

Return Information

WARNING

- Schedule E. Unrecaptured section 1250 gains are entered on the Partnership Passthrough worksheet, Activity section, Unrecaptured section 1250 but no entry was made for section 1231 gain (loss). The unrecaptured section 1250 gain entry should be included in the section 1231 gain (loss) entry on this activity. If the unrecaptured section 1231 gain is included in net long-term capital gain (loss), reduce the long-term capital gain (loss) by the amount of the unrecaptured section 1250 gain. (10228)

CAUTION

- Form 3800. An entry has not been made on Business, Farm, Fiduciary Passthrough, Partnership Passthrough, or S-Corporation Passthrough worksheet, Form 6765 - Research Credit section, Itemized deductions field for the portion of itemized deductions that apply to the entity. Itemized deductions have not been taken into account when calculating the entity's income for limiting the credit from Form 6765. (29889)
- Form 114 Electronic Filing. No PIN number is required for Form 114, FBAR, filed through ProSystem fx Tax, as indicated on the PIN line on page 1 of Form 114. (24070)
- Form 114 Electronic Filing. The Filer Signature Date has been populated automatically for the electronic file. A different date may be entered on 114 and 8938 - Foreign Assets worksheet, Form 114 Filer Information section, Date Signed by Filer-Override field. Future dates are not allowed by FinCEN. (24421)
- Massachusetts. For the 2017 tax year taxpayers must file and make extension payments electronically if making a payment of \$5,000 or more. As a substitute for an electronically filed extension, payment may be telefiled or filed on Massachusetts TaxConnect web site: mass.gov/masstaxconnect. Form M-4868 is no longer allowed if there is no amount due. (20712)
- Massachusetts. The return due date and/or date filed are after April 17, 2018 and the return has a balance due and/or Schedule HC penalty amount due. No late payment interest or penalties have been requested. Taxpayers with a Schedule HC penalty may receive a notice of underpayment of tax due if late payment interest and penalties are not calculated on any Schedule HC penalty amount due if paid after April 17, 2018. Check your input and recalculate the return, if necessary. (20942)

INFORMATIONAL

Return Information

- . Schedule A. The state and local income tax deduction is greater than the general sales tax deduction calculation of \$1,788. To force the general sales tax deduction, enter "Force sales tax deduction" on the Itemized Deductions worksheet, State and Local Sales Tax Information section, State and local taxes or sales taxes option field. (32549)
- . Schedule A. Total available income used in the sales tax deduction calculation is as follows:

Form 1040, line 38 (adjusted gross income) \$ 484,192

Tax-exempt interest \$ 1,941

Nontaxable combat pay \$ 0

Nontaxable part of social security
and railroad retirement benefits \$ 0

Nontaxable part of IRA,
pension, or annuity distributions \$ 0

Additional nontaxable income \$ 0

2017 total available income used
in the sales tax deduction calculation \$ 486,133
(32563)

- . Schedule A. The IRS has not provided guidance on 2017 state overpayments as it relates to the Tax Cuts and Jobs Act's language on prepayments of tax. Schedule A, line 5 has not been limited to actual 2017 state income tax liability. To make adjustments or override this calculation, make entries on the Itemized Deductions worksheet, Taxes Paid section or Other Taxes Paid section with a Tax Code of "1". If the current interpretation is desired, this diagnostic should be ignored. (33663)
- . Form 1040. An overpayment is present in the return and all or part will be credited to next year's tax. Please review the return to make sure this is correct. (37513)
- . Electronic Filing. Electronic filing has been requested for this return. The IRS requires all negative numbers to print with minus signs when filing electronically. In this return, a request was made to print with parenthesis either on the Processing Options section of the Return Options worksheet or in Office Manager. This option was not used in this return. (30853)
- . Form 1040. The Refund Attributable to Estimate Tax Paid in Following Year on the Other Income worksheet, Refunds of State and Local Income Taxes - Detail/IRS 1099-G section shows \$3,021. There is a math discrepancy regarding this amount. Please review your entries on the Other Income worksheet, Refunds of State and Local Income Taxes - Detail/IRS 1099-G section and recalculate the return if necessary. (32267)

Return Information

- . Form 1040. The Refund Attributable to Estimate Tax Paid in Following Year on the Other Income worksheet, Refunds of State and Local Income Taxes - Detail/IRS 1099-G section shows \$12,773. There is a math discrepancy regarding this amount. Please review your entries on the Other Income worksheet, Refunds of State and Local Income Taxes - Detail/IRS 1099-G section and recalculate the return if necessary. (32267)
- . Form 1040. The full-year coverage box for health care has been checked on this return. If this is not the case, entries must be made on the Basic Data worksheet, General section, No health insurance for the entire year and claiming no exemptions field or the Health Coverage worksheet or the Employer Provided Health Insurance Offer and Coverage worksheet to calculate a shared responsibility payment or claim an exemption. Please make any necessary entries and recalculate the return. (38548)
- . Form 1040. The filing status of married filing joint produced a tax liability that was lower than the estimated tax liability under the alternative filing status of married filing separate by \$ 14,313. (31606)
- . Electronic Filing. The following form has been prepared but is not available for electronic filing: Partnership Basis Limitation Worksheet. Please review the form's printed instructions for proper filing. (37054)
- . Schedule A. Nondeductible miscellaneous deduction is \$9,684. (31731)
- . Schedule C. Input for the questions regarding filing Form(s) 1099 were left blank. The default answer "No" has been checked for question I and question J has been left blank. To change these answers, make an entry on the Business worksheet, General section, Payments made during the tax year that would require you to file Form(s) 1099 and/or Filed, or will file required Form(s) 1099 fields. (37706)
- . Form 8582. A nonpassive activity with a prior year suspended passive loss has been entered. This loss has been applied against the activity's current net income, if any. Any unused carryover was then applied against other passive activities. (36505)
- . Schedule SE. Schedule SE has not been prepared for the spouse because self-employment income is less than \$400.00. If Schedule SE is desired, select Mandatory Printing on the Return Options worksheet, Form Printing Options section, Schedule SE (self-employment tax) field. (31108)

Return Information

- . Form 1116. Passive income and taxes have been included with the General Limitation category because the foreign taxes paid on the income (after allocation of expenses) exceeds the highest U.S. tax that can be imposed on the income. To prevent this high tax kickout treatment enter an "X" on the Foreign Tax Credit worksheet, Processing Options section, Prevent high tax kickout treatment field. (31558)
- . Form 2210. The filing date hasn't been entered on the Penalties worksheet, Federal Late Payment Penalty and Interest section and the processing date of the return is after 04/17/18. The amount of 2210 penalty calculated may be understated. Please review return and recalculate if necessary. (37240)
- . Form 8582. One of the exceptions to filing Form 8582 has been met. Form 8582 has only been printed in the accountant's and taxpayer's copies of the return. (31220)
- . Form 8582-CR. 100 percent disposition of a passive activity has occurred and the disallowed passive credit from that activity is \$ 16. (31777)
- . Filing Status Comparison. The Form 2210 penalty has not been included in the calculation of the tax underpayment on the Filing Status Comparison Worksheet. (36333)
- . Letters and Filing Instructions. Axxess Tax sequencing numbers will be considered as "(Y) include in letter." See Correspondence help for paragraph positioning. (34782)
- . Depreciation. The option to prepare state-if-different depreciation report(s) has been selected by the entry on the Depreciation and Depletion Options and Overrides worksheet, Depreciation Options section, State-if-different depreciation report field. There are no state-if-different assets in this return and therefore the report(s) are not produced since they are identical to the federal depreciation report(s). (30940)
- . Schedule E. A nonpassive partnership activity has been entered with no entry for self-employment income (loss). Please review and enter self-employment income (loss) on the Partnership Passthrough worksheet, General - Activity section, Net earnings from self-emp field, if applicable. (31410)
- . Schedule E. A nonpassive partnership activity has been entered with no entry for self-employment income (loss). Please review and enter self-employment income (loss) on the Partnership Passthrough worksheet, General - Activity section, Net earnings from self-emp field, if applicable. (31410)

Return Information

- . Schedule E. A nonpassive partnership activity has been entered with no entry for self-employment income (loss). Please review and enter self-employment income (loss) on the Partnership Passthrough worksheet, General - Activity section, Net earnings from self-emp field, if applicable. (31410)
- . Form 1116 AMT. Passive income and taxes have been included with the General Limitation category because the foreign taxes paid on the income (after allocation of expenses) exceeds the highest U.S. tax that can be imposed on the income. To prevent this high tax kickout treatment enter an "X" on the Foreign Tax Credit worksheet, Processing Options section, Prevent high tax kickout treatment - Form 1116AMT field. (31564)
- . Electronic Filing. This return has qualified for electronic filing and the Practitioner PIN program has been elected to allow for paperless filing. Please review the return with the taxpayer, secure required signatures on Form 8879, and authorize the return to be released for transmission to the IRS. The Electronic Return Originator (ERO) should retain Form 8879. Do not submit unless requested to do so by the Internal Revenue Service. (31404)
- . Direct Deposit. Bank information has been entered but is not being used on Forms 1040, 1040A, 1040EZ or 1040NR. (33628)
- . Form 114 Electronic Filing. This FBAR return has qualified for electronic filing. If a printed copy of the FBAR is generated and electronic processing is completed, do not mail the printed copy of the return to the FinCEN. Form 114A should be signed and retained by the electronic return originator. (33981)
- . Massachusetts. Form M-4868 has been locked with the passing of the due date. The amount paid with the extension has been included on Form 1 or Form 1-NR/PY. (30472)
- . Massachusetts. Due to Massachusetts' multiple tax rates for capital gain income, there may be some benefit to using the overrides on the Taxes > Net Investment Income Tax (Form 8960) worksheet, Adjustments / Overrides section for federal Form 8960, Line 9b and state Form 8960 Lines 9 - 11. (33214)
- . Massachusetts Electronic Filing. The Massachusetts return has been selected for electronic filing. The state return will be included in the electronic file and transmitted to the MDOR. Form M-8453 must be signed by the taxpayer prior to transmitting the return. Do not mail Form M-8453 to the MDOR. Original Forms M-8453 are to be retained by the ERO for a period of three years from the date the return is filed. (31613)

Return Information

- Massachusetts Electronic Filing. The following electronic funds withdrawal information has been selected for this return on the Basic Data worksheet > Direct Deposit/Electronic Funds Withdrawal section:

Routing Number: 211070175
Account Number: [REDACTED]
Account Type: Checking
Payment Date: 10/12/18
Payment Amount: \$2429

(31921)

Federal Tax Comparison for Married Filing Joint and Separate

	Taxpayer	Spouse	Married Filing Separate	Married Filing Joint
Total Income	266,796.	314,241.	581,037.	581,037.
Less: Adjustments	96,845.		96,845.	96,845.
Adjusted Gross Income	169,951.	314,241.	484,192.	484,192.
Standard/Itemized Deductions ...	125,755.	175,366.	301,121.	301,121.
Exemptions	6,318.		6,318.	
Taxable Income	37,878.	138,875.	176,753.	183,071.
Total Tax (regular & AMT)	40,143.	43,012.	83,155.	69,311.
Less: Credits				
Add: Other Taxes	24,005.	7,191.	31,196.	30,727.
Less: Earned Income Credit				
Less: Additional child tax credit ...				
Less: Payments (excludes ext.)	40,929.	40,928.	81,857.	81,857.
Tax Underpayment/(Overpayment)	23,219.	9,275.	32,494.	18,181.

MARRIED FILING JOINT PRODUCED AN ESTIMATED SAVINGS OF 14,313.

Tax Return Carryovers to 2018

NAME: SCOTT G. BORGERSON & GHISLAINE MAXWELL

ID Number: _____

[illegible]

Extension Information Report

NAME: _____

SCOTT G. BORGERSON & GHISLAINE MAXWELL

ID Number:

[illegible]

Direct Deposit/Debit Report

Name: SCOTT G. BORGERSON & GHISLAINE MAXWELL

ID Number:

[illegible]

Worksheet: Extensions (Forms 4868 and 2350)

Section: Automatic Extension (Form 4868)

State tax liability - O/R.....	37,294
Fed inc tax liab - O/R.....	141,857
.....	12,600

Worksheet: Payments

Section: Federal Extension Payments

4868 extension payment - O/R.....	60,000
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Section: State Extension Payments

Amount paid with extension.....	15,000
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LANNELLO - 10/10/17 10:21AM INTERVIEW FORM C-2

PAYROLL SS	430.00
PAYROLL MEDICARE	100.00
	<u>530.00</u>

WHERLIHY - 04/06/18 18:13 PM WORKSHEET PROFIT OR LOSS FROM BUS

CONSULTING	7,530.00	0.00
	<u>7,530.00</u>	<u>0.00</u>

XSANTILLAN - 10/05/16 11:18AM WORKSHEET ITEMIZED DEDUCTIONS

0.00	7,330.00
0.00	10.00
<u>0.00</u>	<u>7,340.00</u>

LANNELLO - 04/10/17 02:26PM INTERVIEW FORM A-2

FROM HUD	0.00	17,524.00
TIDEWOOD	7,132.00	15,468.00
MANCHESTER	12,631.00	0.00
ANGARA TRUST	7,133.00	0.00
	<u>26,896.00</u>	<u>32,992.00</u>

LANNELLO - 04/10/17 01:34PM INTERVIEW FORM M-3

0.00	9,138.00
0.00	483.00
<u>0.00</u>	<u>9,621.00</u>

LANNELLO - 04/10/17 01:45PM INTERVIEW FORM M-2

\$5,500 X 12	0.00	66,000.00
	<u>0.00</u>	<u>66,000.00</u>

LANNELLO - 09/05/18 11:15 AM WORKSHEET PARTNERSHIP PASSTHROUGH

LINE 5	673.00	0.00
LINE 11F	5,059.00	0.00
	<u>5,732.00</u>	<u>0.00</u>

List

LANNELLO - 04/13/18 15:44 PM WORKSHEET STATE ESTIMATED TAX PAY

GM	12,773.00	0.00
SB	3,021.00	0.00
	<u>15,794.00</u>	<u>0.00</u>

WHERLIHY - 10/04/18 14:33 PM WORKSHEET PARTNERSHIP PASSTHROUGH

	48,770.00	0.00
INT EXP TO US OBS	-7,622.00	0.00
	<u>41,148.00</u>	<u>0.00</u>

List

2017 Return Summary

SCOTT G. BORGERSON & GHISLAINE MAXWELL

	FEDERAL	MASSACHUSETTS
ADJUSTED GROSS INCOME	484,192.	656,774.
ITEMIZED OR STANDARD DEDUCTION	-301,121.	0.
EXEMPTIONS	0.	-9,800.
TAXABLE INCOME	183,071.	646,974.
TAX	16,076.	39,583.
ALTERNATIVE MINIMUM TAX	53,235.	
SELF-EMPLOYMENT TAX	22,914.	
NET INVESTMENT INCOME TAX	7,813.	
INCOME TAX WITHHELD	0.	0.
ESTIMATED TAX PAID	-81,857.	-22,294.
EXTENSION PAYMENT(S)	-60,000.	-15,000.
UNDERPAYMENT PENALTY	81.	140.
AMOUNT OVERPAID	41,819.	
AMOUNT DUE <REFUND>	0.	2,429.
AMOUNT OF REFUND CREDITED TO NEXT YEAR	41,738.	0.

