 STIRLING ROAD #7AB
DANIA BEACH, FL. 33004

Signature of member or an authorized representative of a member

Electronic Signature: ELIAS BENAIM

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L13000094214
FILED 8:00 AM
July 01, 2013
Sec. Of State
thampton

For the year Jan 1 - Dec 31, 2012, or other tax year beginning , 2012, ending , 20

Your first name and initial Last name
ELIAS BENAIM

Your social security number
 [REDACTED]

If a joint return, spouse's first name and initial Last name
NICOLE M MINIONIS

Spouse's social security number
 [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.
3330 NE 190TH STREET #1115

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
MIAMI, FL 33180

Foreign country name Foreign province/state/county Foreign postal code

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

Filing Status

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

Check only one box.

Exemptions

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

Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax cr (see instrs)
JONATHAN BENAIM		[REDACTED]	SON	<input checked="" type="checkbox"/>
ALEXANDRA BENAIM		[REDACTED]	DAUGHTER	<input checked="" type="checkbox"/>

If more than four dependents, see instructions and check here . . .

Boxes checked on 6a and 6b 2
No. of children on 6c who:
 • lived with you 2
 • did not live with you due to divorce or separation (see instrs)
 Dependents on 6c not entered above
 Add numbers on lines above **4**

d Total number of exemptions claimed. **4**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	144,833.
8a	Taxable interest. Attach Schedule B if required.	8a	614.
b	Tax-exempt interest. Do not include on line 8a. STMT. 2	8b	83.
9a	Ordinary dividends. Attach Schedule B if required.	9a	617.
b	Qualified dividends ST. 3	9b	304.
10	Taxable refunds, credits, or offsets of state and local income taxes. STATEMENT 4	10	1,008.
11	Alimony received.	11	
12	Business income or (loss). Attach Schedule C or C-EZ.	12	40,182.
13	Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here.	13	32.
14	Other gains or (losses). Attach Form 4797.	14	
15a	IRA distributions. 15a	b	Taxable amount. 15b
16a	Pensions and annuities. 16a	b	Taxable amount. 16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.	17	69,968.
18	Farm income or (loss). Attach Schedule F.	18	
19	Unemployment compensation.	19	
20a	Social security benefits. 20a	b	Taxable amount. 20b
21	Other income	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income.	22	257,254.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
 If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ.	24	
25	Health savings account deduction. Attach Form 8889.	25	
26	Moving expenses. Attach Form 3903.	26	8,455.
27	Deductible part of self-employment tax. Attach Schedule SE.	27	785.
28	Self-employed SEP, SIMPLE, and qualified plans.	28	7,081.
29	Self-employed health insurance deduction.	29	
30	Penalty on early withdrawal of savings.	30	
31a	Alimony paid b Recipient's SSN	31a	
32	IRA deduction.	32	
33	Student loan interest deduction.	33	
34	Tuition and fees. Attach Form 8917.	34	
35	Domestic production activities deduction. Attach Form 8903.	35	
36	Add lines 23 through 35.	36	16,321.
37	Subtract line 36 from line 22. This is your adjusted gross income.	37	240,933.

Tax and Credits	38	Amount from line 37 (adjusted gross income).....	38	240,933.
	39a	Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind. checked. ▶ 39a		
		b If your spouse itemizes on a separate return or you were a dual-status alien, check here..... ▶ 39b <input type="checkbox"/>		
Standard Deduction for - • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$5,950 Married filing jointly or Qualifying widow(er), \$11,900 Head of household, \$8,700	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin).....	40	19,397.
	41	Subtract line 40 from line 38.....	41	221,536.
	42	Exemptions. Multiply \$3,800 by the number on line 6d.....	42	15,200.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-.....	43	206,336.
	44	Tax (see instrs). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> 962 election b <input type="checkbox"/> Form 4972.....	44	45,509.
	45	Alternative minimum tax (see instructions). Attach Form 6251.....	45	0.
	46	Add lines 44 and 45.....	46	45,509.
	47	Foreign tax credit. Attach Form 1116 if required.....	47	18.
	48	Credit for child and dependent care expenses. Attach Form 2441.....	48	600.
	49	Education credits from Form 8863, line 19.....	49	
50	Retirement savings contributions credit. Attach Form 8880..	50		
51	Child tax credit. Attach Schedule 8812, if required.....	51		
52	Residential energy credits. Attach Form 5695.....	52		
53	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53		
54	Add lines 47 through 53. These are your total credits	54	618.	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-..... ▶	55	44,891.	
Other Taxes	56	Self-employment tax. Attach Schedule SE.....	56	1,489.
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919.....	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required.....	58	
	59a	Household employment taxes from Schedule H.....	59a	
		b First-time homebuyer credit repayment. Attach Form 5405 if required.....	59b	
	60	Other taxes. Enter code(s) from instructions.....	60	
	61	Add lines 55-60. This is your total tax ▶	61	46,380.
Payments	62	Federal income tax withheld from Forms W-2 and 1099.....	62	14,910.
	63	2012 estimated tax payments and amount applied from 2011 return.....	63	
If you have a qualifying child, attach Schedule EIC.	64a	Earned income credit (EIC)	64a	
		b Nontaxable combat pay election..... ▶ 64b		
	65	Additional child tax credit. Attach Schedule 8812.....	65	
	66	American opportunity credit from Form 8863, line 8.....	66	
	67	Reserved.....	67	
	68	Amount paid with request for extension to file.....	68	20,000.
	69	Excess social security and tier 1 RRTA tax withheld.....	69	
	70	Credit for federal tax on fuels. Attach Form 4136.....	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885.....	71	
	72	Add lns 62, 63, 64a, & 65-71. These are your total pmts ▶	72	34,910.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid.....	73	
	74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here. ▶ <input type="checkbox"/>	74a	
		▶ b Routing number..... ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions.		▶ d Account number.....		
	75	Amount of line 73 you want applied to your 2013 estimated tax..... ▶	75	
Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions..... ▶	76	11,470.
	77	Estimated tax penalty (see instructions).....	77	

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

Designee's name ▶ DAVID WEISS Phone no. ▶ 212-695-5771 Personal identification number (PIN) ▶ 13349

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

Your signature _____ Date _____ Your occupation **MARKETING** Daytime phone number **646-232-9060**

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

Paid Preparer Use Only

Print/Type preparer's name **DAVID WEISS** Preparer's signature **DAVID WEISS** Date _____ Check if self-employed PTIN **P00962062**

Firm's name ▶ **DAVID WEISS CPA, PLLC** Firm's EIN ▶ **13-3495379**

Firm's address ▶ **183 MADISON AVE SUITE 803 NEW YORK, NY 10016-4403** Phone no. **(212) 695-5771**

**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**

► Information about Form 2210 and its separate instructions is at www.irs.gov/form2210.
► Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

Name(s) shown on tax return

ELIAS BENAIM AND NICOLE M MINIONIS

Identifying number

[REDACTED]

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 7 less than \$1,000?

Yes → Do not file Form 2210. You do not owe a penalty.

No ↓

Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?

Yes → You do not owe a penalty. Do not file Form 2210 (but if box E in Part II applies, you must 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 → Do not file Form 2210. You are not 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 do not file Form 2210.

Yes → You must figure your penalty.

No → You are not 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.

Part I Required Annual Payment

1	Enter your 2012 tax after credits from Form 1040, line 55 (see instructions if not filing Form 1040).....	1	44,891.
2	Other taxes, including self-employment tax (see instructions).....	2	1,489.
3	Refundable credits (see instructions).....	3	0.
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210.....	4	46,380.
5	Multiply line 4 by 90% (.90).....	5	41,742.
6	Withholding taxes. Do not include estimated tax payments (see instructions).....	6	14,910.
7	Subtract line 6 from line 4. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210.....	7	31,470.
8	Maximum required annual payment based on prior year's tax (see instructions).....	8	7,927.
9	Required annual payment. Enter the smaller of line 5 or line 8.....	9	7,927.

Next: Is line 9 more than line 6?

- No. You do not owe a penalty. Do not file Form 2210 unless box E below applies.
- Yes. You may owe a penalty, but do not 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 are not 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, do not 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 are not 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 2011 or 2012, 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 are not required to figure your penalty (unless box B, C, or D applies).

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 2210 (2012)

Part IV Regular Method (See the instructions if you are filing Form 1040NR or 1040NR-EZ.)

Section A – Figure Your Underpayment	Payment Due Dates				
	(a) 4/15/12	(b) 6/15/12	(c) 9/15/12	(d) 1/15/13	
18 Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 25. Otherwise, enter 25% (.25) of line 9, Form 2210, in each column.	18	1,981.	1,982.	1,982.	1,982.
19 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you do not owe a penalty. Do not file Form 2210 unless you checked a box in Part II. Complete lines 20 through 26 of one column before going to line 20 of the next column.	19	3,728.	3,728.	3,727.	3,727.
20 Enter the amount, if any, from line 26 in the previous column.	20		1,747.	3,493.	5,238.
21 Add lines 19 and 20.	21		5,475.	7,220.	8,965.
22 Add the amounts on lines 24 and 25 in the previous column.	22				
23 Subtract line 22 from line 21. If zero or less, enter -0-. For column (a) only, enter the amount from line 19.	23	3,728.	5,475.	7,220.	8,965.
24 If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0-.	24		0.	0.	
25 Underpayment. If line 18 is equal to or more than line 23, subtract line 23 from line 18. Then go to line 20 of the next column. Otherwise, go to line 26.	25				
26 Overpayment. If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column.	26	1,747.	3,493.	5,238.	

Section B – Figure the Penalty (Use the Worksheet for Form 2210, Part IV, Section B – Figure the Penalty in the instructions).

27 Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part IV, Section B – Figure the Penalty. Also include this amount on Form 1040, line 77; Form 1040A, line 46; Form 1040NR, line 74; Form 1040NR-EZ, line 26; or Form 1041, line 26.	27	
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SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2012

Department of the Treasury
Internal Revenue Service (99)

► Information about Schedule A and its separate instructions is at www.irs.gov/form1040.
► Attach to Form 1040.

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

ELIAS BENAIM AND NICOLE M MINIONIS

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29							
Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.																																				
	1 Medical and dental expenses (see instructions)																																				
	2 Enter amount from Form 1040, line 38.		2																																		
	3 Multiply line 2 by 7.5% (.075)																																				
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-																																				
Taxes You Paid	5 State and local (check only one box):																																				
	a <input checked="" type="checkbox"/> Income taxes, or																																				
	b <input type="checkbox"/> General sales taxes																																				
	6 Real estate taxes (see instructions)																																				
	7 Personal property taxes																																				
	8 Other taxes. List type and amount ►																																				
	9 Add lines 5 through 8																																				
Interest You Paid	10 Home mtg interest and points reported to you on Form 1098.																																				
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ►																																				
	Note. Your mortgage interest deduction may be limited (see instructions).																																				
	12 Points not reported to you on Form 1098. See instrs for spcl rules																																				
	13 Mortgage insurance premiums (see instructions)																																				
	14 Investment interest. Attach Form 4952 if required. (See instrs.)																																				
	15 Add lines 10 through 14																																				
	Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs.																																			
SEE STATEMENT 7																																					
17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.																																					
SEE STATEMENT 8																																					
18 Carryover from prior year.																																					
19 Add lines 16 through 18																																					
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)																																				
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►																																				
	22 Tax preparation fees																																				
	23 Other expenses — investment, safe deposit box, etc. List type and amount ►																																				
	24 Add lines 21 through 23																																				
	25 Enter amount from Form 1040, line 38.																																				
	26 Multiply line 25 by 2% (.02)																																				
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-																																				
Other Miscellaneous Deductions	28 Other — from list in instructions. List type and amount ►																																				
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40																																				
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here																																				

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2012

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

► For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor
ELIAS BENAIM

Social security number (SSN)
[REDACTED]

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

B Enter code from instructions
► **541990**

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

D Employer ID number (EIN), (see Instrs)

E Business address (including suite or room no.) ►
City, town or post office, state, and ZIP code

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

G Did you 'materially participate' in the operation of this business during 2012? If 'No,' see instructions for limit on losses. Yes No

H If you started or acquired this business during 2012, check here

I Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions). Yes No

J If 'Yes,' did you or will you file all required Forms 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	70,000.
2	Returns and allowances (see instructions)	2	
3	Subtract line 2 from line 1	3	70,000.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	70,000.
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	70,000.

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

8	Advertising	8		18	Office expense (see instructions)	18	1,744.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20	
11	Contract labor (see instructions)	11		20 a	Vehicles, machinery, and equipment	20 a	
12	Depletion	12		20 b	Other business property	20 b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part II)	22	2,015.
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
16 a	Mortgage (paid to banks, etc.)	16 a		24 a	Travel	24 a	23,825.
16 b	Other	16 b		24 b	Deductible meals and entertainment (see instructions)	24 b	1,811.
17	Legal & professional services	17	575.	25	Utilities	25	
26				26	Wages (less employment credits)	26	
27 a				27 a	Other expenses (from line 48)	27 a	4,145.
27 b				27 b	Reserved for future use	27 b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		28		28	34,115.
29	Tentative profit or (loss). Subtract line 28 from line 7	29		29		29	35,885.
30	Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	30		30		30	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) 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.	31		31		31	35,885.
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 Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the instructions for line 31). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.	32 a		32 a	<input type="checkbox"/> All investment is at risk.	32 b	<input type="checkbox"/> Some investment is not at risk.

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

Schedule C (Form 1040) 2012

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
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) ▶ _____
- 44 Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:
 a Business _____ b Commuting (see instructions) _____ c Other _____
- 45 Was your vehicle available for personal use during off-duty hours? Yes No
- 46 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 47 a Do you have evidence to support your deduction? Yes No
 b If 'Yes,' is the evidence written? Yes No

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

INTERNET	785.
LOCAL TRANSPORTATION	1,963.
TELEPHONE	1,397.
48 Total other expenses. Enter here and on line 27a	48 4,145.

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2012

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor NICOLE M MINIONIS		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) CONSULTING	B Enter code from instructions ▶ 541990	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN), (see instrs)	
E Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you 'materially participate' in the operation of this business during 2012? If 'No,' see instructions for limit on losses. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2012, check here ▶ <input type="checkbox"/>		
I Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions)..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If 'Yes,' did you or will you file all required Forms 1099?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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	7,962.
2 Returns and allowances (see instructions).....	2	
3 Subtract line 2 from line 1.....	3	7,962.
4 Cost of goods sold (from line 42).....	4	
5 Gross profit. Subtract line 4 from line 3.....	5	7,962.
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	7,962.

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

8 Advertising.....	8		18 Office expense (see instructions).....	18	988.
9 Car and truck expenses (see instructions).....	9		19 Pension and profit-sharing plans.....	19	
10 Commissions and fees.....	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions).....	11		a Vehicles, machinery, and equipment.....	20 a	
12 Depletion.....	12		b Other business property.....	20 b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).....	13		21 Repairs and maintenance.....	21	
14 Employee benefit programs (other than on line 19).....	14		22 Supplies (not included in Part III).....	22	345.
15 Insurance (other than health).....	15		23 Taxes and licenses.....	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc).....	16 a		a Travel.....	24 a	
b Other.....	16 b		b Deductible meals and entertainment (see instructions).....	24 b	
17 Legal & professional services.....	17		25 Utilities.....	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.....	28		26 Wages (less employment credits).....	26	
29 Tentative profit or (loss). Subtract line 28 from line 7.....	29		27 a Other expenses (from line 48).....	27 a	2,332.
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere.....	30		b Reserved for future use.....	27 b	
31 Net profit or (loss). Subtract line 30 from line 29. <ul style="list-style-type: none"> • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) 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. 	31				4,297.
32 If you have a loss, check the box that describes your investment in this activity (see instructions). <ul style="list-style-type: none"> • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the instructions for line 31). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited. 			32 a <input type="checkbox"/> All investment is at risk.		
			32 b <input type="checkbox"/> Some investment is not at risk.		

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

Schedule C (Form 1040) 2012

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
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) ▶ _____
- 44 Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:
 a Business _____ b Commuting (see instructions) _____ c Other _____
- 45 Was your vehicle available for personal use during off-duty hours? Yes No
- 46 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 47a Do you have evidence to support your deduction? Yes No
 b If 'Yes,' is the evidence written? Yes No

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

INTERERNET	492.
LOCAL TRANSPORTATION	817.
TELEPHONE	1,023.
48 Total other expenses. Enter here and on line 27a	48 2,332.

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ **Attach to Form 1040 or Form 1040NR.**

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1040.
▶ **Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.**

OMB No. 1545-0074

2012

Attachment
Sequence No. **12**

Name(s) shown on return

ELIAS BENAÏM AND NICOLE M MINIONIS

Your social security number

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price) from Form(s) 8949, Part I, line 2, column (d)	(e) Cost or other basis from Form(s) 8949, Part I, line 2, column (e)	(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)
1 Short-term totals from all Forms 8949 with box A checked in Part I				
2 Short-term totals from all Forms 8949 with box B checked in Part I				
3 Short-term totals from all Forms 8949 with box C checked in Part I				
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....				5
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 1 through 6 in column (h). If you have any long-term capital gain or losses, go to Part II below. Otherwise, go to Part III on page 2.....				7

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price) from Form(s) 8949, Part II, line 4, column (d)	(e) Cost or other basis from Form(s) 8949, Part II, line 4, column (e)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 4, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 Long-term totals from all Forms 8949 with box A checked in Part II				
9 Long-term totals from all Forms 8949 with box B checked in Part II	670.	715.		-45.
10 Long-term totals from all Forms 8949 with box C checked in Part II				
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....				12
13 Capital gain distributions. See instrs. SEE STM 9				13 77.
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 8 through 14 in column (h). Then go to Part III on page 2.....				15 32.

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

Schedule D (Form 1040) 2012

Part III Summary

16 Combine lines 7 and 15 and enter the result.	16	32.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. 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, line 13, or Form 1040NR, line 14. Then to go 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 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions.	18	0.
19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions.	19	
20 Are lines 18 and 19 both zero or blank?		
<input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.		
<input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, 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, line 9b, or Form 1040NR, line 10b?		
<input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
<input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

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, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/form1040.

OMB No. 1545-0074

2012

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

ELIAS BENAIM AND NICOLE M MINIONIS

Part I Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

- A** Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions)..... Yes No
B If 'Yes,' did you or will you file required Forms 1099?..... Yes No

1 a Physical address of each property (street, city, state, ZIP code)
A 245 E 93RD STREET APT 25A, NEW YORK, NY 10128
B
C

1 b 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	B	C
A 8		365		
B				
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)

STATEMENT 10

Income:	Properties:	A	B	C
3 Rents received.....	3	48,000.		
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	15,417.		
13 Other interest.....	13			
14 Repairs.....	14			
15 Supplies.....	15			
16 Taxes.....	16	9,689.		
17 Utilities.....	17			
18 Depreciation expense or depletion.....	18	22,823.		
19 Other (list) ▶ <u>SEE STM 11</u>	19	6,150.		
20 Total expenses. Add lines 5 through 19.....	20	54,079.		
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	-6,079.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions).....	22			
23 a Total of all amounts reported on line 3 for all rental properties.....	23 a	48,000.		
23 b Total of all amounts reported on line 4 for all royalty properties.....	23 b			
23 c Total of all amounts reported on line 12 for all properties.....	23 c	15,417.		
23 d Total of all amounts reported on line 18 for all properties.....	23 d	22,823.		
23 e Total of all amounts reported on line 20 for all properties.....	23 e	54,079.		
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			
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 Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.....	26			

BAA For Paperwork Reduction Act Notice, see instructions.

FDIZ2301L 01/07/13

Schedule E (Form 1040) 2012

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

Your social security number

ELIAS BENAÏM AND NICOLE M MINIONIS

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(S) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk 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? . . . Yes No
If you answered 'Yes,' see instructions before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	B.C.F.G. INVESTORS GROUP, LLC	P			
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				69,968.
B				
C				
D				
29a Totals				69,968.
b Totals				
30 Add columns (g) and (j) of line 29a			30	69,968.
31 Add columns (f), (h), and (i) of line 29b. SEE STATEMENT 12			31	
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below.			32	69,968.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
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			
b 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. Enter the result here and include in the total on line 41 below.			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 Form 1040, line 17, or Form 1040NR, line 18.	41	69,968.
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 1120S), box 17, code U; 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 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules.	43	

Name of person with self-employment income (as shown on Form 1040)

Social security number of person with self-employment income ▶

ELIAS BENAIM

Section B – Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

<p>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 <input type="checkbox"/></p>			
1 a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions).	1 a	
1 b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y.	1 b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions).	2	35,885.
3	Combine lines 1a, 1b and 2.	3	35,885.
4 a	If line 3 is more than zero, multiply line 3 by 92.35% (.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.	4 a	33,140.
4 b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here.	4 b	
4 c	Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue ▶	4 c	33,140.
5 a	Enter your church employee income from Form W-2. See instructions for definition of church employee income.	5 a	
5 b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-.	5 b	0.
6	Add lines 4c and 5b.	6	33,140.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 4.2% portion of the 5.65% railroad retirement (tier 1) tax for 2012.	7	110,100.
8 a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2 and railroad retirement (tier 1) compensation. If \$110,100 or more, skip lines 8b through 10, and go to line 11.	8 a	110,100.
8 b	Unreported tips subject to social security tax (from Form 4137, line 10).	8 b	
8 c	Wages subject to social security tax (from Form 8919, line 10).	8 c	
8 d	Add lines 8a, 8b, and 8c.	8 d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11. ▶	9	
10	Multiply the smaller of line 6 or line 9 by 10.4% (.104).	10	
11	Multiply line 6 by 2.9% (.029).	11	961.
12	Self-employment tax. Add lines 10 & 11. Enter here & on Form 1040, line 56, or Form 1040NR, line 54.	12	961.
13	Deduction for employer-equivalent portion of self-employment tax. Add the two following amounts. • 59.6% (.596) of line 10. • One-half of line 11. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27. . . .	13	481.

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

<p>Farm Optional Method. You may use this method only if (a) your gross farm income ⁽¹⁾ was not more than \$6,780 or (b) your net farm profits⁽²⁾ were less than \$4,894.</p>			
14	Maximum income for optional methods.	14	4,520.
15	Enter the smaller of: two-thirds (2/3) of gross farm income ⁽¹⁾ (not less than zero) or \$4,520. Also, include this amount on line 4b above.	15	
<p>Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ⁽³⁾ were less than \$4,894 and also less than 72.189% of your gross nonfarm income 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.</p>			
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 Schedule F, line 9, and Schedule K-1 (Form 1065), box 14, code B.
 (2) From Schedule F, line 34, and Schedule 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 Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A; and Schedule K-1 (Form 1065-B), box 9, code J1.
 (4) From Schedule C, line 7; Schedule C-EZ, line 1; Schedule K-1 (Form 1065), box 14, code C; and Schedule K-1 (Form 1065-B), box 9, code J2.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Information about Schedule SE and its separate instructions is at www.irs.gov/form1040
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2012

Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040)

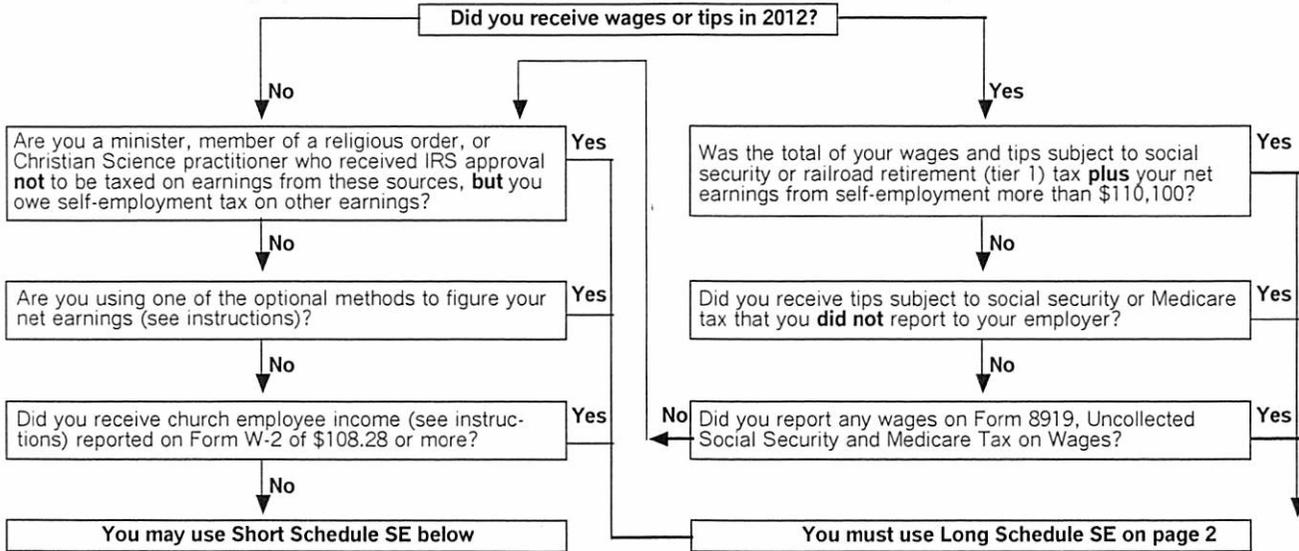
NICOLE M MINIONIS

Social security number of person
with self-employment income ►

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE*, in the instructions.



Section A – Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1 a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1 a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1 b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	4,297.
3	Combine lines 1a, 1b, and 2	3	4,297.
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b	4	3,968.
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.			
5	Self-employment tax. If the amount on line 4 is: • \$110,100 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54. • More than \$110,100, multiply line 4 by 2.9% (.029). Then, add \$11,450.40 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54.	5	528.
6	Deduction for employer-equivalent portion of self-employment tax. If the amount on line 5 is: • \$14,643.30 or less, multiply line 5 by 57.51% (.5751) • More than \$14,643.30, multiply line 5 by 50% (.50) and add \$1,100 to the result. Enter the result here and on Form 1040, line 27 or Form 1040NR, line 27.	6	304.

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

Schedule SE (Form 1040) 2012

Foreign Tax Credit

(Individual, Estate, or Trust)
▶ Attach to Form 1040, 1040NR, 1041, or 990-T.
▶ See separate instructions.

Name

ID no. as shown on page 1 of your tax return

ELIAS BENAÏM AND NICOLE M MINIONIS

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Passive category income c Section 901(j) income e Lump-sum distributions
b General category income d Certain income re-sourced by treaty

f Resident of (name of country) ▶

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession. ▶ VARIOUS				
1 a Gross income from sources within country shown above and of the type checked above (see instructions): SEE STATEMENT 13				
	78.			1 a 78.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement).....				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions).....				
b Other deductions (attach statement).....				
c Add lines 3a and 3b.....				
d Gross foreign source income (see instructions).....	78.			
e Gross income from all sources (see instructions).....	343,034.			
f Divide line 3d by line 3e (see instructions).....	0.000227			
g Multiply line 3c by line 3f.....				
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the worksheet for Home Mortgage Interest in the instructions).....				
b Other interest expense.....				
5 Losses from foreign sources.....				
6 Add lines 2, 3g, 4a, 4b, and 5.....				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2..... ▶				7 78.

Part II Foreign Taxes Paid or Accrued (see instructions)

C O U N T R Y	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(s) Total foreign taxes paid or accrued (add columns (o) through (r))		
		In foreign currency			In U.S. dollars						
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:				(r) Other foreign taxes paid or accrued	
		(j) Date paid or accrued	(k) Dividends	(l) Rents & royalties	(m) Interest	(n)	(o) Dividends	(p) Rents & royalties	(q) Interest	(r)	
A		12/31/2012					8.				8.
B											
C											

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2..... ▶ **8** 8.

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I.....	9	8.	
10	Carryback or carryover (attach detailed computation)..... SEE STMT. 14	10	11.	
11	Add lines 9 and 10.....	11	19.	
12	Reduction in foreign taxes (see instructions).....	12		
13	Taxes reclassified under high tax kickout (see instructions).....	13		
14	Combine lines 11, 12 and 13. This is the total amount of foreign taxes available for credit.....	14		19.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions).....	15	78.	
16	Adjustments to line 15 (see instructions).....	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.).....	17	78.	
18	Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption..... <i>Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.</i>	18	221,536.	
19	Divide line 17 by line 18. If line 17 is more than line 18, enter '1'.....	19		0.0004
20	Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 42. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37..... <i>Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.</i>	20		45,509.
21	Multiply line 20 by line 19 (maximum amount of credit).....	21		18.
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions).....	22		18.

Part IV Summary of Credits From Separate Parts III (see instructions)

23	Credit for taxes on passive category income.....	23		
24	Credit for taxes on general category income.....	24		
25	Credit for taxes on certain income re-sourced by treaty.....	25		
26	Credit for taxes on lump-sum distributions.....	26		
27	Add lines 23 through 26.....	27		
28	Enter the smaller of line 20 or line 27.....	28		18.
29	Reduction of credit for international boycott operations. See instructions for line 12.....	29		
30	Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 47; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a.....	30		18.

Form **1116**

ALTERNATIVE MINIMUM TAX
Foreign Tax Credit

OMB No. 1545-0121

2012

Attachment Sequence No. **19**

Department of the Treasury Internal Revenue Service (99)

(Individual, Estate, or Trust)
▶ Attach to Form 1040, 1040NR, 1041, or 990-T.
▶ See separate instructions.

Name ELIAS BENAÏM AND NICOLE M MINIONIS ID no. as shown on page 1 of your tax return XXXXXXXXXX

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Passive category income c Section 901(j) income e Lump-sum distributions
b General category income d Certain income re-sourced by treaty

f Resident of (name of country) ▶

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession. ▶ <u>VARIOUS</u>				
1 a Gross income from sources within country shown above and of the type checked above (see instructions): <u>SEE STATEMENT 15</u>				
	78.			1 a 78.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement).....				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions).....				
b Other deductions (attach statement).....				
c Add lines 3a and 3b.....				
d Gross foreign source income (see instructions).....	78.			
e Gross income from all sources (see instructions).....	343,034.			
f Divide line 3d by line 3e (see instructions).....	0.000227			
g Multiply line 3c by line 3f.....				
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the worksheet for Home Mortgage Interest in the instructions).....				
b Other interest expense.....				
5 Losses from foreign sources.....				
6 Add lines 2, 3g, 4a, 4b, and 5.....				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2..... ▶				7 78.

Part II Foreign Taxes Paid or Accrued (see instructions)

COUNTRY	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(s) Total foreign taxes paid or accrued (add columns (o) through (r))
		In foreign currency				In U.S. dollars			
		Taxes withheld at source on:				(n) Other foreign taxes paid or accrued	Taxes withheld at source on:		
(j) Date paid or accrued	(k) Dividends	(l) Rents & royalties	(m) Interest	(o) Dividends	(p) Rents & royalties		(q) Interest	(r) Other foreign taxes paid or accrued	
A	12/31/2012					8.			8.
B									
C									

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2..... ▶ **8** 8.

BAA For Paperwork Reduction Act Notice, see instructions.

FD122612L 01/10/13

Form 1116 (2012)

ALTERNATIVE MINIMUM TAX

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I.	9	8.	
10	Carryback or carryover (attach detailed computation). SEE STMT 16	10	8.	
11	Add lines 9 and 10.	11	16.	
12	Reduction in foreign taxes (see instructions).	12		
13	Taxes reclassified under high tax kickout (see instructions).	13		
14	Combine lines 11, 12 and 13. This is the total amount of foreign taxes available for credit.	14		16.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions).	15	78.	
16	Adjustments to line 15 (see instructions).	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	78.	
18	Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption. <i>Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.</i>	18	230,062.	
19	Divide line 17 by line 18. If line 17 is more than line 18, enter '1'.	19		0.0003
20	Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 42. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37. <i>Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.</i>	20		44,508.
21	Multiply line 20 by line 19 (maximum amount of credit).	21		13.
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions).	22		13.

Part IV Summary of Credits From Separate Parts III (see instructions)

23	Credit for taxes on passive category income.	23		
24	Credit for taxes on general category income.	24		
25	Credit for taxes on certain income re-sourced by treaty.	25		
26	Credit for taxes on lump-sum distributions.	26		
27	Add lines 23 through 26.	27		
28	Enter the smaller of line 20 or line 27.	28		13.
29	Reduction of credit for international boycott operations. See instructions for line 12.	29		
30	Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 47; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a.	30		13.

Child and Dependent Care Expenses

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

2012

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

Attachment
Sequence No. **21**

Name(s) shown on return: **ELIAS BENAIM AND NICOLE M MINIONIS** Your social security number: [REDACTED]

Part I Persons or Organizations Who Provided the Care — You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (no., street, apt no., city, state, and ZIP code)	(c) Identifying no. (SSN or EIN)	(d) Amount paid (see instructions)
	JACOBSON SINAI ACADEMY	18801 NE 22 AVENUE NORTH MIAMI BEACH, FL 33180	[REDACTED]	18,000.

Did you receive dependent care benefits? No Yes

No → Complete only Part II below.
Yes → Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2012 for the person listed in column (a)
First	Last		
ALEXANDRA	BENAIM	[REDACTED]	18,000.

3	Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31.	3	3,000.																																																												
4	Enter your earned income . See instructions.	4	145,883.																																																												
5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4.	5	36,993.																																																												
6	Enter the smallest of line 3, 4, or 5.	6	3,000.																																																												
7	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37.	7	240,933.																																																												
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X .20																																																												
<table border="0"> <thead> <tr> <th colspan="3">If line 7 is:</th> <th colspan="3">If line 7 is:</th> </tr> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr> <td>\$0</td> <td>– 15,000</td> <td>.35</td> <td>\$29,000</td> <td>– 31,000</td> <td>.27</td> </tr> <tr> <td>15,000</td> <td>– 17,000</td> <td>.34</td> <td>31,000</td> <td>– 33,000</td> <td>.26</td> </tr> <tr> <td>17,000</td> <td>– 19,000</td> <td>.33</td> <td>33,000</td> <td>– 35,000</td> <td>.25</td> </tr> <tr> <td>19,000</td> <td>– 21,000</td> <td>.32</td> <td>35,000</td> <td>– 37,000</td> <td>.24</td> </tr> <tr> <td>21,000</td> <td>– 23,000</td> <td>.31</td> <td>37,000</td> <td>– 39,000</td> <td>.23</td> </tr> <tr> <td>23,000</td> <td>– 25,000</td> <td>.30</td> <td>39,000</td> <td>– 41,000</td> <td>.22</td> </tr> <tr> <td>25,000</td> <td>– 27,000</td> <td>.29</td> <td>41,000</td> <td>– 43,000</td> <td>.21</td> </tr> <tr> <td>27,000</td> <td>– 29,000</td> <td>.28</td> <td>43,000</td> <td>– No limit</td> <td>.20</td> </tr> </tbody> </table>		If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	\$0	– 15,000	.35	\$29,000	– 31,000	.27	15,000	– 17,000	.34	31,000	– 33,000	.26	17,000	– 19,000	.33	33,000	– 35,000	.25	19,000	– 21,000	.32	35,000	– 37,000	.24	21,000	– 23,000	.31	37,000	– 39,000	.23	23,000	– 25,000	.30	39,000	– 41,000	.22	25,000	– 27,000	.29	41,000	– 43,000	.21	27,000	– 29,000	.28	43,000	– No limit	.20		
If line 7 is:			If line 7 is:																																																												
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is																																																										
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19,000	– 21,000	.32	35,000	– 37,000	.24																																																										
21,000	– 23,000	.31	37,000	– 39,000	.23																																																										
23,000	– 25,000	.30	39,000	– 41,000	.22																																																										
25,000	– 27,000	.29	41,000	– 43,000	.21																																																										
27,000	– 29,000	.28	43,000	– No limit	.20																																																										
9	Multiply line 6 by the decimal amount on line 8. If you paid 2011 expenses in 2012, see the instructions.	9	600.																																																												
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions.	10	45,491.																																																												
11	Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46.	11	600.																																																												

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

Alternative Minimum Tax – Individuals

► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.
► Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

ELIAS BENAÏM AND NICOLE M MINIONIS

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	221,536.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	9,543.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	Skip this line. It is reserved for future use	6	
7	Tax refund from Form 1040, line 10 or line 21	7	-1,008.
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	18.
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	-27.
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately, see instructions.)	28	230,062.

Part II Alternative Minimum Tax (AMT)

29	Exemption. See instructions	29	58,734.
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33 and 35, and go to line 34	30	171,328.
31	<ul style="list-style-type: none"> • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 54 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 	31	44,508.
32	Alternative minimum tax foreign tax credit (see instructions)	32	13.
33	Tentative minimum tax. Subtract line 32 from line 31	33	44,495.
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions)	34	45,491.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36	171,328.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	336.
38	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	0.
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	336.
40	Enter the smaller of line 36 or line 39	40	336.
41	Subtract line 40 from line 36	41	170,992.
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	42	44,458.
43	Enter: <ul style="list-style-type: none"> • \$70,700 if married filing jointly or qualifying widow(er), • \$35,350 if single or married filing separately, or • \$47,350 if head of household. 	43	70,700.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	44	206,000.
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	0.
46	Enter the smaller of line 36 or line 37	46	336.
47	Enter the smaller of line 45 or line 46	47	
48	Subtract line 47 from line 46	48	336.
49	Multiply line 48 by 15% (.15)	49	50.
If line 38 is zero or blank, skip lines 50 and 51 and go to line 52. Otherwise, go to line 50.			
50	Subtract line 46 from line 40	50	
51	Multiply line 50 by 25% (.25)	51	
52	Add lines 42, 49, and 51	52	44,508.
53	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	53	44,545.
54	Enter the smaller of line 52 or line 53 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	54	44,508.

Moving Expenses

► Information about Form 3903 and its instructions is available at www.irs.gov/form3903.
► Attach to Form 1040 or Form 1040NR.

Name(s) shown on return

Your social security number

ELIAS BENAIM AND NICOLE M MINIONIS

[REDACTED]

Before you begin: ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
✓ See **Members of the Armed Forces** in the instructions, if applicable.

1	Transportation and storage of household goods and personal effects (see instructions)	1	
2	Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	8,455.
3	Add lines 1 and 2	3	8,455.
4	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	
5	Is line 3 more than line 4? <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	8,455.

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

Form **3903** (2012)

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.
▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

Name(s) shown on return: ELIAS BENAÏM AND NICOLE M MINIONIS Identifying number: XXXXXXXXXX

Part I 2012 Passive Activity Loss
Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)			
1 a	Activities with net income (enter the amount from Worksheet 1, column (a))	1 a	
1 b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1 b	-6,079.
1 c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1 c	
1 d	Combine lines 1a, 1b, and 1c	1 d	-6,079.

Commercial Revitalization Deductions From Rental Real Estate Activities			
2 a	Commercial revitalization deductions from Worksheet 2, column (a)	2 a	
2 b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2 b	
2 c	Add lines 2a and 2b	2 c	

All Other Passive Activities			
3 a	Activities with net income (enter the amount from Worksheet 3, column (a))	3 a	
3 b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3 b	
3 c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3 c	
3 d	Combine lines 3a, 3b, and 3c	3 d	

4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4	-6,079.
---	---	---	---------

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4	5	6,079.
6	Enter \$150,000. If married filing separately, see the instructions	6	150,000.
7	Enter modified adjusted gross income, but not less than zero (see instrs)	7	241,718.
8	Subtract line 7 from line 6	8	
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions	9	
10	Enter the smaller of line 5 or line 9	10	0.

Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	
16	Total losses allowed from all passive activities for 2012. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 – For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
RENTAL APT		6,079.			6,079.
Total. Enter on Form 8582, lines 1a, 1b, and 1c		6,079.			

Worksheet 2 – For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 – For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4 – Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total			1.00		

Worksheet 5 – Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
RENTAL APT	SCH E LN 22	6,079.	1.000000	6,079.
Total		6,079.	1.00	6,079.

Worksheet 6 – Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
RENTAL APT	SCH E LN 22	6,079.	6,079.	0.
Total		6,079.	6,079.	0.

Worksheet 7 – Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total		0.	1.00	0.	0.

Name of activity					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total		0.	1.00	0.	0.

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

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

ELIAS BENAÏM AND NICOLE M MINIONIS

Identifying number

Business or activity to which this form relates

SCHEDULE E (RENTAL) - RENTAL APT

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions).....	1	500,000.
2	Total cost of section 179 property placed in service (see instructions).....	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions).....	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.....	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs.).....	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12.....	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

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

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012.....	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.....		<input type="checkbox"/>

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property.....						
b 5-year property.....						
c 7-year property.....						
d 10-year property.....						
e 15-year property.....						
f 20-year property.....						
g 25-year property.....			25 yrs		S/L	
h Residential rental property.....	1/01/12	654,880.	27.5 yrs	MM	S/L	22,823.
i Nonresidential real property.....			39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28.....	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.....	22	22,823.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.....	23	

ELIAS BENAIM AND NICOLE M MINIONIS

**STATEMENT 1
FORM 1040
WAGE SCHEDULE**

<u>TAXPAYER - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>LOCAL W/H</u>
CLAREMONT GROUP LLC	110,479.	10,686.	4,624.	1,627.	5,932.	3,611.
EXCESS SALARY DEFERRALS	1,354.					
TOTAL	111,833.	10,686.	4,624.	1,627.	5,932.	3,611.
<u>SPOUSE - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>LOCAL W/H</u>
MULCO WATCHES INC	33,000.	4,224.	1,386.	479.		
TOTAL	33,000.	4,224.	1,386.	479.		0.
GRAND TOTAL	144,833.	14,910.	6,010.	2,106.	5,932.	3,611.

**STATEMENT 2
FORM 1040, LINE 8B
TAX-EXEMPT INTEREST**

<u>PAYER</u>	<u>IN-STATE MUNICIPAL BONDS</u>	<u>PRIVATE ACTIVITY BONDS</u>	<u>TOTAL</u>
CITI - BROKERAGE.....			65.
CITI BROKERAGE.....		18.	18.
TOTAL	0.	18.	83.

**STATEMENT 3
FORM 1040, LINE 9B
QUALIFIED DIVIDENDS**

ACETO.....	\$	10.
ACETO.....		13.
CITI BROKERAGE.....		11.
CITI BROKERAGE.....		160.
E TRADE.....		110.
TOTAL	\$	304.

**STATEMENT 4
FORM 1040, PAGE 1, LINE 10
TAXABLE REFUNDS OF STATE AND LOCAL INCOME TAXES**

1. STATE AND LOCAL INCOME TAX REFUNDS (PRIOR YEAR)	\$	1,008.
2. REFUNDS ATTRIBUTABLE TO POST 12/31/2011 PAYMENTS PER IRS PUB. 525		0.
3. NET STATE AND LOCAL INCOME TAX REFUNDS		1,008.
4. STATE AND LOCAL TAXES PAID FROM PRIOR YEAR SCH. A, LINE 5		9,932.
5. PRIOR YEAR ALLOWABLE SALES TAX DEDUCTION		724.
6. EXCESS OF INCOME TAXES DEDUCTED OVER SALES TAXES		9,208.

ELIAS BENAIM AND NICOLE M MINIONIS

STATEMENT 4 (CONTINUED)
FORM 1040, PAGE 1, LINE 10
TAXABLE REFUNDS OF STATE AND LOCAL INCOME TAXES

7. ENTER THE SMALLER OF LINE 3 OR LINE 6		1,008.
8. ITEMIZED DEDUCTION FROM PRIOR YEAR SCH. A, LINE 29		41,382.
9. PRIOR YEAR RECOMPUTED ITEMIZED DEDUCTIONS (IF PHASEOUT)		0.
10. PRIOR YEAR BASE STANDARD DEDUCTION	11,600.	
11. PRIOR YEAR ADD'L STANDARD DEDUCTION FOR AGE/BLINDNESS	0.	
12. PRIOR YEAR TOTAL STANDARD DEDUCTION (ADD LINE 10 AND 11)		11,600.
13. ENTER THE LARGER OF LINE 9 OR LINE 12		11,600.
14. SUBTRACT LINE 13 FROM LINE 8 (NOT LESS THAN 0)		29,782.
15. ENTER THE SMALLER OF LINE 7 OR LINE 14		1,008.
16. NEGATIVE TAXABLE INCOME (PRIOR YEAR)		0.
17. REFUND WITH NO BENEFIT DUE TO AMT, NONREF. CRED., 0% CAP GAIN RATE		0.
18. STATE AND LOCAL REFUNDS TAXABLE THIS YEAR (ADD LINES 15, 16, AND 17, BUT NOT LESS THAN 0)		<u>\$ 1,008.</u>

STATEMENT 5
FORM 1040, PAGE 2
PENALTIES

TAX DUE BEFORE PENALTIES.....	\$	11,470.
LATE PAYMENT.....		344.
INTEREST.....		174.
GRAND TOTAL TAX DUE	\$	<u>11,988.</u>

STATEMENT 6
SCHEDULE A, LINE 10
HOME MORTGAGE INTEREST REPORTED ON FORM 1098

.....	\$	5,206.
TOTAL	\$	<u>5,206.</u>

STATEMENT 7
SCHEDULE A, LINE 16
CONTRIBUTIONS BY CASH OR CHECK

JEWISH COMMUNITY CENTER.....	\$	2,000.
TEMPLE SINAI.....		1,585.
VARIOUS ORGANIZED CHARITIES.....		630.
TOTAL	\$	<u>4,215.</u>

ELIAS BENAIM AND NICOLE M MINIONIS

**STATEMENT 8
SCHEDULE A, LINE 17
CONTRIBUTIONS OTHER THAN CASH**

VARIOUS ORGANIZED CHARITIES..... \$ 433.
TOTAL \$ 433.

**STATEMENT 9
SCHEDULE D, LINE 13
CAPITAL GAIN DISTRIBUTIONS**

CITI BROKERAGE..... \$ 77.
TOTAL \$ 77.

**STATEMENT 10
SCHEDULE E, PART I - 245 E 93RD STREET APT 25A
OTHER TYPE OF PROPERTY**

TYPE OF PROPERTY: CONDO

**STATEMENT 11
SCHEDULE E, LINE 19 - 245 E 93RD STREET APT 25A
OTHER RENTAL AND ROYALTY EXPENSES**

ASSOCIATION DUES..... \$ 6,150.
TOTAL \$ 6,150.

ELIAS BENAIM AND NICOLE M MINIONIS

STATEMENT 12
 SCHEDULE E, LINE 31
 SCHEDULE OF LOSS LIMITATIONS
 ACTIVITY NAME: B.C.F.G. INVESTORS GROUP, LLC

(A) CURRENT YEAR AMOUNT	(B) PRIOR YEAR UNALLOWED BASIS LOSS	(C) DISALLOWED DUE TO BASIS LIMITATION	(D) PRIOR YEAR UNALLOWED AT-RISK LOSS	(E) DISALLOWED DUE TO AT-RISK LIMITATION	(F) PRIOR YEAR UNALLOWED PASSIVE LOSS	(G) DISALLOWED DUE TO PASSIVE LOSS LIMITATIONS	(H) TAX RETURN
9,968	-1,313	1,313		0			69,968
<u>9,968</u>	<u>-1,313</u>	<u>1,313</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>69,968</u>
9,968	-1,313	1,313	0	0	0	0	69,968
<u>9,968</u>	<u>-1,313</u>	<u>1,313</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>69,968</u>
1,071	-3	1,074					
	-1,136	1,136					

ORDINARY INCOME (LOSS)
 NET INCOME (LOSS)

TOTAL SCHEDULE E PAGE 2

CHARITABLE CONTRIBUTIONS
 NONDEDUCTIBLE EXPENSES

ELIAS BENAIM AND NICOLE M MINIONIS

**STATEMENT 13
FORM 1116, LINE 1A - PASSIVE INCOME
GROSS INCOME FROM SOURCES OUTSIDE U.S.**

FOREIGN SOURCE QUALIFIED DIVIDENDS.....
TOTAL \$ 78.

**STATEMENT 14
FORM 1116, LINE 10
FOREIGN TAX CREDIT CARRYOVERS**

PASSIVE INCOME

	FOREIGN TAXES PAID	FOREIGN TAXES DISALLOWED	FOREIGN TAXES CLAIMED	FOREIGN TAX CREDIT CARRYOVER
2011 FOREIGN TAX CREDIT	8.	0.	7.	1.
2010 FOREIGN TAX CREDIT	8.	0.	7.	1.
2009 FOREIGN TAX CREDIT	13.	0.	13.	9.
2008 FOREIGN TAX CREDIT	0.	0.	0.	0.
2007 FOREIGN TAX CREDIT	0.	0.	0.	0.
2006 FOREIGN TAX CREDIT	0.	0.	0.	0.
2005 FOREIGN TAX CREDIT	0.	0.	0.	0.
2004 FOREIGN TAX CREDIT	0.	0.	0.	0.
2003 FOREIGN TAX CREDIT	0.	0.	0.	0.
2002 FOREIGN TAX CREDIT	0.	0.	0.	0.
TOTAL FOREIGN TAX CREDIT CARRYOVER - FORM 1116, LINE 10				\$ <u>11.</u>

**STATEMENT 15
FORM 1116, LINE 1A - PASSIVE INCOME (AMT)
GROSS INCOME FROM SOURCES OUTSIDE U.S.**

FOREIGN SOURCE QUALIFIED DIVIDENDS.....
TOTAL \$ 78.

ELIAS BENAIM AND NICOLE M MINIONIS

**STATEMENT 16
FORM 1116, LINE 10
FOREIGN TAX CREDIT CARRYOVERS****PASSIVE INCOME - AMT**

	<u>FOREIGN TAXES PAID</u>	<u>FOREIGN TAXES DISALLOWED</u>	<u>FOREIGN TAXES CLAIMED</u>	<u>FOREIGN TAX CREDIT CARRYOVER</u>
2011 FOREIGN TAX CREDIT	8.	0.	5.	3.
2010 FOREIGN TAX CREDIT	8.	0.	3.	5.
2009 FOREIGN TAX CREDIT	13.	0.	13.	0.
2008 FOREIGN TAX CREDIT	0.	0.	0.	0.
2007 FOREIGN TAX CREDIT	0.	0.	0.	0.
2006 FOREIGN TAX CREDIT	0.	0.	0.	0.
2005 FOREIGN TAX CREDIT	0.	0.	0.	0.
2004 FOREIGN TAX CREDIT	0.	0.	0.	0.
2003 FOREIGN TAX CREDIT	0.	0.	0.	0.
2002 FOREIGN TAX CREDIT	0.	0.	0.	0.
TOTAL FOREIGN TAX CREDIT CARRYOVER - FORM 1116, LINE 10				<u>\$ 8.</u>

2012

**Nonresident and Part-Year Resident
Income Tax Return**

New York State • New York City • Yonkers

For the year January 1, 2012, through December 31, 2012, or fiscal year beginning and ending

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial ELIAS	Your last name (for a joint rtn, enter spouse's name on line below) BENAIM	Your date of birth (mm-dd-yyyy)	Your social security number
Spouse's first name and middle initial NICOLE	Spouse's last name M MINIONIS		
Mailing address (see instructions) (number and street or rural route) 3330 NE 190TH STREET		Apartment number 1115	New York State county of residence NR
City, village, or post office MIAMI	State FL	ZIP code 33180	Country (if not United States)
Permanent home address (see instructions) (no. and street or rural route) Apartment no. City, village, or post office			School district code number NR
State	ZIP code	Country (if not United States)	Decedent information
			Taxpayer's date of death
			Spouse's date of death

- A Filing status** (mark an X in one box):
- 1 Single
 - 2 Married filing joint return (enter both spouses' social security numbers above)
 - 3 Married filing separate return (enter both spouses' social security numbers above)
 - 4 Head of household (with qualifying person)
 - 5 Qualifying widow(er) with dependent child
- B Did you itemize** your deductions on your 2012 federal income tax return? Yes No
- C Can you be claimed** as a dependent on another taxpayer's federal return? Yes No
- D Did you have a financial account** located in a foreign country? (see instructions) Yes No
- E New York City part-year residents only** (see instrs)
- (1) Number of months you lived in NY City in 2012...
- (2) Number of months your spouse lived in NY City in 2012...

- F Enter your 2-character special condition code** if applicable (see instructions)
- If applicable, also enter your **second 2-character special condition code**
- G New York State part-year residents** (see instructions)
- Enter the date you moved into or out of NYS (mm-dd-yyyy)
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS
 - 2) Lived outside NYS; received income from NYS sources during nonresident period
 - 3) Lived outside NYS; received no income from NYS sources during nonresident period
- H New York State nonresidents** (see instructions)
- Did you or your spouse maintain living quarters in NYS in 2012? Yes No
- (If Yes, complete Form IT-203-B)

I Dependent exemption information (see instructions)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mm-dd-yyyy)
JONATHAN	BENAIM	SON		
ALEXANDRA	BENAIM	DAUGHTER		



If more than 7 dependents, mark an X in the box.

ELIAS BENAIM AND NI

Enter your social security number
595-85-3510

Federal income and adjustments (see instructions)

	Federal amount Whole dollars only		New York State amount Whole dollars only	
1 Wages, salaries, tips, etc.	1	144,833.	1	110,479.
2 Taxable interest income	2	614.	2	
3 Ordinary dividends	3	617.	3	
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	1,008.	4	1,008.
5 Alimony received	5		5	
6 Business income or loss (submit a copy of fed Sch C or C-EZ, Form 1040)	6	40,182.	6	35,885.
7 Capital gain or loss (if required, submit a copy of fed Sch D, Form 1040)	7	32.	7	
8 Other gains or losses (submit a copy of federal Form 4797)	8		8	
9 Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9		9	
10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10		10	
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc (submit a copy of federal Sch E, Form 1040)	11	69,968.	11	-4,855.
12 Rental real estate included in line 11 (federal amount) <input type="text" value="12"/>				
13 Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13		13	
14 Unemployment compensation	14		14	
15 Taxable amount of social security benefits (also enter on ln 26)	15		15	
16 Other income (see instrs) Identify: <input type="text"/>	16		16	
17 Add lines 1 through 11 and 13 through 16	17	257,254.	17	142,517.
18 Total federal adjustments to income (see instructions) Identify: SEE STATEMENT 1	18	16,321.	18	7,562.
19 Federal adjusted gross income (subtract line 18 from line 17)	19	240,933.	19	134,955.

New York additions (see instructions)

20 Interest income on state and local bonds (but not those of New York State or its localities)	20	83.	20	
21 Public employee 414(h) retirement contributions	21		21	
22 Other (see instrs) Identify: <input type="text"/>	22		22	
23 Add lines 19 through 22	23	241,016.	23	134,955.

New York subtractions (see instructions)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	1,008.	24	1,008.
25 Pensions of NYS and local governments and the federal government (see instructions)	25		25	
26 Taxable amount of social security benefits (from line 15)	26		26	
27 Interest income on U.S. government bonds	27		27	
28 Pension and annuity income exclusion	28		28	
29 Other (see instrs) Identify: <input type="text"/>	29		29	
30 Add lines 24 through 29	30	1,008.	30	1,008.
31 New York adjusted gross income (subtract line 30 from line 23)	31	240,008.	31	133,947.
32 Enter the amount from line 31, Federal amount column	32		32	240,008.

Standard deduction or itemized deduction (see instructions)

33 Enter your standard deduction (table in instructions) or your itemized deduction (from Form IT-203-D). Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	33	15,000.
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	225,008.
35 Dependent exemptions (not the same as total federal exemptions; see instructions)	35	2,000.
36 New York taxable income (subtract line 35 from line 34)	36	223,008.

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Tax computation, credits, and other taxes (see instructions)

37 New York taxable income (from line 36 on page 2)	37	223,008.
38 New York State tax on line 37 amount (see Tax computation in the instructions)	38	14,830.
39 New York State household credit (see instructions, table 1, 2, or 3)	39	
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	14,830.
41 New York State child and dependent care credit (see instructions)	41	120.
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	14,710.
43 New York State earned income credit (see instructions)	43	
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	14,710.
<p>45 Income percentage (see instrs) <input type="text"/> New York State amount from line 31 <input type="text" value="133,947."/> ÷ Federal amount from line 31 <input type="text" value="240,008."/> = Round result to 4 decimal places <input type="text" value="0.5581"/></p>		
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	8,210.
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	8,210.
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49	
50 Total New York State taxes (add lines 48 and 49)	50	8,210.