ADDITIONAL INFORMATION:

FEDERAL TAX BRACKET

AVERAGE TAX RATE - 8.78%

MARGINAL RATE OF ORDINARY INCOME - 10%

MARGINAL RATE OF LT CAPITAL GAIN - 15%

2017 Return Summary

SCOTT G. BORGERSON & GHISLAINE MAXWELL

	FEDERAL	MASSACHUSETTS
RESIDENCY	FULL YEAR	FULL YEAR
FILING STATUS	MARRIED-JOINT	JOINT
NUMBER OF DEPENDENTS	1	1
E-FILE REQUESTED	YES	YES
DUE DATE	04/17/2018	04/17/2018
EXTENDED DUE DATE	10/15/2018	10/15/2018
DIRECT DEPOSIT	N/A	NO
ELECTRONIC WITHDRAWAL	N/A	YES
DATE CALCULATED	10/12/2018	10/12/2018
TIME CALCULATED	10:42:28	10:42:28
RELEASE VERSION	2017.04030	2017.04030
EXPORT VERSION	2017.04030	2017.04030
DATE EXPORTED	10/12/2018	10/12/2018
TIME EXPORTED	10:43:46	10:43:46
DATE EXTENSION EXPORTED	04/16/2018	04/16/2018
TIME EXTENSION EXPORTED	17:32:46	17:32:46

ELECTRONIC FILING STATUS REPORT

[illegible]



SCOTT G. BORGERSON & GHISLAINE MAXWELL
C/O DGC, 150 PRESIDENTIAL WAY APT. NO. 510
WOBURN, MA 01801

DEAR SCOTT & GHISLAINE:

ENCLOSED ARE YOUR 2017 INCOME TAX RETURNS, AS FOLLOWS...

2017 U.S. INDIVIDUAL INCOME TAX RETURN

2017 FEDERAL REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

2017 MASSACHUSETTS INDIVIDUAL INCOME TAX RETURN

FORM(S) 114, REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS, WILL BE
ELECTRONICALLY FILED WITH THE FINCEN.

WE PREPARED THE RETURNS FROM INFORMATION YOU FURNISHED US WITHOUT
VERIFICATION. UPON EXAMINATION OF THE RETURNS BY TAXING AUTHORITIES, REQUESTS
MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE
ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH
POSSIBLE EXAMINATIONS.

VERY TRULY YOURS,

LAURA K. BAROOSHIAN

2017 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

FOR THE YEAR ENDING
DECEMBER 31, 2017

PREPARED FOR:

SCOTT G. BORGERSON & GHISLAINE MAXWELL
C/O DGC, 150 PRESIDENTIAL WAY APT. NO. 510
WOBURN, MA 01801

PREPARED BY:

DICICCO, GULMAN & COMPANY, LLP
150 PRESIDENTIAL WAY, SUITE 510
WOBURN, MA 01801

AMOUNT OF TAX:

TOTAL TAX	\$	100,038
LESS: PAYMENTS AND CREDITS	\$	141,857
PLUS: INTEREST AND PENALTIES	\$	81
OVERPAYMENT	\$	41,738

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	41,738
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING AND THE PRACTITIONER PIN PROGRAM HAS BEEN ELECTED. PLEASE SIGN AND RETURN FORM 8879 TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS.

RETURN MUST BE MAILED ON OR BEFORE:

RETURN FEDERAL FORM 8879 TO US BY OCTOBER 15, 2018.

SPECIAL INSTRUCTIONS:

IN ORDER FOR US TO ELECTRONICALLY FILE THE ABOVE RETURNS WE MUST HAVE WRITTEN AUTHORIZATION FROM YOU. WE ARE ENCLOSING A U.S. FORM 8879 AND MA FORM M-8453, WHICH YOU MUST SIGN TO AUTHORIZE THE E-FILING OF YOUR TAX RETURNS. EACH AUTHORIZATION FORM SHOULD BE SIGNED AND RETURNED TO OUR OFFICE AS SOON AS POSSIBLE BY POSTAL SERVICE, E-MAIL, OR FAX.

THE STATUS OF YOUR 2018 INDIVIDUAL ESTIMATED TAXES FOR THE FOURTH QUARTER WILL BE DETERMINED AT A LATER DATE.

2017 TAX RETURN FILING INSTRUCTIONS

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

PREPARED FOR:

SCOTT G. BORGERSON & GHISLAINE MAXWELL
C/O DGC, 150 PRESIDENTIAL WAY APT. NO. 510
WOBURN, MA 01801

PREPARED BY:

DICICCO, GULMAN & COMPANY, LLP
150 PRESIDENTIAL WAY, SUITE 510
WOBURN, MA 01801

FORM MUST BE FILED ON OR BEFORE:

RETURN FORM(S) 114A TO US ON OR BEFORE OCTOBER 15, 2018.

SPECIAL INSTRUCTIONS:

THE SPOUSE'S FORM 114 HAS BEEN PREPARED FOR ELECTRONIC FILING.
PLEASE SIGN, DATE, AND RETURN FORM 114A TO OUR OFFICE. WE WILL THEN
TRANSMIT THE SPOUSE'S FORM TO THE FINCEN.

Tentative Credit for Prior Year Minimum Tax

Name(s) SCOTT G. BORGERSON & GHISLAINE MAXWELL	Social security number <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>
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Part I Net Minimum Tax on Exclusion Items

1 Combine lines 1, 6 and 10 of your 2017 Form 6251	1	177,959.
2 Enter adjustments and preferences treated as exclusion items	2	283,769.
3 Minimum tax credit net operating loss deduction	3	()
4 Combine lines 1, 2, and 3. If more than zero OR you filed Form 2555 for 2017, go to line 5. If zero or less AND you did not file Form 2555 for 2017, enter -0- here and on line 15 and go to Part II.	4	461,728.
5 Enter: \$84,500 if married filing jointly or qualifying widow(er) for 2017; \$54,300 if single or head of household for 2017; or \$42,250 if married filing separately for 2017	5	84,500.
6 Enter: \$160,900 if married filing jointly or qualifying widow(er) for 2017; \$120,700 if single or head of household for 2017; or \$80,450 if married filing separately for 2017	6	160,900.
7 Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	300,828.
8 Multiply line 7 by 25% (.25)	8	75,207.
9 Subtract line 8 from line 5. If zero or less, enter -0-	9	9,293.
10 Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II	10	452,435.
11 • If you filed Form 2555 for 2017, enter the amount from line 6 of the Foreign Earned Income Tax Worksheet. • If for 2017 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or had a gain on both lines 15 and 16 of Schedule D (Form 1040), complete Part III and enter the amount from line 55 here. • All others: If line 10 is \$187,800 or less (\$93,900 or less if married filing separately for 2017), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,756 (\$1,878 if married filing separately for 2017) from the result	11	69,852.
12 Minimum tax foreign tax credit on exclusion items	12	541.
13 Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	69,311.
14 Enter the amount from your 2017 Form 6251, line 34	14	16,076.
15 Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	53,235.

Part II Tentative Minimum Tax Credit

16 Enter the amount from your 2017 Form 6251, line 35	16	53,235.
17 Enter the amount from line 15 above	17	53,235.
18 Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	0.
19 2017 minimum tax credit carryforward. Enter the amount from your 2017 Form 8801, line 26	19	4.
20 Enter the 2017 unallowed qualified electric vehicle credit	20	
21 Tentative minimum tax credit for 2018. Combine lines 18, 19, and 20	21	4.

Lines 22 through 26 do not apply.

Part III Tax Computation Using Maximum Capital Gains Rates

27	Enter the amount from line 10. If you filed Form 2555 or 2555-EZ for 2017, enter the amount from line 3 of the worksheet in the instructions	27	452,435.
28	Enter the amount from line 6 of your 2017 Qualified Dividends and Capital Gain Tax Worksheet, or the amount from line 13 of your 2017 Schedule D Tax Worksheet	28	330,869.
If you figured your 2017 tax using the 2017 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.			
29	Enter the amount from line 19 of your 2017 Schedule D (Form 1040)	29	
30	Add lines 28 and 29, and enter the smaller of that result or the amount from line 10 of your 2017 Schedule D Tax Worksheet	30	330,869.
31	Enter the smaller of line 27 or line 30	31	330,869.
32	Subtract line 31 from line 27	32	121,566.
33	If line 32 is \$187,800 or less (\$93,900 or less if married filing separately for 2017), multiply line 32 by 26% (.26). Otherwise, multiply line 32 by 28% (.28) and subtract \$3,756 (\$1,878 if married filing separately for 2017) from the result.	33	31,607.
34	Enter: • \$75,900 if married filing jointly or qualifying widow(er) for 2017, • \$37,950 if single or married filing separately for 2017, or • \$50,800 if head of household for 2017.	34	75,900.
35	Enter the amount from line 7 of your 2017 Qualified Dividends and Capital Gain Tax Worksheet, or the amount from line 14 of your 2017 Schedule D Tax Worksheet, whichever applies. If you did not complete either worksheet, enter the amount from 2017 Form 1040, line 43; but not less than -0-	35	
36	Subtract line 35 from line 34. If zero or less, enter -0-	36	75,900.
37	Enter the smaller of line 27 or line 28	37	330,869.
38	Enter the smaller of line 36 or line 37	38	75,900.
39	Subtract line 38 from line 37	39	254,969.
40	Enter: • \$418,400 if single • \$235,350 if married filing separately • \$470,700 if married filing jointly or qualifying widow(er) • \$444,550 if head of household	40	470,700.
41	Enter the amount from line 36	41	75,900.
42	Enter the amount from line 7 of your 2017 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from 2017 Form 1040, line 43; but not less than -0-	42	
43	Add lines 41 and 42	43	75,900.
44	Subtract line 43 from line 40, but not less than -0-	44	394,800.
45	Enter the smaller of line 39 or line 44	45	254,969.
46	Multiply line 45 by 15% (.15)	46	38,245.
47	Add lines 38 and 45	47	330,869.
If lines 47 and 28 are the same, skip lines 48 through 52 and go to line 53. Otherwise, go to line 48.			
48	Subtract line 47 from line 37	48	
49	Multiply line 48 by 20% (.20)	49	
If line 29 is zero or blank, skip lines 50 through 52 and go to line 53. Otherwise, go to line 50.			
50	Add lines 32, 47, and 48	50	
51	Subtract line 50 from line 27	51	
52	Multiply line 51 by 25% (.25)	52	
53	Add lines 33, 46, 49, and 52	53	69,852.
54	If line 27 is \$187,800 or less (\$93,900 or less if married filing separately for 2017), multiply line 27 by 26% (.26). Otherwise, multiply line 27 by 28% (.28) and subtract \$3,756 (\$1,878 if married filing separately for 2017) from the result.	54	122,926.
55	Enter the smaller of line 53 or line 54 here and on line 11. If you filed Form 2555 or 2555-EZ for 2017, do not enter this amount on line 11. Instead, enter it on line 4 of the worksheet.	55	69,852.

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: **CARGOMETRICS TECHNOLOGIES LLC**

EIN: **90-0907396**

1. Your adjusted basis at the end of the prior year. Do not enter less than zero.

Enter -0- if this is your first tax year 1. **42,075.**

Increases:

2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)

2.

3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2016 Schedule K-1 from your share of liabilities shown in Item K of your 2017 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)

3.

4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds

4. **9.**

5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities

5.

6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion

6.

Decreases:

7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)

7.

Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.

8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2017 Schedule K-1 from your share of liabilities shown in item K of your 2016 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))

8.

9. Your share of the partnership's nondeductible expenses that are not capital expenditures

9. **12.**

10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations

10. **21,896.**

11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property

11.

12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)

12. **20,176.**

Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: **ALPHAKEYS MILLENNIUM FUND, L.L.C.**

EIN: **27-5238213**

1. Your adjusted basis at the end of the prior year. Do not enter less than zero.

Enter -0- if this is your first tax year 1. 670,206.

Increases:

2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)

2. _____

3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2016 Schedule K-1 from your share of liabilities shown in Item K of your 2017 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)

3. _____

4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds

4. 135,947.

5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities

5. _____

6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion

6. _____

Decreases:

7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)

7. _____

Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.

8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2017 Schedule K-1 from your share of liabilities shown in item K of your 2016 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))

8. _____

9. Your share of the partnership's nondeductible expenses that are not capital expenditures

9. 25.

10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations **SEE STATEMENT 1**

10. 92,880.

11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property

11. _____

12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)

12. 713,248.

Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: **CARGOMETRICS COMPASS FUND LP**

EIN: **37-1791864**

1. Your adjusted basis at the end of the prior year. Do not enter less than zero.

Enter -0- if this is your first tax year 1. 1,006,719.

Increases:

2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)

2. _____

3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2016 Schedule K-1 from your share of liabilities shown in Item K of your 2017 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)

3. _____

4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds

4. 11,113.

5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities

5. _____

6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion

6. _____

Decreases:

7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)

7. _____

Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.

8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2017 Schedule K-1 from your share of liabilities shown in item K of your 2016 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))

8. _____

9. Your share of the partnership's nondeductible expenses that are not capital expenditures

9. _____

10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations

10. 22,442.

11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property

11. _____

12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)

12. 995,390.

Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.

ALTERNATIVE MINIMUM TAX
Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership
(Keep for your records.)

Name of Entity: **CARGOMETRICS TECHNOLOGIES LLC**

EIN: **90-0907396**

1. Your adjusted basis at the end of the prior year. Do not enter less than zero.

Enter -0- if this is your first tax year 1. 42,075.

Increases:

2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)

2. 0.

3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2016 Schedule K-1 from your share of liabilities shown in Item K of your 2017 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)

3. _____

4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds

4. 9.

5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities

5. 0.

6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion

6. _____

Decreases:

7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)

7. _____

Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.

8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2017 Schedule K-1 from your share of liabilities shown in item K of your 2016 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))

8. _____

9. Your share of the partnership's nondeductible expenses that are not capital expenditures

9. 12.

10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations

10. 21,896.

11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property

11. _____

12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)

12. 20,176.

Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.

ALTERNATIVE MINIMUM TAX
Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership
(Keep for your records.)

Name of Entity: **ALPHAKEYS MILLENNIUM FUND, L.L.C.**

EIN: **27-5238213**

1. Your adjusted basis at the end of the prior year. Do not enter less than zero.

Enter -0- if this is your first tax year 1. 670,208.

Increases:

2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)

2. 0.

3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2016 Schedule K-1 from your share of liabilities shown in Item K of your 2017 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)

3. _____

4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds

4. 135,947.

5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities

5. 0.

6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion

6. _____

Decreases:

7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)

7. _____

Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.

8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2017 Schedule K-1 from your share of liabilities shown in item K of your 2016 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))

8. _____

9. Your share of the partnership's nondeductible expenses that are not capital expenditures

9. 25.

10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations **SEE STATEMENT 2**

10. 92,881.

11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property

11. _____

12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)

12. 713,249.

Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.

ALTERNATIVE MINIMUM TAX
Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership
(Keep for your records.)

Name of Entity: **CARGOMETRICS COMPASS FUND LP**

EIN: **37-1791864**

1. Your adjusted basis at the end of the prior year. Do not enter less than zero.

Enter -0- if this is your first tax year 1. 1,006,719.

Increases:

2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)

2. 0.

3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2016 Schedule K-1 from your share of liabilities shown in Item K of your 2017 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)

3. _____

4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds

4. 11,113.

5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities

5. 0.

6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion

6. _____

Decreases:

7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)

7. _____

Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.

8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2017 Schedule K-1 from your share of liabilities shown in item K of your 2016 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))

8. _____

9. Your share of the partnership's nondeductible expenses that are not capital expenditures

9. _____

10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations

10. 22,442.

11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property

11. _____

12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)

12. 995,390.

Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.

PARTNERSHIP BASIS WKST	DECREASES IN BASIS	STATEMENT 1
ALPHAKEYS MILLENNIUM FUND, L.L.C.		
DESCRIPTION		AMOUNT
FTC		673.
INCLUDED IN BASIS WORKSHEET, LINE 10		673.

AMT PARTNERSHIP BASIS WORKSHEET	DECREASES IN BASIS	STATEMENT 2
ALPHAKEYS MILLENNIUM FUND, L.L.C.		
DESCRIPTION		AMOUNT
FTC		673.
INCLUDED IN BASIS WORKSHEET, LINE 10		673.

**BSA E-Filing - Report of
Foreign Bank and Financial
Accounts (FBAR)**

FinCEN Form 114

GHISLAI20170001

Filing Name GHISLAINE MAXWELL

Submission Type NEW

PIN NOT REQUIRED

Check here ☒ if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before April 17, 2018. An automatic extension to October 15, 2018 is available.

This report filed late for the following reason (Check only one):

- a. ☐ Forgot to file
- b. ☐ Did not know that I had to file
- c. ☐ Thought account balance was below reporting threshold
- d. ☐ Did not know that my account qualified as foreign
- e. ☐ Account statement not received in time
- f. ☐ Account statement lost (Replacement requested)
- g. ☐ Late receiving missing required account information
- h. ☐ Unable to obtain joint spouse signature in time
- i. ☐ Unable to access BSA E-filing system
- z. ☐ Other (please provide explanation below)

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar
year ended 12/31

2017

Amended ☐**Part I** Filer information GHISLAI20170001

2 Type of filer

a ☒ Individual b ☐ Partnership c ☐ Corporation d ☐ Consolidated e ☐ Fiduciary or other - Enter type _____

3 U.S. Taxpayer Identification Number [REDACTED] <u>If filer has no U.S. Identification number complete item 4</u>	3a TIN type <input checked="" type="checkbox"/> SSN/ITIN <input type="checkbox"/> EIN	4 Foreign identification (Complete only if item 3 is not applicable) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	5 Individual's date of birth MM/DD/YYYY [REDACTED]
--	---	--	--

6 Last name or organization name MAXWELL	7 First name GHISLAINE	8 Middle initial	8a Suffix
---	-------------------------------	------------------	-----------

9 Mailing address (number, street, and apt. or suite no.)

C/O DGC, 150 PRESIDENTIAL WAY APT. NO. 510

10 City WOBURN	11 State MA	12 ZIP/Postal Code 01801	13 Country USA
-----------------------	--------------------	---------------------------------	-----------------------

- 14 a) Does the filer have a financial interest in 25 or more financial accounts?
Yes ☐ Enter number of accounts _____ Do not complete Part II or Part III, but maintain records of the information.
No ☒
- b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?
Yes ☐ Enter number of accounts _____ Comp. Part IV, items 34 through 43 for each person on whose behalf the filer has sign. authority.
No ☒

Part II Information on financial account(s) owned separately

15 Maximum value of account during calendar year 282,451.	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below _____
--	---	---

17 Name of financial institution in which account is held

BARCLAYS

18 Account number or other designation [REDACTED]	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held 137 BROMPTION ROAD KNIGHTSBRIDGE		
20 City LONDON	21 State, if known	22 Foreign postal code, if known SW3 1QF	23 Country UNITED KINGDOM

Signature 44a Check here ☒ if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature The report will be electronically signed when filed	45 Filer title, if not reporting a personal account		46 Date (MM/DD/YYYY) This date will auto-fill when the FBAR is electronically signed	
Third Party Preparer Use Only	47 Preparer's last name BAROOSHIAN	48 First name LAURA	49 MI K	50 Check <input type="checkbox"/> if self-employed
	52 Contact phone no. [REDACTED]	52a Ext.	53 Firm's name DICICCO, GULMAN & COMPA	54 Firm's TIN 04-3296226
	55 Mailing address (number, street, apt. or suite no.) 150 PRESIDENTIAL WAY, SUITE	56 City WOBURN	57 State MA	58 ZIP/Postal Code 01801
				59 Country US

Part II Continued - Information on Financial Account(s) Owned Separately

FORM 114

Complete a Separate Block for Each Account Owned Separately

1 Filing for calendar year 2017	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: [REDACTED]	6 Last Name or Organization Name MAXWELL
15 Maximum value of account during calendar year 0.	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
17 Name of Financial Institution in which account is held CATER ALLEN PRIVATE BANK		
18 Account number or other designation [REDACTED]	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 9 NELSON STREET	
20 City BRADFORD	21 State, if known	22 ZIP/Postal Code, if known BD1 5AN
23 Country UNITED KINGDOM		
15 Maximum value of account during calendar year 2,671,835.	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
17 Name of Financial Institution in which account is held BARCLAYS		
18 Account number or other designation [REDACTED]	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 137 BROMPTION ROAD KNIGHTSBRIDGE	
20 City LONDON	21 State, if known	22 ZIP/Postal Code, if known SW3 1QF
23 Country UNITED KINGDOM		
15 Maximum value of account during calendar year 50,778.	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below PENSION
17 Name of Financial Institution in which account is held WEALTH AT WORK LIMITED		
18 Account number or other designation [REDACTED]	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 5 TEMPLE SQUARE, TEMPLE STREET	
20 City LIVERPOOL	21 State, if known	22 ZIP/Postal Code, if known L2 5RH
23 Country UNITED KINGDOM		
15 Maximum value of account during calendar year 675,676.	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
17 Name of Financial Institution in which account is held BARCLAYS		
18 Account number or other designation [REDACTED]	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 137 BROMPTION ROAD KNIGHTSBRIDGE	
20 City LONDON	21 State, if known	22 ZIP/Postal Code, if known SW3 1QF
23 Country UNITED KINGDOM		
15 Maximum value of account during calendar year	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
17 Name of Financial Institution in which account is held		
18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held	
20 City	21 State, if known	22 ZIP/Postal Code, if known
23 Country		
15 Maximum value of account during calendar year	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
17 Name of Financial Institution in which account is held		
18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held	
20 City	21 State, if known	22 ZIP/Postal Code, if known
23 Country		

IRS e-file Signature Authorization

OMB No. 1545-0074

2017

- ▶ Return completed Form 8879 to your ERO. (Do not send to IRS.)
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name SCOTT G. BORGERSON	Social security number [REDACTED]
Spouse's name GHISLAINE MAXWELL	Spouse's social security number [REDACTED]

Part I Tax Return Information - Tax Year Ending December 31, 2017 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	484,192.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	100,038.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	0.
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize **DICICCO, GULMAN & COMPANY LLP** to enter or generate my PIN **[REDACTED]** as my signature on my tax year 2017 electronically filed income tax return.
ERO firm name **Enter five digits, but don't enter all zeros**
- ☐ I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ **10/12/2018**

Spouse's PIN: check one box only

- ☒ I authorize **DICICCO, GULMAN & COMPANY LLP** to enter or generate my PIN **[REDACTED]** as my signature on my tax year 2017 electronically filed income tax return.
ERO firm name **Enter five digits, but don't enter all zeros**
- ☐ I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ **10/12/2018**

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **0 4 4 5 4 9 [REDACTED]**
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.**

ERO's signature ▶ _____ Date ▶ **10/12/2018**

**Tax Year 2017 e-file Jurat/Disclosure
for Form 1040, 1040A, 1040EZ, or 1040NR
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)**

ERO Declaration

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

ERO Signature

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

ERO's PIN 044549 XXXXXXXX
(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Consent to Disclosure

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

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

Taxpayer's PIN: XXXXXXXX Date 10122018

Spouse's PIN: XXXXXXXX

Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN) May 2015	<h2 style="margin: 0;">Record of Authorization to Electronically File FBARs</h2> <p style="margin: 5px 0;">(See instructions below for completion)</p> <p style="margin: 5px 0;">Do not send to FinCEN. Retain this form for your records.</p> <p style="margin: 5px 0;">The form 114a may be digitally signed</p>	GHISLAI20170001
Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)		
1. Owner last name or entity's legal name	2. Owner first name	3. Owner M.I.
MAXWELL	GHISLAINE	
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M.I.
I/we declare that I/we have provided information concerning <u>5</u> (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, <u>2017</u> to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.		
7. Owner signature (Authorized representative if entity)	8. Date	9. Owner or entity TIN
	MM DD YYYY	
11. Spouse signature	12. Date	13. Spouse TIN
	MM DD YYYY	
10. TIN type a <input type="checkbox"/> EIN b <input checked="" type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign 14. TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign		
Part II Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.		
15. Preparer last name	16. Preparer first name	17. Preparer M.I.
BAROOSHIAN	LAURA	K
19. Address	20. City	21. State
150 PRESIDENTIAL WAY, SUITE 510	WOBURN	MA
23. Country code	24. Preparer's (item 15) employer's (Entity) name	25. Employer EIN
US	DICICCO, GULMAN & COMPANY, L	04-3296226
18. Preparer PTIN 22. ZIP/postal code 01801		
26. Preparer's signature		
<p style="text-align: center;">Instructions for completing the FBAR Signature Authorization Record</p> <p>This record may be completed by the individual or entity granting such authorization (Part I) <u>OR</u> the individual/entity authorized to perform such services. The completed record <u>must</u> be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See http://bsaefiling.fincen.treas.gov/main.html for registration).</p> <p>Read and complete the account owner statement in Part I.</p> <p>To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.</p> <p><u>Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)</u></p> <p>If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as <i>see above</i>, <i>or same as item number x</i>).</p> <p>Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer <u>or</u> the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer <u>must</u> sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.</p> <p>The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010.430(d).</p> <p style="text-align: center;">DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.</p>		

▼ DETACH HERE ▼

Form 4868 Department of the Treasury Internal Revenue Service (99)		Application for Automatic Extension of Time To File U.S. Individual Income Tax Return		1019 2017
Part I Identification 1 Your name(s) SCOTT G. BORGERSON GHISLAINE MAXWELL C/O DGC, 150 PRESIDENTIAL WAY APT. WOBURN, MA 01801 2 Your social security number [REDACTED]		Part II Individual Income Tax 4 Estimate of total tax liability for 2017 \$ <u>141,857.</u> 5 Total 2017 payments <u>81,857.</u> 6 Balance due. Subtract line 5 from line 4 <u>60,000.</u> 7 Amount you are paying ► <u>60,000.</u> 8 Check here if you are "out of the country" and a U.S. citizen or resident ► <input type="checkbox"/> 9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding ► <input type="checkbox"/>		
3 Spouse's social security number [REDACTED]				

487920610 NP BORG 30 0 201712 670

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning _____, 2017, ending _____, 2018

See separate instructions.

Your first name and initial **SCOTT G.** Last name **BORGERSON** Your social security number **[REDACTED]**

If a joint return, spouse's first name and initial **GHISLAINE** Last name **MAXWELL** Spouse's social security number **[REDACTED]**

Home address (number and street). If you have a P.O. box, see instructions. **C/O DGC, 150 PRESIDENTIAL WAY** Apt. no. **510**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. **WOBURN, MA 01801**

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

☐ You ☐ Spouse

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above _____ and full name here. ▶ _____

4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____

5 ☐ Qualifying widow(er) (see instructions)

Exemptions

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

b ☒ Spouse

c Dependents:

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

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

d Total number of exemptions claimed **3**

Boxes checked on 6a and 6b **2**

No. of children on 6c who:

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

Dependents on 6c not entered above **1**

Add numbers on lines above **3**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7**

8a Taxable interest. Attach Schedule B if required **8a 91,404.**

b Tax-exempt interest. Do not include on line 8a **8b 1,941.**

9a Ordinary dividends. Attach Schedule B if required **9a 176,082.**

b Qualified dividends **9b 30,647.**

10 Taxable refunds, credits, or offsets of state and local income taxes **STMT 3 STMT 5** **10 0.**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12 -99,490.**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **13 300,222.**

14 Other gains or (losses). Attach Form 4797 **14 119,602.**

15a IRA distributions **15a** **15b**

16a Pensions and annuities **16a** **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17 -6,783.**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** **20b**

21 Other income. List type and amount **21**

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** **22 581,037.**

Adjusted Gross Income

23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 Deductible part of self-employment tax. Attach Schedule SE **27 11,457.**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29 19,388.**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN ▶ **31a 66,000.**

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 96,845.**

37 Subtract line 36 from line 22. This is your **adjusted gross income** **37 484,192.**

Tax and Credits

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

• All others:
 Single or Married filing separately, \$6,350
 Married filing jointly or Qualifying widow(er), \$12,700
 Head of household, \$9,350

38	Amount from line 37 (adjusted gross income)	38	484,192.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked ... 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ... 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	301,121.
41	Subtract line 40 from line 38	41	183,071.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst.	42	0.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	183,071.
44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	16,076.
45	Alternative minimum tax. Attach Form 6251	45	53,235.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	69,311.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input checked="" type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	69,311.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	22,914.
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s)	62	7,813.
63	Add lines 56 through 62. This is your total tax	63	100,038.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2017 estimated tax payments and amount applied from 2016 return	65	81,857.
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	60,000.
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	141,857.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	41,819.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	
b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="text"/>		
77	Amount of line 75 you want applied to your 2018 estimated tax	77	41,738.

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	81.

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 **LINDSAY J. ANNELLO** Phone no. Personal identification number (PIN)

Sign Here

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<input type="text"/>	<input type="text"/>	TECHNOLOGY	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here
<input type="text"/>	<input type="text"/>	CONSULTANT	<input type="text"/>

Paid**Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
LAURA K. BAROOSHIAN	<input type="text"/>	10/12/18	<input type="checkbox"/>	<input type="text"/>
Firm's name	Firm's EIN	Phone no.		
DICICCO, GULMAN & COMPANY, LLP	04 3296226	<input type="text"/>		
150 PRESIDENTIAL WAY, SUITE 510				
Firm's address WOBURN, MA 01801				

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

▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

Name(s) shown on tax return

SCOTT G. BORGERSON & GHISLAINE MAXWELL

Identifying number

Do You Have To File Form 2210?

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

Part I Required Annual Payment

1	Enter your 2017 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040)	1	69,311.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	30,727.
3	Refundable credits, including the premium tax credit (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	100,038.
5	Multiply line 4 by 90% (0.90)	5	90,034.
6	Withholding taxes. Don't include estimated tax payments (see instructions)	6	
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	100,038.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	328,919.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	90,034.

Next: Is line 9 more than line 6?

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

- A** ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** ☐ You filed or are filing a joint return for either 2016 or 2017, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C, or D** applies).