New York City and Yonkers taxes and credits

51 Part-year New York City resident tax (Form IT-360.1)	51		See instructions to compute New York City and Yonkers taxes, credits, and surcharges.
52 New York City minimum income tax (Form IT-220)	52		
52a Add lines 51 and 52	52a		
52b Part-year resident nonrefundable New York City child and dependent care credit	52b		
52c Subtract line 52b from 52a	52c		
53 Yonkers nonresident earnings tax (Form Y-203)	53		
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54		
55 Total New York City and Yonkers taxes (add lines 52c, 53, and 54)	55		
56 Sales or use tax (See the instructions. Do not leave line 56 blank.)	56	0.	

Voluntary contributions (see instructions)

57a Return a Gift to Wildlife	57a	
57b Missing/Exploited Children Fund	57b	
57c Breast Cancer Research Fund	57c	
57d Alzheimer's Fund	57d	
57e Olympic Fund (\$2 or \$4; see instructions)	57e	
57f Prostate Cancer Research Fund	57f	
57g 9/11 Memorial	57g	
57h Volunteer Firefighting & EMS Recruitment Fund	57h	
57 Total voluntary contributions (add lines 57a through 57h)	57	
58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57)	58	8,210.



Number [REDACTED]

ELIAS BENAÏM AND NICOLE M MINIONIS

59 Enter amount from line 58 59 8,210.

Payments and refundable credits (see instructions)

60 Part-year NYC school tax credit (also complete E on front; see instructions).....	60		
61 Other refundable credits (Form IT-203-ATT, line 17).....	61		
62 Total New York State tax withheld.....	62	5,932.	Submit your wage and tax statements with your return (see instructions).
63 Total New York City tax withheld.....	63	3,580.	
64 Total Yonkers tax withheld.....	64		
65 Total estimated tax payments/amount paid with Form IT-370.....	65		
66 Total payments and refundable credits (add lines 60 through 65).....	66	9,512.	

Your refund, amount you owe, and account information (see instructions)

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)..... 67 1,302.

68 Amount of line 67 to be refunded
 Mark one refund choice: direct deposit (fill in line 73) - or - debit card - or - paper check... 68 1,302.

69 Amount of line 67 that you want applied to your 2013 estimated tax (see instructions)..... 69
 See pages 39 and 40 for information about your three refund choices.

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59).
 To pay by electronic funds withdrawal, mark this box and fill in lines 73 and 74 70

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see instructions)..... 71
 See page 43 for the proper assembly of your return.

72 Other penalties and interest (see instructions)..... 72

73 Account information for direct deposit or electronic funds withdrawal (see instructions).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see instructions)

73a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

73b Routing number [REDACTED] 73c Account number [REDACTED]

74 Electronic funds withdrawal (see instructions)..... Date [REDACTED] Amount [REDACTED]

Third-party designee? (see instructions) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name DAVID WEISS	Designee's phone number [REDACTED]	Personal identification number (PIN) 13349
E-mail:			

▼ Paid preparer must complete (see instructions) ▼		▼ Taxpayer(s) must sign here ▼	
Preparer's signature DAVID WEISS	Date	Your signature	
Firm's name (or yours, if self-employed) DAVID WEISS CPA, PLLC	Preparer's NYTPRIN	Your occupation MARKETING	
Address 183 MADISON AVE SUITE 803 NEW YORK, NY 10016-4403	Preparer's PTIN or SSN [REDACTED]	Spouse's signature and occupation (if joint return) MARKETING	
E-mail: DWEISS@DAVIDWEISSCPA.NET	Mark an X if self-employed <input type="checkbox"/>	Date	Daytime phone number 646-232-9060
		E-mail:	

See instructions for where to mail your return.

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2012

Passive Activity Loss Limitations

For Nonresidents and Part-Year Residents

Submit with your Form IT-203 or IT-205.

Name as shown on return BENAIM, ELIAS AND NICOLE M MINIONIS	Identifying number as shown on return [REDACTED]
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See the instructions before completing this form.

Part I – Passive activity loss

Rental real estate activities with active participation

1a Activities with net income from Worksheet 1, column (a)	1a	[REDACTED]	[REDACTED]
1b Activities with net loss from Worksheet 1, column (b)	1b	-6,079.	[REDACTED]
1c Prior years unallowed losses from Worksheet 1, column (c) (see instructions) ..	1c	[REDACTED]	[REDACTED]
1d Add lines 1a, 1b, and 1c	1d		-6,079.

Commercial revitalization deductions from rental real estate activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	[REDACTED]	[REDACTED]
2b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	[REDACTED]	[REDACTED]
2c Add lines 2a and 2b	2c	[REDACTED]	[REDACTED]

All other passive activities

3a Activities with net income from Worksheet 3, column (a)	3a	[REDACTED]	[REDACTED]
3b Activities with net loss from Worksheet 3, column (b)	3b	[REDACTED]	[REDACTED]
3c Prior years unallowed losses from Worksheet 3, column (c) (see instrs.)	3c	[REDACTED]	[REDACTED]
3d Add lines 3a, 3b, and 3c	3d	[REDACTED]	[REDACTED]

4 Add lines 1d, 2c, and 3d. **Note:** If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used.

4	[REDACTED]	-6,079.	[REDACTED]
---	------------	---------	------------

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part IV, line 15.

Caution: If married filing separately, filing status 3, and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II – Special allowance for rental real estate activities with active participation

Note: Enter all numbers in Part II as positive amounts (greater than zero). See instructions.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5	6,079.	[REDACTED]
6 Enter 150,000 (if married filing separately, see instructions)	6	150,000.	[REDACTED]
7 Enter federal modified adjusted gross income, but not less than zero (see instr) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, and leave line 10 blank. Otherwise, go to line 8.	7	140,291.	[REDACTED]
8 Subtract line 7 from line 6	8	9,709.	[REDACTED]
9 Multiply line 8 by 50% (.5). Do not enter more than 25,000. (If married filing separately, filing status 3, see instructions)	9	4,855.	[REDACTED]
10 Enter the smaller of line 5 or line 9	10	4,855.	[REDACTED]

If line 2c is a loss, go to Part III. Otherwise, go to line 15

Part III – Special allowance for commercial revitalization deductions from rental real estate activities

Note: Enter all numbers in Part III as positive amounts (greater than zero). See instructions.

11 Enter 25,000 reduced by the amount, if any, on line 10. (If married filing separately, filing status 3, see instructions)	11	[REDACTED]	[REDACTED]
12 Enter the loss from line 4	12	[REDACTED]	[REDACTED]
13 Subtract line 10 from line 12	13	[REDACTED]	[REDACTED]
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	[REDACTED]	[REDACTED]

Part IV – Total losses allowed

15 Add the income, if any, from lines 1a and 3a and enter the total	15	[REDACTED]	[REDACTED]
16 Total losses allowed from all passive activities for this year. (Add lines 10, 14 and 15. See the instructions to find out how to report the losses on your return.)	16	4,855.	[REDACTED]

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Caution: File this form and its worksheets with your tax return. Keep a copy for your records.

Worksheet 1 – For Form IT-182, lines 1a, 1b, and 1c (see instructions)

Name of activity/property description and address	Date of acquisition	Date of sale	Current year		Prior years	Overall gain or loss	
			(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
RENTAL APT				6,079.			6,079.
Totals. Enter on Form IT-182, lines 1a, 1b, and 1c.....				6,079.			

Worksheet 2 – For Form IT-182, lines 2a and 2b (see instructions)

Name of activity/property description and address	(a) Current year deductions (line 2a)	(b) Prior years' unallowed deductions (line 2b)	(c) Overall loss
Totals. Enter on Form IT-182, lines 2a and 2b.....			

Worksheet 3 – For Form IT-182, lines 3a, 3b, and 3c (see instructions)

Name of activity/property description and address	Date of acquisition	Date of sale	Current year		Prior years	Overall gain or loss	
			(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Totals. Enter on Form IT-182, lines 3a, 3b, and 3c.....							

Worksheet 4 – Use this worksheet if an amount is shown on Form IT-182, line 10 or 14 (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Ratio	(c) Special Allowance	(d) Subtract column (c) from column (a)
Totals.....		6,079.	1.00	4,855.	1,224.



Worksheet 5 – Allocation of unallowed losses (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Ratio	(c) Unallowed loss
RENTAL APT	SCH E LN 22	1,224.	1.000000	1,224.
Totals		1,224.	1.00	1,224.

Worksheet 6 – Allowed losses (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Unallowed loss	(c) Allowed loss
RENTAL APT	SCH E LN 22	6,079.	1,224.	4,855.
Totals		6,079.	1,224.	4,855.

Worksheet 7 – Activities with losses reported on two or more different forms or schedules (see instructions)

Name of activity/property description and address:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule					
1b Net income from form or schedule					
1c Subtract line 1b from line 1a. If zero or less, leave blank					
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule					
1b Net income from form or schedule					
1c Subtract line 1b from line 1a. If zero or less, leave blank					
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule					
1b Net income from form or schedule					
1c Subtract line 1b from line 1a. If zero or less, leave blank					
Totals			1.00		

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2012

New York State Department of Taxation and Finance
Claim for Child and Dependent Care Credit
New York State • New York City

IT-216

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return: ELIAS BENAIM AND NICOLE M MINIONIS
Your social security number: [REDACTED]

- 1 Have you already filed your New York State State income tax return? Yes [] No [X]
If Yes, you must file an amended New York State return and include Form IT-216 to claim this credit.

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

Table with 4 columns: A - Care provider's first name, middle initial, and last name; B - Address; C - Identifying number (SSN or EIN); D - Amount paid (see instructions). Row 1: JACOBSON SINAI ACADEM, 18801 NE 22 AVENUE NORTH MIAMI BEACH, FL, [REDACTED], 18,000.

- 3 Qualifying persons you are claiming. List in order from youngest to oldest. (If you are claiming more than four qualifying persons, mark an X in the box and see instructions.) []

Table with 6 columns: A - First name and middle initial; B - Last name; C - Qualified expenses paid; D - Person with disability (see instr.); E - Social security number; F - Date of birth (mm-dd-yyyy). Row 1: ALEXANDRA, BENAIM, 18,000, [], [REDACTED], [REDACTED].

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any [] 3a 18,000.

- 4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)? Yes [X] No []

5 Enter the smallest of:

- line 3a above; or
- federal Form 2441, line 3; or
- 3,000 if one qualifying person, or 6,000 if two or more qualifying persons

Whole dollars only

5 3,000.

6 Enter your earned income (see instructions)

6 145,883.

7 If your filing status is (2) Married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 see instructions)

7 36,993.

8 Enter the smallest of line 5, 6, or 7

8 3,000.

9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38 9 240,933.

10 Enter the decimal amount that applies to the amount on line 9 from the Table for line 10 in the instructions. 10 .20

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on the back). 11 600.

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IT-216 (2012) (back)

ELIAS BENAÏM AND NICOLE M MINIONIS

- 12 Amount from line 11..... 12 600.
- 13 Enter your **New York adjusted gross income** Form IT-201 filers, line 33; Form IT-203 filers, line 32)..... 240,008.
Use the *New York State child and dependent care credit limitation table* in the instructions to determine the decimal to be entered on this line 13 0.200
- 14 Multiply line 12 by the decimal amount on line 13. This is your **New York State child and dependent care credit (see instructions)**..... 14 120.

Part-year New York State residents

- 15 Enter the amount from Form IT-203, line 40..... 15
If line 15 is equal to or more than line 14, **stop. You do not have excess credit.**
If line 15 is less than line 14, **continue on line 16 below.**
- 16 Subtract line 15 from line 14. **This is your excess child and dependent care credit**..... 16
- 17 Enter the amount from Form IT-203-ATT, line 29 (If you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.)..... 17
If line 17 is equal to or more than line 16, **stop. Do not continue with this worksheet.** Enter the line 16 amount on Form IT-203-ATT, line 30.
If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.
- 18 Subtract line 17 from line 16. **This is your remaining excess child and dependent care credit**..... 18
- 19 Enter the amount from line 19, Column D, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203..... 19
- 20 Enter the amount from line 19, Column A, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203..... 20
- 21 Divide line 19 by line 20 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000)..... 21
- 22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. **This is the refundable portion of your New York State part-year resident child and dependent care credit**.... 22

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year and your federal adjusted gross income is \$30,000 or less (see *Note* under *New York City credit* on page 1 of the instructions) and you listed a child under 4 years old as of December 31, on line 3, complete line 23 and see page 4 of the instructions.

- 23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old.... 23
- IT-201 filers:**
- 24 Refundable New York City child and dependent care credit (from Worksheet 1, line 7 or line 13).... 24
- 25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64..... 25
- 26 Part-year New York City resident nonrefundable New York City child and dependent care credit (from Worksheet 1, line 8); also enter this amount on Form IT-201-ATT, line 9a..... 26

- IT-203 filers:**
- 27 Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (from Worksheet 1, line 8); also enter this amount on Form IT-203, line 52b..... 27
- 28 Refundable portion of your part-year New York City resident New York City child and dependent care credit (from Worksheet 1, line 13); also enter this amount on Form IT-203-ATT, line 9a..... 28
- Part-year New York City resident filers only:**
- 29 Enter the amount from Worksheet 1, line 10..... 29
- 30 Enter the amount from Worksheet 1, line 11..... 30

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MAIL FORM IT-370 TO:

EXTENSION REQUEST-NR
P.O. BOX 4126
BINGHAMTON, NY 13902-4126

▼ Detach here ▼ Do not attach to your return.

New York State Department of Taxation and Finance
2012 Application for Automatic Six-Month Extension of Time to File for Individuals IT-370

NYIA2701L 10/12/12

Paid preparer? Mark an X in the box and complete page 2.

Your social security number (SSN)		Spouse's SSN (only if filing a joint return)	
[REDACTED]		[REDACTED]	
Your first name and middle initial	Your last name		
ELIAS	BENAIM		
Spouse's first name and middle initial	Spouse's last name		
NICOLE M	MINIONIS		
Mailing address (number and street or rural route)		Apartment number	
3330 NE 190TH STREET		1115	
City, village, or post office (see instructions)	State	ZIP code	
MIAMI	FL	33180	
E-mail:			

Enter your 2-character special condition code if applicable (see instructions)

Mark an X in the box for each tax that you are subject to:

New York State tax New York City tax Yonkers tax

1 Sales and use tax Dollars Cents
2 Total payment Dollars Cents

3701121032 595853510 6



MAIL FORM IT-370 TO:

EXTENSION REQUEST-NR
P.O. BOX 4126
BINGHAMTON, NY 13902-4126

▼ Detach here ▼ Do not attach to your return.

IT-370 (2012) Page 2

Payment options — Full payment must be made by check or money order of any balance due with this automatic extension of time to file. Make the check or money order payable to **New York State Income Tax** and write your social security number and **2012 Income Tax** on it.

For online payment options, see our Web site (at www.tax.ny.gov).

Paid preparers - When signing Form IT-370, you must enter your New York tax preparer registration identification number (NYTPRIN) if you are required to have one. Also, you must enter your federal preparer tax identification number (PTIN) if you have one; if not, you must enter your social security number.

Paid preparers may be subject to a penalty for failure to conform to certain requirements. For more information, see Publication 58, *Information for Income Tax Return Preparers*.

▼ Paid preparer must complete (see instructions ▼)		Date:
Preparer's signature ▶ DAVID WEISS		▶ Preparer's NYTPRIN
Firm's name (or yours, if self employed) DAVID WEISS CPA, PLLC		▼ Preparer's PTIN or SSN [REDACTED]
Address 183 MADISON AVE SUITE 803 NEW YORK NY 10016-4403		Mark an X if self-employed <input type="checkbox"/>
E-mail: DWEISS@DAVIDWEISSCPA.NET		

NYIA2701L 10/12/12

3702121032 595853510 6



2012

**Underpayment of Estimated Income Tax
By Individuals and Fiduciaries**
New York State • New York City • Yonkers

Name(s) as shown on return BENAIM, ELIAS AND NICOLE M MINIONIS	Identification number (SSN or EIN) [REDACTED]
--	--

Part 1 – All filers must complete this part (see instructions, Form IT-2105.9-1, for assistance)

1 Total tax from your 2012 return before withholding and estimated tax payments (caution: see instructions)...	1	8,210.
2 Empire State child credit (from Form IT-201, line 63).....	2	
3 NYS/NYC child and dependent care credit (from Form IT-201, line 64).....	3	
4 NY State earned income credit (EIC) (from Form IT-201, line 65).....	4	
5 NY State noncustodial parent EIC (from Form IT-201, line 66).....	5	
6 Real property tax credit (from Form IT-201, line 67).....	6	
7 College tuition credit (from Form IT-201, line 68).....	7	
8 NY City school tax credit (from Form IT-201, line 69, or Form IT-203, line 60)....	8	
9 NY City earned income credit (from Form IT-201, line 70).....	9	
10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)....	10	
11 Add lines 2 through 10.....	11	
12 Current year tax (subtract line 11 from line 1).....	12	8,210.
13 Multiply line 12 by 90% (.90).....	13	7,389.
14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36).....	14	9,512.
15 Subtract line 14 from line 12. If the result is less than \$300, do not complete the rest of this form (see instructions).....	15	-1,302.
16 Enter your 2011 tax (caution: see instructions).....	16	
17 Enter the smaller of line 13 or line 16.....	17	

Part 2 – Short method for computing the penalty – Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete **Part 3 – Regular method**.

18 Enter the amount from line 14 above.....	18	
19 Enter the total amount of estimated tax payments you made (see instructions).....	19	
20 Add lines 18 and 19.....	20	
21 Total underpayment for year. Subtract line 20 from line 17 (if zero or less, you do not owe the penalty).....	21	
22 Multiply line 21 by .04976 and enter the result.....	22	
23 If the amount on line 21 was paid on or after April 15, 2013, enter 0. If the amount on line 21 was paid before April 15, 2013, make the following computation to find the amount to enter on this line: Amount on line 21 x number of days paid before April 15, 2013 x .00020 =.....	23	
24 Penalty. Subtract line 23 from line 22..... Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42.	24	

Part 3 – Regular method – Schedule A – Computing your underpayment (Schedule B is on the back)

Payment due dates	A 4/15/12	B 6/15/12	C 9/15/12	D 1/15/13
25 Required installments. Enter 1/4 of line 17 in each column. (If you used the annualized income installment method, see instrs.)....	25			
26 Estimated tax paid and tax withheld (see instructions).....	26			
Complete lines 27 through 29, one column at a time, starting in column A.				
27 Overpayment or underpayment from prior period.....	27			
28 If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26 (see instructions).....	28			
29 Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions).....	29			

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BENAIM, ELIAS AND NICOLE M MINIONIS

Part 3 – Regular method – Schedule B – Computing the penalty

Payment due dates	A 4/15/12	B 6/15/12	C 9/15/12	D 1/15/13
30 Amount of underpayment (from line 29) ..	30			
First installment (April 15 - June 15, 2012)				
31 April 15 - June 15 = (61 + 366) x 7.5% = .01249 - or - April 15 - _____ = ([] + 366) x 7.5% = []	31			
32 Multiply line 30, column A by line 31.	32			
Second installment (June 15 - September 15, 2012)				
33 June 15 - September 15 = (92 + 366) x 7.5% = .01884 - or - June 15 - _____ = ([] + 366) x 7.5% = []		33		
34 Multiply line 30, column B by line 33.		34		
Third installment (September 15, 2012 - January 15, 2013)				
35 September 15 - December 31 = (107 + 366) x 7.5% = .02192 January 1 - January 15 = (15 + 365) x 7.5% = .00307 Total .02499			35	
- or - September 15 - _____ = ([] + 366) x 7.5% = [] January 1 - _____ = ([] + 365) x 7.5% = [] Total			35	
36 Multiply line 30, column C by line 35.			36	
Fourth installment (January 15 - April 15, 2013)				
37 January 15 - April 15 = (90 + 365) x 7.5% = .01848 - or - January 15 - _____ = ([] + 365) x 7.5% = []				37
38 Multiply line 30, column D by line 37.				38
39 Penalty. Add lines 32, 34, 36, and 38. Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42.				39



ELIAS BENAIM AND NICOLE M MINIONIS

STATEMENT 1
FORM IT-203, LINE 18
ADJUSTMENTS TO INCOME

	<u>FEDERAL</u>	<u>NEW YORK</u>
DEDUCTIBLE PORTION OF SE TAX.....	\$ 785.	\$ 481.
KEOGH PLAN & SELF-EMPLOYED SEP DEDUCTION.....	7,081.	7,081.
MOVING EXPENSES.....	8,455.	
TOTAL	<u>\$ 16,321.</u>	<u>\$ 7,562.</u>

THIS INSTRUMENT PREPARED BY:

Donald M. Klein, Esq.
DONALD M. KLEIN, P.A.
2600 South Douglas Road, Suite 902
Coral Gables, Florida 33134
Phone: (305) 441-0006

INSTR # 111685683
OR BK 50006 Pages 1411 - 1414
RECORDED 07/23/13 09:38:31 AM
BROWARD COUNTY COMMISSION
DOC-D: \$27125.00
DEPUTY CLERK 3405
#1, 4 Pages

[The above space reserved for recording information]

WARRANTY DEED

(STATUTORY FORM-SECTION 689.02 F.S.)

THIS INDENTURE, made this 15th day of July, 2013, by and between **USA EXPRESS, INC**, a Florida corporation, of the County of Miami-Dade, State of Florida, Grantor, and **7TH AVENUE VILLAGE LLC**, a Florida limited liability company, whose post office address is 1206 Stirling Road, # 7AB, Dania Beach, Florida 33004, Grantee.

WITNESSETH, that said Grantor, for and in consideration of the sum of Ten (\$10.00) Dollars, and other good and valuable considerations to it in hand paid by said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said Grantee, and its successors and assigns forever, the following described land, situate, lying and being in Broward County, Florida, to-wit:

See "DESCRIPTION OF PROPERTY" attached hereto;

SUBJECT TO: conditions, restrictions, limitations and easements of record, provided that nothing set forth herein shall serve to re-impose the same; zoning and other governmental ordinances and regulations; covenants, reservations, dedications and all other matters contained on the recorded Plats; all terms and conditions of all other documents recorded against the property; and rights or claims of parties in possession; a purchase money mortgage of even date herewith in favor of the Grantor named herein; and taxes for the year 2013 and subsequent years (Tax Folios Nos. 514228-12-0010, 514228-12-0140, 514228-12-0150, and 514228-12-0160, all as to Parcel 1; 514228-14-0123, as to Parcel 2; 514228-14-0130, as to Parcel 3; and 514228-14-0140, as to Parcel 4);

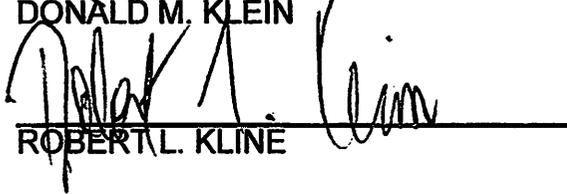
and said Grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

DONALD M. KLEIN, P.A.

4

"Grantor" and "Grantee" are used for singular or plural, as context requires.

IN WITNESS WHEREOF, the Grantor has hereunto caused this instrument to be executed in appropriate manner and its seal to be affixed on the day and year first above written.


DONALD M. KLEIN

ROBERT L. KLINE

USA EXPRESS, INC., a Florida corporation (Grantor)

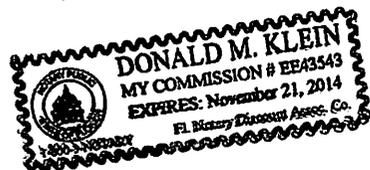
By: 
MICKY BISS, President

STATE OF FLORIDA }
COUNTY OF MIAMI-DADE } SS:

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to administer oaths and take acknowledgments, personally appeared MICKY BISS, as President of USA EXPRESS, INC, a Florida corporation, to me known to be the person described in and who executed the foregoing instrument, who is personally known to me and who did not take an oath and who acknowledged before me that he executed the same as the act and deed of said corporation for the uses and purposes set forth therein.

WITNESS my hand and official seal in the State and County last aforesaid, this 15th day July, 2013.


DONALD M. KLEIN
NOTARY PUBLIC, State of Florida



Description of Property

PARCEL 1:

Lots 1, 2, 3, 4, 23, 24, 25 and 26, in Block 1, of BENNETT PIPES FIRST ADDITION TO TOWN OF HALLANDALE, according to the Plat thereof, as recorded in Plat Book 18, at Page 5, of the Public Records of Broward County, Florida, LESS the North 25 feet thereof, and less that area lying Northwesterly of a twenty foot radius curve, concave to the Southeast and tangent to the West line of Lot 1 and tangent to a line 25 feet South of and parallel to the North line of Lot 1; and further LESS that portion of Lots 1 and 2, in Block 1, of BENNETT PIPES FIRST ADDITION TO TOWN OF HALLANDALE in Section 28, Township 51 South, Range 42 East, Broward County, Florida, according to the Plat thereof, recorded in Plat Book 18, at Page 5, of the Public Records of Broward County, Florida, being more particularly described as follows:

Begin at the Northeast corner of said Lot 2; thence run South 88°02'35" West along the North line of said Lots 2 and 1 for a distance of 72.52 feet to the point of curvature of a circular curve to the left; thence run Southwesterly along the arc of said circular curve to the left having a radius of 25.00 feet, through a central angle of 89°57'41" for an arc distance of 39.25 feet to a point of tangency with the West line of said Lot 1; thence run South 01°55'06" East along the West line of said Lot 1 for a distance of 20.00 feet; thence run North 43°03'44" East for a distance of 28.27 feet; thence run North 88°02'35" East along the South line of the North 25.00 feet of said Lots 1 and 2 for a distance of 77.51 feet; thence run North 01°55'05" West along the East line of said Lot 2 for a distance of 25.00 feet to the point of beginning.

Except that portion of the building situated on the owner's remaining adjacent property which encroaches onto the above described parcel, to wit: The Northerly 0.53 feet of the building located between the Northeast corner of said building at a point 24.11 feet West of said corner.

PARCEL 2:

Lots 6 and 7, Block 2, of BINSTOCK'S SUBDIVISION, according to the Plat thereof, as recorded in Plat Book 24, at Page 19, of the Public Records of Broward County, Florida; LESS AND EXCEPT those parts of the lots conveyed to Broward County for road right-of-way, recorded in Official Records Book 8517, Page 568.

PARCEL 3:

Lot 8, Block 2, of BINSTOCK'S SUBDIVISION, according to the Plat thereof, as recorded in Plat Book 24, at Page 19, of the Public Records of Broward County, Florida.

PARCEL 4:

Lot 9, Block 2, of BINSTOCK'S SUBDIVISION, according to the Plat thereof, as recorded in Plat Book 24, at Page 19, of the Public Records of Broward County, Florida.

 First American Title	Owner's Policy of Title Insurance (with Florida modifications)
	ISSUED BY First American Title Insurance Company
Owner's Policy	POLICY NUMBER 5011412-0142110e

Any notice of claim and any other notice or statement in writing required to be given to the Company under this policy must be given to the Company at the address shown in Section 18 of the Conditions.

COVERED RISKS

SUBJECT TO THE EXCLUSIONS FROM COVERAGE, THE EXCEPTIONS FROM COVERAGE CONTAINED IN SCHEDULE B, AND THE CONDITIONS, **FIRST AMERICAN TITLE INSURANCE COMPANY**, a California corporation (the "Company") insures, as of Date of Policy against loss or damage, not exceeding the Amount of Insurance, sustained or incurred by the Insured by reason of:

1. Title being vested other than as stated in Schedule A.
2. Any defect in or lien or encumbrance on the Title. This Covered Risk includes but is not limited to insurance against loss from
 - (a) A defect in the Title caused by
 - (i) forgery, fraud, undue influence, duress, incompetency, incapacity, or impersonation;
 - (ii) failure of any person or Entity to have authorized a transfer or conveyance;
 - (iii) a document affecting Title not properly created, executed, witnessed, sealed, acknowledged, notarized, or delivered;
 - (iv) failure to perform those acts necessary to create a document by electronic means authorized by law;
 - (v) a document executed under a falsified, expired, or otherwise invalid power of attorney;
 - (vi) a document not properly filed, recorded, or indexed in the Public Records including failure to perform those acts by electronic means authorized by law; or
 - (vii) a defective judicial or administrative proceeding.
 - (b) The lien of real estate taxes or assessments imposed on the Title by a governmental authority due or payable, but unpaid.
 - (c) Any encroachment, encumbrance, violation, variation, or adverse circumstance affecting the Title that would be disclosed by an accurate and complete land survey of the Land. The term "encroachment" includes encroachments of existing improvements located on the Land onto adjoining land, and encroachments onto the Land of existing improvements located on adjoining land.
3. Unmarketable Title.
4. No right of access to and from the Land.

(Covered Risks Continued on Page 2)

In Witness Whereof, First American Title Insurance Company has caused its corporate name to be hereunto affixed by its authorized officers as of Date of Policy shown in Schedule A.

First American Title Insurance Company



Dennis J. Gilmore

Dennis J. Gilmore
President

Timothy Kemp

Timothy Kemp
Secretary

For Reference:

File #: 23694

Issued By:

Kline, Moore & Klein, P.A.
2600 Douglas Road, Suite 902
Coral Gables, FL 33134

(This Policy is valid only when Schedules A and B are attached)

This jacket was created electronically and constitutes an original document

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First American

Schedule A

Owner's Policy of Title Insurance

ISSUED BY

First American Title Insurance Company

POLICY NUMBER

5011412-0142110e

Name and Address of Title Insurance Company:

FIRST AMERICAN TITLE INSURANCE COMPANY, 1 First American Way, Santa Ana, California 92707

Agent File Number: 23694

FAST File Number: 1062-2963116

Address Reference: , , FL

Amount of Insurance: \$3,875,000.00

Premium: \$

Date of Policy: July 23, 2013 at 09:36:31 am

1. Name of Insured:

7th Avenue Village LLC, a Florida limited liability company

2. The estate or interest in the Land that is insured by this policy is:

Fee Simple

3. Title is vested in:

7th Avenue Village LLC, a Florida limited liability company

4. The Land referred to in this policy is described as follows:

See Exhibit "A" attached hereto and made a part hereof

Kline, Moore and Klein, P.A.

By: _____

Authorized Countersignature

(This Schedule A valid only when Schedule B is attached)



TRIM Notice 2013. Prior TRIM Notices.

Site Address	701 W HALLANDALE BEACH BOULEVARD, HALLANDALE BEACH	ID #	5142 28 14 0123
Property Owner	7TH AVENUE VILLAGE LLC	Millage	2513
Mailing Address	1206 STIRLING RD #7AB DANIA BEACH FL 33004	Use	21

Legal Description	BINSTOCKS SUB 24-19 B LOTS 6 & 7, LESS RW FOR HALLANDALE BEACH BLVD BLK 2
-------------------	---

The just values displayed below were set in compliance with Sec. 193.011, Fla. Stat., and include a reduction for costs of sale and other adjustments required by Sec. 193.011(8).

Property Assessment Values - Click to see: OCT. 2013 values or 2013WCC values					
Year	Land	Building	Just / Market Value	Assessed / SOH Value	Tax
2014	\$146,890	\$221,860	\$368,750	\$368,750	
2013	\$146,890	\$209,230	\$356,120	\$356,120	\$7,857.43
2012	\$146,890	\$279,450	\$426,340	\$426,340	\$9,288.31

2014 Exemptions and Taxable Values by Taxing Authority				
Com.Soh.Yr=14	County	School Board	Municipal	Independent
Just Value	\$368,750	\$368,750	\$368,750	\$368,750
Portability	0	0	0	0
Assessed/SOH	\$368,750	\$368,750	\$368,750	\$368,750
Homestead	0	0	0	0
Add. Homestead	0	0	0	0
Wid/Vet/Dis	0	0	0	0
Senior	0	0	0	0
Exempt Type	0	0	0	0
Taxable	\$368,750	\$368,750	\$368,750	\$368,750

Sales History -- Search Subdivision Sales			
Date	Type	Price	Book/Page or CIN
7/15/2013	WD*-E	\$3,875,000	111685683
4/13/2009	WD-Q	\$500,000	46179 / 1301

Land Calculations 54		
Price	Factor	Type
\$14.00	10,492	SF
Adj. Bldg. S.F. (Card, Sketch)		1783
Eff./Act. Year Built: 1970/1970		

Test: Click for Test Maps.

* Denotes Multi-Parcel Sale (See Deed)

Special Assessments								
Fire	Garb	Light	Drain	Impr	Safe	Storm	Clean	Misc
25								
C								
1783								

BROWARD COUNTY

2013 Paid Real Estate
Notice of Ad Valorem Tax and Non-Ad Valorem Assessments

Folio: 732238

Property ID Number	Escrow Code	Assessed Value	Exemptions	Taxable Value	Millage Code
514228-14-0123		See Below	See Below	See Below	2513

7TH AVENUE VILLAGE LLC
1206 STIRLING RD #7AB
DANIA BEACH, FL 33004

PAYMENTS MUST BE MADE IN US FUNDS.

701 W HALLANDALE BEACH BLVD
BINSTOCKS SUB 24-19 B
LOTS 6 & 7, LESS R/W FOR
HALLANDALE BEACH BLVD
BLK 2

WWW-13-00058466 \$7,621.71
Paid By 7th Avenue Village, LLC

AD VALOREM TAXES					
Taxing Authority	Millage	Assessed Val	Exemptions	Taxable Val	Taxes Levied
BROWARD COUNTY COMMISSION					
COUNTYWIDE SERVICES	5.44000	356,120	0	356,120	1,937.29
VOTED DEBT	0.28300	356,120	0	356,120	100.78
BROWARD CO SCHOOL BOARD					
GENERAL FUND	5.98000	356,120	0	356,120	2,129.60
CAPITAL OUTLAY	1.50000	356,120	0	356,120	534.18
SO FLORIDA WATER MANAGEMENT					
EVERGLADES C.P.	0.05870	356,120	0	356,120	20.90
OKEECHOBEE BASIN	0.18380	356,120	0	356,120	65.45
SFWM DISTRICT	0.16850	356,120	0	356,120	60.01
SOUTH BROWARD HOSPITAL	0.40000	356,120	0	356,120	142.45
CHILDREN'S SVCS COUNCIL OF BC	0.48820	356,120	0	356,120	173.86
CITY OF HALLANDALE BEACH	5.68330	356,120	0	356,120	2,023.94
FL INLAND NAVIGATION	0.03450	356,120	0	356,120	12.29
Total Millage:		20.22000	Ad Valorem Taxes:		\$7,200.75
NON - AD VALOREM TAXES					
Levying Authority				Rate	Amount
25 HALLANDALE BCH FIRE PROTECTION					656.68
Non - Ad Valorem Assessments:					\$656.68
Combined Taxes and Assessments:					\$7,857.43
If Postmarked By	Dec 31, 2013				
Please Pay	\$0.00				

Paid 12/23/2013 Receipt#

BROWARD COUNTY

2013 Paid Real Estate
Notice of Ad Valorem Tax and Non-Ad Valorem Assessments

Folio: 732238

Paid 12/23/2013 Receipt # WWW-13-00058466 \$7,621.71
Paid By 7th Avenue Village, LLC

Make checks payable to:

BROWARD COUNTY TAX COLLECTOR
GOVERNMENTAL CENTER ANNEX
115 S. ANDREWS AVENUE, ROOM # A100
FORT LAUDERDALE, FL 33301-1895

Property ID Number
514228-14-0123

If Postmarked By	Please Pay
Dec 31, 2013	\$0.00

Return with Payment

7TH AVENUE VILLAGE LLC
1206 STIRLING RD #7AB
DANIA BEACH, FL 33004

Please Pay Only One Amount



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Municipality	Millage Code	2006 Millage Rate	2007 Millage Rate	2008 Millage Rate	2009 Millage Rate	2010 Millage Rate	2011 Millage Rate	2012 Millage Rate	2013 Millage Rate
UNINCORPORATED	0011	N/A	N/A	20.4150	20.5523	N/A	N/A	N/A	N/A
UNINCORPORATED	0012	22.2200	20.4341	20.3290	20.4663	21.0448	20.6534	20.6767	20.8465
UNINCORPORATED	0013	21.7183	19.9729	19.8144	20.0336	20.4430	19.5284	19.4203	19.4911
LAUDERDALE BY THE SEA	0211	21.3763	19.7636	19.5563	19.6936	20.2721	19.8807	19.8362	19.9093
FORT LAUDERDALE	0311	22.1089	19.9106	19.8068	19.9482	20.6097	20.1705	20.2392	20.3044
FORT LAUDERDALE	0312	21.9919	19.8246	19.7208	19.8622	20.5237	20.0845	20.1532	20.2184
DANIA BEACH	0412	23.1262	21.1124	21.0157	21.6179	22.4321	22.0464	22.0868	22.1609
DANIA BEACH	0413	22.6245	20.6512	20.5011	21.1852	21.8303	20.9214	20.8304	20.8055
HOLLYWOOD	0512	23.9437	21.5309	21.4030	21.9461	23.3239	23.6885	23.5709	23.7357
HOLLYWOOD	0513	23.4420	21.0697	20.8884	21.5134	22.7221	22.5635	22.3145	22.3803
PEMBROKE PARK	0613	24.9076	23.6152	23.4567	23.6759	24.0853	23.1707	23.0626	23.0367
WILTON MANORS	0912	23.4093	20.8983	21.3365	22.0613	23.0354	22.7951	22.7795	22.8240
COOPER CITY	1013	22.0106	20.0682	19.9271	20.1563	20.8532	19.9386	20.4398	20.4139
DEERFIELD BEACH	1111	23.2763	21.0124	20.8573	21.4846	23.0419	21.6505	21.6738	22.7469
DEERFIELD BEACH	1112	23.1593	20.9264	20.7713	21.3986	22.9559	21.5645	21.5878	22.6609
MARGATE	1212	23.6307	21.2761	22.3789	23.5421	24.1659	23.7849	23.5555	23.4514
HILLSBORO BEACH	1311	19.2761	17.8562	18.1694	18.6546	19.6631	19.2717	19.2950	19.3681
LIGHTHOUSE POINT	1411	20.8086	18.9558	19.0715	19.5771	20.1556	19.7419	19.7741	19.8088
POMPANO BEACH	1511	21.3460	19.4697	19.5175	20.3609	21.1808	21.0844	21.3750	21.3493
POMPANO BEACH	1512	21.2290	19.4697	19.4315	20.2749	21.0948	20.9984	21.2890	21.2633
SEA RANCH LAKES	1611	23.9763	22.6124	23.0573	23.1946	23.7731	23.3817	23.4050	23.4781
OAKLAND PARK	1712	22.4916	20.3426	20.5754	21.3338	21.9123	21.8095	22.1332	22.2916
LAZY LAKE	1812	20.3829	20.0500	19.8207	19.9861	21.1352	20.7438	21.6539	21.8284
LAUDERHILL	1912	23.5603	21.0604	21.4059	22.5360	23.3825	23.8906	24.5192	24.5423
LAUDERDALE LAKES	2012	23.9700	21.6126	22.1028	23.1086	24.3921	26.6517	26.6873	26.7880
SUNRISE	2112	23.0193	20.6996	20.9110	21.6629	22.2414	21.8500	21.8733	21.9464
PLANTATION	2212	21.4982	19.4919	19.5638	20.1228	20.7013	20.4099	21.4332	21.5063
DAVIE	2412	22.6513	20.3924	20.4244	21.2035	21.8643	21.3964	21.4612	21.8371
DAVIE	2413	22.1496	19.9312	19.9098	20.7708	21.2625	20.2714	20.2048	20.4817
HALLANDALE BEACH	2513	22.3772	20.0970	19.9385	21.0759	21.4853	20.5707	20.2459	20.2200
PEMBROKE PINES	2613	21.2672	19.7549	19.9197	20.8959	21.9513	20.9788	20.8710	20.8143
MIRAMAR	2713	22.9576	20.4127	20.4364	21.6413	22.0507	21.1361	21.0280	21.0021
CORAL SPRINGS	2812	20.9942	19.1189	19.0127	19.6715	20.7193	20.4811	20.6793	20.6651
NORTH	2912	23.6234	21.3501	21.9036	22.7634	23.4218	23.5461	23.4268	23.4999

LAUDERDALE									
PARKLAND	3012	20.8593	18.9847	18.8796	19.6284	20.2069	19.8155	19.8189	19.8821
TAMARAC	3112	23.2622	20.6890	20.8629	21.6886	22.7765	22.5731	23.2217	23.2906
COCONUT CREEK	3212	22.2501	19.9560	20.3582	21.2923	22.5907	22.1814	22.1440	22.2171
WESTON	3312	18.4328	16.8979	16.9948	17.3756	18.1871	17.7957	17.8190	17.8921
WESTON	3313	17.9311	16.4367	16.4802	16.9429	17.5853	16.6707	16.5626	16.5367
SOUTHWEST RANCHES	3413	19.4076	18.1152	18.4567	19.1159	19.5257	18.6111	18.4668	18.4771
WEST PARK	3513	22.9315	21.6391	21.4806	22.7456	24.0853	23.6607	23.9826	23.9567
FORT LAUDERDALE	9312	23.0869	20.7979	20.6299	20.7905	21.4520	21.0505	21.1854	21.2630

Source: Broward County Property Appraiser's Office

Property ID Number	Escrow Code	Assessed Value	Exemptions	Taxable Value	Millage Code
514228-12-0010		See Below	See Below	See Below	2513

7TH AVENUE VILLAGE LLC
1206 STIRLING RD #7AB
DANIA BEACH, FL 33004

PAYMENTS MUST BE MADE IN US FUNDS.

645 W HALLANDALE BEACH BLVD
BENNETT-PIPES FIRST ADD 18-5 B
LOTS 1&2 LESS BEG AT NE COR OF
LOT 2, WLY 72.52 TO P/C, SWLY AN
ARC DIST OF 39.25 TO P/T WITH
W/L OF LOT 1. SLY 20. NELY 28.27.

WWW-13-00058466
Paid By 7th Avenue Village, LLC

AD VALOREM TAXES					
Taxing Authority	Millage	Assessed Val	Exemptions	Taxable Val	Taxes Levied
BROWARD COUNTY COMMISSION					
COUNTYWIDE SERVICES	5.44000	580,610	0	580,610	3,158.52
VOTED DEBT	0.28300	580,610	0	580,610	164.31
BROWARD CO SCHOOL BOARD					
GENERAL FUND	5.98000	580,610	0	580,610	3,472.05
CAPITAL OUTLAY	1.50000	580,610	0	580,610	870.91
SO FLORIDA WATER MANAGEMENT					
EVERGLADES C.P.	0.05870	580,610	0	580,610	34.08
OKEECHOBEE BASIN	0.18380	580,610	0	580,610	106.72
SFWM DISTRICT	0.16850	580,610	0	580,610	97.83
SOUTH BROWARD HOSPITAL	0.40000	580,610	0	580,610	232.24
CHILDREN'S SVCS COUNCIL OF BC	0.48820	580,610	0	580,610	283.45
CITY OF HALLANDALE BEACH	5.68330	580,610	0	580,610	3,299.78
FL INLAND NAVIGATION	0.03450	580,610	0	580,610	20.03

Paid 12/23/2013 Receipt #

Total Millage:	20.22000	Ad Valorem Taxes:	\$11,739.92
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NON - AD VALOREM TAXES		
Levying Authority	Rate	Amount
25 HALLANDALE BCH FIRE PROTECTION		464.79

Non - Ad Valorem Assessments:	\$464.79
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Combined Taxes and Assessments:	\$12,204.71
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If Postmarked By	Dec 31, 2013			
Please Pay	\$0.00			

Paid 12/23/2013 Receipt # WWW-13-00058466 \$11,838.57
Paid By 7th Avenue Village, LLC

Make checks payable to:

**BROWARD COUNTY TAX COLLECTOR
GOVERNMENTAL CENTER ANNEX
115 S. ANDREWS AVENUE, ROOM # A100
FORT LAUDERDALE, FL 33301-1895**

Property ID Number
514228-12-0010

If Postmarked By	Please Pay
Dec 31, 2013	\$0.00

Return with Payment

7TH AVENUE VILLAGE LLC
1206 STIRLING RD #7AB
DANIA BEACH, FL 33004

Please Pay Only One Amount

BROWARD COUNTY

2013 Paid Real Estate Notice of Ad Valorem Tax and Non-Ad Valorem Assessments

Folio: 732238

Table with 6 columns: Property ID Number, Escrow Code, Assessed Value, Exemptions, Taxable Value, Millage Code. Row 1: 514228-14-0123, See Below, See Below, See Below, 2513

7TH AVENUE VILLAGE LLC
1206 STIRLING RD #7AB
DANIA BEACH, FL 33004

PAYMENTS MUST BE MADE IN US FUNDS.

701 W HALLANDALE BEACH BLVD
BINSTOCKS SUB 24-19 B
LOTS 6 & 7, LESS R/W FOR
HALLANDALE BEACH BLVD
BLK 2

WWW-13-00058466
Paid By 7th Avenue Village, LLC
\$7,621.71

Table titled AD VALOREM TAXES with columns: Taxing Authority, Millage, Assessed Val, Exemptions, Taxable Val, Taxes Levied. Lists various taxing authorities like BROWARD COUNTY COMMISSION, SCHOOL BOARD, etc.

Paid 12/23/2013 Receipt #

Summary row: Total Millage: 20.22000, Ad Valorem Taxes: \$7,200.75

Table titled NON - AD VALOREM TAXES with columns: Levying Authority, Rate, Amount. Row 1: 25 HALLANDALE BCH FIRE PROTECTION, 656.68

Non - Ad Valorem Assessments: \$656.68

Combined Taxes and Assessments: \$7,857.43

Table with 6 columns: If Postmarked By, Please Pay, Dec 31, 2013, \$0.00

BROWARD COUNTY

2013 Paid Real Estate Notice of Ad Valorem Tax and Non-Ad Valorem Assessments

Folio: 732238

Paid 12/23/2013 Receipt # WWW-13-00058466 \$7,621.71
Paid By 7th Avenue Village, LLC

Make checks payable to:

BROWARD COUNTY TAX COLLECTOR
GOVERNMENTAL CENTER ANNEX
115 S. ANDREWS AVENUE, ROOM # A100
FORT LAUDERDALE, FL 33301-1895

Property ID Number
514228-14-0123

Table with 2 columns: If Postmarked By, Please Pay. Row 1: Dec 31, 2013, \$0.00

Return with Payment

7TH AVENUE VILLAGE LLC
1206 STIRLING RD #7AB
DANIA BEACH, FL 33004

Please Pay Only One Amount

Property ID Number	Escrow Code	Assessed Value	Exemptions	Taxable Value	Millage Code
514228-14-0130		See Below	See Below	See Below	2513

7TH AVENUE VILLAGE LLC
1206 STIRLING RD #7AB
DANIA BEACH, FL 33004

PAYMENTS MUST BE MADE IN US FUNDS.

700 SW 1 ST
BINSTOCKS SUB 24-19 B
LOT 8 BLK 2

WWW-13-00058466
Paid By 7th Avenue Village, LLC

AD VALOREM TAXES					
Taxing Authority	Millage	Assessed Val	Exemptions	Taxable Val	Taxes Levied
BROWARD COUNTY COMMISSION					
COUNTYWIDE SERVICES	5.44000	186,690	0	186,690	1,015.59
VOTED DEBT	0.28300	186,690	0	186,690	52.83
BROWARD CO SCHOOL BOARD					
GENERAL FUND	5.98000	186,690	0	186,690	1,116.40
CAPITAL OUTLAY	1.50000	186,690	0	186,690	280.04
SO FLORIDA WATER MANAGEMENT					
EVERGLADES C.P.	0.05870	186,690	0	186,690	10.96
OKEECHOBEE BASIN	0.18380	186,690	0	186,690	34.31
SFWM DISTRICT	0.16850	186,690	0	186,690	31.46
SOUTH BROWARD HOSPITAL	0.40000	186,690	0	186,690	74.68
CHILDREN'S SVCS COUNCIL OF BC	0.48820	186,690	0	186,690	91.14
CITY OF HALLANDALE BEACH	5.68330	186,690	0	186,690	1,061.02
FL INLAND NAVIGATION	0.03450	186,690	0	186,690	6.44
Total Millage: 20.22000					Ad Valorem Taxes: \$3,774.87

Paid 12/23/2013 Receipt #

NON - AD VALOREM TAXES		
Levying Authority	Rate	Amount
25 HALLANDALE BCH FIRE PROTECTION		145.00
Non - Ad Valorem Assessments:		\$145.00
Combined Taxes and Assessments:		\$3,919.87

If Postmarked By	Dec 31, 2013			
Please Pay	\$0.00			

Paid 12/23/2013 Receipt # WWW-13-00058466 \$3,802.27
Paid By 7th Avenue Village, LLC

Make checks payable to:

**BROWARD COUNTY TAX COLLECTOR
GOVERNMENTAL CENTER ANNEX
115 S. ANDREWS AVENUE, ROOM # A100
FORT LAUDERDALE, FL 33301-1895**

Property ID Number
514228-14-0130

If Postmarked By	Please Pay
Dec 31, 2013	\$0.00

Return with Payment

7TH AVENUE VILLAGE LLC
1206 STIRLING RD #7AB
DANIA BEACH, FL 33004

Please Pay Only One Amount

Property ID Number	Escrow Code	Assessed Value	Exemptions	Taxable Value	Millage Code
514228-12-0160		See Below	See Below	See Below	2513

7TH AVENUE VILLAGE LLC
1206 STIRLING RD #7AB
DANIA BEACH, FL 33004

PAYMENTS MUST BE MADE IN US FUNDS.

SW 7 AVE
BENNETT-PIPES FIRST ADD 18-5 B
LOT 25,26 BLK 1

WWW-13-00058466 \$2,028.80
Paid By 7th Avenue Village, LLC

AD VALOREM TAXES					
Taxing Authority	Millage	Assessed Val	Exemptions	Taxable Val	Taxes Levied
BROWARD COUNTY COMMISSION					
COUNTYWIDE SERVICES	5.44000	103,440	0	103,440	562.71
VOTED DEBT	0.28300	103,440	0	103,440	29.27
BROWARD CO SCHOOL BOARD					
GENERAL FUND	5.98000	103,440	0	103,440	618.57
CAPITAL OUTLAY	1.50000	103,440	0	103,440	155.16
SO FLORIDA WATER MANAGEMENT					
EVERGLADES C.P.	0.05870	103,440	0	103,440	6.07
OKEECHOBEE BASIN	0.18380	103,440	0	103,440	19.01
SFWM DISTRICT	0.16850	103,440	0	103,440	17.43
SOUTH BROWARD HOSPITAL	0.40000	103,440	0	103,440	41.38
CHILDREN'S SVCS COUNCIL OF BC	0.48820	103,440	0	103,440	50.50
CITY OF HALLANDALE BEACH	5.68330	103,440	0	103,440	587.88
FL INLAND NAVIGATION	0.03450	103,440	0	103,440	3.57

Paid 12/23/2013 Receipt #

Total Millage:	20.22000	Ad Valorem Taxes:	\$2,091.55
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NON - AD VALOREM TAXES		
Levying Authority	Rate	Amount
Non - Ad Valorem Assessments:		\$0.00

Combined Taxes and Assessments:		\$2,091.55
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If Postmarked By	Dec 31, 2013			
Please Pay	\$0.00			

Paid 12/23/2013 Receipt # WWW-13-00058466 \$2,028.80
Paid By 7th Avenue Village, LLC

Make checks payable to:

BROWARD COUNTY TAX COLLECTOR
GOVERNMENTAL CENTER ANNEX
115 S. ANDREWS AVENUE, ROOM # A100
FORT LAUDERDALE, FL 33301-1895

Property ID Number
514228-12-0160

If Postmarked By	Please Pay
Dec 31, 2013	\$0.00

Return with Payment

7TH AVENUE VILLAGE LLC
1206 STIRLING RD #7AB
DANIA BEACH, FL 33004

Please Pay Only One Amount

Property ID Number	Escrow Code	Assessed Value	Exemptions	Taxable Value	Millage Code
514228-14-0140		See Below	See Below	See Below	2513

7TH AVENUE VILLAGE LLC
1206 STIRLING RD #7AB
DANIA BEACH, FL 33004

PAYMENTS MUST BE MADE IN US FUNDS.

704 SW 1 ST
BINSTOCKS SUB 24-19 B
LOT 9 BLK 2

WWW-13-00058466
Paid By 7th Avenue Village, LLC

AD VALOREM TAXES					
Taxing Authority	Millage	Assessed Val	Exemptions	Taxable Val	Taxes Levied
BROWARD COUNTY COMMISSION					
COUNTYWIDE SERVICES	5.44000	86,320	0	86,320	469.58
VOTED DEBT	0.28300	86,320	0	86,320	24.43
BROWARD CO SCHOOL BOARD					
GENERAL FUND	5.98000	86,320	0	86,320	516.20
CAPITAL OUTLAY	1.50000	86,320	0	86,320	129.48
SO FLORIDA WATER MANAGEMENT					
EVERGLADES C.P.	0.05870	86,320	0	86,320	5.07
OKEECHOBEE BASIN	0.18380	86,320	0	86,320	15.87
SFWM DISTRICT	0.16850	86,320	0	86,320	14.54
SOUTH BROWARD HOSPITAL	0.40000	86,320	0	86,320	34.53
CHILDREN'S SVCS COUNCIL OF BC	0.48820	86,320	0	86,320	42.14
CITY OF HALLANDALE BEACH	5.68330	86,320	0	86,320	490.58
FL INLAND NAVIGATION	0.03450	86,320	0	86,320	2.98

Paid 12/23/2013 Receipt #

Total Millage:	20.22000	Ad Valorem Taxes:	\$1,745.40
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NON - AD VALOREM TAXES		
Levying Authority	Rate	Amount
25 HALLANDALE BCH FIRE PROTECTION		145.00

Non - Ad Valorem Assessments:	\$145.00
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Combined Taxes and Assessments:	\$1,890.40
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If Postmarked By	Dec 31, 2013			
Please Pay	\$0.00			

Paid 12/23/2013 Receipt # WWW-13-00058466 \$1,833.69
Paid By 7th Avenue Village, LLC

Make checks payable to:

BROWARD COUNTY TAX COLLECTOR
GOVERNMENTAL CENTER ANNEX
115 S. ANDREWS AVENUE, ROOM # A100
FORT LAUDERDALE, FL 33301-1895

Property ID Number
514228-14-0140

If Postmarked By	Please Pay
Dec 31, 2013	\$0.00

Return with Payment

7TH AVENUE VILLAGE LLC
1206 STIRLING RD #7AB
DANIA BEACH, FL 33004

Please Pay Only One Amount

Property ID Number	Escrow Code	Assessed Value	Exemptions	Taxable Value	Millage Code
514228-12-0150		See Below	See Below	See Below	2513

7TH AVENUE VILLAGE LLC
1206 STIRLING RD #7AB
DANIA BEACH, FL 33004

PAYMENTS MUST BE MADE IN US FUNDS.

640 SW 1 ST
BENNETT-PIPES FIRST ADD 18-5 B
LOT 24 BLK 1

WWW-13-00058466
Paid By 7th Avenue Village, LLC

AD VALOREM TAXES					
Taxing Authority	Millage	Assessed Val	Exemptions	Taxable Val	Taxes Levied
BROWARD COUNTY COMMISSION					
COUNTYWIDE SERVICES	5.44000	73,280	0	73,280	398.64
VOTED DEBT	0.28300	73,280	0	73,280	20.74
BROWARD CO SCHOOL BOARD					
GENERAL FUND	5.98000	83,100	0	83,100	496.94
CAPITAL OUTLAY	1.50000	83,100	0	83,100	124.65
SO FLORIDA WATER MANAGEMENT					
EVERGLADES C.P.	0.05870	73,280	0	73,280	4.30
OKEECHOBEE BASIN	0.18380	73,280	0	73,280	13.47
SFWMD DISTRICT	0.16850	73,280	0	73,280	12.35
SOUTH BROWARD HOSPITAL	0.40000	73,280	0	73,280	29.31
CHILDREN'S SVCS COUNCIL OF BC	0.48820	73,280	0	73,280	35.78
CITY OF HALLANDALE BEACH	5.68330	73,280	0	73,280	416.47
FL INLAND NAVIGATION	0.03450	73,280	0	73,280	2.53

Total Millage: 20.22000 Ad Valorem Taxes: \$1,555.18

NON - AD VALOREM TAXES		
Levying Authority	Rate	Amount
25 HALLANDALE BCH FIRE PROTECTION		290.00

Non - Ad Valorem Assessments: \$290.00

Combined Taxes and Assessments: \$1,845.18

If Postmarked By	Dec 31, 2013			
Please Pay	\$0.00			

Paid 12/23/2013 Receipt #

Paid 12/23/2013 Receipt # WWW-13-00058466 \$1,789.82
Paid By 7th Avenue Village, LLC

Make checks payable to:

**BROWARD COUNTY TAX COLLECTOR
GOVERNMENTAL CENTER ANNEX
115 S. ANDREWS AVENUE, ROOM # A100
FORT LAUDERDALE, FL 33301-1895**

**Property ID Number
514228-12-0150**

If Postmarked By	Please Pay
Dec 31, 2013	\$0.00

Return with Payment

7TH AVENUE VILLAGE LLC
1206 STIRLING RD #7AB
DANIA BEACH, FL 33004

Please Pay Only One Amount

Property ID Number	Escrow Code	Assessed Value	Exemptions	Taxable Value	Millage Code
514228-12-0140		See Below	See Below	See Below	2513

7TH AVENUE VILLAGE LLC
 1206 STIRLING RD #7AB
 DANIA BEACH, FL 33004

PAYMENTS MUST BE MADE IN US FUNDS.