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **2210** (2017)

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) 4/15/17	(b) 6/15/17	(c) 9/15/17	(d) 1/15/18
18 Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 25. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column	18	22,509.	22,509.	22,509.	22,507.
19 Estimated tax paid and tax withheld. 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 don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II	19	42,857.	24,000.	15,000.	
Complete lines 20 through 26 of one column before going to line 20 of the next column.					
20 Enter the amount, if any, from line 26 in the previous column	20		20,348.	21,839.	14,330.
21 Add lines 19 and 20	21		44,348.	36,839.	14,330.
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	42,857.	44,348.	36,839.	14,330.
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				8,177.
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	20,348.	21,839.	14,330.	
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 79; Form 1040A, line 51; Form 1040NR, line 76; Form 1040NR-EZ, line 26; or Form 1041, line 26. Don't file Form 2210 unless you checked a box in Part II	27				81.

Form 2210 (2017)

SEE ATTACHED WORKSHEET

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)					Identifying Number	
SCOTT G. BORGERSON & GHISLAINE MAXWELL						
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty	
		-0-				
04/15/17	22,509.	22,509.				
04/15/17	-42,857.	-20,348.				
06/15/17	22,509.	2,161.				
06/15/17	-24,000.	-21,839.				
09/15/17	22,509.	670.				
09/15/17	-15,000.	-14,330.				
01/15/18	22,507.	8,177.	90	.000109589	81.	
Penalty Due (Sum of Column F).					81.	

* Date of estimated tax payment, withholding credit date or installment due date.

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service
Name(s) shown on Form 1040

Itemized Deductions

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

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017
Attachment
Sequence No. **07**

Your social security number

SCOTT G. BORGERSON & GHISLAINE MAXWELL

**Medical
and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040, line 38	2	
3	Multiply line 2 by 7.5% (0.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	

**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	5	SEE STATEMENT 11 133,562.
6	Real estate taxes (see instructions)	6	26,896.
7	Personal property taxes	7	
8	Other taxes. List type and amount ►	8	
9	Add lines 5 through 8	9	160,458.

**Interest
You Paid**

10	Home mortgage interest and points reported to you on Form 1098	10	
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	
12	Points not reported to you on Form 1098. See instructions for special rules	12	
13	Mortgage insurance premiums (see instructions)	13	
14	Investment interest. Attach Form 4952 if required. See instructions	14	STMT 12 22,464.
15	Add lines 10 through 14	15	22,464.

**Gifts to
Charity**

If you made a gift and got a benefit for it, see instructions.

16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	
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	
18	Carryover from prior year	18	
19	Add lines 16 through 18	19	

**Casualty and
Theft Losses**

20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	20	
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**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	
22	Tax preparation fees	22	
23	Other expenses - investment, safe deposit box, etc. List type and amount ► SEE STATEMENT 10	23	132,995.
24	Add lines 21 through 23	24	132,995.
25	Enter amount from Form 1040, line 38	25	484,192.
26	Multiply line 25 by 2% (0.02)	26	9,684.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	123,311.

**Other
Miscellaneous
Deductions**

28	Other - from list in instructions. List type and amount ►	28	
-----------	---	-----------	--

**Total
Itemized
Deductions**

29	Is Form 1040, line 38, over \$156,900? <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	STMT 13 301,121.
30	If you elect to itemize deductions even though they are less than your standard deduction, check here		

SCHEDULE B
(Form 1040A or 1040)Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return**Interest and Ordinary Dividends**

▶ Attach to Form 1040A or 1040.

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

OMB No. 1545-0074

2017
Attachment
Sequence No. **08**

Your social security number

SCOTT G. BORGERSON & GHISLAINE MAXWELL**Part I****Interest**

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

SEE STATEMENT 14**Amount**91,411.**1**

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

SUBTOTAL FOR LINE 191,411.TAX-EXEMPT INTERESTSEE STATEMENT 15-7.

- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

91,404.91,404.**Note:** If line 4 is over \$1,500, you must complete Part III.**Part II****Ordinary Dividends**

- 5** List name of payer ▶
- UBS - 3572
- UBS - 3575
- FROM K-1 - ALPHAKEYS MILLENNIUM FUND, L.L.C.
- FROM K-1 - CARGOMETRICS COMPASS FUND LP
- FROM K-1 - ATLAS ENHANCED FUND LP
- FROM K-1 - ANGARA TRUST
- FROM K-1 - ANGARA TRUST - U.S. BOND INT - DIV

1,455.6,656.17,988.4,883.8,075.129,621.7,404.**5**

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

- 6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶

176,082.**Note:** If line 6 is over \$1,500, you must complete Part III.**Part III****Foreign Accounts and Trusts**

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

Yes**No**

- 7a** At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

XX

- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶ UNITED KINGDOM

- 8** During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

If "Yes," you may have to file Form 3520. See instructions

X

727501 10-25-17

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

Schedule B (Form 1040A or 1040) 2017

EFTA00025667

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2017
Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

GHISLAINE MAXWELL

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

CONSULTING

B Enter code from instructions

812990

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

ELLMAX, LLC

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

27-4313665

E Business address (including suite or room no.) **116 EAST 65TH STREET**

City, town or post office, state, and ZIP code **NEW YORK, NY 11021**

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

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2017, check here ☐

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

J If "Yes," did you or will you file 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
2 Returns and allowances	2
3 Subtract line 2 from line 1	3
4 Cost of goods sold (from line 42)	4
5 Gross profit. Subtract line 4 from line 3	5
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

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

8 Advertising	8	18 Office expense	18
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 36,500.	a Vehicles, machinery, and equipment	20a
12 Depletion	12	b Other business property	20b
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
15 Insurance (other than health)	15	23 Taxes and licenses	23 15,232.
16 Interest:		24 Travel, meals, and entertainment:	
a Mortgage (paid to banks, etc.)	16a	a Travel	24a
b Other	16b	b Deductible meals and entertainment (see instructions)	24b
17 Legal and professional services	17 7,530.	25 Utilities	25
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28 99,490.	26 Wages (less employment credits)	26 38,242.
29 Tentative profit or (loss). Subtract line 28 from line 7	29 -99,490.	27a Other expenses (from line 48)	27a 1,986.
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	b Reserved for future use	27b
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 -99,490.		
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 <input checked="" type="checkbox"/> All investment is at risk.	
		32b <input type="checkbox"/> Some investment is not at risk.	

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

Schedule C (Form 1040) 2017

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 2017, enter the number of miles you used your vehicle for:				
a	Business _____	b	Commuting _____	c	Other _____
45	Was your vehicle available for personal use during off-duty hours? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
46	Do you (or your spouse) have another vehicle available for personal use? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
47 a	Do you have evidence to support your deduction? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
b	If "Yes," is the evidence written? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

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

PAYROLL PROCESSING FEES	1,836.
BANK FEES	150.
48 Total other expenses. Enter here and on line 27a	48 1,986.

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

- ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2017Attachment
Sequence No. **12**

Name(s) shown on return

SCOTT G. BORGERSON & GHISLAINE MAXWELL

Your social security number

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 STMT 16				4 1,301.
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 18				5 <15,638.>
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 <14,337.>

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	945,279.	945,271.		8.
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 SEE STATEMENT 17				11 1,977.
..... SEE STATEMENT 19				
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12 312,187.
13 Capital gain distributions SEE STATEMENT 20				13 387.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 314,559.

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

Schedule D (Form 1040) 2017

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <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 go to line 22. <p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet</p> <p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet SEE STATEMENT 21</p> <p>20 Are lines 18 and 19 both zero or blank?</p> <p><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). Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> <p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><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).</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>	<p>16</p> <p>18</p> <p>19</p> <p>21</p>	<p>300,222.</p> <p></p> <p></p> <p>()</p>
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Schedule D (Form 1040) 2017

Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

Name(s) shown on return

SCOTT G. BORGERSON & GHISLAINE MAXWELL

Your SSN

Before you begin:

- ✓ See the instructions for line 44 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 through line 43.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

1. Enter the amount from Form 1040, line 43. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1. <u>183,071.</u>
2. Enter the amount from Form 1040, line 9b* 2. <u>30,647.</u>	
3. Are you filing Schedule D? <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-. </div> <div style="margin-right: 10px;"> <input type="checkbox"/> No. Enter the amount from Form 1040, line 13. </div> </div>	3. <u>300,222.</u>
4. Add lines 2 and 3 4. <u>330,869.</u>	
5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- ... 5. <u>0.</u>	
6. Subtract line 5 from line 4. If zero or less, enter -0- 6. <u>330,869.</u>	
7. Subtract line 6 from line 1. If zero or less, enter -0- 7. <u>0.</u>	
8. Enter: <div style="margin-left: 20px;"> \$ 37,950 if single or married filing separately, \$ 75,900 if married filing jointly or qualifying widow(er), \$ 50,800 if head of household. </div>	8. <u>75,900.</u>
9. Enter the smaller of line 1 or line 8 9. <u>75,900.</u>	
10. Enter the smaller of line 7 or line 9 10. <u>0.</u>	
11. Subtract line 10 from line 9. This amount is taxed at 0% 11. <u>75,900.</u>	
12. Enter the smaller of line 1 or line 6 12. <u>183,071.</u>	
13. Enter the amount from line 11 13. <u>75,900.</u>	
14. Subtract line 13 from line 12 14. <u>107,171.</u>	
15. Enter: <div style="margin-left: 20px;"> \$ 418,400 if single, \$ 235,350 if married filing separately, \$ 470,700 if married filing jointly or qualifying widow(er), \$ 444,550 if head of household. </div>	15. <u>470,700.</u>
16. Enter the smaller of line 1 or line 15 16. <u>183,071.</u>	
17. Add lines 7 and 11 17. <u>75,900.</u>	
18. Subtract line 17 from line 16. If zero or less, enter -0- 18. <u>107,171.</u>	
19. Enter the smaller of line 14 or line 18 19. <u>107,171.</u>	
20. Multiply line 19 by 15% (0.15) 20. <u>16,076.</u>	
21. Add lines 11 and 19 21. <u>183,071.</u>	
22. Subtract line 21 from line 12 22. <u>0.</u>	
23. Multiply line 22 by 20% (0.20) 23. <u>0.</u>	
24. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet 24. <u>0.</u>	
25. Add lines 20, 23, and 24 25. <u>16,076.</u>	
26. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet 26. <u>38,144.</u>	
27. Tax on all taxable income. Enter the smaller of line 25 or 26. Also include this amount on Form 1040, line 44. If you are filing Form 2555 or 2555-EZ, don't enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet 27. <u>16,076.</u>	

*If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

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

Your social security number

SCOTT G. BORGERSON & GHISLAINE MAXWELL

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 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? ☒ 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	SEE STATEMENT 22				
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				
B				
C				
D				
29a Totals				266,637.
b Totals		269,498.		
30 Add columns (g) and (j) of line 29a			30	266,637.
31 Add columns (f), (h), and (i) of line 29b			31	(269,498.)
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	-2,861.

Part III Income or Loss From Estates and Trusts

33		(a) Name		(b) Employer identification number	
A	ANGARA TRUST			81-6797506	
B	INVESTMENT INTEREST EXPENSE			81-6797506	
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		61.	3,978.		
B			5.		
34a	Totals	61.			
b	Totals		3,983.		
35	Add columns (d) and (f) of line 34a			35	61.
36	Add columns (c) and (e) of line 34b			36	(3,983.)
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	-3,922.

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 * ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

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	-6,783.
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), 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	

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2017

SCHEDULE E

Name GHISLAINE MAXWELL

SSN/EIN

Passthrough CARGOMETRICS TECHNOLOGIES LLC

ID 90-0907396

SPOUSE

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-21,895.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-21,895.					122,614.		-144,509.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	-21,895.					122,614.		-144,509.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles	-1.							-1.
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2017

SCHEDULE E

Name GHISLAINE MAXWELL

SSN/EIN [REDACTED]

Passthrough CARGOMETRICS TECHNOLOGIES LLC

ID 90-0907396

SPOUSE

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	9.							9.
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	-21,895.							-21,895.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits	397.							397.
Casualty and theft loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2017

SCHEDULE E

Name GHISLAINE MAXWELL

SSN/EIN

Passthrough ALPHAKEYS MILLENNIUM FUND, L.L.C.

ID 27-5238213

SPOUSE

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-35,373.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-35,373.							-35,373.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other	-48,770.							-48,770.
Total Schedule E (page 2)	-84,143.							-84,143.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles	835.							835.
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income	8,064.							8,064.
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2017

SCHEDULE E

Name GHISLAINE MAXWELL

SSN/EIN

Passthrough ALPHAKEYS MILLENNIUM FUND, L.L.C.

ID 27-5238213

SPOUSE

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	5,732.							5,732.
Interest from U.S. bonds	17,900.							17,900.
Ordinary dividends	17,988.							17,988.
Qualified dividends	6,874.							6,874.
Tax-exempt interest income	7.							7.
FORM 6251								
Depreciation adjustment after 12/31/86	-1.							-1.
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2017

SCHEDULE E

Name GHISLAINE MAXWELL

SSN/EIN

Passthrough CARGOMETRICS COMPASS FUND LP

ID 37-1791864

SPOUSE

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-22,442.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-22,442.							-22,442.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other	168.							168.
Total Schedule E (page 2)	-22,274.							-22,274.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)	1,382.							1,382.
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles	1,950.							1,950.
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income	168.							168.
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2017

SCHEDULE E

Name GHISLAINE MAXWELL

SSN/EIN [REDACTED]

Passthrough CARGOMETRICS COMPASS FUND LP

ID 37-1791864

SPOUSE

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds	2,730.							2,730.
Ordinary dividends	4,883.							4,883.
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2017

SCHEDULE E

Name GHISLAINE MAXWELL

SSN/EIN

Passthrough ATLAS ENHANCED FUND LP

ID 26-0349715

SPOUSE

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)								
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other	-18,572.							-18,572.
Total Schedule E (page 2)	-18,572.							-18,572.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)	-41.							-41.
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles	468.							468.
FORM 4952								
Investment interest expense - Sch. A	22,463.							22,463.
Other net investment income	-18,572.							-18,572.
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income	3.							3.
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2017

SCHEDULE E

Name GHISLAINE MAXWELL

SSN/EIN

Passthrough ATLAS ENHANCED FUND LP

ID 26-0349715

SPOUSE

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	14,581.							14,581.
Interest from U.S. bonds	2,588.							2,588.
Ordinary dividends	8,075.							8,075.
Qualified dividends	2,214.							2,214.
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2017

SCHEDULE E

Name SCOTT G. BORGERSON

SSN/EIN

Passthrough CARGOMETRICS TECHNOLOGIES LLC

ID 90-0907396

TAXPAYER

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments	266,637.							
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	266,637.							266,637.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	266,637.							266,637.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2017

SCHEDULE E

Name SCOTT G. BORGERSON

SSN/EIN

Passthrough CARGOMETRICS TECHNOLOGIES LLC

ID 90-0907396

TAXPAYER

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	266,637.							266,637.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040	19,388.							19,388.
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2017