636 SW 1 ST
 BENNETT-PIPES FIRST ADD 18-5 B
 LOT 23 BLK 1

AD VALOREM TAXES					
Taxing Authority	Millage	Assessed Val	Exemptions	Taxable Val	Taxes Levied
BROWARD COUNTY COMMISSION					
COUNTYWIDE SERVICES	5.44000	64,460	0	64,460	350.66
VOTED DEBT	0.28300	64,460	0	64,460	18.24
BROWARD CO SCHOOL BOARD					
GENERAL FUND	5.98000	64,460	0	64,460	385.47
CAPITAL OUTLAY	1.50000	64,460	0	64,460	96.69
SO FLORIDA WATER MANAGEMENT					
EVERGLADES C.P.	0.05870	64,460	0	64,460	3.78
OKEECHOBEE BASIN	0.18380	64,460	0	64,460	11.85
SFWM DISTRICT	0.16850	64,460	0	64,460	10.86
SOUTH BROWARD HOSPITAL	0.40000	64,460	0	64,460	25.78
CHILDREN'S SVCS COUNCIL OF BC	0.48820	64,460	0	64,460	31.47
CITY OF HALLANDALE BEACH	5.68330	64,460	0	64,460	366.35
FL INLAND NAVIGATION	0.03450	64,460	0	64,460	2.22

Total Millage: 20.22000 **Ad Valorem Taxes:** \$1,303.37

NON - AD VALOREM TAXES		
Levying Authority	Rate	Amount
25 HALLANDALE BCH FIRE PROTECTION		145.00

Non - Ad Valorem Assessments: \$145.00

Combined Taxes and Assessments: \$1,448.37

If Postmarked By	Dec 31, 2013			
Please Pay	\$0.00			

Make checks payable to:

**BROWARD COUNTY TAX COLLECTOR
 GOVERNMENTAL CENTER ANNEX
 115 S. ANDREWS AVENUE, ROOM # A100
 FORT LAUDERDALE, FL 33301-1895**

Property ID Number
514228-12-0140

If Postmarked By	Please Pay
Dec 31, 2013	\$0.00

Return with Payment

7TH AVENUE VILLAGE LLC
 1206 STIRLING RD #7AB
 DANIA BEACH, FL 33004

Please Pay Only One Amount



Program Administration, Insurance Services
PO Box 10197, Jacksonville, FL 32247-0197

PREMIUM INVOICE

Policy No:
Invoice Date:
Due Date:

EC04391159-00
Mar 28, 2014
Apr 12, 2014

Policyholder:
7TH AVENUE VILLAGE, LLC

Mail To:
7TH AVENUE VILLAGE, LLC
1206 STIRLING ROAD #7AB
DANIA BEACH FL 33004

D01144710000735 - CRE

For Policy Service or Information, Contact:

Producer # FAA0085209
LONDON UNDERWRITERS, LLC
18851 NE 29TH AVENUE, SUITE 101
AVENTURA FL 33180-
Phone: 866-729-1274

For Billing Inquiries:

Visit our secure website at
BILL.USASSURE.COM
or
Call 855-872-7787

See reverse side for additional information.

Prior Balance Including Fees	Premium & Fees	Payments & Adjustments	Minimum Due	Payment In Full
\$0.00	\$18,764.95	\$0.00	\$18,764.95	\$18,764.95
Transaction Date	Description		Transaction Amount	Minimum Due
Mar 27, 2014	Zurich Builders Risk Large Commercial - New Business - Premium	Feb 21, 2014- Dec 21, 2014	\$18,388.00	\$18,388.00
Mar 27, 2014	Zurich Builders Risk Large Commercial - New Business - State Taxes	Feb 21, 2014- Dec 21, 2014	\$376.95	\$376.95
			Minimum Amount Due	\$18,764.95

Detach Here

Please return this portion of the statement with your remittance.

Policy No: EC04391159-001
Invoice Date: Mar 28, 2014
Due Date: Apr 12, 2014
Payment in Full: \$18,764.95
Minimum Due: \$18,764.95

To make an electronic payment, visit our secure website at
BILL.USASSURE.COM

Amount Enclosed : \$ _____

Check if change of address included on reverse side

Policyholder Name & Address:
7TH AVENUE VILLAGE, LLC
1206 STIRLING ROAD #7AB
DANIA BEACH FL 33004

Mail Payment To:
US ASSURE INSURANCE SERVICES OF FLORIDA, INC.
PO BOX 935597
ATLANTA, GA 31193-5597





US Assure

Program Administration, Insurance Services

PO Box 10197, Jacksonville, FL 32247-0197

WELCOME LETTER

POLICY NO:

EC04391159-001

Date:

Mar 28, 2014

Policyholder:
7TH AVENUE VILLAGE, LLC

For Policy Service or Information, Contact:

Producer # FAA0085209
LONDON UNDERWRITERS, LLC
18851 NE 29TH AVENUE, SUITE 101
AVENTURA FL 33180-
Phone: 866-729-1274

Mail To:
7TH AVENUE VILLAGE, LLC
1206 STIRLING ROAD #7AB
DANIA BEACH FL 33004

D01144710000456

For Billing Inquiries :

Visit our secure website at
BILL.USASSURE.COM
or
Call 855-872-7787

Policy Number	Policy Type	Effective Date	Expiration Date
EC04391159-001	Zurich Builders Risk Large Commercial	Feb 21, 2014	Dec 21, 2014

Thank you for your business. This letter is to inform you of important information regarding the billing of the above policy. You will receive a Premium Invoice according to the installment schedule provided below. If you elected to have a third party billed for this policy, invoice(s) will be mailed to the third party for payment, and you will receive a copy of the invoice(s). For electronic payment options and billing information, visit our website at BILL.USASSURE.COM. Please be aware that your premium balance is subject to change due to endorsement activity or billing fees. This schedule is not intended to be used for payment remittance.

INSTALLMENT SCHEDULE

Due Date	Amount
Apr 12, 2014	\$18,764.95





Date: July 10, 2014

To Whom It May Concern:

A name search of the Miami-Dade Police Department (MDPD) arrest records under the name of:

Name: Elias Benaim

Race/Sex: W/M

AKA: _____

Date of Birth: 3/12/1978

MDPD Criminal Identification Number:

No Local Record

Local Felony Arrest Record(s)

Copy on File

Copy Not on File

For Case Disposition Contact: (305) 275-1155

Felony Division

1351 NW 12 Street
Miami, Florida 33125

Local Misdemeanor Arrest Record(s)

Copy on File

Copy Not on File

For Case Disposition Contact: (305) 275-1155

Misdemeanor Division

1351 NW 12 Street
Miami, Florida 33125

Local Traffic Arrest Record(s)

Copy on File

Copy Not on File

For Case Disposition Contact: (305) 275-1111

Traffic Division

1351 NW 12 Street, Room 124
Miami, Florida 33125

Other Local Agency Arrest Record(s)

Civil Division (305) 275-1155

73 W. Flagler Street
Miami, Florida 33142

CASE:

Date: 7/10/2014 Researched by (Name/Title): OFC. C. LaRochelle

Print and Sign ID/Badge#

4362

Date: 7/10/2014 Prepared by (Name/Title): OFC. C. LaRochelle

Print and Sign ID/Badge#

4362

OFFICIAL RECORD
Miami-Dade Police Department

TRUE COPY OF ORIGINAL

DATE OF ORIGINAL

By: _____

I.D. _____

Date: _____



NOTE: Not valid unless the seal of the MDPD is affixed. The MDPD is prohibited from disclosing the existence of juvenile criminal history information, as well as records that have been sealed or expunged. Therefore, if "No Local Record" is indicated, there remains the possibility that juvenile, sealed or expunged records may be associated with the above name that cannot be disclosed. There is also the possibility that an adult or juvenile may have been arrested in a jurisdiction other than Miami-Dade County. The Florida Department of Law Enforcement may disclose information related to criminal history for certain licensing and employment purposes as provided by law. They may be contacted at 1-800-342-0820.

ELIAS BENAİM

1206 Stirling Rd #7AB
Dania Beach, FL 33004
Mobile: (954) 610-4637
elias@bcfgny.com

3330 NE 190th St Apt.1115
Aventura, FL 33180

SUMMARY OF QUALIFICATIONS

Highly motivated professional with wide-range expertise in construction project development, and substantial project coordination. Proven expertise in leadership, communication and problem solving, with the ability to multitask in challenging situations and meet critical deadlines.

Demonstrated vision, management and organizational skills through a combined *2 billion* dollar project portfolio. Constantly looks to provide excellent customer-oriented project coordination and effective planning for public and private clients such as Bear Stearns, AOL Time Warner, Miami Dade County, New York Department of Environmental Protection, General Service Administration, Federal Bureau of Investigation and Social Security Administration.

Displayed an impeccable record of high performance standards, including attention to schedules, deadlines, and budgets. Recognized for always reacting with creativity and quick thinking which are the attributes of a goal-directed team player.

WORK EXPERIENCE

BCFG Investors Group, LLC, New York, New York

April 2006 – Present

Construction Senior Project Manager – Projects:

-Social Security Administration, Jersey City, NJ. Combined Construction Contracts of \$10 Million for a duration of 1 year. Development of 45,000SF office for SSA and ODAR.

-FBI Building, Newark, NJ. Combined Construction Contracts of \$1.5 Million for a duration of 6 months. Exterior Security System of non-disclose perimeter area in a 240,000SF field facility in the heart of Newark, NJ

-99 Wall Street, NY, NY. Combined Interior Renovation Contracts of \$3.5 Million for a duration of 6 months. This has been multiple Improvement renovations done in the company owned building, all of them due to super storm SANDY that hit NY. This has been a huge milestone to turnaround this building live in such short time.

-235E73rd st NY, NY Combined Construction Contract of \$1 Million for a duration of 1 year. Private Residential Apartment single family renovation in the heart of Manhattan

-211E76h st NY, NY Combined Construction Contract of \$3 Million for a duration of 1 year. Private Residential Development a 6 story single family Brownstone new construction in the heart of Manhattan

-Social Security Administration, Bronx, NY. Combined Construction Contracts of \$2.5 Million for a duration of 1 year. Development of 5,000SF Expansion office for SSA, and interior renovation of their existing 10,000SF office.

-FBI Building, Newark, NJ. Combined Construction Contracts of \$4 Million for a duration of 1 year. Interior Renovation of non-disclose rooms in a 240,000SF field facility in the heart of Newark, NJ

-99 Wall Street, NY, NY. 8USS, NY, NY. 126 University Place, NY, NY. Combined Interior Renovation Contracts of \$500,000.00 for a duration of 1 year. This have been multiple Tenant Improvement renovations done in the company owned building, all of them which construction has been done in-house

- Operated as Owner Rep in development and Construction Management activities on the job site.
- Reviewing all project specific documents such as Change Orders, Estimates, Budgets, Cash Flow Projections, and Executive Summary Reports among others.
- Coordinating contractors and subcontractors on daily basis.
- Approving Contractors Partial Payments, Change Orders and Allowance Items (Time & Material).
- Analyzing and updating Project Schedule on a monthly basis, enforcing completion of Milestones.
- Enforcing Contract Specifications on all tasks performed on the job site.
- Screening of all Project Submittals to avoid resubmissions and delays.

Greeley & Hansen, LLC, New York, New York

August 2004 – April 2006

Project Engineer/ Construction Management – Project: Hillview Reservoir, Yonkers, NY. Combined Construction Contract of \$500 Million for a duration of 4-8 years; including a Massive Concrete Roof top over an active Reservoir which feeds Water to 5 Major borrows in New York (Queens, Manhattan, Brooklyn, Bronx and Staten Island)

- Serving as Owner Representative in Construction Management activities on the job site.
- Preparing all project specific documents such as Change Orders, Estimates, Active Program Status Reports, Cash Flow Projections, Executive Summary Reports, Safety and Monthly Reports among others.
- Coordinating contractors and subcontractors on daily basis.
- Setting up bi-weekly Job Progress Meetings and Monthly Issues and Task Meeting to NYCDEP.
- Reviewing Contractors Partial Payments, RFI's, Change Orders and Allowance Items (Time & Material).
- Analyzing and updating Project Schedule on a monthly basis, enforcing completion of Milestones.
- Working in conjunction with Resident Engineer and Inspectors to supervise project activities.
- Enforcing Contract Specifications on all tasks performed on the job site.
- Screening of all Project Submittals to avoid resubmissions and delays.

The Cantor Seinuk Group, a WSP division., New York, New York

July 2000 – August 2004

Junior Project Manager/ Assistant to the Construction Site Senior Project Manager/ Senior Site Representative for Threshold Inspections – Project: Performing Arts Center of Greater Miami, Miami, FL. 570,000 square a total investment of \$80 million

- Coordinated, managed, and scheduled the construction of the 570,000 S.F. steel and concrete structures.
- Directed personnel and operational activities involved in all phases of construction bringing a diverse group of people together to pursue a common goal and develop a strong, productive, and cohesive team.
- Supervised diverse construction inspections and reviewed plans for conformances with the original engineering design.
- Responded RFI'S (Request for Information) for the Design Team and perform structural inspections to verify compliance with contract documents. In addition, responded to change orders when contractor generated them.

Assistant Project Manager – Project: AOL Time Warner Center, New York – Total 55 stories, 20 stories of steel, 35 stories of concrete, total area 2.5 million S.F., largest private building investment in NY, 1.7 billion dollars.

- Multitask assignments in business administration, record keeping, planning and procedures, researching, scheduling and related responsibilities to ensure a productive operation of the job.
- Collaborated in producing over 60 structural drawings to build the project document sets.
- Reviewed project progress and performance, monitored costs, and established milestones.

Engineer – Project: 383 Madison Avenue, New York - A 50 story, 1,200,000 S.F. office building serving as the new headquarters for the Bear Sterns Corp.

- Performed reviews of engineering computations, research and design.
- Provided design support to the Project Manager, contractors and planners for the development and construction of the building.
- Submitted and reviewed over 20,000 fabrication shop drawings for the architects' (SOM - Skidmore, Owen & Merrill) approval.

RBK Ingenieros, C.A., Caracas, Venezuela
Co-Founder, Vice-President of project development

January 1999 – July 2000

- Developed staffing plans, work schedules, budgets, and production time lines.
- Ensured project goals and objectives were accomplished in accordance with outlined priorities, time requirements, and funding conditions.

Cemex Corporation of Venezuela, Caracas, Venezuela
Research Engineer

July 1999 - July 2000

- Conducted project analyzing the effects of time and temperature (maturity) over the results of standard testing for the resistance of concrete probes. This work also served as ground research for graduation thesis; a requisite for graduation of Universidad Metropolitana, Caracas, Venezuela.

EDUCATION

UNIVERSIDAD METROPOLITANA, Caracas, Venezuela
Bachelor Science degree in Civil Engineering with dual concentration in Building Structures - **G.P.A.: 3.90**

Degree earned 2000

CONTINUING EDUCATION

New York University, New York, NY

March 2005

Continuing and Professional Studies – Advance Executive Business Writing.

American Society of Civil Engineers, San Francisco, CA

May 2004

Continuing and Professional Studies - Construction Administration for Engineers.

Saddle Island Institute, New York, NY

April 2004

Professional development seminar - Construction Claims

Florida Concrete and Products Association, Inc., Miami, FL

June 2003

Continuing and Professional Studies – Structural Masonry Inspector.

HONORS AND AWARDS

- Five consecutive years on Deans list
- Awarded a “Beca Meritoria” full scholarship with stipend, at the Universidad Metropolitana, Caracas, Venezuela.
- Awarded honors for thesis: “Effects of Concrete Aggregate on Rupture Modules for Flexion and Indirect Traction Test”

ADVANCED TRAINING, TEACHING EXPERIENCE AND PROFESSIONAL ACTIVITIES

- Guest lecture at the Universidad Metropolitana; Seminar explaining Structural collapse of World Trade Center on September 11, 2001.
- Visiting assistant professor of Steel Structures, Undergraduate School of Civil Engineering, Universidad Metropolitana, 2001 to present.
- Member, American Society of Civil Engineers (ASCE); Member, American Concrete Institute (ACI), Member, Florida Concrete and Products Association, Inc., Member, Colegio de Ingenieros de Venezuela (CIV).

PERSONAL SKILLS AND ACTIVITIES

- Computer: Proficient in the use of computers, office productivity software, Primavera Expedition 8.5 & 9.0 (Project and portfolio management software), Primavera Infomaker, AutoCAD, and trained in freehand sketching.
- Language: Spanish native fluency, Hebrew conversational level.
- Interests: Stock market, Asian culture, traveling, tennis, snowboarding, golf, engineering innovations.

CALL INSPECTIONS BEFORE 4:00 P.M.
FOR INSPECTION CALL: 954-457-1312

CITY OF HALLANDALE BEACH BUILDING PERMIT

PERMIT No. 14-1028
DATE 06-24-2014
OWNER 7th Avenue Village
CONTRACTOR Sitovorce, Inc.
PURPOSE Site Work
ADDRESS 1945 W. Hallandale Beach Blvd.

IT IS THE RESPONSIBILITY OF PERMIT HOLDERS OF EACH PHASE OF WORK TO PROCURE INSPECTIONS AS REQUIRED AND TO VERIFY APPROVALS PRIOR TO PROCEEDING TO NEXT PHASE.
NO INSPECTIONS WILL BE MADE UNLESS PERMIT CARD IS DISPLAYED AND APPROVED PLANS ARE READILY AVAILABLE.

CALL INSPECTIONS BEFORE 4:00 P.M.
FOR INSPECTION CALL: 954-457-1312

CITY OF HALLANDALE BEACH BUILDING PERMIT

PERMIT No. 14-1029
DATE 06/30/2014
OWNER 7th Avenue Village, LLC
CONTRACTOR H & M Development
PURPOSE New Building
ADDRESS 1945 West Hallandale Beach Blvd.

IT IS THE RESPONSIBILITY OF PERMIT HOLDERS OF EACH PHASE OF WORK TO PROCURE INSPECTIONS AS REQUIRED AND TO VERIFY APPROVALS PRIOR TO PROCEEDING TO NEXT PHASE.
NO INSPECTIONS WILL BE MADE UNLESS PERMIT CARD IS DISPLAYED AND APPROVED PLANS ARE READILY AVAILABLE.

CALL INSPECTIONS BEFORE 4:00 P.M.
FOR INSPECTION CALL: 954-457-1312

CITY OF HALLANDALE BEACH BUILDING PERMIT

PERMIT No. 14-1022
DATE May 27, 2014
OWNER 7th Ave. Village
CONTRACTOR H & M Development
PURPOSE Demo
ADDRESS 1945 W. Hallandale Beach Blvd.

IT IS THE RESPONSIBILITY OF PERMIT HOLDERS OF EACH PHASE OF WORK TO PROCURE INSPECTIONS AS REQUIRED AND TO VERIFY APPROVALS PRIOR TO PROCEEDING TO NEXT PHASE.
NO INSPECTIONS WILL BE MADE UNLESS PERMIT CARD IS DISPLAYED AND APPROVED PLANS ARE READILY AVAILABLE.

CALL INSPECTIONS BEFORE 4:00 P.M.
FOR INSPECTION CALL: 954-457-1312

CITY OF HALLANDALE BEACH BUILDING PERMIT

PERMIT No. 14-1030
DATE 06/20/2014
OWNER 7th Avenue Village
CONTRACTOR H & M Development
PURPOSE New Building
ADDRESS 1945 W. Hallandale Beach Blvd.

IT IS THE RESPONSIBILITY OF PERMIT HOLDERS OF EACH PHASE OF WORK TO PROCURE INSPECTIONS AS REQUIRED AND TO VERIFY APPROVALS PRIOR TO PROCEEDING TO NEXT PHASE.
NO INSPECTIONS WILL BE MADE UNLESS PERMIT CARD IS DISPLAYED AND APPROVED PLANS ARE READILY AVAILABLE.



1800 SW 8th Ave, Suite 200
 Fort Lauderdale, FL 33319
 Phone: 954-561-8888
 Fax: 954-561-8889
 www.spsromantic.com

7TH AVENUE VILLAGE
 645 / 701 WEST HALLANDALE BEACH RD.,
 HALLANDALE BEACH, FL 33009.
 CLIENT: BECHA, LLC.

DESIGN
 DETAIL/DATE: DIC SUBMITTAL
 SHEET DATE: 07/26/13

PROJECT NUMBER: 107710002
 DRAWN BY: JS
 CHECKED BY: RJ/AS
 GROUP: 133 HALLANDALE BEACH
 DATE: 07/26/13

SITE PLAN

SCALE: 1" = 20'-0"

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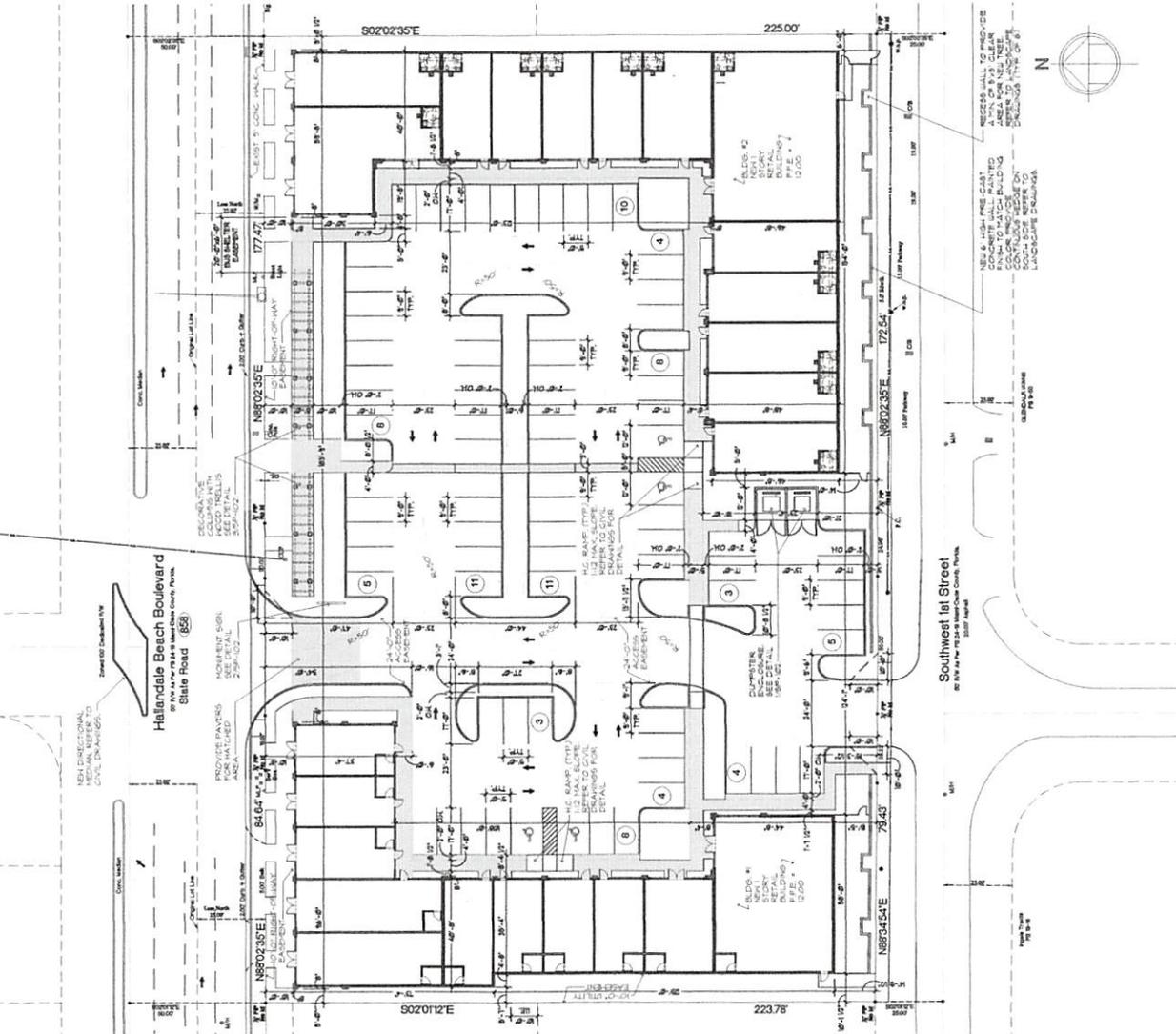
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BUILDING DATA								
BUILDING	BUILDING USE	GROSS BUILDING AREA (INCLUDES EXT. WALLS)	AREA FOR PARKING CALCULATIONS	PARKING RATIO	PARKING REQUIRED	PARKING PROVIDED	AGUA PARKING REQUIRED	PROVIDED
B-100 #1	RES/RET	14,933 SF.	14,933 SF. (07A)	1/250 SF.	4181 SPACES	42 SPACES	F3C ACCESS TABLE CODE	
B-100 #2	RES/RET	14,932 SF.	14,932 SF. (07A)	1/250 SF.	5912 SPACES	42 SPACES	F3C ACCESS TABLE CODE	
TOTAL		29,865 SF.			98 SPACES	84 SPACES		4 SPACES

NOTE: (1) REQUEST FOR REDUCTION OF 14 SPACES PER SEC. 39-260(2) AND REDVELOPMENT PER 39-260(1)(A).

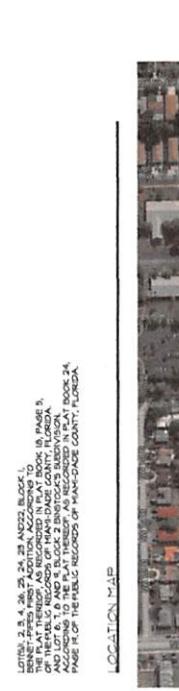
SITE INFORMATION:
 CURRENT ZONING: B-65/PLANNED REDEVELOPMENT OVERLAY DISTRICT
 PROPOSED USE: RETAIL, OFFICE / RESTAURANT
 UTILITIES:
 WATER AND SEWER - CITY OF HALLANDALE BEACH
 GAS - CITY OF HALLANDALE BEACH

SITE CALCULATIONS

TOTAL SITE AREA	100 ACRES	38,444,864 SF.
TOTAL LANDSCAPE AREA	3,384,560 SF.	13.6 %
TOTAL PAVED AREA	63,386,560 SF.	80.84 %
TOTAL IMPAVED AREA	3,384,560 SF.	8.68 %
TOTAL IMPAVED AREA	3,384,560 SF.	8.68 %
TOTAL PROVIDED	84 SPACES	80.84 %
TOTAL REQUIRED	98 SPACES	100 %
DEFICIT	14 SPACES	14.28 %

LEGAL DESCRIPTION

LOT 2, 3 & 4, 20' x 25' ANCHOR BLOCK TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 8, PAGE 5, AND LOT 6, 7, 8 AND 9, BLOCK 2, BRISTOL'S MANOR, AND LOT 6, 7, 8 AND 9, BLOCK 2, BRISTOL'S MANOR, PAGE 18 OF THE PUBLIC RECORDS OF HALLANDALE COUNTY, FLORIDA.



LOCATION MAP

SP-101

SCALE: 1" = 20'-0"

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311 HALLANDALE BEACH, FL 33009
 754-961-1800
 www.romantic.com

CLIENT: RECHA, LLC.
 701 WEST HALLANDALE BEACH BLVD.
 HALLANDALE BEACH, FL 33009.

PROJECT NUMBER: 1177-13952
 DRAWN BY: J.S.
 CHECKED BY: J.S.
 DATE: 02/12/2014

7TH AVENUE VILLAGE
 BUILDING #1

FLOOR PLAN

A-101

CODE ANALYSIS

INTERNATIONAL BUILDING CODE
 2012 INTERNATIONAL CODES
 2012 INTERNATIONAL CODES
 2012 INTERNATIONAL CODES
 2012 INTERNATIONAL CODES

ITEM	DESCRIPTION	REQUIREMENT	COMPLIANCE
1	GENERAL PROVISIONS	SECTION 101	COMPLIES
2	FOUNDATIONS	SECTION 1801	COMPLIES
3	FRAMES	SECTION 1601	COMPLIES
4	FLOORS	SECTION 1602	COMPLIES
5	ROOFS	SECTION 1501	COMPLIES
6	WALLS	SECTION 1603	COMPLIES
7	DOORS	SECTION 1020	COMPLIES
8	WINDOWS	SECTION 1021	COMPLIES
9	ELEVATORS	SECTION 1030	COMPLIES
10	MECHANICAL	SECTION 1040	COMPLIES
11	ELECTRICAL	SECTION 1050	COMPLIES
12	PLUMBING	SECTION 1060	COMPLIES
13	FIRE PROTECTION	SECTION 1070	COMPLIES
14	SAFETY	SECTION 1080	COMPLIES
15	ACCESSIBILITY	SECTION 1090	COMPLIES

PROPOSED INCREASE IN
 FLOOR AREA: 10,000 SQ FT
 TOTAL FLOOR AREA: 100,000 SQ FT
 TOTAL VOLUME: 1,000,000 CU FT
 TOTAL HEIGHT: 100 FT
 TOTAL NUMBER OF STORIES: 10

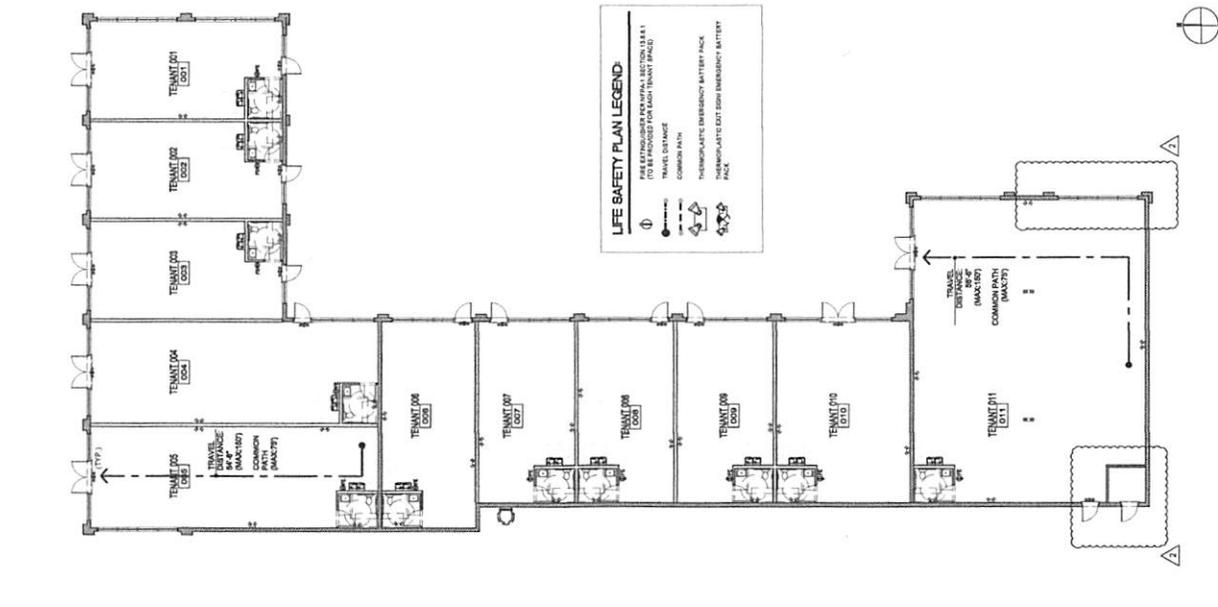
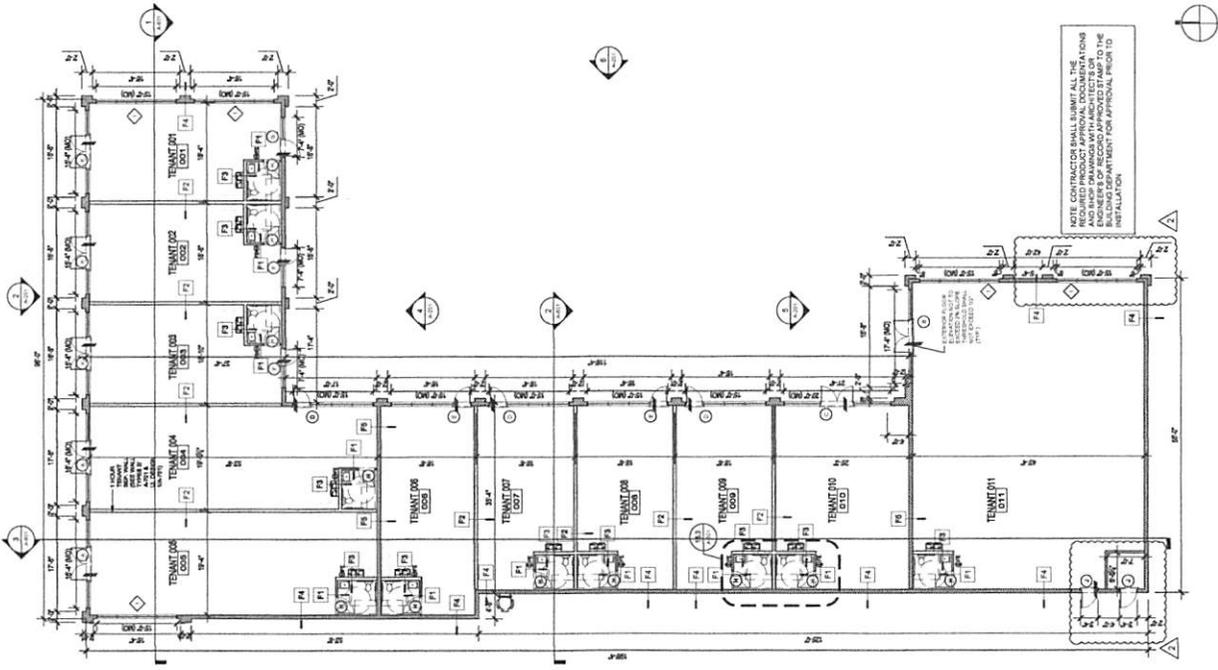
MINIMUM FIRE RESISTANCE RATING REQUIREMENTS FOR BUILDING ELEMENTS

BUILDING ELEMENT	TYPE I/II	TYPE III/IV
STRUCTURAL FRAME	2 HRS	1 HRS
BEARING WALLS	2 HRS	1 HRS
INTERIOR PARTITIONS	1 HRS	0 HRS
NON-BEARING WALLS AND PARTITIONS	1 HRS	0 HRS
FLOOR CONSTRUCTION INCLUDING SUPPORTING BEAMS AND JOISTS	1 HRS	0 HRS
ROOF CONSTRUCTION INCLUDING SUPPORTING BEAMS AND JOISTS	1 HRS	0 HRS

APPROXIMATE SQUARE FOOTAGE BY USE

USE	AREA (SQ FT)	PERCENTAGE
OFFICE	80,000	80%
RETAIL	10,000	10%
MECHANICAL	5,000	5%
STAIRWAYS	5,000	5%

ALL APPLICABLE EXCEPTIONS, SUPPLEMENTAL NOTES AND NOTES NOTED IN THE PERMITS SHALL BE SHOWN IN THE PERMITS. SEE PERMITS FOR ALL APPLICABLE EXCEPTIONS, SUPPLEMENTAL NOTES AND NOTES NOTED IN THE PERMITS.



1 CODE INFORMATION

2 FLOOR PLAN
SCALE: 3/32" = 1'-0"

3 LIFE SAFETY
SCALE: 3/32" = 1'-0"

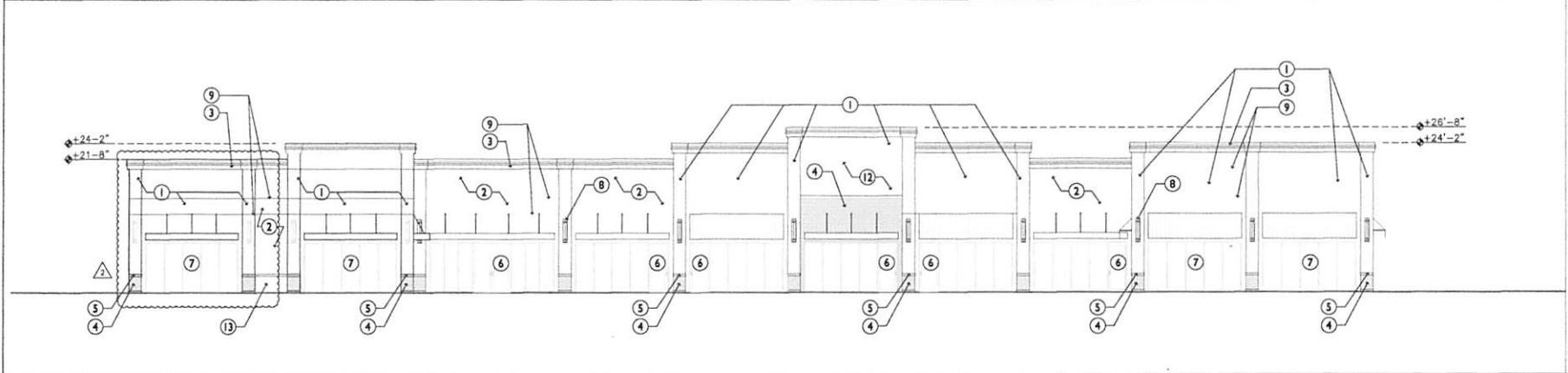


SYNALONIS ROMANIKOVY
 1800 East Drive, Suite 300
 Fort Lauderdale, FL 33314
 T 954.961.8306
 F 954.961.8807
 www.srsarchitect.com

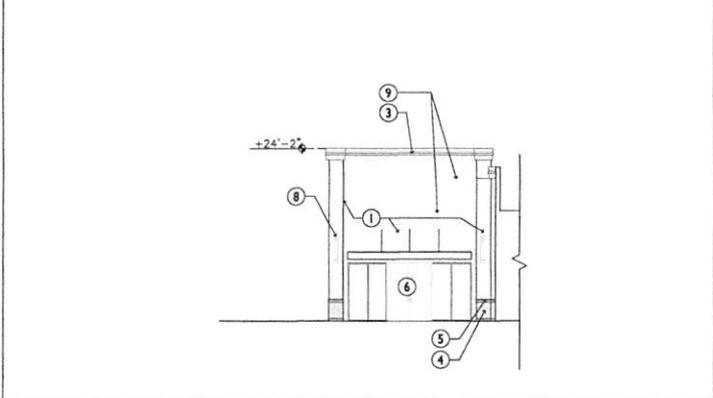
Manual Specification, AIA
 A8 001309
 SCAI

LICENSE NO. AA2401843

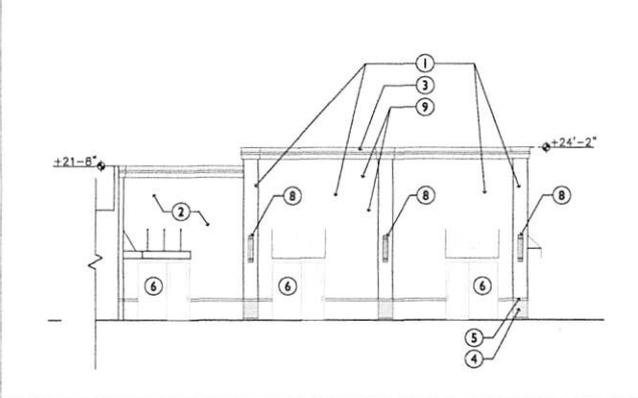
**7TH AVENUE VILLAGE
 BUILDING #1**
 701 WEST HALLANDALE BEACH BLVD.
 HALLANDALE BEACH, FL 33009.
 CLIENT: BECHA, LLC.



6 EAST ELEVATION - BUILDING 1
 SCALE: 1/8" = 1'-0"



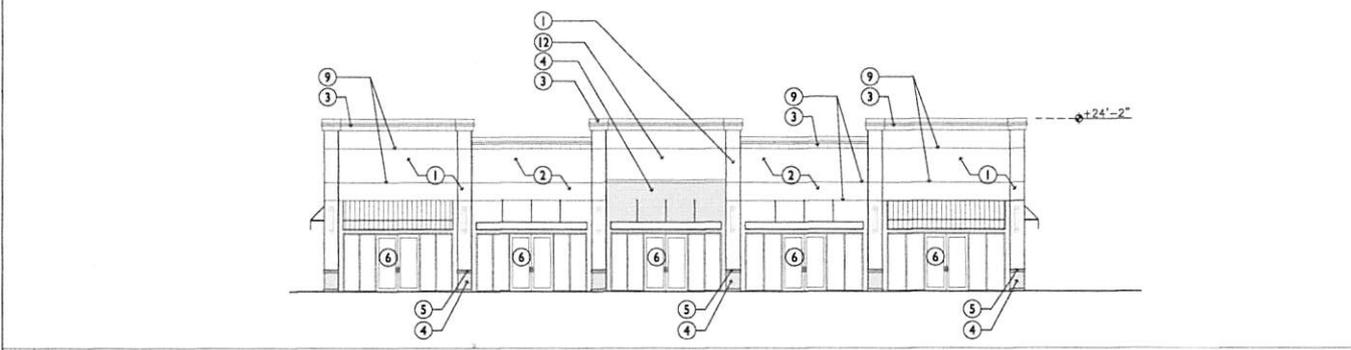
5 NORTH ELEVATION - BUILDING 1
 SCALE: 1/8" = 1'-0"



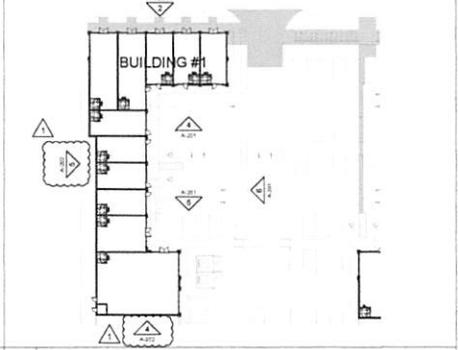
4 SOUTH ELEVATION - BUILDING 1
 SCALE: 1/8" = 1'-0"

- ELEVATION KEY NOTES**
- ① STUCCO FINISH, MEDIUM TEXTURE, PAINTED SHERWIN WILLIAMS "SAUNLET GRAY" SW 7019 (TYP.)
 - ② SMOOTH STUCCO PAINTED SHERWIN WILLIAMS "EIDER WHITE" SW 7014 (TYP.)
 - ③ RABBED ACCENT BAND WITH DECORATIVE STONE VENEER AND METAL CAP (TYP.)
 - ④ DECORATIVE STONE VENEER
 - ⑤ DECORATIVE PRECAST MOLDING
 - ⑥ ALUM. STOREFRONT ENTRANCE BEYOND KYNAR BASED ENAMEL PAINT FINISH WHITE (TYP.)
 - ⑦ ALUMINUM WINDOW
 - ⑧ WALL MOUNTED EXTERIOR LIGHT FIXTURE (REFER TO ELEC DWG'S)
 - ⑨ TYP STUCCO CONTROL JOINT
 - ⑩ FUTURE TENANT SIGNAGE AS PER CITY ZONING AND LAND DEVELOPMENT CODE DIVISION 17. SIGNAGE
 - ⑪ NOT USED
 - ⑫ SMOOTH STUCCO PAINTED SHERWIN WILLIAMS "SORMAN GRAY" SW 7017 (TYP.)
 - ⑬ SMOOTH STUCCO PAINTED SHERWIN WILLIAMS "MARM STONE" SW 7022 (TYP.)

3 LEGEND



2 NORTH ELEVATION - BUILDING 1
 SCALE: 1/8" = 1'-0"



1 KEY SITE PLAN
 SCALE: 1" = 40'-0"

DESIGN DELIVERABLE: PERMIT SET
 ISSUE DATE: 02/12/2014
 PROJECT NUMBER: 1177-130902
 DRAWN BY: JG
 CHECKED BY: JS
 CREDITED TO: SYNALONIS ROMANIKOVY ARCHITECTS, P.A.
 ALL RIGHTS RESERVED.
ELEVATIONS

Sheet Number
A-201



SYNOPSIS ROMANTICATE
 ARCHITECTURAL FIRM
 1807 BAY DRIVE, SUITE 100
 HALLANDALE BEACH, FL 33009
 TEL: 954.941.4800
 F: 954.941.4807
 www.romanticate.com

Michael Spivack, AIA
 AS 071588
 SEA

LICENSE NO. A42001814

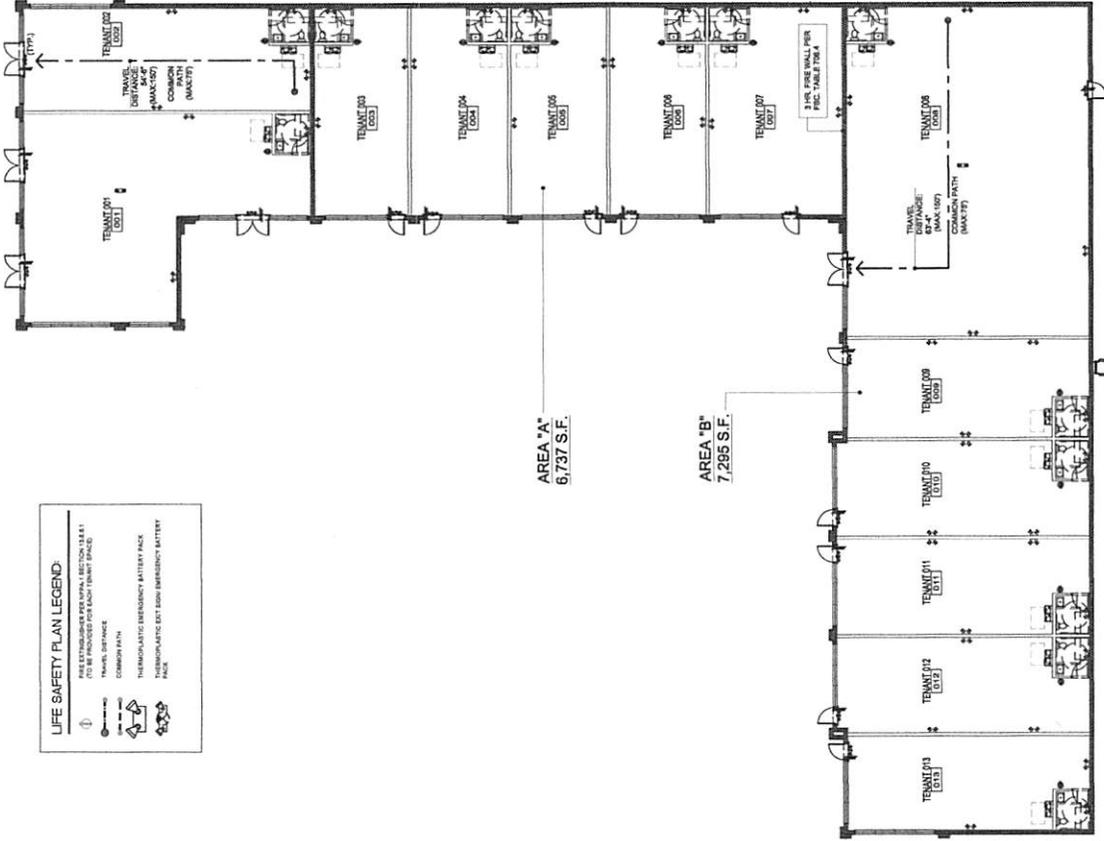
**7TH AVENUE VILLAGE
 BUILDING #2**
 645 WEST HALLANDALE BEACH BLVD.
 HALLANDALE BEACH, FL 33009.
 CLIENT: BECHA, LLC.
 PROJECT NO. 2002002

DESIGN DELIVERABLE: PERMIT SET
 ISSUE DATE: 02/12/2014

PROJECT NUMBER: 117-110902
 DRAWN BY: MS
 CHECKED BY: JS
 DATE: 02/12/2014
 117-110902

**LIFE SAFETY
 FLOOR PLAN**

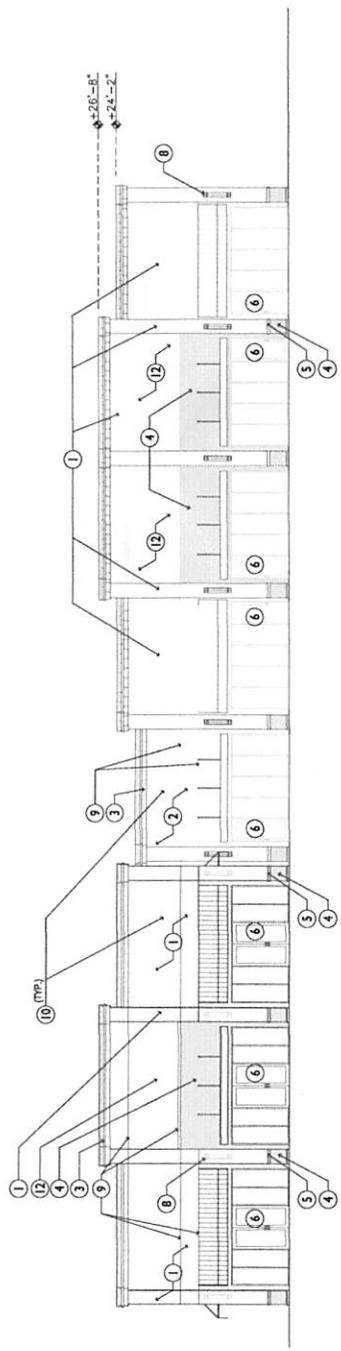
A-101



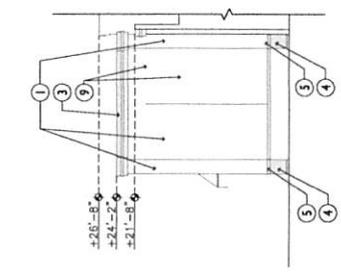
LIFE SAFETY PLAN LEGEND:

- ① FIRE EXTINGUISHER PER NFPA SECTION 10.4.1.1 (LOCATED AT TENANT ENTRANCE)
- ➡ TRAVEL DISTANCE
- ➡ COMMON PATH
- ➡ TENANT-OWNED EMERGENCY BATTERY PACK
- ➡ EMERGENCY EXIT LEAD EMERGENCY BATTERY PACK

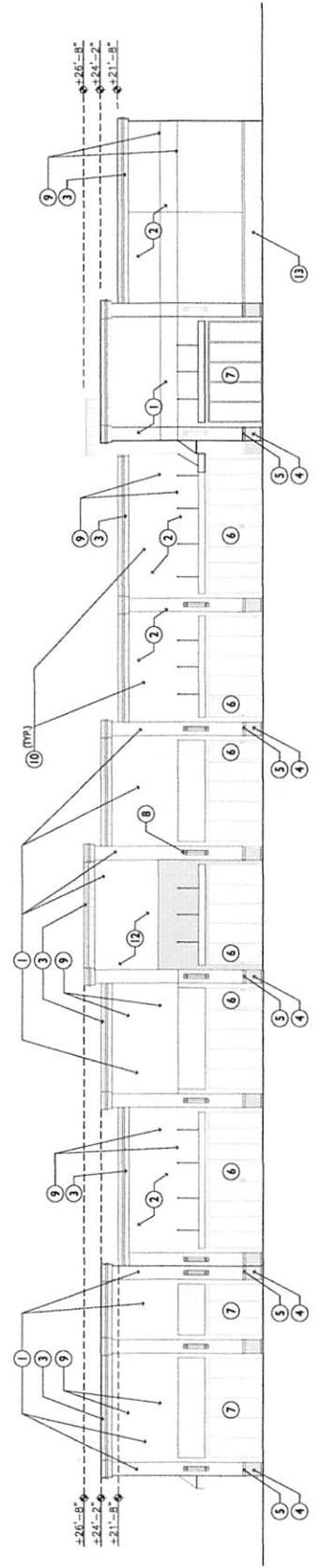
1 LIFESAFETY PLAN
 SCALE: 3/32" = 1'-0"



5 NORTH ELEVATION - BUILDING 2
SCALE: 1/8" = 1'-0"

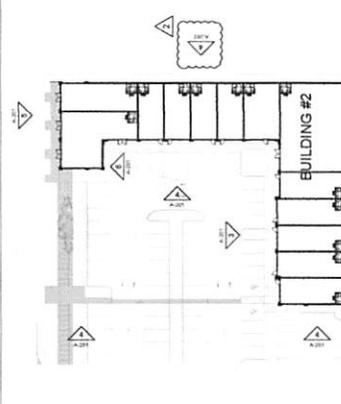


6 SOUTH ELEVATION - BUILDING 2
SCALE: 1/8" = 1'-0"



4 WEST ELEVATION - BUILDING 2
SCALE: 1/8" = 1'-0"

- ELEVATION KEY NOTES**
- 1 BRICK FINISH, MEDIUM TEXTURE PAINTED BERRIN WILLIAMS "SAULT" GRAY BRICK (TYP)
 - 2 BRICK FINISH, MEDIUM TEXTURE PAINTED BERRIN WILLIAMS "TEAR WHITE" BRICK (TYP)
 - 3 PAVED ACCENT BAND WITH DECORATIVE STONE VENEER AND METAL CAP (TYP)
 - 4 DECORATIVE STONE VENEER
 - 5 ALUMINUM FINISH WOODING
 - 6 ALUM. STIFFENED ENTRANCE BRICK/ALUM. FINISH BRICK/PAINT FINISH WHITE (TYP)
 - 7 ALUMINUM WINDOW
 - 8 PAINTED EXTERIOR LIGHT FIXTURE (REFER TO ELECTRICAL)
 - 9 TYP. EXTERIOR CORNER JOINT
 - 10 FUTURE TRIMMY BRIDGE AS PER CITY ZONING AND LAND DEVELOPMENT CODE DIVISION 11: BRIDGE
 - 11 BRICK FINISH, MEDIUM TEXTURE PAINTED BERRIN WILLIAMS "TEAR WHITE" BRICK (TYP)
 - 12 BRICK FINISH, MEDIUM TEXTURE PAINTED BERRIN WILLIAMS "TEAR WHITE" BRICK (TYP)



1 KEY SITE PLAN
SCALE: 1/8" = 1'-0"

2 LEGEND

3 NORTH ELEVATION - BUILDING 2
SCALE: 1/8" = 1'-0"











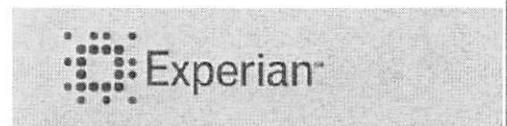








Credit Report Prepared For:
ELIAS BENAIM
Report as Of: 7/11/2014



Personal & Confidential
Please Keep in a safe place for your records.

Table of Contents

Personal Information	1
Report Summary	2
Bankruptcy & Court Judgments	3
Credit Inquires	4
Credit Cards, Loans & Other Debt	7
Credit Score	22
Experian	23

Personal Information

Here you will find your personal information, including your legal name(s), year of birth, current and previous addresses, and current and previous employers.

Profile



Name	ELIAS BENAIM
(Also Known As) AKA	ELIAS SENIAM
Year of Birth	1979
Address(es)	1206 STIRLING RD, DANIA, FL 33004-3552
	3330 NE 190TH ST, AVENTURA, FL 33180-2753
	3332 NE 190TH ST APT 1115, MIAMI, FL 33180-2675
Current Employer	THE CLEARMONT GROUP
Previous Employer	BCFG INVESTORS GROUP LL



What's missing from this picture?

See your Experian[®], Equifax[®] and TransUnion[®] Credit Reports and Scores at a special "Members Only" price.

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Personal Statement

This space is reserved for statements of dispute. For most consumers, no information appears in this section.

Report Summary

Here you will find a summary of all your open and closed accounts, including any delinquencies. Open accounts contain current balances at the time the report was pulled. Account totals, including total debt, are found at the end of this section.