SCHEDULE E

Name GHISLAINE MAXWELL

SSN/EIN

Passthrough ANGARA TRUST

ID 81-6797506

SPOUSE

ESTATE OR TRUST

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	61.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	61.							61.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other	-3,983.							-3,983.
Total Schedule E (page 2)	-3,922.							-3,922.
FORM 4797								
Section 1231 gain (loss)	26.							26.
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)	-16,979.							-16,979.
Net long-term cap. gain (loss)	312,187.							312,187.
Section 1256 contracts & straddles ...								
FORM 4952								
Investment interest expense - Sch. A	1.							1.
Other net investment income	-4,507.							-4,507.
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income	66,867.							66,867.
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2017

SCHEDULE E

Name GHISLAINE MAXWELL

SSN/EIN

Passthrough ANGARA TRUST

ID 81-6797506

SPOUSE

ESTATE OR TRUST

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	26,461.							26,461.
Interest from U.S. bonds	7,953.							7,953.
Ordinary dividends	129,621.							129,621.
Qualified dividends	20,104.							20,104.
Tax-exempt interest income	1,934.							1,934.
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2017

SCHEDULE E

Name SCOTT G. BORGERSON

SSN/EIN

Passthrough TIDEWOOD LLC

ID 81-3078863

TAXPAYER

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)								
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)								
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles ...								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income	57,889.							57,889.
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2017

SCHEDULE E

Name SCOTT G. BORGERSON

SSN/EIN

Passthrough TIDEWOOD LLC

ID 81-3078863

TAXPAYER

PARTNERSHIP

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

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2017
Attachment
Sequence No. **17**

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

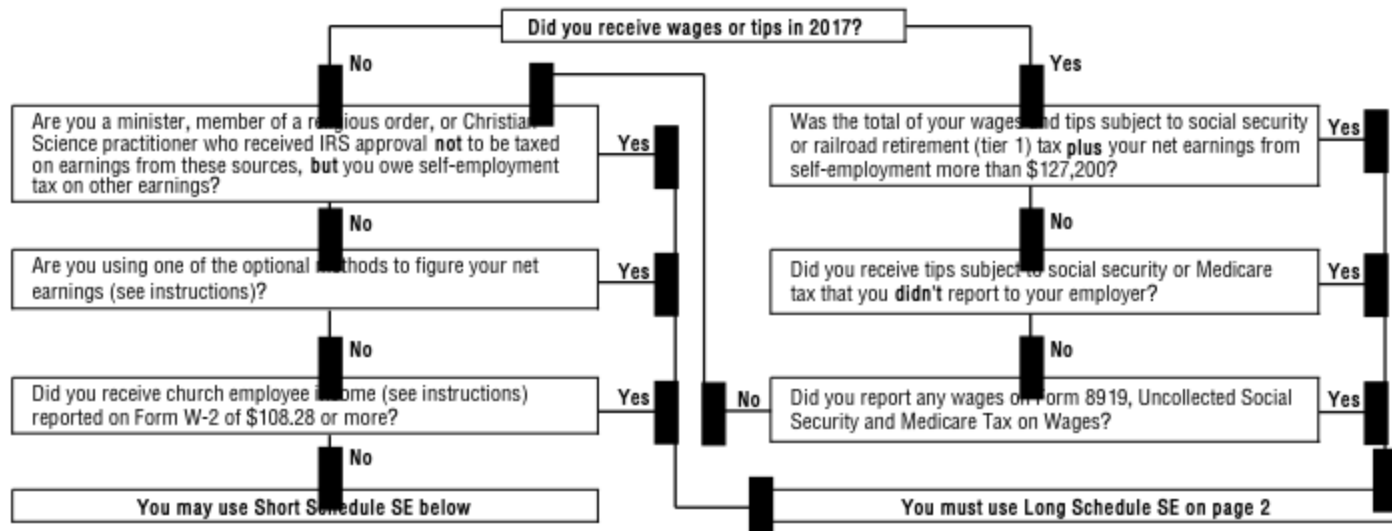
Social security number of
person with **self-employment**
income

SCOTT G. BORGERSON

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	
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	
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	266,637.
3 Combine lines 1a, 1b, and 2	3	266,637.
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b	4	246,239.
5 Self-employment tax. If the amount on line 4 is: • \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	22,914.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	11,457.

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

Schedule SE (Form 1040) 2017

Name
SCOTT G. BORGERSON & GHISLAINE MAXWELL

Identifying number as shown on page 1 of your tax return
[REDACTED]

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

f Resident of (name of country) ▶ **UNITED STATES**

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 cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession ▶	OTHER COUNTRIES	UNITED KINGDOM	HTKO	
1a Gross income from sources within country shown above and of the type checked above:				
	20,594.	542.	-21,136.	1a
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) SEE STATEMENT 24	16,848.			
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	278,657.	278,657.		
b Other deductions (attach statement) STMT 25	66,000.	66,000.		
c Add lines 3a and 3b	344,657.	344,657.		
d Gross foreign source income	20,594.	542.		
e Gross income from all sources	969,585.	969,585.		
f Divide line 3d by line 3e	.02124	.00056		
g Multiply line 3c by line 3f	7,321.	192.		
4 Pro rata share of interest expense:				
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	24,169.	192.	-24,361.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

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						(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))		
		In foreign currency			In U.S. dollars						
		Taxes withheld at source on:			Taxes withheld at source on:						
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties	(q) Interest		
A									1,397.	1,397.	
B											
C											
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶										8 1,397.	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2017)

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	1,397.	
10 Carryback or carryover (attach detailed computation)	10		
11 Add lines 9 and 10	11	1,397.	
12 Reduction in foreign taxes	12		
13 Taxes reclassified under high tax kickout	13	-1,397.	
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		0.
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	15		
16 Adjustments to line 15	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		
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 Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18		
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		
20 Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.	20		
21 Multiply line 20 by line 19 (maximum amount of credit)	21		
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	22		0.

Part IV Summary of Credits From Separate Parts III

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		0.
28 Enter the smaller of line 20 or line 27	28		0.
29 Reduction of credit for international boycott operations	29		
30 Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30		0.

Form **1116** (2017)

Name
SCOTT G. BORGERSON & GHISLAINE MAXWELL

Identifying number as shown on page 1 of your tax return
[REDACTED]

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) ▶ **UNITED STATES**

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 cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession ▶ OTHER COUNTRIES HTKO				
1a Gross income from sources within country shown above and of the type checked above:		21,136.		1a 21,136.
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	278,657.			
b Other deductions (attach statement)	66,000.			
c Add lines 3a and 3b	344,657.			
d Gross foreign source income				
e Gross income from all sources	969,585.			
f Divide line 3d by line 3e	.00000			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
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		24,361.		6 24,361.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7 -3,225.

Part II Foreign Taxes Paid or Accrued

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							
		In foreign currency				In U.S. dollars			
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(o) Dividends	(p) Rents and royalties	(q) Interest	
A									
B									
C									

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2017)

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	
10 Carryback or carryover (attach detailed computation) <u>SEE STATEMENT 26</u>	10	1.
11 Add lines 9 and 10	11	1.
12 Reduction in foreign taxes	12	
13 Taxes reclassified under high tax kickout	13	1,397.
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	1,398.
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	15	-3,225.
16 Adjustments to line 15	16	3,225.
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	
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 Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	
20 Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.	20	
21 Multiply line 20 by line 19 (maximum amount of credit)	21	
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	22	0.

Part IV Summary of Credits From Separate Parts III

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	
29 Reduction of credit for international boycott operations	29	
30 Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30	

Form **1116** (2017)

General Business Credit

► Go to www.irs.gov/Form3800 for instructions and the latest information.
► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0895

2017
Attachment
Sequence No. **22**

SCOTT G. BORGERSON & GHISLAINE MAXWELL

Identifying number

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2017. See instructions	3	13.
4	Carryforward of general business credit to 2017. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	
5	Carryback of general business credit from 2018. Enter the amount from line 2 of Part III with box D checked	5	
6	Add lines 1, 3, 4, and 5	6	13.

Part II Allowable Credit

7	Regular tax before credits:		
	<ul style="list-style-type: none"> Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return 	7	16,076.
8	Alternative minimum tax:		
	<ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 35 Corporations. Enter the amount from Form 4626, line 14 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 	8	53,235.
9	Add lines 7 and 8	9	69,311.
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	69,311.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	16,076.
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see instructions)	13	
14	Tentative minimum tax:		
	<ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 33 Corporations. Enter the amount from Form 4626, line 12 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 	14	69,311.
15	Enter the greater of line 13 or line 14	15	69,311.
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	0.
17	Enter the smaller of line 6 or line 16	17	0.
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2017)

Part II Allowable Credit (Continued)**Note:** If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2017. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	69,311.
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	69,311.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2017. See instructions	33	
34	Carryforward of business credit to 2017. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2018. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> • Individuals. Form 1040, line 54, or Form 1040NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38	

Form **3800** (2017)

Name(s) shown on return

Identifying number

SCOTT G. BORGERSON & GHISLAINE MAXWELL**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A** ☐ General Business Credit From a Non-Passive Activity **E** ☐ Reserved
B ☐ General Business Credit From a Passive Activity **F** ☐ Reserved
C ☐ General Business Credit Carryforwards **G** ☐ Eligible Small Business Credit Carryforwards
D ☐ General Business Credit Carrybacks **H** ☐ Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☒

Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	

Form **4797**Department of the Treasury
Internal Revenue Service
Name(s) shown on return**Sales of Business Property**
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))
▶ Attach to your tax return.▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2017Attachment
Sequence No. **27****SCOTT G. BORGERSON & GHISLAINE MAXWELL**

Identifying number

1 Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20 **1****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	ANGARA TRUST						26.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:						7 26.
Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.							
Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9

Part II Ordinary Gains and Losses (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

ALPHAKEYS MILLENNIUM FUND, L.L.C.						93,485.
ATLAS ENHANCED FUND LP						26,117.
11	Loss, if any, from line 7					11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable					12
13	Gain, if any, from line 31					13
14	Net gain or (loss) from Form 4684, lines 31 and 38a					14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36					15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824					16
17	Combine lines 10 through 16					17 119,602.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:					
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions					18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14					18b 119,602.

LHA For Paperwork Reduction Act Notice, see separate instructions.Form **4797** (2017)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25	If section 1245 property:				
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.				
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).				
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28	If section 1254 property:				
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29	If section 1255 property:				
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

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

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2017
Attachment
Sequence No. **32**

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

Your social security number

SCOTT G. BORGERSON & GHISLAINE MAXWELL**Part I Alternative Minimum Taxable Income**

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	183,071.
2 Reserved for future use	2	
3 Taxes from Schedule A (Form 1040), line 9	3	160,458.
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	123,311.
6 If Form 1040, line 38, is \$156,900 or less, enter -0-. Otherwise, see instructions	6	-5,112.
7 Tax refund from Form 1040, line 10 or line 21	7	
8 Investment interest expense (difference between regular tax and AMT)	8	
9 Depletion (difference between regular tax and AMT)	9	
10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11 Alternative tax net operating loss deduction	11	
12 Interest from specified private activity bonds exempt from the regular tax	12	
13 Qualified small business stock, see instructions	13	
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) STMT 30	18	
19 Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 28	19	0.
20 Loss limitations (difference between AMT and regular tax income or loss)	20	
21 Circulation costs (difference between regular tax and AMT)	21	
22 Long-term contracts (difference between AMT and regular tax income)	22	
23 Mining costs (difference between regular tax and AMT)	23	
24 Research and experimental costs (difference between regular tax and AMT)	24	
25 Income from certain installment sales before January 1, 1987	25	
26 Intangible drilling costs preference	26	
27 Other adjustments, including income-based related adjustments	27	
28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450, see instructions.)	28	461,728.

Part II Alternative Minimum Tax (AMT)

29 Exemption. (If you were under age 24 at the end of 2017, see instructions.)		
IF your filing status is... AND line 28 is not over... THEN enter on line 29...		
Single or head of household	\$120,700	\$54,300
Married filing jointly or qualifying widow(er)	160,900	84,500
Married filing separately	80,450	42,250 STMT 29
If line 28 is over the amount shown above for your filing status, see instructions.		
29		9,293.
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	452,435.
31		
• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. • All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result.		
31		69,852.
32 Alternative minimum tax foreign tax credit (see instructions)	32	541.
33 Tentative minimum tax. Subtract line 32 from line 31	33	69,311.
34 Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	16,076.
35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	53,235.

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	452,435.
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	330,869.
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	
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	330,869.
40 Enter the smaller of line 36 or line 39	40	330,869.
41 Subtract line 40 from line 36	41	121,566.
42 If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	42	31,607.
43 Enter: <ul style="list-style-type: none"> • \$75,900 if married filing jointly or qualifying widow(er), • \$37,950 if single or married filing separately, or • \$50,800 if head of household. 	43	75,900.
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 the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	0.
45 Subtract line 44 from line 43. If zero or less, enter -0-	45	75,900.
46 Enter the smaller of line 36 or line 37	46	330,869.
47 Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	75,900.
48 Subtract line 47 from line 46	48	254,969.
49 Enter: <ul style="list-style-type: none"> • \$418,400 if single • \$235,350 if married filing separately • \$470,700 if married filing jointly or qualifying widow(er) • \$444,550 if head of household 	49	470,700.
50 Enter the amount from line 45	50	75,900.
51 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51	
52 Add line 50 and line 51	52	75,900.
53 Subtract line 52 from line 49. If zero or less, enter -0-	53	394,800.
54 Enter the smaller of line 48 or line 53	54	254,969.
55 Multiply line 54 by 15% (0.15)	55	38,245.
56 Add lines 47 and 54	56	330,869.
If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.		
57 Subtract line 56 from line 46	57	0.
58 Multiply line 57 by 20% (0.20)	58	
If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		
59 Add lines 41, 56, and 57	59	
60 Subtract line 59 from line 36	60	
61 Multiply line 60 by 25% (0.25)	61	
62 Add lines 42, 55, 58, and 61	62	69,852.
63 If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	63	122,926.
64 Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	69,852.

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)
SCOTT G. BORGERSON & GHISLAINE MAXWELL

Social Security Number

SCOTT G. BORGERSON & GHISLAINE MAXWELL

[illegible]

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

2017

Attachment
Sequence No. 19

Form

1116

Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

Name

Identifying number as shown on page 1 of your tax return

SCOTT G. BORGERSON & GHISLAINE MAXWELL

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) ▶ UNITED STATES

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 cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	OTHER COUNTRIES	UNITED KINGDOM	HTKO	
1a Gross income from sources within country shown above and of the type checked above:	21,376.	542.	-21,918.	1a
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)	16,848.			
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction				
b Other deductions (attach statement) STMT 31	66,000.	66,000.		
c Add lines 3a and 3b	66,000.	66,000.		
d Gross foreign source income	21,376.	542.		
e Gross income from all sources	969,585.	969,585.		
f Divide line 3d by line 3e	.02205	.00056		
g Multiply line 3c by line 3f	1,455.	37.		
4 Pro rata share of interest expense:				
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	18,303.	37.	-18,340.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

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						(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))		
		In foreign currency			In U.S. dollars						
		Taxes withheld at source on:			Taxes withheld at source on:						
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties	(q) Interest		
A										1,397.	1,397.
B											
C											

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ **8** 1,397.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2017)

ALTERNATIVE MINIMUM TAX

Form 1116 (2017) **SCOTT G. BORGERSON & GHISLAINE MAXWELL**

Page **2**

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	1,397.	
10 Carryback or carryover (attach detailed computation)	10		
11 Add lines 9 and 10	11	1,397.	
12 Reduction in foreign taxes	12		
13 Taxes reclassified under high tax kickout	13	-1,397.	
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		0.
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	15		
16 Adjustments to line 15	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		
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 Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18		
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		
20 Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.	20		69,852.
21 Multiply line 20 by line 19 (maximum amount of credit)	21		
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	22		0.