		Experian	Equifax	TransUnion
	Real Estate Current Account(s)	Count 1 Balance \$499,056.00 Current 1 Delinquent 0 Other 0		
	Revolving Current Account(s)	Count 25 Balance \$435,925.00 Current 24 Delinquent 0 Other 0		
	Installments Current Account(s)	Count 3 Balance \$11,790.00 Current 3 Delinquent 0 Other 0		
	Other	Count 0 Balance \$0.00 Current 0 Delinquent 0 Other 0		
	Collections	Count 0 Balance \$0.00 Current 0 Delinquent 0 Other 0		

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		Experian	Equifax	TransUnion
	All Accounts Current Account(s)	Count 29 Balance \$946,771.00 Current 28 Delinquent 0 Other 0		

What's missing from this picture?

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Bankruptcy & Court Judgments

Here you will find any court-related information, including bankruptcies, state and county court records, tax liens, monetary judgments, and in some states, overdue child support payments. Remember, bankruptcies remain on your report for 7-10 years.

Public Records



There are no Public Records on your credit report at this time.



No History

Equifax

TransUnion

What's missing from this picture?

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Credit Inquiries

Here you will find the names of those who have obtained a copy of your credit report, including lenders, landlords and employers. Remember, inquiries remain on your report for up to 2 years.

STRATEGIC FUNDING SOUR 212-354-1400 1501 BROADWAY STE 1515 NEW YORK, NY 10036	Business Name STRATEGIC FUNDING SOUR Inquiry Date 11/1/2013 Business Type Bulk Purchase Finance	 Equifax TransUnion What's missing from this picture? See your Experian®, Equifax® and TransUnion® Credit Reports and Scores at a special "Members Only" price. Log In Now! www.FreeCreditReport.com
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MICROBILT 770-218-4400 1640 AIRPORT RD NW STE 1 KENNESAW, GA 30144	Business Name MICROBILT Inquiry Date 10/21/2013 Business Type Finance Reseller	 Equifax TransUnion What's missing from this picture? See your Experian®, Equifax® and TransUnion® Credit Reports and Scores at a special "Members Only" price. Log In Now! www.FreeCreditReport.com
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MICROBILT 770-218-4400 1640 AIRPORT RD NW STE 1 KENNESAW, GA 30144	Business Name MICROBILT Inquiry Date 2/14/2013 Business Type Finance Reseller	 Equifax TransUnion What's missing from this picture? See your Experian®, Equifax® and TransUnion® Credit Reports and Scores at a special "Members Only" price. Log In Now! www.FreeCreditReport.com
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PEARL CAPITAL 646-481-3863 160 PEARL ST FL 5 NEW YORK, NY 10005	Business Name PEARL CAPITAL Inquiry Date 2/14/2013 Business Type Bulk Purchase Finance - General	 Equifax TransUnion What's missing from this picture? See your Experian®, Equifax® and TransUnion® Credit Reports and Scores at a special "Members Only" price. Log In Now! www.FreeCreditReport.com
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Credit Inquiries

Here you will find the names of those who have obtained a copy of your credit report, including lenders, landlords and employers. Remember, inquiries remain on your report for up to 2 years.

CBCINNOVIS  877-237-8317 PO BOX 1667 PITTSBURGH, PA 15230	Business Name CBCINNOVIS Inquiry Date 2/12/2013 Business Type All Banks - non specific	 Equifax TransUnion What's missing from this picture? See your Experian®, Equifax® and TransUnion® Credit Reports and Scores at a special "Members Only" price. Log In Now! www.FreeCreditReport.com
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STRATEGIC FUNDING SOUR  212-354-1400 1501 BROADWAY STE 1515 NEW YORK, NY 10036	Business Name STRATEGIC FUNDING SOUR Inquiry Date 2/12/2013 Business Type Bulk Purchase Finance	 Equifax TransUnion What's missing from this picture? See your Experian®, Equifax® and TransUnion® Credit Reports and Scores at a special "Members Only" price. Log In Now! www.FreeCreditReport.com
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ALLIANCE FUNDING GROUP  714-704-1440 3745 W CHAPMAN AVE STE 2 ORANGE, CA 92868	Business Name ALLIANCE FUNDING GROUP Inquiry Date 2/7/2013 Business Type Equipment Leasing	 Equifax TransUnion What's missing from this picture? See your Experian®, Equifax® and TransUnion® Credit Reports and Scores at a special "Members Only" price. Log In Now! www.FreeCreditReport.com
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CITIBANK/EMS  800-967-2205 PO BOX 6243 SIOUX FALLS, SD 57117	Business Name CITIBANK/EMS Inquiry Date 11/30/2012 Business Type Mortgage Companies	 Equifax TransUnion What's missing from this picture? See your Experian®, Equifax® and TransUnion® Credit Reports and Scores at a special "Members Only" price. Log In Now! www.FreeCreditReport.com
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Credit Inquiries

Here you will find the names of those who have obtained a copy of your credit report, including lenders, landlords and employers. Remember, inquiries remain on your report for up to 2 years.

EMS/REGIONS MORTGAGE 423-752-1540 PO BOX 10063 BIRMINGHAM, AL 35202	Business Name EMS/REGIONS MORTGAGE Inquiry Date 11/27/2012 Business Type Mortgage Companies	 Equifax TransUnion What's missing from this picture? See your Experian [®] , Equifax [®] and TransUnion [®] Credit Reports and Scores at a special "Members Only" price. Log In Now! www.FreeCreditReport.com
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CBNA No Phone Provided 3950 REGENT BLVD IRVING, TX 75063	Business Name CBNA Inquiry Date 8/17/2012 Business Type All Banks - non specific	 Equifax TransUnion What's missing from this picture? See your Experian [®] , Equifax [®] and TransUnion [®] Credit Reports and Scores at a special "Members Only" price. Log In Now! www.FreeCreditReport.com
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Credit Cards, Loans & Other Debt

Here you will find specific information on each account you opened, including current status and any past due information. Positive credit information remains on your report indefinitely. Creditor contact information has been provided in order to make it easier for you to resolve any issues.

AMEX

Equifax
TransUnion

Potentially Negative Closed

800-874-2717
PO BOX 297871
FORT LAUDERDALE, FL 33329

Account Name AMEX
Account # [REDACTED]
Account Type Credit Card
Balance \$110,196.00
Past Due \$56,807.00
Date Opened 5/1/2001
Account Status Closed
Mo. Payment
Payment Status Charge-off
High Balance
Limit \$292,858.00
Terms 1 Month
Comments Credit line closed-grantor request-reported by subscriber

What's missing from this picture?

See your Experian[®], Equifax[®] and TransUnion[®] Credit Reports and Scores at a special "Members Only" price.

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24/Mo Payment History

Month	2012					2013					2014													
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Experian														KD	KD	KD	KD	KD	KD	KD	KD	KD	KD	KD

ALLY FINANCIAL

Equifax
TransUnion

Current

800-200-4622
200 RENAISSANCE CTR
DETROIT, MI 48243

Account Name ALLY FINANCIAL
Account # [REDACTED]
Account Type Auto Lease
Balance \$2,149.00
Past Due
Date Opened 8/1/2011
Account Status Open
Mo. Payment \$460.00
Payment Status Current
High Balance
Limit
Terms 39 Months
Comments

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24/Mo Payment History

Month	2012					2013					2014													
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

Credit Cards, Loans & Other Debt

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BK OF AMER
Equifax TransUnion

Current

No Phone Provided

PO BOX 982235
EL PASO, TX 79998

Account Name BK OF AMER

Account # [REDACTED]

Account Type Flexible Spending Credit Card

Balance \$17,112.00

Past Due

Date Opened 8/1/2003

Account Status Open

Mo. Payment \$282.00

Payment Status Current

High Balance \$19,532.00

Limit \$25,000.00

Terms Revolving

Comments

What's missing from this picture?

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24/Mo Payment History

	2012						2013						2014											
Month	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	ND	ND	ND	ND	OK	OK	OK	OK	OK	OK	OK	OK	OK

CBNA
Equifax TransUnion

Current

800-685-0935

PO BOX 769006
SAN ANTONIO, TX 78245

Account Name CBNA

Account # [REDACTED]

Account Type Check Credit Or Line Of Credit

Balance \$49,162.00

Past Due

Date Opened 8/1/2012

Account Status Open

Mo. Payment \$1,211.00

Payment Status Current

High Balance \$49,997.00

Limit \$50,000.00

Terms Revolving

Comments

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24/Mo Payment History

	2012						2013						2014											
Month	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Experian		OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	ND	OK	OK	OK	OK	OK

Credit Cards, Loans & Other Debt

Here you will find specific information on each account you opened, including current status and any past due information. Positive credit information remains on your report indefinitely. Creditor contact information has been provided in order to make it easier for you to resolve any issues.

CBNA
Equifax TransUnion

Current

800-685-0935

PO BOX 769006
SAN ANTONIO, TX 78245

Account Name CBNA

Account # [REDACTED]

Account Type Home Equity Line Of Credit

Balance \$209,222.00

Past Due

Date Opened 1/1/2006

Account Status Open

Mo. Payment \$533.00

Payment Status Current

High Balance \$250,000.00

Limit \$250,000.00

Terms Revolving

Comments

What's missing from this picture?

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www.FreeCreditReport.com

24/Mo Payment History

	2012					2013					2014													
Month	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Experian	OK	OK	OK	OK	ND	ND	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	ND	OK	OK	OK	OK	OK

CHASE
Equifax TransUnion

Current

800-955-9900

PO BOX 15298
WILMINGTON, DE 19850

Account Name CHASE

Account # [REDACTED]

Account Type Credit Card

Balance \$0.00

Past Due

Date Opened 11/1/2008

Account Status Open

Mo. Payment \$1.00

Payment Status Current

High Balance \$100.00

Limit \$3,800.00

Terms Revolving

Comments

What's missing from this picture?

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www.FreeCreditReport.com

24/Mo Payment History

	2012					2013					2014													
Month	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

Credit Cards, Loans & Other Debt

Here you will find specific information on each account you opened, including current status and any past due information. Positive credit information remains on your report indefinitely. Creditor contact information has been provided in order to make it easier for you to resolve any issues.

CITI

Equifax
TransUnion

Current

No Phone Provided

PO BOX 6241
SIOUX FALLS, SD 57117

Account Name CITI

Account # [REDACTED]

Account Type Credit Card

Balance \$1,358.00

Past Due

Date Opened 11/1/2003

Account Status Open

Mo. Payment \$25.00

Payment Status Current

High Balance \$5,771.00

Limit \$10,500.00

Terms Revolving

Comments

What's missing from this picture?

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Log In Now!
www.FreeCreditReport.com

24/Mo Payment History

	2012					2013					2014													
Month	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

CITI

Equifax
TransUnion

Current

No Phone Provided

PO BOX 6241
SIOUX FALLS, SD 57117

Account Name CITI

Account # [REDACTED]

Account Type Flexible Spending Credit Card

Balance \$15,261.00

Past Due

Date Opened 4/1/2001

Account Status Open

Mo. Payment \$367.00

Payment Status Current

High Balance \$18,877.00

Limit \$20,000.00

Terms Revolving

Comments

What's missing from this picture?

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Log In Now!
www.FreeCreditReport.com

24/Mo Payment History

	2012					2013					2014													
Month	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

Credit Cards, Loans & Other Debt

Here you will find specific information on each account you opened, including current status and any past due information. Positive credit information remains on your report indefinitely. Creditor contact information has been provided in order to make it easier for you to resolve any issues.

CITI CARDS

Current

No Phone Provided
PO BOX 6497
SIOUX FALLS, SD 57117

Account Name CITI CARDS
Account # [REDACTED]
Account Type Credit Card
Balance \$0.00
Past Due
Date Opened 6/1/2006
Account Status Open
Mo. Payment \$24.00
Payment Status Current
High Balance \$9,000.00
Limit \$10,000.00
Terms Revolving
Comments

Equifax

TransUnion

What's missing from this picture?

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Log In Now!
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24/Mo Payment History

	2008					2009							2010											
Month	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

CITIMORTGAGE INC

Current

800-283-7918
PO BOX 9438
GAITHERSBURG, MD 20898

Account Name CITIMORTGAGE INC
Account # [REDACTED]
Account Type Conventional Real Estate Loan, Including Purchase Money First
Balance \$499,056.00
Past Due
Date Opened 1/1/2005
Account Status Open
Mo. Payment \$3,491.00
Payment Status Current
High Balance
Limit
Terms 360 Months
Comments

Equifax

TransUnion

What's missing from this picture?

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24/Mo Payment History

	2012					2013							2014											
Month	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

Credit Cards, Loans & Other Debt

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MB FIN SVCS
Equifax TransUnion

Current

No Phone Provided
36455 CORPORATE DR
FARMINGTON HILLS, MI 48331

Account Name	MB FIN SVCS
Account #	[REDACTED]
Account Type	Auto Lease
Balance	\$9,641.00
Past Due	
Date Opened	4/1/2012
Account Status	Open
Mo. Payment	\$459.00
Payment Status	Current
High Balance	
Limit	
Terms	48 Months
Comments	

What's missing from this picture?

See your Experian[®], Equifax[®] and TransUnion[®] Credit Reports and Scores at a special "Members Only" price.

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24/Mo Payment History

	2012						2013						2014											
Month	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

SYNCB/AMAZON
Equifax TransUnion

Current

866-634-8379
PO BOX 965015
ORLANDO, FL 32896

Account Name	SYNCB/AMAZON
Account #	[REDACTED]
Account Type	Charge Account
Balance	\$366.00
Past Due	
Date Opened	6/1/2008
Account Status	Open
Mo. Payment	\$25.00
Payment Status	Current
High Balance	\$756.00
Limit	\$3,430.00
Terms	Revolving
Comments	

What's missing from this picture?

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24/Mo Payment History

	2012						2013						2014											
Month	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

Credit Cards, Loans & Other Debt

Here you will find specific information on each account you opened, including current status and any past due information. Positive credit information remains on your report indefinitely. Creditor contact information has been provided in order to make it easier for you to resolve any issues.

TDRCS/MAYORS JEWELERS
Equifax TransUnion

Current

201-236-2772
 1000 MACARTHUR BLVD
 MAHWAH, NJ 07430

Account Name TDRCS/MAYORS JEWELERS
Account # [REDACTED]
Account Type Charge Account
Balance \$5,900.00
Past Due
Date Opened 11/1/2011
Account Status Open
Mo. Payment \$268.00
Payment Status Current
High Balance \$16,025.00
Limit \$16,000.00
Terms Revolving
Comments

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24/Mo Payment History

	2012						2013						2014											
Month	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

AMEX
Equifax TransUnion

Current Closed

800-874-2717
 PO BOX 297871
 FORT LAUDERDALE, FL 33329

Account Name AMEX
Account # [REDACTED]
Account Type Credit Card
Balance
Past Due
Date Opened 8/1/2001
Account Status Closed
Mo. Payment
Payment Status Paid satisfactorily
High Balance \$1,193.00
Limit
Terms 1 Month
Comments Credit line closed-grantor request-reported by subscriber

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24/Mo Payment History

	2007					2008					2009													
Month	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
Experian																								OK

Credit Cards, Loans & Other Debt

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AMEX
Equifax TransUnion

Current Closed

800-874-2717
PO BOX 297871
FORT LAUDERDALE, FL 33329

Account Name	AMEX
Account #	[REDACTED]
Account Type	Credit Card
Balance	
Past Due	
Date Opened	8/1/2001
Account Status	Closed
Mo. Payment	
Payment Status	Paid satisfactorily
High Balance	\$216.00
Limit	\$500.00
Terms	Revolving
Comments	Credit line closed-grantor request-reported by subscriber

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24/Mo Payment History

	2007					2008					2009														
Month	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	
Experian																									OK

AMEX
Equifax TransUnion

Current Closed

800-874-2717
PO BOX 297871
FORT LAUDERDALE, FL 33329

Account Name	AMEX
Account #	[REDACTED]
Account Type	Credit Card
Balance	\$27,348.00
Past Due	
Date Opened	6/1/2001
Account Status	Closed
Mo. Payment	
Payment Status	Current
High Balance	\$36,063.00
Limit	
Terms	1 Month
Comments	Credit line closed-grantor request-reported by subscriber

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24/Mo Payment History

	2012					2013					2014													
Month	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

Credit Cards, Loans & Other Debt

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CAP ONE

Equifax
TransUnion

Current Closed

No Phone Provided
 PO BOX 85520
 RICHMOND, VA 23285

Account Name CAP ONE
Account # [REDACTED]
Account Type Credit Card
Balance
Past Due
Date Opened 6/1/2004
Account Status Closed
Mo. Payment
Payment Status Paid satisfactorily
High Balance
Limit
Terms Revolving
Comments Credit line closed-consumer request-reported by subscriber

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24/Mo Payment History

	2003					2004					2005													
Month	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
Experian													OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

CAP ONE

Equifax
TransUnion

Current Closed

No Phone Provided
 PO BOX 85520
 RICHMOND, VA 23285

Account Name CAP ONE
Account # [REDACTED]
Account Type Credit Card
Balance
Past Due
Date Opened 1/1/2001
Account Status Closed
Mo. Payment
Payment Status Paid satisfactorily
High Balance \$621.00
Limit
Terms Revolving
Comments Credit line closed-consumer request-reported by subscriber

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24/Mo Payment History

	2003					2004					2005													
Month	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

Credit Cards, Loans & Other Debt

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CAP1/SAKS
Equifax TransUnion

Current Closed

800-221-8340
 26525 N RIVERWOODS BLVD
 METTAWA, IL 60045

Account Name CAP1/SAKS
Account # [REDACTED]
Account Type Charge Account
Balance
Past Due
Date Opened 10/1/2003
Account Status Closed
Mo. Payment
Payment Status Paid satisfactorily
High Balance \$121.00
Limit \$1,600.00
Terms Revolving
Comments Credit line closed-consumer request reported by subscriber

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24/Mo Payment History

Month	2010			2011			2012																	
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

CBNA
Equifax TransUnion

Current Closed

800-685-0935
 PO BOX 769006
 SAN ANTONIO, TX 78245

Account Name CBNA
Account # [REDACTED]
Account Type Home Equity Line Of Credit
Balance
Past Due
Date Opened 1/1/2005
Account Status Closed
Mo. Payment
Payment Status Paid satisfactorily
High Balance \$71,500.00
Limit \$71,500.00
Terms Revolving
Comments

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24/Mo Payment History

Month	2004			2005												2006							
	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Experian													OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

Credit Cards, Loans & Other Debt

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CHASE

Equifax
TransUnion

Current Closed
800-955-9900
PO BOX 15298
WILMINGTON, DE 19850

Account Name CHASE
Account # [REDACTED]
Account Type Credit Card
Balance
Past Due
Date Opened 2/1/2003
Account Status Closed
Mo. Payment
Payment Status Paid satisfactorily
High Balance \$1,999.00
Limit \$9,800.00
Terms Revolving
Comments

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24/Mo Payment History

	2007									2008					2009									
Month	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

CHASE

Equifax
TransUnion

Current Closed
800-955-9900
PO BOX 15298
WILMINGTON, DE 19850

Account Name CHASE
Account # [REDACTED]
Account Type Credit Card
Balance
Past Due
Date Opened 7/1/2002
Account Status Closed
Mo. Payment
Payment Status Paid satisfactorily
High Balance \$1,645.00
Limit \$2,000.00
Terms Revolving
Comments Credit line closed-consumer request-reported by subscriber

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24/Mo Payment History

	2005					2006												2007						
Month	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

Credit Cards, Loans & Other Debt

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CHASE

Equifax
TransUnion

Current Closed

800-955-9900

PO BOX 15298
WILMINGTON, DE 19850

Account Name CHASE

Account # [REDACTED]

Account Type Credit Card

Balance

Past Due

Date Opened 5/1/2002

Account Status Closed

Mo. Payment

Payment Status Paid satisfactorily

High Balance \$345.00

Limit \$2,000.00

Terms Revolving

Comments Credit line closed-consumer request-reported by subscriber

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24/Mo Payment History

	2003			2004			2005																	
Month	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

CHASE

Equifax
TransUnion

Current Closed

800-955-9900

PO BOX 15298
WILMINGTON, DE 19850

Account Name CHASE

Account # [REDACTED]

Account Type Credit Card

Balance

Past Due

Date Opened 2/1/2001

Account Status Closed

Mo. Payment

Payment Status Paid satisfactorily

High Balance \$951.00

Limit \$2,751.00

Terms Revolving

Comments Credit line closed-consumer request-reported by subscriber

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24/Mo Payment History

	2003			2004												2005								
Month	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

Credit Cards, Loans & Other Debt

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FIRST MUTUAL FINANCIAL

Current Closed

440-352-9154
6563 WILSON MILLS RD
MAYFIELD, OH 44143

Account Name FIRST MUTUAL FINANCIAL
Account # [REDACTED]
Account Type Unsecured Loan
Balance
Past Due
Date Opened 1/1/2005
Account Status Closed
Mo. Payment
Payment Status Paid satisfactorily
High Balance
Limit
Terms 24 Months
Comments

Equifax
TransUnion

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24/Mo Payment History

Month	2005												2006												2007		
	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN			
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK			

SYNCB/BANANA REP

Current Closed

800-234-7455
PO BOX 965005
ORLANDO, FL 32896

Account Name SYNCB/BANANA REP
Account # [REDACTED]
Account Type Charge Account
Balance
Past Due
Date Opened 7/1/2005
Account Status Closed
Mo. Payment
Payment Status Paid satisfactorily
High Balance \$533.00
Limit \$900.00
Terms Revolving
Comments Credit line closed-consumer request-reported by subscriber

Equifax
TransUnion

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24/Mo Payment History

Month	2005			2006												2007								
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

Credit Cards, Loans & Other Debt

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SYNCB/PC RICHARD



866-396-8254
PO BOX 981439
EL PASO, TX 79998

Account Name SYNCB/PC RICHARD
Account # [REDACTED]
Account Type Charge Account
Balance
Past Due
Date Opened 12/1/2004
Account Status Closed
Mo. Payment
Payment Status Paid satisfactorily
High Balance \$4,999.00
Limit \$5,000.00
Terms Revolving
Comments Credit line closed-grantor request-reported by subscriber



Equifax

TransUnion

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24/Mo Payment History

	2008					2009					2010													
Month	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

SYNCB/TOURNEAU



866-396-8254
PO BOX 981439
EL PASO, TX 79998

Account Name SYNCB/TOURNEAU
Account # [REDACTED]
Account Type Charge Account
Balance
Past Due
Date Opened 6/1/2007
Account Status Closed
Mo. Payment
Payment Status Paid satisfactorily
High Balance \$14,996.00
Limit \$15,000.00
Terms Revolving
Comments Credit line closed-consumer request-reported by subscriber



Equifax

TransUnion

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24/Mo Payment History

	2010					2011					2012													
Month	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

Credit Cards, Loans & Other Debt

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ZALE/CBNA
Equifax TransUnion

Current Closed

No Phone Provided
PO BOX 6497
SIOUX FALLS, SD 57117

Account Name ZALE/CBNA
Account # ~~0000010701070000~~
Account Type Charge Account
Balance
Past Due
Date Opened 12/1/2002
Account Status Closed
Mo. Payment
Payment Status Paid satisfactorily
High Balance \$7,825.00
Limit \$1,200.00
Terms Revolving
Comments Credit line closed-grantor request-reported by subscriber

What's missing from this picture?

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24/Mo Payment History

	2011											2012											2013													
Month	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
Experian	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

Payment History Legend

<input type="checkbox"/> OK Current	<input type="checkbox"/> 30 30 Days Late	<input type="checkbox"/> KD Key Derogatory**
<input type="checkbox"/> ND No Data*	<input type="checkbox"/> 60 60 Days Late	<input type="checkbox"/> RF Repossession or Foreclosure
	<input type="checkbox"/> 90 90 Days Late	<input type="checkbox"/> PP Payment Plan
	<input type="checkbox"/> 120 120 Days Late	

*Sometimes the credit bureaus do not have information from a particular month on file.
** For additional information on Key Derogatory, please see your Credit Report Guide.

Account Status Legend

Current	Current Closed	Unknown
Potentially Negative	Potentially Negative Closed	

Credit Score

Your Credit Score is a numerical representation of your credit worthiness that is used by most lenders and credit card issuers. Remember, Experian, Equifax and TransUnion has its own set of data in your credit file. That's why Credit Scores may vary between bureaus.

About your PLUS Score:

Your PLUS Score is formulated using the information in your credit file. Your PLUS Score can range between 330 and 830, with a higher score indicating a lower risk. There are many scoring models used in the marketplace. The type of score used, and its associated risk levels, may vary from lender to lender. But regardless of what scoring model is used, they all have one purpose: to summarize your creditworthiness. Keep in mind that your score is just one factor used in the application process. Other factors, such as your annual salary and length of employment, may also be considered by lenders when you apply for a loan.

What this means to you:

Credit scoring can help you understand your overall credit rating and help companies better understand how to serve you. Overall benefits of credit scoring have included faster credit approvals, reduction in human error and bias, consistency, and better terms and rates for American consumers through reduced costs and losses for lenders. While lenders may use different scoring models to determine how you score, and each major credit bureau has its own method for calculating credit scores, the scoring models have been fairly well standardized so that a score at one bureau is roughly equivalent to the same score at another.

DISCLAIMER

The PLUS ScoreSM, developed by Experian, is not an endorsement or guarantee of your credit worthiness as seen by lenders. The different risk levels presented here are for educational use only. Your PLUS Score can help you understand what factors impact your credit score.

Please be aware that there are many scoring models used in the marketplace, and each lender's scoring model has its own set of factors. How each lender weighs their chosen factors may vary, but the exact formula used to calculate your score is proprietary. In general, the higher your score, the better your chances are of obtaining favorable rates and terms.

Your PLUS Score was calculated using your actual data from your credit file on the day that you requested your report, making it comparable to most scoring models in the industry. Keep in mind however that other factors, such as length of employment and annual salary, are often taken into consideration by lenders when making decisions about you.

Also note that each bureau has its own set of data, resulting in a separate PLUS Score for each of your credit files.

Credit Score

Your Credit Score is a numerical representation of your credit worthiness that is used by most lenders and credit card issuers. Remember, Experian, Equifax and TransUnion has its own set of data in your credit file. That's why Credit Scores may vary between bureaus.



671

Fair

Credit Category

330

580

830

Equifax

TransUnion

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Your Experian PLUS Score Explanation

Percentile: Your credit rating ranks **higher than 34.10%** of U.S. consumers.

What factors **RAISE** you PLUS Score:

- Lenders recognize that with higher credit limits comes increased responsibility, and that you have managed to build strong relationships with other lenders. Your relatively high credit limits signal to lenders that you are a trustworthy candidate for new lines of credit.
- Credit Cards allow you to both spend money and decrease debt; unlike mortgages or installment loans where you only decrease debt. Lenders like to see multiple credit cards on your credit report, because they are able to use them to better determine your ability to manage your spending.
- Lenders recognize that obtaining and maintaining a mortgage requires more skill and discipline than other account types. This makes them more confident in your ability to take on new accounts and still meet your financial obligations.
- You do not have any Public Records (i.e. bankruptcies, tax liens, and court judgments) on your credit report. Lenders see these issues as major barriers to extending additional credit.

What factors **LOWER** you PLUS Score:

- Missing payments is the most damaging thing you can do to your credit. The purpose of a credit score is to help lenders predict whether or not you will miss payments in the future, so even a single missed payment can significantly lower your score.
- You have spent more than half of the credit that has been extended to you, and lenders see this as a sign of irresponsible credit behavior. Ideally, you would pay off your balances every month or at least keep your credit-to-debt ratio under 15%.
- Every time you apply for a loan, credit card, or retail card an inquiry is recorded on your credit report. Having a lot of inquiries on your credit report worries lenders, because it is a sign that you may use credit and loans to supplement your income, and might be spending beyond your means.
- When you have spent more than 90% of your available credit on a credit card, lenders perceive this as a sign that you are living off of your credit cards because your income is not large enough to cover your expenses. This leads them to believe that you might not be able to afford the payments on future lines of credit.