Part IV Summary of Credits From Separate Parts III

23 Credit for taxes on passive category income	23		
24 Credit for taxes on general category income	24	541.	
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		541.
28 Enter the smaller of line 20 or line 27	28		541.
29 Reduction of credit for international boycott operations	29		
30 Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30		541.

Form **1116** (2017)

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

2017

Attachment
Sequence No. 19

Form

1116

Department of the Treasury
Internal Revenue Service (99)

Name

Identifying number as shown on page 1 of your tax return

SCOTT G. BORGERSON & GHISLAINE MAXWELL

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) ▶ UNITED STATES

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 cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	OTHER COUNTRIES	HTKO		
1a Gross income from sources within country shown above and of the type checked above:		21,918.		1a 21,918.
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				
b Other deductions (attach statement)	66,000.			
c Add lines 3a and 3b	66,000.			
d Gross foreign source income				
e Gross income from all sources	969,585.			
f Divide line 3d by line 3e	.00000			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
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		18,340.		6 18,340.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7 3,578.

Part II Foreign Taxes Paid or Accrued

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								
		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	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties		(m) Interest	(o) Dividends	(p) Rents and royalties		
A										
B										
C										

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

8

LHA For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2017)

ALTERNATIVE MINIMUM TAX

Form 1116 (2017) **SCOTT G. BORGERSON & GHISLAINE MAXWELL**

Page **2**

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		
10 Carryback or carryover (attach detailed computation) <u>SEE STATEMENT 32</u>	10		
11 Add lines 9 and 10	11		
12 Reduction in foreign taxes	12		
13 Taxes reclassified under high tax kickout	13	1,397.	
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		1,397.
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	15	3,578.	
16 Adjustments to line 15	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	3,578.	
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	18	461,728.	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		.00775
20 Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42	20		69,852.
Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.			
21 Multiply line 20 by line 19 (maximum amount of credit)	21		541.
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	22		541.

Part IV Summary of Credits From Separate Parts III

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		
29 Reduction of credit for international boycott operations	29		
30 Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30		

Form **1116** (2017)

Form **4952**Department of the Treasury
Internal Revenue Service (99)**Investment Interest Expense Deduction**▶ Go to www.irs.gov/Form4952 for the latest information.

▶ Attach to your tax return.

OMB No. 1545-0191

2017Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

SCOTT G. BORGERSON & GHISLAINE MAXWELL**Part I Total Investment Interest Expense**

1	Investment interest expense paid or accrued in 2017 (see instructions) SEE STATEMENT 33	1	71,239.
2	Disallowed investment interest expense from 2016 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	71,239.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) STMT 34	4a	244,575.	
b	Qualified dividends included on line 4a	4b	30,647.	
c	Subtract line 4b from line 4a	4c	213,928.	
d	Net gain from the disposition of property held for investment STMT 35	4d	300,196.	
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions) STMT 36	4e	300,196.	
f	Subtract line 4e from line 4d	4f	0.	
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g		
h	Investment income. Add lines 4c, 4f, and 4g	4h	213,928.	
5	Investment expenses (see instructions) SEE STATEMENT 37	5	123,311.	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6	90,617.	

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2018. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions STMT 38	8	71,239.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4952** (2017)

ALTERNATIVE MINIMUM TAX

Form **4952**Department of the Treasury
Internal Revenue Service (99)**Investment Interest Expense Deduction**▶ Go to www.irs.gov/Form4952 for the latest information.

▶ Attach to your tax return.

OMB No. 1545-0191

2017Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

SCOTT G. BORGERSON & GHISLAINE MAXWELL**Part I Total Investment Interest Expense**

1	Investment interest expense paid or accrued in 2017 (see instructions) <u>SEE STATEMENT 39</u>	1	71,239.
2	Disallowed investment interest expense from 2016 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	71,239.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	244,575.	
4b	Qualified dividends included on line 4a	4b	30,647.	
4c	Subtract line 4b from line 4a	4c	213,928.	
4d	Net gain from the disposition of property held for investment	4d	300,196.	
4e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	300,196.	
4f	Subtract line 4e from line 4d	4f	0.	
4g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g		
4h	Investment income. Add lines 4c, 4f, and 4g	4h	213,928.	
5	Investment expenses (see instructions)	5		
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6	213,928.	

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2018. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	71,239.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4952** (2017)

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

71,239.
 71,239.

**Net Investment Income Tax -
Individuals, Estates, and Trusts**

OMB No. 1545-2227

2017Attachment
Sequence No. **72**Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN

SCOTT G. BORGERSON & GHISLAINE MAXWELL

- Part I Investment Income**
- ☐ Section 6013(g) election (see instructions)
- ☐ Section 6013(h) election (see instructions)
- ☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	91,404.
2	Ordinary dividends (see instructions)	2	176,082.
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	-6,783.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 40	4b	-186,927.
c	Combine lines 4a and 4b	4c	-193,710.
5a	Net gain or loss from disposition of property (see instructions)	5a	419,824.
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	-119,602.
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	300,222.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	373,998.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	22,464.
b	State, local, and foreign income tax (see instructions)	9b	22,616.
c	Miscellaneous investment expenses (see instructions)	9c	123,311.
d	Add lines 9a, 9b, and 9c	9d	168,391.
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	168,391.

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-	12	205,607.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	484,192.
14	Threshold based on filing status (see instructions)	14	250,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	234,192.
16	Enter the smaller of line 12 or line 15	16	205,607.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)	17	7,813.
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)	21	

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

Form 8960 (2017)

Keep for Your Records

723261 04-01-17

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet

Keep for Your Records

Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deduction limitations
(Description and Form 8960 line number where they'll be reported):

Description	Line	Amount
(a) SEE STATEMENT 42		
(b)		

2. Enter the total of all items listed in line 1 2. 132,995.
3. Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27) 3. 123,311.
4. Enter the lesser of the total reported on line 2 or line 3 4. 123,311.

Part II - Application of Section 67 Limitation to Specific Deductions

(A) Reenter the amounts and descriptions from Part I, line 1.			(B) IF line 3 is less than line 2, THEN divide line 3 by line 2 AND enter the amount in column (B). IF amounts reported on Part I, lines 2 and 4 are equal, THEN enter 1.00 in column (B).		(C) Multiply the individual amounts in column (A) by the amount in column (B).	
Description	Line	Amount				
(a) SEE STATEMENT 43			X		=	
(b)			X		=	

TIP

Individuals - Use the amounts in column (C) on Part III, line 1, to determine the amount of these deductions that are allowable after the application of the section 68 limitation.

Estates or trusts - Enter the amounts in column (C) in the appropriate location on lines 9 and 10. Don't complete Parts III or IV of this worksheet.

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet - continued

Keep for Your Records

Part III - Application of Section 68 to deductions properly allocable to investment income (Individuals Only)

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from column (C) of Part II:

Description	Line	Amount
(a) <u>SEE STATEMENT 44</u>		
(b) _____		

2. Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income _____

2. 22,616.

3. Enter the amounts of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitations (Description and Form 8960 line number where they'll be reported):

Description	Line	Amount
(a) _____		
(b) _____		

4. Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3 _____

4. 145,927.

5. Enter the amount of total itemized deductions reported on Form 1040 _____

5. 301,121.

6. Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:

(a) Investment Interest Expense	<u>22,464.</u>
(b) Casualty Losses (other than losses described in section 165(c)(1))	_____
(c) Medical Expenses	_____
(d) Gambling Losses	_____
(e) Total of lines 6(a) through 6(d)	<u>22,464.</u>

6e. 22,464.

7. Subtract line 6e from line 5 _____

7. 278,657.

8. Enter the lesser of line 7 or line 4 _____

8. 145,927.

TIP

This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.

Part IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (Individuals Only)

(B)

IF Part III, line 8 is less than Part III, line 4, THEN divide line 8 by line 4 AND enter the amount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).

(C)

Multiply the individual amounts in column (A) by the amount in column (B). Enter these amounts in the appropriate location on lines 9 and 10.

(A)

Reenter the amounts and descriptions from Part III, lines 1 - 3.

Miscellaneous Itemized Deductions properly allocable to investment income:

Description	Line	Amount			
1. (a) <u>SEE STATEMENT 45</u>			X		
(b) _____			X		
2. State, local, and foreign income taxes		<u>22,616.</u>	X	<u>1.0000</u>	<u>22,616.</u>

Itemized Deductions Subject to Section 68 included on Line

3 of Part III:

3. (a) _____			X		
(b) _____			X		

**Net Investment Income Tax -
Individuals, Estates, and Trusts****2017****MASSACHUSETTS**

Name(s)

SCOTT G BORGERSON & GHISLAINE MAXWELL

Your social security number or EIN

Part I Investment Income☐ Section 6013(g) election☐ Regulations section 1.1411-10(g) election

1	Taxable interest (Form 1040, line 8a; or Form 1041, line 1)	1	61,882.
2	Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a)	2	176,082.
3	Annuities from nonqualified plans	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Form 1040, line 17; or Form 1041, line 5)	4a	839.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	4b	-64,842.
c	Combine lines 4a and 4b	4c	-64,003.
5a	Net gain or loss from disposition of property from Form 1040, combine lines 13 and 14; or from Form 1041, combine lines 4 and 7	5a	410,024.
b	Net gain or loss from disposition of property that is not subject to net investment income tax	5b	-119,602.
c	Adjustment from disposition of partnership interest or S corporation stock	5c	
d	Combine lines 5a through 5c	5d	290,422.
6	Changes in investment income for certain CFCs and PFICs	6	
7	Other modifications to investment income	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	464,383.

Part II State Income Tax Pro-rata for 2017 Income Tax Payments

9	State total income	9	559,137.
10	State income tax payments for 2017	10	22,294.
11	2017 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10	11	18,516.

Part III State Income Tax Pro-rata for 2016 Estimate Payments Made in 2017

12	State estimate payments for 2016	12	0.
13	Percent of state income taxes attributable to investment income for 2016	13	
14	2016 state estimate payments attributable to investment income. Line 12 times line 13	14	0.

Part IV State Income Tax Pro-rata for Balance of Prior Years Tax Plus Extension Payments Paid in 2017

15	Balance of prior years tax plus extension payments paid in 2017	15	20,000.
16	Percent of state income taxes attributable to investment income for 2016	16	.974856
17	Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16	17	19,497.

Part V Reduction of State Tax Deduction

18	Reduction of state tax deduction	18	(15,794.)
19	Percent of state income taxes attributable to investment income for 2016	19	.974856
20	Reduction of state tax deduction attributable to investment income. Line 18 times line 19	20	(15,397.)

Part VI Total State Income Tax Payments Attributable to Investment Income

21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2	21	22,616.
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Form 8960 (2017)

Form **8801**Department of the Treasury
Internal Revenue Service (99)**Credit for Prior Year Minimum Tax -
Individuals, Estates, and Trusts**▶ Go to www.irs.gov/Form8801 for instructions and the latest information.

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

OMB No. 1545-1073

2017Attachment
Sequence No. **74**

Name(s) shown on return

Identifying number

SCOTT G. BORGERSON & GHISLAINE MAXWELL**Part I Net Minimum Tax on Exclusion Items**

1 Combine lines 1, 6, and 10 of your 2016 Form 6251. Estates and trusts, see instructions	1	1,243,732.
2 Enter adjustments and preferences treated as exclusion items (see instructions)	2	87,272.
3 Minimum tax credit net operating loss deduction (see instructions)	3	()
4 Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$247,450 and you were married filing separately for 2016, see instructions	4	1,331,004.
5 Enter: \$83,800 if married filing jointly or qualifying widow(er) for 2016; \$53,900 if single or head of household for 2016; or \$41,900 if married filing separately for 2016. Estates and trusts, enter \$23,900	5	83,800.
6 Enter: \$159,700 if married filing jointly or qualifying widow(er) for 2016; \$119,700 if single or head of household for 2016; or \$79,850 if married filing separately for 2016. Estates and trusts, enter \$79,850	6	159,700.
7 Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	1,171,304.
8 Multiply line 7 by 25% (0.25)	8	292,826.
9 Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2016, see instructions	9	0.
10 Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions	10	1,331,004.
11 • If for 2016 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter. • If for 2016 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 18a and 19, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 55 here. Form 1040NR filers, see instructions. • All others: If line 10 is \$186,300 or less (\$93,150 or less if married filing separately for 2016), multiply line 10 by 26% (0.26). Otherwise, multiply line 10 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately for 2016) from the result. Form 1040NR filers, see instructions.	11	259,463.
12 Minimum tax foreign tax credit on exclusion items (see instructions)	12	3,689.
13 Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	255,774.
14 Enter the amount from your 2016 Form 6251, line 34, or 2016 Form 1041, Schedule I, line 55	14	229,384.
15 Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	26,390.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8801 (2017)

Part II Minimum Tax Credit and Carryforward to 2018

16 Enter the amount from your 2016 Form 6251, line 35, or 2016 Form 1041, Schedule I, line 56	16	26,390.
17 Enter the amount from line 15	17	26,390.
18 Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	0.
19 2016 credit carryforward. Enter the amount from your 2016 Form 8801, line 26	19	4.
20 Enter your 2016 unallowed qualified electric vehicle credit (see instructions)	20	
21 Combine lines 18 through 20. If zero or less, stop here and see the instructions	21	4.
22 Enter your 2017 regular income tax liability minus allowable credits (see instructions)	22	16,076.
23 Enter the amount from your 2017 Form 6251, line 33, or 2017 Form 1041, Schedule I, line 54	23	69,311.
24 Subtract line 23 from line 22. If zero or less, enter -0-	24	0.
25 Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2017 Form 1040, line 54 (check box b); Form 1040NR, line 51 (check box b); or Form 1041, Schedule G, line 2c	25	0.
26 Credit carryforward to 2018. Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years	26	4.

Form 8801 (2017)

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 11 or by the Foreign Earned Income Tax Worksheet in the instructions.

Caution: If you didn't complete the 2016 Qualified Dividends and Capital Gain Tax Worksheet, the 2016 Schedule D Tax Worksheet, or Part V of the 2016 Schedule D (Form 1041), see the instructions before completing this part. *		
27	Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2016, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions	27 1,331,004.
Caution: If for 2016 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 28, 29, and 30.		
28	Enter the amount from line 6 of your 2016 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2016 Schedule D Tax Worksheet, or the amount from line 26 of the 2016 Schedule D (Form 1041), whichever applies*	28 1,155,017.
If you figured your 2016 tax using the 2016 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.		
29	Enter the amount from line 19 of your 2016 Schedule D (Form 1040), or line 18b, column (2), of the 2016 Schedule D (Form 1041)	29
30	Add lines 28 and 29, and enter the smaller of that result or the amount from line 10 of your 2016 Schedule D Tax Worksheet	30 1,155,017.
31	Enter the smaller of line 27 or line 30	31 1,155,017.
32	Subtract line 31 from line 27	32 175,987.
33	If line 32 is \$186,300 or less (\$93,150 or less if married filing separately for 2016), multiply line 32 by 26% (0.26). Otherwise, multiply line 32 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately for 2016) from the result. Form 1040NR filers, see instructions	33 45,757.
34	Enter: <ul style="list-style-type: none"> • \$75,300 if married filing jointly or qualifying widow(er) for 2016, • \$37,650 if single or married filing separately for 2016, • \$50,400 if head of household for 2016, or • \$2,550 for an estate or trust. Form 1040NR filers, see instructions.	34 75,300.
35	Enter the amount from line 7 of your 2016 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2016 Schedule D Tax Worksheet, or the amount from line 27 of the 2016 Schedule D (Form 1041), whichever applies. If you didn't complete either worksheet or Part V of the 2016 Schedule D (Form 1041), enter the amount from your 2016 Form 1040, line 43, or 2016 Form 1041, line 22, whichever applies; if zero or less, enter -0-. Form 1040NR filers, see instructions	35 121,015.
36	Subtract line 35 from line 34. If zero or less, enter -0-	36 0.
37	Enter the smaller of line 27 or line 28	37 1,155,017.
38	Enter the smaller of line 36 or line 37	38
39	Subtract line 38 from line 37	39 1,155,017.
40	Enter: <ul style="list-style-type: none"> • \$415,050 if single for 2016, • \$233,475 if married filing separately for 2016, • \$466,950 if married filing jointly or qualifying widow(er) for 2016, • \$441,000 if head of household for 2016, or • \$12,400 for an estate or trust. Form 1040NR filers, see instructions.	40 466,950.
41	Enter the amount from line 36	41
42	Form 1040 filers, enter the amount from line 7 of your 2016 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 19 of your 2016 Schedule D Tax Worksheet, whichever applies. If you didn't complete either worksheet, see instructions. Form 1041 filers, enter the amount from line 27 of your 2016 Schedule D (Form 1041) or line 18 of your 2016 Schedule D Tax Worksheet, whichever applies. If you didn't complete either the worksheet or Part V of the 2016 Schedule D (Form 1041), enter the amount from your 2016 Form 1041, line 22; if zero or less, enter -0-. Form 1040NR filers, see instructions	42 121,015.

* The 2016 Qualified Dividends and Capital Gain Tax Worksheet is in the 2016 Instructions for Form 1040. The 2016 Schedule D Tax Worksheet is in the 2016 Instructions for Schedule D (Form 1040) (or the 2016 Instructions for Schedule D (Form 1041)).

Part III Tax Computation Using Maximum Capital Gains Rates (continued)

43	Add lines 41 and 42	43	121,015.
44	Subtract line 43 from line 40. If zero or less, enter -0-	44	345,935.
45	Enter the smaller of line 39 or line 44	45	345,935.
46	Multiply line 45 by 15% (0.15)	46	51,890.
47	Add lines 38 and 45	47	345,935.
If lines 47 and 27 are the same, skip lines 48 through 52 and go to line 53. Otherwise, go to line 48.			
48	Subtract line 47 from line 37	48	809,082.
49	Multiply line 48 by 20% (0.20)	49	161,816.
If line 29 is zero or blank, skip lines 50 through 52 and go to line 53. Otherwise, go to line 50.			
50	Add lines 32, 47 and 48	50	
51	Subtract line 50 from line 27	51	
52	Multiply line 51 by 25% (0.25)	52	
53	Add lines 33, 46, 49, and 52	53	259,463.
54	If line 27 is \$186,300 or less (\$93,150 or less if married filing separately for 2016), multiply line 27 by 26% (0.26). Otherwise, multiply line 27 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately for 2016) from the result. Form 1040NR filers, see instructions	54	368,955.
55	Enter the smaller of line 53 or line 54 here and on line 11. If you filed Form 2555 or 2555-EZ for 2016, don't enter this amount on line 11. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the instructions for line 11	55	259,463.

Form 8801 (2017)

Name
SCOTT G. BORGERSON & GHISLAINE MAXWELL

Identifying number as shown on page 1 of your tax return
[REDACTED]

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) ▶ **UNITED STATES**

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 cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession ▶	OTHER COUNTRIES	UNITED KINGDOM		
1a Gross income from sources within country shown above and of the type checked above:				
	53,746.	1,328.		1a 55,074.
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)	948.			
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction				
b Other deductions (attach statement)	66,000.	66,000.		
c Add lines 3a and 3b	66,000.	66,000.		
d Gross foreign source income	53,746.	1,328.		
e Gross income from all sources	8,022,924.	8,022,924.		
f Divide line 3d by line 3e	.006699	.000166		
g Multiply line 3c by line 3f	442.	11.		
4 Pro rata share of interest expense:				
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	1,390.	11.		6 1,401.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7 53,673.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued					
		In foreign currency			In U.S. dollars		
		Taxes withheld at source on:			Taxes withheld at source on:		
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends (p) Rents and royalties (q) Interest
A							
B							
C							

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ **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	3,689.	
10 Carryback or carryover (attach detailed computation)	10		
11 Add lines 9 and 10	11	3,689.	
12 Reduction in foreign taxes	12		
13 Taxes reclassified under high tax kickout	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		3,689.
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	15	53,673.	
16 Adjustments to line 15	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	53,673.	
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	18	939,231.	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		.05715
20 Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39	20		259,463.
Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.			
21 Multiply line 20 by line 19 (maximum amount of credit)	21		14,828.
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	22		3,689.

Part IV Summary of Credits From Separate Parts III

23 Credit for taxes on passive category income	23	3,689.	
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		3,689.
28 Enter the smaller of line 20 or line 27	28		3,689.
29 Reduction of credit for international boycott operations	29		
30 Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30		3,689.

Form 1116 (2016)

Name
SCOTT G. BORGERSON & GHISLAINE MAXWELL

Identifying number as shown on page 1 of your tax return
[REDACTED]

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) ▶ **UNITED STATES**

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 cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession ▶ OTHER COUNTRIES				
1a Gross income from sources within country shown above and of the type checked above:				1a
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				
b Other deductions (attach statement)	66,000.			
c Add lines 3a and 3b	66,000.			
d Gross foreign source income				
e Gross income from all sources	8,022,924.			
f Divide line 3d by line 3e				
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
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

Part II Foreign Taxes Paid or Accrued

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

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2016)

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		
10 Carryback or carryover (attach detailed computation)	10		
11 Add lines 9 and 10	11		
12 Reduction in foreign taxes	12		
13 Taxes reclassified under high tax kickout	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		
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	15		
16 Adjustments to line 15	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		
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	18	939,231.	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		
20 Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39	20		
Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.			
21 Multiply line 20 by line 19 (maximum amount of credit)	21		
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	22		

Part IV Summary of Credits From Separate Parts III

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		
29 Reduction of credit for international boycott operations	29		
30 Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30		

Form 1116 (2016)

Minimum Tax Foreign Tax Credit
on Exclusion Items
2016 Schedule D Tax Worksheet Recalculated

Name

SCOTT G. BORGERSON & GHISLAINE MAXWELL

1. Enter your taxable income from Form 8801, line 10	1. <u>1,331,004.</u>
2. Enter your qualified dividends from Form 1040, line 9b	2. <u>N/A</u>
3. Enter the amount from Form 4952, line 4g	3. <u>N/A</u>
4. Enter the amount from Form 4952, line 4e*	4. <u>N/A</u>
5. Subtract line 4 from line 3. If zero or less, enter -0-	5. <u>N/A</u>
6. Subtract line 5 from line 2. If zero or less, enter -0-	6. <u>N/A</u>
7. Enter the smaller of line 15 or line 16 of Sch. D	7. <u>N/A</u>
8. Enter the smaller of line 3 or line 4	8. <u>N/A</u>
9. Subtract line 8 from line 7. If zero or less, enter -0-	9. <u>N/A</u>
10. Add lines 6 and 9	10. <u>1,155,017.</u>
11. Add lines 18 and 19 of Schedule D	11. <u></u>
12. Enter the smaller of line 9 or line 11	12. <u></u>
13. Subtract line 12 from line 10	13. <u>1,155,017.</u>
14. Subtract line 13 from line 1. If zero or less, enter -0-	14. <u>175,987.</u>
15. Enter:	
• \$37,650 if single or married filing separately;	
• \$75,300 if married filing jointly or qualifying widow(er); or	
• \$50,400 if head of household	15. <u>75,300.</u>
16. Enter the smaller of line 1 or line 15	16. <u>75,300.</u>
17. Enter the smaller of line 14 or line 16	17. <u>75,300.</u>
18. Subtract line 10 from line 1. If zero or less, enter -0-	18. <u>175,987.</u>
19. Enter the larger of line 17 or line 18	19. <u>175,987.</u>
20. Subtract line 17 from line 16. This amount is taxed at 0%	20. <u></u>
If lines 1 and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.	
21. Enter the smaller of line 1 or line 13	21. <u>1,155,017.</u>
22. Enter the amount from line 20 (if line 20 is blank, enter -0-)	22. <u>0.</u>
23. Subtract line 22 from line 21. If zero or less, enter -0-	23. <u>1,155,017.</u>
24. Enter:	
• \$415,050 if single;	
• \$233,475 if married filing separately;	
• \$466,950 if married filing jointly or qualifying widow(er); or	
• \$441,000 if head of household	24. <u>466,950.</u>
25. Enter the smaller of line 1 or line 24	25. <u>466,950.</u>
26. Add lines 19 and 20	26. <u>175,987.</u>
27. Subtract line 26 from line 25, if zero or less, enter -0-	27. <u>290,963.</u>
28. Enter the smaller of line 23 or line 27	28. <u>290,963.</u>
29. Multiply line 28 by 15% (.15)	29. <u>N/A</u>
30. Add lines 22 and 28	30. <u>290,963.</u>
If lines 1 and 30 are the same, skip lines 31 through 41 and go to line 42. Otherwise, go to line 31.	
31. Subtract line 30 from line 21	31. <u>864,054.</u>
32. Multiply line 31 by 20% (.20)	32. <u>N/A</u>
If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.	
33. Enter the smaller of line 9 above or Schedule D, line 19	33. <u></u>
34. Add lines 10 and 19	34. <u></u>
35. Enter the amount from line 1 above	35. <u></u>
36. Subtract line 35 from line 34. If zero or less, enter -0-	36. <u></u>
37. Subtract line 36 from line 33. If zero or less, enter -0-	37. <u></u>
38. Multiply line 37 by 25% (.25)	38. <u>N/A</u>
If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.	

Minimum Tax Foreign Tax Credit on Exclusion Items 2016 Schedule D Tax Worksheet Recalculated - *Continued*

39. Add lines 19, 20, 28, 31, and 37	39.	
40. Subtract line 39 from line 1	40.	
41. Multiply line 40 by 28% (.28)		41. N/A
42. Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet		42. N/A
43. Add lines 29, 32, 38, 41, and 42		43. N/A
44. Figure the tax on the amount on line 1 . If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet		44. N/A
45. Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44		45. N/A

Form
1116AMT - 8801

Minimum Tax Foreign Tax Credit
on Exclusion Items
Worksheet for Line 18

Name

SCOTT G. BORGERSON & GHISLAINE MAXWELL

1	Enter the amount from Form 8801, line 4		1,331,004.
2	Enter 2016 worldwide 28% gains	N/A	
3	Multiply line 2 by 0.2000	N/A	
4	Enter 2016 worldwide 25% gains		
5	Multiply line 4 by 0.1071		
6	Enter prior year worldwide 20% gains and qualified dividends	809,082.	
7	Multiply line 6 by 0.2857	231,155.	
8	Enter 2016 worldwide 15% gains and qualified dividends	345,935.	
9	Multiply line 8 by 0.4643	160,618.	
10	Enter 2016 worldwide 0% gains and qualified dividends		
11	Add lines 5, 7, 9 and 10		391,773.
12	Subtract line 11 from line 1. Enter the result here and on MTFTCE Form 1116, line 18		939,231.

Gains and Losses From Section 1256 Contracts and Straddles

► Go to www.irs.gov/Form6781 for the latest information.
► Attach to your tax return.

OMB No. 1545-0044

2017
Attachment
Sequence No. **82**

Name(s) shown on tax return

Identifying number

SCOTT G. BORGERSON & GHISLAINE MAXWELL

Check all applicable boxes **A** ☐ Mixed straddle election **C** ☐ Mixed straddle account election
(see instructions). **B** ☐ Straddle-by-straddle identification election **D** ☐ Net section 1256 contracts loss election

Part I Section 1256 Contracts Marked to Market

(a) Identification of account	(b) (Loss)	(c) Gain
1 SEE STATEMENT 47		
2 Add the amounts on line 1 in columns (b) and (c)	2 (1.)	3,253.
3 Net gain or (loss). Combine line 2, columns (b) and (c)		3,252.
4 Form 1099-B adjustments. See instructions and attach statement		
5 Combine lines 3 and 4		3,252.
Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions.		
6 If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0-		
7 Combine lines 5 and 6		3,252.
8 Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line 4 of Schedule D or on Form 8949 (see instructions)		1,301.
9 Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here and include on line 11 of Schedule D or on Form 8949 (see instructions)		1,951.

Part II Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components.

Section A - Losses From Straddles

(a) Description of property	(b) Date entered into or acquired	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Loss. If column (e) is more than (d), enter difference. Otherwise, enter -0-	(g) Unrecognized gain on offsetting positions	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0-
	(c) Date closed out or sold Mo. Day Yr.					
10						
11a Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule D or on Form 8949 (see instructions)						11a ()
b Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule D or on Form 8949 (see instructions)						11b ()

Section B - Gains From Straddles

(a) Description of property	(b) Date entered into or acquired	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-
	(c) Date closed out or sold Mo. Day Yr.			
12				
13a Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D or on Form 8949 (see instructions)				13a
b Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form 8949 (see instructions)				13b

Part III Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo Entry Only (see instructions)

(a) Description of property	(b) Date acquired			(c) Fair market value on last business day of tax year	(d) Cost or other basis as adjusted	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0-
	Mo.	Day	Yr.			
14						

Passive Activity Loss Limitations

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

Identifying number

SCOTT G. BORGERSON & GHISLAINE MAXWELL**Part I 2017 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))**1a****b** Activities with net loss (enter the amount from Worksheet 1, column (b))**1b****c** Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))**1c****d** Combine lines 1a, 1b, and 1c**1d****Commercial Revitalization Deductions From Rental Real Estate Activities****2a** Commercial revitalization deductions from Worksheet 2, column (a)**2a****b** Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)**2b****c** Add lines 2a and 2b**2c****All Other Passive Activities****3a** Activities with net income (enter the amount from Worksheet 3, column (a))**3a**

87.

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

87.

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**

87.

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** Enter \$150,000. If married filing separately, see instructions**6****7** Enter modified adjusted gross income, but not less than zero (see instructions)**7****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.**8** Subtract line 7 from line 6**8****9** Multiply line 8 by 50% (0.50). **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**

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 2017.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return**16**

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

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

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

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

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)719762 10-13-17

Passive Activity Credit Limitations

▶ See separate instructions.

▶ Attach to Form 1040 or 1041.