For the year Jan. 1—Dec. 31, 2013, or other tax year beginning 2013, ending 2013

Your first name and initial: ELIAS Last name: BENAIM
 If a joint return, spouse's first name and initial: NICOLE M Last name: MINIONIS

Home address (number and street): 3330 NE 190TH STREET Apt. no.: 1115
 City, town or post office, state, and ZIP code: MIAMI FL 33180

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

See separate instructions. Your social security number: [REDACTED]

Make sure the SSN(s) above and on line 6c are correct.

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

Filing Status

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

Check only one box.

Exemptions

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

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
JONATHAN	BENAIM	[REDACTED]	son	X
ALEXANDRA	BENAIM	[REDACTED]	daughter	X

Boxes checked on 6a and 6b: 2
 No. of children on 6c who: lived with you: 2
 did not live with you due to divorce or separation (see instructions):
 Dependents on 6c not entered above:
 Add numbers on lines above: 4

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	111,326
8a	Taxable interest. Attach Schedule B if required	8a	1,107
b	Tax-exempt interest. Do not include on line 8a	8b	926
9a	Ordinary dividends. Attach Schedule B if required	9a	674
b	Qualified dividends	9b	355
10	Taxable refunds, credits, or offsets of state and local income taxes	10	0
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	15,801
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input checked="" type="checkbox"/>	13	717
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	0
16a	Pensions and annuities	16a	
b	Taxable amount	16b	0
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	27,912
18	Farm income or (loss). Attach Schedule F	18	0
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	0
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	157,537

Adjusted Gross Income

23	Educator expenses	23	0
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	0
25	Health savings account deduction. Attach Form 8889	25	0
26	Moving expenses. Attach Form 3903	26	0
27	Deductible part of self-employment tax. Attach Schedule SE	27	1,116
28	Self-employed SEP, SIMPLE, and qualified plans	28	2,937
29	Self-employed health insurance deduction	29	0
30	Penalty on early withdrawal of savings	30	0
31a	Alimony paid b Recipient's SSN	31a	
32	IRA deduction	32	0
33	Student loan interest deduction	33	126
34	Tuition and fees. Attach Form 8917.	34	
35	Domestic production activities deduction. Attach Form 8903	35	0
36	Add lines 23 through 35	36	4,179
37	Subtract line 36 from line 22. This is your adjusted gross income	37	153,358



Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for—
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$6,100
Married filing jointly or Qualifying widow(er), \$12,200
Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [] Yes. Complete below [X] No
Designee's name, Phone no., Personal identification number (PIN)

Sign Here

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature, Date, Your occupation, Daytime phone number
Spouse's signature, Date, Spouse's occupation, If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check [] if self-employed PTIN
Firm's name, Firm's EIN, Firm's address, Phone no.

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2013

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

▶ Attach to Form 1040.

Name(s) shown on Form 1040

ELIAS BENAIM

Your social security number

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1	0		
	2 Enter amount from Form 1040, line 38 . . . 2 153,358				
	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead	3	15,336		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		0		
Taxes You Paid	5 State and local (check only one box):				
	a. <input checked="" type="checkbox"/> Income taxes or	5	3,432		
	b. <input type="checkbox"/> General sales taxes				
	6 Real estate taxes (see instructions)	6	0		
	7 Personal property taxes	7	0		
	8 Other taxes. List type and amount ▶ _____	8	0		
	9 Add lines 5 through 8	9		3,432	
	Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	6,074	
		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ _____	11	0	
12 Points not reported to you on Form 1098. See instructions for special rules		12	0		
13 Mortgage insurance premiums (see instructions)		13	0		
14 Investment interest. Attach Form 4952 if required. (See instructions)		14			
15 Add lines 10 through 14		15		6,074	
Note. Your mortgage interest deduction may be limited (see instructions).					
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	3,814		
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	0		
	18 Carryover from prior year	18	0		
	19 Add lines 16 through 18	19		3,814	
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20		0	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ _____	21	0		
	22 Tax preparation fees	22	1,015		
	23 Other expenses—investment, safe deposit box, etc. List type and amount ▶ _____	23	0		
	24 Add lines 21 through 23	24	1,015		
	25 Enter amount from Form 1040, line 38 . . . 25 153,358				
	26 Multiply line 25 by 2% (.02)	26	3,067		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		0	
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ▶ _____	28		0	
	29 Is Form 1040, line 38, over \$150,000? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29		13,320	
Total Itemized Deductions	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>				

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2013
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor NICOLE M MINIONIS		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) CONSULTING		B Employer identification number (EIN) (see instr.) [REDACTED]
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN), (see instr.)
E Business address (including suite or room no.) ▶ 3330 NE 190TH STREET City, town or post office, state, and ZIP code MIAMI FL 33180		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2013, check here . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
I Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions) . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099? . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II 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	19,372
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	19,372
4 Cost of goods sold (from line 42)		4	0
5 Gross profit. Subtract line 4 from line 3		5	19,372
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	19,372

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

8 Advertising	8	385	18 Office expense (see instructions)	18	532
9 Car and truck expenses (see instructions)	9	0	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	0
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	508
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	4,890
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	0
17 Legal and professional services	17	250	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	1,680
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	8,245		28	8,245
29 Tentative profit or (loss). Subtract line 28 from line 7	29	11,127		29	11,127
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829. unless using the simplified method (see instructions). 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	30	0		30	0
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) 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.	31	11,127		31	11,127
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 Form 1040, line 12, (or Form 1040NR, line 13) 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.					

32a All investment is at risk.
32b Some investment is not at risk.

**SCHEDULE C-EZ
(Form 1040)**

Net Profit From Business

(Sole Proprietorship)

OMB No. 1545-0074

2013

Attachment
Sequence No. **09A**

Department of the Treasury
Internal Revenue Service (99)

- ▶ Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
- ▶ Attach to Form 1040, 1040NR or 1041. ▶ See instructions on page 2.

Name of proprietor

ELIAS BENAIM

Social security number (SSN)

[REDACTED]

Part I General Information

**You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:**

- Had business expenses of \$5,000 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee.

And You:

- Had no employees during the year.
- Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

A Principal business or profession, including product or service CONSULTING	B Enter business code (see page 2) ▶ 561790
C Business name. If no separate business name, leave blank.	D Enter your EIN (see page 2)
E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return. 3330 NE 190TH STREET City, town or post office, state, and ZIP code MIAMI FL 33180	
F Did you make any payments in 2013 that would require you to file Form(s) 1099? (see the Schedule C instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
G If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Figure Your Net Profit

1 Gross receipts. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <i>Statutory Employees</i> in the instructions for Schedule C, line 1, and check here <input type="checkbox"/>	1	9,000
2 Total expenses (see page 2). If more than \$5,000, you must use Schedule C	2	4,326
3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 and Schedule SE, line 2 (see instructions). (Statutory employees do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3	3	4,674

Part III Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2.

4 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

5 Of the total number of miles you drove your vehicle during 2013, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting (see page 2) _____ **c** Other _____

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

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

8a Do you have evidence to support your deduction? Yes No

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2013

Attachment Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

Name(s) shown on return

ELIAS

BENAIM

Your social security number

Part I Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions) Yes No

B If "Yes," did you or will you file all required Forms 1099? Yes No

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

A 245 E 93RD STREET NEW YORK NY 10128

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	B	C
A 1		365	0	
B				
C				

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	48,000		
4 Royalties received	4	0	0	0
Expenses:				
5 Advertising	5	0		
6 Auto and travel (see instructions)	6	0		
7 Cleaning and maintenance	7	0		
8 Commissions	8	0		
9 Insurance	9	0		
10 Legal and other professional fees	10	0		
11 Management fees	11	0		
12 Mortgage interest paid to banks, etc. (see instructions)	12	14,560		
13 Other interest	13	0		
14 Repairs	14	0		
15 Supplies	15	0		
16 Taxes	16	10,046		
17 Utilities	17	0		
18 Depreciation expense or depletion	18	22,822		
19 Other (list) ▶ HOME OWNER ASSOCIATION	19	11,040		
20 Total expenses. Add lines 5 through 19	20	58,468	0	0
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	-10,468	0	0
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(0)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a	48,000		
b Total of all amounts reported on line 4 for all royalty properties	23b	0		
c Total of all amounts reported on line 12 for all properties	23c	14,560		
d Total of all amounts reported on line 18 for all properties	23d	22,822		
e Total of all amounts reported on line 20 for all properties	23e	58,468		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			0
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here.	25			(0)
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 Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			0

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

Schedule E (Form 1040) 2013

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

Your social security number

ELIAS BENAIM

[REDACTED]

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations **Note.** If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes 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 any amount is not at risk
A	BCFG INVESTORS GROUP	P		[REDACTED]	
B	Guaranteed Payments	P		[REDACTED]	
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A		32,501		
B				60,413
C				
D				
29a Totals	0			60,413
b Totals	0	32,501	0	
30	Add columns (g) and (j) of line 29a			30 60,413
31	Add columns (f), (h), and (i) of line 29b			31 (32,501)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32 27,912

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	0		0
b Totals	0	0	
35	Add columns (d) and (f) of line 34a		35 0
36	Add columns (c) and (e) of line 34b		36 (0)
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		37 0

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
			0	0	0
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39 0

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40 0
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41 27,912
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 1120S), box 17, code V; and Schedule K-1 (Form 1041), line 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 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43 0

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

▶ Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2013

Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040)

ELIAS BENAIM

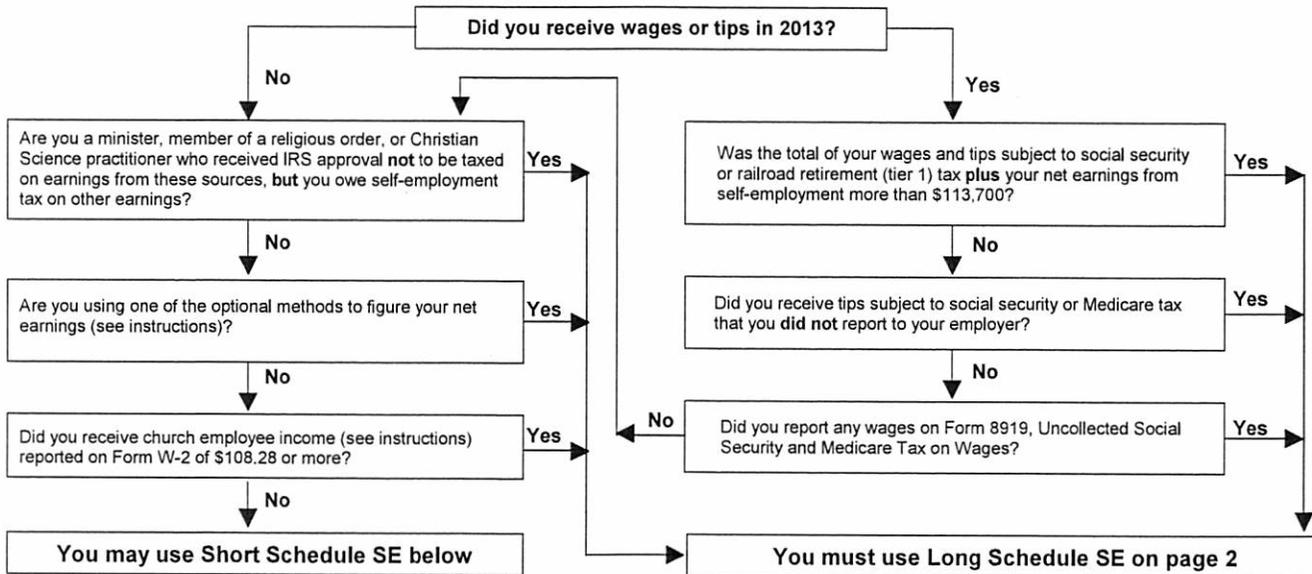
Social security number of person with self-employment income ▶



Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE in the instructions*.



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A.	1a	0
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	(0)
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	4,674
3 Combine lines 1a, 1b, and 2.	3	4,674
4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b ▶	4	4,316
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: • \$113,700 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54. • More than \$113,700, multiply line 4 by 2.9% (.029). Then, add \$14,098.80 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54.	5	660
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	330

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2013

Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040)

NICOLE M MINIONIS

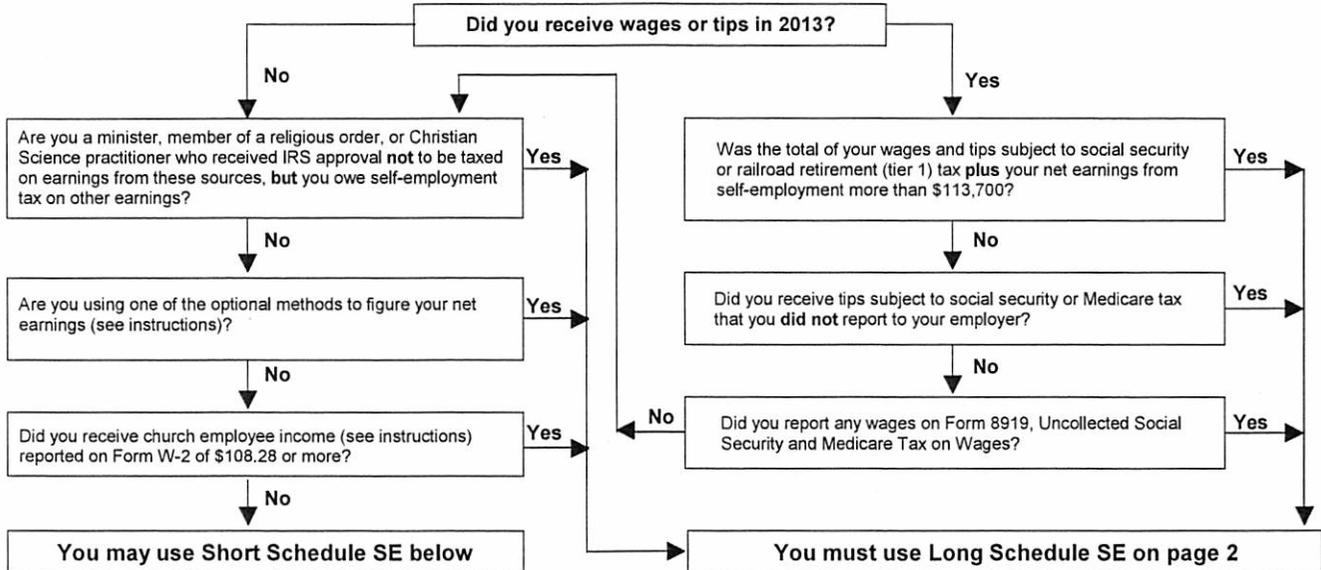
Social security number of person with self-employment income ►



Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE in the instructions*.



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A.	1a	0
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	(0)
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	11,127
3 Combine lines 1a, 1b, and 2.	3	11,127
4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	10,276
5 Self-employment tax. If the amount on line 4 is: • \$113,700 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54. • More than \$113,700, multiply line 4 by 2.9% (.029). Then, add \$14,098.80 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54.	5	1,572
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	786

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return ELIAS BENAIM	Business or activity to which this form relates Rental Royalty 1	Identifying number [REDACTED]
--	---	----------------------------------

Part I Election To Expense Certain Property Under Section 179

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

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	0
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500,000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ▶	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	0
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	01/01/13	654,880	27.5 yrs.	MM	S/L	22,822
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	0
22 Total. Add amounts from line 12, lines 14 through 17, line 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	22,822
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ▶	23	

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

Name(s) shown on return
ELIAS BENAIM

Identifying number

Part I 2013 Passive Activity Loss

Caution: Complete Worksheets 1, 2 and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))	0	
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	(10,468)	
1c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	(0)	
1d	Combine lines 1a, 1b, and 1c		-10,468

Commercial Revitalization Deductions From Rental Real Estate Activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)	()	
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	()	
2c	Add lines 2a and 2b		(0)

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	0	
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))	(0)	
3c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	(0)	
3d	Combine lines 3a, 3b, and 3c		0

4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used		-10,468
---	---	--	---------

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4		10,468
6	Enter \$150,000. If married filing separately, see instructions	150,000	
7	Enter modified adjusted gross income, but not less than zero (see instructions)	154,600	
8	Subtract line 7 from line 6	0	
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions		0
10	Enter the smaller of line 5 or line 9		0

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions		
12	Enter the loss from line 4		
13	Reduce line 12 by the amount on line 10		
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13		

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total		0
16	Total losses allowed from all passive activities for 2013. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return		0



Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
245 E 93RD STREET NE	0	10,468	0	0	10,468
Total. Enter on Form 8582, lines 1a, 1b, and 1c	0	10,468	0		

Worksheet 2—For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall Loss
Total. Enter on Form 8582, lines 2a and 2b	0	0	

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total			1.00		

Worksheet 5—Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
245 E 93RD STREET NE	Sch E, line 22A	10,468	1.0000	10,468
Total		10,468	1.00	10,468

KIA



Worksheet 6—Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
245 E 93RD STREET NE	Sch E, line 22A	10,468	10,468	0
Total	▶	10,468	10,468	0

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total	▶		1.00		

KIA

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V**
Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

OMB No. 1545-0074

▶ Do not staple or attach this voucher to your payment or return.

2013

Use this voucher when making a payment with Form 1040. Write your social security number (SSN) on your check or money order.

Amount you are paying by check or money order.
Make your check or money order payable to
"United States Treasury"

Dollars
13,891

KIA 1017

ELIAS BENAIM
NICOLE M MINIONIS
3330 NE 190TH STREET 1115
MIAMI FL 33180

595853510 JX BENA 30 0 201312 610

COVER PAGE

Filing Checklist for 2013 New York Tax Return Filed On Standard Forms

Prepared on: 04/09/2014 12:44:08 pm

Return: C:\Users\BCFG\Documents\HRBlock\ELIAS BENAIM 2013 Tax Return.T13

Quick Summary

Federal AGI	\$153,358
State Adjustments	0
State AGI	41,258
State Taxable Income	135,958
Tax	2,359
Total Payments	3,432
Refund	1,073
Amount Due	\$0

To file your 2013 tax return, simply follow these instructions:

Step 1. Sign and date the return

Step 2. Assemble what you need to mail

In addition to the forms the program will print for you, you must review the items below for any other documents required by your state.

- attach a copy of your federal Schedule C or C-EZ to your NYS tax return.
- attach a copy of your federal Schedule D to your NYS tax return.
- attach a copy of your federal Schedule E to your NYS tax return.
- attach wage and tax statement(s): federal Form W-2, W-2G, 1099-R, 1099-G, and/or Form 1099-MISC, if any, to the top of page 4 of your return.

To print your federal return or the federal forms listed above:

1. From the File menu, select Print to bring up the print dialog box.
2. In the Select What to Print box select federal.
3. Choose the Entire Return to Send to IRS/State or the Selected Forms radio button.
4. For Selected Forms, select each form you would like to print in the Included in Print Job box.
5. Then click Print.

Step 3. Mail the return

U.S. Postal Service:

State Processing Center - Refund '2013
P.O. Box 61000
Albany, NY 12261-0001

Private delivery service:

SOURCEHOV
575 BOICES LN
KINGSTON NY 12401-1083

We recommend that you use one of these methods to send your return. Retain the proof of mailing to avoid a late filing penalty:

- U.S. Postal Service certified mail.
(if not mailing to a P.O. Box, you may also use one of the following)
- DHL Same Day Service.
- FedEx Priority Overnight, Standard Overnight, 2Day, International Priority, or International First.
- United Parcel Service Next Day Air, Next Day Air Saver, 2nd Day Air, 2nd Day Air A.M., Worldwide Express Plus, or Worldwide Express.

Step 4. Keep a copy

Print a second copy of the return for your records. We recommend that you also print and retain these supporting forms, which don't need to be sent to the state:

- Background Worksheet

2013

New York State Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers

IT-203

For the year January 1, 2013, through December 31, 2013, or fiscal tax year beginning and ending

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial ELIAS		Your last name (for a joint return, enter spouse's name on line below) BENAIM		Your social security number [REDACTED]	
Spouse's first name and middle initial NICOLE M		Spouse's last name MINIONIS		[REDACTED]	
Mailing address (see instructions, page 13) (number and street or rural route) 3330 NE 190TH STREET				Apartment number 1115	New York State county of residence NR
City, village, or post office MIAMI		State FL	ZIP code 33180	Country (if not United States)	School district name NR
Taxpayer's permanent home address (see instr., pg 13) (no. and street or rural route) Apartment no. City, village, or post office					School district code number
State	ZIP code	Country (if not United States)		Decedent information	Taxpayer's date of death
					Spouse's date of death

- A Filing status** (mark an X in one box):
- ① Single
 - ② Married filing joint return (enter both spouses' social security numbers above)
 - ③ Married filing separate return (enter both spouses' social security numbers above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2013 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D Did you have a financial account located in a foreign country? (see pg. 14) Yes No

E New York City part-year residents only (see page 14)

(1) Number of months you lived in NY City in 2013.....

(2) Number of months your spouse lived in NY City in 2013.....

F Enter your 2-character special condition code if applicable (see page 14).....

If applicable, also enter your second 2-character special condition code.....

G New York State part-year residents (see page 15)

Enter the date you moved into or out of NYS (mm-dd-yyyy)

On the last day of the tax year (mark an X in one box):

- 1) Lived in NYS.....
- 2) Lived outside NYS; received income from NYS sources during nonresident period
- 3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 15)

Did you or your spouse maintain living quarters in NYS in 2013? Yes No

(If Yes, complete Form IT-203-B)

I Dependent exemption information (see page 15)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mm-dd-yyyy)
JONATHAN	BENAIM	Son	[REDACTED]	[REDACTED]
ALEXANDRA	BENAIM	Daughter	[REDACTED]	[REDACTED]



If more than 7 dependents, mark an X in the box.

Enter your social security number
XXXXXXXXXX

Federal income and adjustments (see page 17)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

1	Wages, salaries, tips, etc.	1	111,326.	1	51,726.
2	Taxable interest income	2	1,107.	2	
3	Ordinary dividends	3	674.	3	
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4		4	
5	Alimony received	5		5	
6	Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040)	6	15,801.	6	
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	717.	7	
8	Other gains or losses (submit a copy of federal Form 4797)	8		8	
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9		9	
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10		10	
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	27,912.	11	-7,531.
12	Rental real estate included in line 11 (federal amount) <input type="text" value="12"/>	12			
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040) ...	13		13	
14	Unemployment compensation	14		14	
15	Taxable amount of social security benefits (also enter on line 26)	15		15	
16	Other income (see page 22) Identify: <input type="text"/>	16		16	
17	Add lines 1 through 11 and 13 through 16	17	157,537.	17	44,195.
18	Total federal adjustments to income (see page 22) Identify SEE ATTACHED	18	4,179.	18	2,937.
19	Federal adjusted gross income (subtract line 18 from line 17)	19	153,358.	19	41,258.

New York additions (see page 24)

20	Interest income on state and local bonds (but not those of New York State or its localities)	20		20	
21	Public employee 414(h) retirement contributions	21		21	
22	Other (see page 24) Identify: <input type="text"/>	22		22	
23	Add lines 19 through 22	23	153,358.	23	41,258.

New York subtractions (see page 28)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24		24	
25	Pensions of NYS and local governments and the federal government (see page 28)	25		25	
26	Taxable amount of social security benefits (from line 15)	26		26	
27	Interest income on U.S. government bonds	27		27	
28	Pension and annuity income exclusion	28		28	
29	Other (see page 29) Identify: <input type="text"/>	29		29	
30	Add lines 24 through 29	30		30	
31	New York adjusted gross income (subtract line 30 from line 23)	31	153,358.	31	41,258.
32	Enter the amount from line 31, Federal amount column	32		32	153,358.

Standard deduction or itemized deduction (see page 33)

33	Enter your standard deduction (table on page 33) or your itemized deduction (from Form IT-203-D). Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	33	15,400.
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	137,958.
35	Dependent exemptions (not the same as total federal exemptions; see page 33)	35	2,000.
36	New York taxable income (subtract line 35 from line 34)	36	135,958.

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Name(s) as shown on page 1

ELIAS BENAIM

Enter your social security number

Tax computation, credits, and other taxes (see page 34)

37	New York taxable income (from line 36 on page 2)	37	135,958.
38	New York State tax on line 37 amount (see page 34 and Tax computation on pages 66, 67, and 68)	38	8,769.
39	New York State household credit (page 34, table 1, 2, or 3)	39	
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	8,769.
41	New York State child and dependent care credit (see page 35)	41	
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	8,769.
43	New York State earned income credit (see page 35)	43	

44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	8,769.
----	--	----	--------

45	Income percentage (see page 35)	New York State amount from line 31	Federal amount from line 31	Round result to 4 decimal places
		41,258.	153,358.	45 0.2690

46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	2,359.
47	New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	2,359.
49	Net other New York State taxes (Form IT-203-ATT, line 33)	49	
50	Total New York State taxes (add lines 48 and 49)	50	2,359.

New York City and Yonkers taxes and credits

51	Part-year New York City resident tax (Form IT-360.1)	51	
52	New York City minimum income tax (Form IT-220)	52	
52a	Add lines 51 and 52	52a	
52b	Part-year resident nonrefundable New York City child and dependent care credit	52b	
52c	Subtract line 52b from 52a	52c	
53	Yonkers nonresident earnings tax (Form Y-203)	53	
54	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	
55	Total New York City and Yonkers taxes (add lines 52c, 53, and 54)	55	
56	Sales or use tax (See the instructions on page 36. Do not leave line 56 blank.)	56	0.

See instructions on pages 35 and 36 to compute New York City and Yonkers taxes, credits, and surcharges.

Voluntary contributions (see page 37)

57a	Return a Gift to Wildlife	57a	
57b	Missing/Exploited Children Fund	57b	
57c	Breast Cancer Research Fund	57c	
57d	Alzheimer's Fund	57d	
57e	Olympic Fund (\$2 or \$4)	57e	
57f	Prostate Cancer Research Fund	57f	
57g	9/11 Memorial	57g	
57h	Volunteer Firefighting & EMS Recruitment Fund	57h	
57i	Teen Health Education	57i	
57j	Veterans Remembrance	57j	
57	Total voluntary contributions (add lines 57a through 57j)	57	
58	Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57)	58	2,359.

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Enter your social security number
[REDACTED]

59 Enter amount from line 58 **59** 2,359.

Payments and refundable credits (see page 38)

60 Part-year NYC school tax credit (also complete E on page 1; see page 38) ...	60		Submit your wage and tax statements with your return (see page 38).
61 Other refundable credits (Form IT-203-ATT, line 17)	61		
62 Total New York State tax withheld	62	2,138.	
63 Total New York City tax withheld.....	63	1,294.	
64 Total Yonkers tax withheld	64		
65 Total estimated tax payments/amount paid with Form IT-370...	65		
66 Total payments and refundable credits (add lines 60 through 65).....	66	3,432.	

Your refund, amount you owe, and account information (see pages 39 through 42)

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)	67	1,073.	
68 Amount of line 67 to be refunded	68	1,073.	
Mark one refund choice: <input checked="" type="checkbox"/> direct deposit (fill in line 73) - or - <input type="checkbox"/> debit card - or - <input type="checkbox"/> paper check....			
69 Amount of line 67 that you want applied to your 2014 estimated tax (see instructions)	69		See pages 39 and 40 for information about your three refund choices. See page 40 for payment options.
70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return	70		
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 40)	71		See page 43 for the proper assembly of your return.
72 Other penalties and interest (see page 40)	72		

73 Account information for direct deposit or electronic funds withdrawal (see page 41).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 41)

73a Account type: Personal checking -or- Personal savings -or- Business checking -or- Business savings

73b Routing number 73c Account number

74 Electronic funds withdrawal (see page 41) Date Amount

Third-party designee? (see instr.)	Print designee's name	Designee's phone number	Personal identification number (PIN)
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	E-mail:		

▼ Paid preparer must complete (see instr.) ▼	▼ Taxpayer(s) must sign here ▼
Preparer's signature	Your signature
Firm's name (or yours, if self-employed)	Your occupation MARKETING
Address	Spouse's signature and occupation (if joint return) MARKETING
E-mail:	Date
	Daytime phone number 954-610-4637
	E-mail: ebenaim@yahoo.com

See instructions for where to mail your return.



NEW YORK MISCELLANEOUS INFORMATION WORKSHEET
This worksheet is used for IT-201 or IT-203 filers only, if necessary.

2013

Name: ELIAS BENAİM
NICOLE M MINIONIS

SSN: 

ADDITIONAL DETAIL FOR LINE 17

Student Loan Int.	126
Self-Employment tax	1,116
SE SEP/SIMPLE	2,937

Total federal adjustments to income 4,179