OMB No. 1545-1034

Attachment
Sequence No. **89**

Identifying number

SCOTT G. BORGERSON & GHISLAINE MAXWELL**Part I Passive Activity Credits****Caution:** If you have credits from a publicly traded partnership, see *Publicly Traded Partnerships (PTPs)* in the instructions.**Credits From Rental Real Estate Activities With Active Participation (Other Than Rehabilitation Credits and Low-Income Housing Credits)** (See Lines 1a through 1c in the instructions.)**1a** Credits from Worksheet 1, column (a)**1a****b** Prior year unallowed credits from Worksheet 1, column (b)**1b****c** Add lines 1a and 1b**1c****Rehabilitation Credits From Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990)** (See Lines 2a through 2c in the instructions.)**2a** Credits from Worksheet 2, column (a)**2a****b** Prior year unallowed credits from Worksheet 2, column (b)**2b****c** Add lines 2a and 2b**2c****Low-Income Housing Credits for Property Placed in Service After 1989** (See Lines 3a through 3c in the instructions.)**3a** Credits from Worksheet 3, column (a)**3a****b** Prior year unallowed credits from Worksheet 3, column (b)**3b****c** Add lines 3a and 3b**3c****All Other Passive Activity Credits** (See Lines 4a through 4c in the instructions.)**4a** Credits from Worksheet 4, column (a)**4a****b** Prior year unallowed credits from Worksheet 4, column (b)**4b****29.****c** Add lines 4a and 4b**4c****29.****5** Add lines 1c, 2c, 3c, and 4c**5****29.****6** Enter the tax attributable to net passive income (see instructions)**6****13.****7** Subtract line 6 from line 5. If line 6 is more than or equal to line 5, enter -0- and see instructions**7****16.****Note:** 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, III, or IV. Instead, go to line 37.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Complete this part only if you have an amount on line 1c. Otherwise, go to Part III.**8** Enter the smaller of line 1c or line 7**8****9** Enter \$150,000. If married filing separately, see instructions**9****10** Enter modified adjusted gross income, but not less than zero (see instructions).

If line 10 is equal to or more than line 9, skip lines 11

through 15 and enter -0- on line 16

10**11** Subtract line 10 from line 9**11****12** Multiply line 11 by 50% (.50). Do not enter more than \$25,000. If married

filing separately, see instructions

12**13a** Enter the amount, if any, from line 10 of

Form 8582

13a**b** Enter the amount, if any, from line 14 of

Form 8582

13b**c** Add lines 13a and 13b**13c****14** Subtract line 13c from line 12**14****15** Enter the tax attributable to the amount on line 14 (see instructions)**15****16** Enter the **smaller** of line 8 or line 15**16****LHA For Paperwork Reduction Act Notice, see instructions.**Form **8582-CR** (Rev. 01-2012)

Part III Special Allowance for Rehabilitation Credits From Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990)**Note:** Complete this part only if you have an amount on line 2c. Otherwise, go to Part IV.

17	Enter the amount from line 7		17
18	Enter the amount from line 16		18
19	Subtract line 18 from line 17. If zero, enter -0- here and on lines 30 and 36, and then go to Part V		19
20	Enter the smaller of line 2c or line 19		20
21	Enter \$250,000. If married filing separately, see instructions to find out if you can skip lines 21 through 26	21	
22	Enter modified adjusted gross income, but not less than zero. (See instructions for line 10.) If line 22 is equal to or more than line 21, skip lines 23 through 29 and enter -0- on line 30	22	
23	Subtract line 22 from line 21	23	
24	Multiply line 23 by 50% (.50). Do not enter more than \$25,000. If married filing separately, see instructions	24	
25a	Enter the amount, if any, from line 10 of Form 8582	25a	
b	Enter the amount, if any, from line 14 of Form 8582	25b	
c	Add lines 25a and 25b	25c	
26	Subtract line 25c from line 24	26	
27	Enter the tax attributable to the amount on line 26 (see instructions)	27	
28	Enter the amount, if any, from line 18	28	
29	Subtract line 28 from line 27		29
30	Enter the smaller of line 20 or line 29		30

Part IV Special Allowance for Low-Income Housing Credits for Property Placed in Service After 1989**Note:** Complete this part only if you have an amount on line 3c. Otherwise, go to Part V.

31	If you completed Part III, enter the amount from line 19. Otherwise, subtract line 16 from line 7	31
32	Enter the amount from line 30	32
33	Subtract line 32 from line 31. If zero, enter -0- here and on line 36	33
34	Enter the smaller of line 3c or line 33	34
35	Tax attributable to the remaining special allowance (see instructions)	35
36	Enter the smaller of line 34 or line 35	36

Part V Passive Activity Credit Allowed

37	Passive Activity Credit Allowed. Add lines 6, 16, 30, and 36. See instructions to find out how to report the allowed credit on your tax return and how to allocate allowed and unallowed credits if you have more than one credit or credits from more than one activity. If you have any credits from a publicly traded partnership, see Publicly Traded Partnerships (PTPs) in the instructions.	37	13.
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Part VI Election To Increase Basis of Credit Property

38	If you disposed of your entire interest in a passive activity or former passive activity in a fully taxable transaction, and you elect to increase your basis in credit property used in that activity by the unallowed credit that reduced your basis in the property, check this box. See instructions	<input type="checkbox"/>
39	Name of passive activity disposed of	
40	Description of the credit property for which the election is being made	
41	Amount of unallowed credit that reduced your basis in the property	\$

Statement of Specified Foreign Financial Assets▶ Go to www.irs.gov/Form8938 for instructions and the latest information.

▶ Attach to your tax return.

OMB No. 1545-2195

2017Attachment
Sequence No. **175**For calendar year **2017** or tax year beginning and endingIf you have attached continuation statements, check here ☒ **X**Number of continuation statements **3**1 Name(s) shown on return
SCOTT G. BORGERSON & GHISLAINE MAXWELL2 TIN
[REDACTED]

3 Type of filer

a ☒ Specified individual b ☐ Partnership c ☐ Corporation d ☐ Trust4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust.
(See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)

a Name

b TIN

Part I Foreign Deposit and Custodial Accounts Summary1 Number of Deposit Accounts (reported in Part V) **5**
2 Maximum Value of All Deposit Accounts \$ **3,680,740.**
3 Number of Custodial Accounts (reported in Part V) **1**
4 Maximum Value of All Custodial Accounts \$
5 Were any foreign deposit or custodial accounts closed during the tax year? ☒ Yes ☐ No**Part II Other Foreign Assets Summary**1 Number of Foreign Assets (reported in Part VI) **2**
2 Maximum Value of All Assets (reported in Part VI) \$
3 Were any foreign assets acquired or sold during the tax year? ☐ Yes ☒ No**Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets** (see instructions)

(a) Asset Category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
1 Foreign Deposit and Custodial Accounts	1a Interest	\$ 542.		SCH B, LN 1
	1b Dividends	\$		
	1c Royalties	\$		
	1d Other income	\$		
	1e Gains (losses)	\$		
	1f Deductions	\$		
	1g Credits	\$		
2 Other Foreign Assets	2a Interest	\$		
	2b Dividends	\$		
	2c Royalties	\$		
	2d Other income	\$		
	2e Gains (losses)	\$		
	2f Deductions	\$		
	2g Credits	\$		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

1. Number of Forms 3520 **1** 2. Number of Forms 3520-A **1** 3. Number of Forms 5471 **1**
4. Number of Forms 8621 **1** 5. Number of Forms 8865 **1****Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary**
(see instructions)

If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).

1 Type of account ☒ Deposit ☐ Custodial 2 Account number or other designation
[REDACTED]
3 Check all that apply a ☐ Account opened during tax year b ☐ Account closed during tax year
c ☐ Account jointly owned with spouse d ☒ No tax item reported in Part III with respect to this asset
4 Maximum value of account during tax year \$ **282,451.**
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ☒ Yes ☐ No
6 If you answered "Yes" to line 5, complete all that apply.
(a) Foreign currency in which account is maintained **UNITED KINGDOM, POUND**
(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary
(see instructions) (continued)

7a Name of financial institution in which account is maintained **BARCLAYS** **b** Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

137 BROMPTION ROAD KNIGHTSBRIDGE

9 City or town, state or province, and country (including postal code)

LONDON SW3 1QF UNITED KINGDOM

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset (see instructions).

1 Description of asset **WEALTH AT WORK LIMITED - PENSION FUND** **2** Identifying number or other designation

3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.

a Date asset acquired during tax year, if applicable

b Date asset disposed of during tax year, if applicable

c ☐ Check if asset jointly owned with spouse

d ☒ Check if no tax item reported in Part III with respect to this asset

4 Maximum value of asset during tax year (check box that applies)

a ☐ \$0 - \$50,000

b ☐ \$50,001 - \$100,000

c ☐ \$100,001 - \$150,000

d ☐ \$150,001 - \$200,000

e If more than \$200,000, list value \$

5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? ☒ Yes ☐ No

6 If you answered "Yes" to line 5, complete all that apply.

(a) Foreign currency in which asset is denominated

(b) Foreign currency exchange rate used to convert to U.S. dollars

(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

UNITED KINGDOM, POUND

7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

a Name of foreign entity

b GIIN (Optional)

c Type of foreign entity

(1) ☐ Partnership

(2) ☐ Corporation

(3) ☐ Trust

(4) ☐ Estate

d Mailing address of foreign entity. Number, street, and room or suite no.

e City or town, state or province, and country (including postal code)

8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

Note. If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty (see instructions).

a Name of issuer or counterparty **WEALTH AT WORK LIMITED**

Check if information is for ☒ Issuer ☐ Counterparty

b Type of issuer or counterparty

(1) ☐ Individual

(2) ☒ Partnership

(3) ☐ Corporation

(4) ☐ Trust

(5) ☐ Estate

c Check if issuer or counterparty is a ☐ U.S. person ☒ Foreign person

d Mailing address of issuer or counterparty. Number, street, and room or suite no.

5 TEMPLE SQUARE, TEMPLE STREET

e City or town, state or province, and country (including postal code)

LIVERPOOL L2 5RH UNITED KINGDOM

SCOTT G. BORGERSON & GHISLAINE MAXWELL

Part V Foreign Deposit and Custodial Accounts (see instructions)

1 Type of account ☒ Deposit ☐ Custodial 2 Account number or other designation

3 Check all that apply a ☐ Account opened during tax year b ☒ Account closed during tax year
c ☐ Account jointly owned with spouse d ☒ No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$ 0.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ☒ Yes ☐ No

6 If you answered "Yes" to line 5, complete all that apply.

(1) Foreign currency in which account is maintained UNITED KINGDOM, POUND	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
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7a Name of financial institution in which account is maintained **CATER ALLEN PRIVATE BANK** b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

9 **NELSON STREET**

9 City or town, province or state, and country (including postal code)

BRADFORD BD1 5AN UNITED KINGDOM

1 Type of account ☒ Deposit ☐ Custodial 2 Account number or other designation

3 Check all that apply a ☐ Account opened during tax year b ☐ Account closed during tax year
c ☐ Account jointly owned with spouse d ☐ No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$ 2,671,835.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ☒ Yes ☐ No

6 If you answered "Yes" to line 5, complete all that apply.

(1) Foreign currency in which account is maintained UNITED KINGDOM, POUND	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
---	--	--

7a Name of financial institution in which account is maintained **BARCLAYS** b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

137 BROMPTION ROAD KNIGHTSBRIDGE

9 City or town, province or state, and country (including postal code)

LONDON SW3 1QF UNITED KINGDOM

1 Type of account ☒ Deposit ☐ Custodial 2 Account number or other designation

3 Check all that apply a ☐ Account opened during tax year b ☐ Account closed during tax year
c ☐ Account jointly owned with spouse d ☒ No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$ 50,778.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ☒ Yes ☐ No

6 If you answered "Yes" to line 5, complete all that apply.

(1) Foreign currency in which account is maintained UNITED KINGDOM, POUND	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
---	--	--

7a Name of financial institution in which account is maintained **WEALTH AT WORK LIMITED** b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

5 TEMPLE SQUARE, TEMPLE STREET

9 City or town, province or state, and country (including postal code)

LIVERPOOL L2 5RH UNITED KINGDOM

SCOTT G. BORGERSON & GHISLAINE MAXWELL

Part V Foreign Deposit and Custodial Accounts (see instructions)

1 Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation
3 Check all that apply: a <input checked="" type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input checked="" type="checkbox"/> No tax item reported in Part III with respect to this asset		
4 Maximum value of account during tax year		\$ 675,676.
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 If you answered "Yes" to line 5, complete all that apply.		
(1) Foreign currency in which account is maintained UNITED KINGDOM, POUND	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained BARCLAYS		b Global Intermediary Identification Number (GIIN) (Optional)
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 137 BROMPTION ROAD KNIGHTSBRIDGE		
9 City or town, province or state, and country (including postal code) LONDON SW3 1QF UNITED KINGDOM		

1 Type of account <input type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation
3 Check all that apply: a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset		
4 Maximum value of account during tax year		\$
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 If you answered "Yes" to line 5, complete all that apply.		
(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained		b Global Intermediary Identification Number (GIIN) (Optional)
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.		
9 City or town, province or state, and country (including postal code)		

1 Type of account <input type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation
3 Check all that apply: a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset		
4 Maximum value of account during tax year		\$
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 If you answered "Yes" to line 5, complete all that apply.		
(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained		b Global Intermediary Identification Number (GIIN) (Optional)
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.		
9 City or town, province or state, and country (including postal code)		

SCOTT G. BORGERSON & GHISLAINE MAXWELL

Part VI Other Foreign Assets**1** Description of asset**2** Identifying number or other designation**INVESTMENT IN GNAT & COMPANY LTD****3** Complete all that apply**a** Date asset acquired during tax year, if applicable _____**b** Date asset disposed of during tax year, if applicable _____**c** ☐ Check if asset jointly owned with spouse**d** ☒ Check if no tax item reported in Part III with respect to this asset**4** Maximum value of asset during tax year (check box that applies)**a** ☐ \$0 - \$50,000 **b** ☐ \$50,001 - \$100,000 **c** ☐ \$100,001 - \$150,000 **d** ☐ \$150,001 - \$200,000**e** If more than \$200,000, list value _____ \$**5** Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? _____☒ Yes☐ No**6** If you answered "Yes" to line 5, complete all that apply.**(1)** Foreign currency in which asset is denominated**(2)** Foreign currency exchange rate used to convert to U.S. dollars**(3)** Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service**UNITED KINGDOM, POUND****7** If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.**a** Name of foreign entity _____ **b** GILN (Optional) _____**c** Type of foreign entity **(1)** ☐ Partnership **(2)** ☐ Corporation **(3)** ☐ Trust **(4)** ☐ Estate**d** Mailing address of foreign entity. Number, street, and room or suite no. _____**e** City or town, state or province, and country (including postal code) _____**8** If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.**Note.** If this asset has more than one issuer or counterparty, attach a continuation sheet with the same information for each additional issuer or counterparty (see instructions).**a** Name of issuer or counterparty **GNAT & COMPANY LTD**Check if information is for ☒ Issuer ☐ Counterparty**b** Type of issuer or counterparty**(1)** ☐ Individual **(2)** ☐ Partnership **(3)** ☒ Corporation **(4)** ☐ Trust **(5)** ☐ Estate**c** Check if issuer or counterparty is a ☐ U.S. person ☒ Foreign person**d** Mailing address of issuer or counterparty. Number, street, and room or suite no. _____**e** City or town, province or state, and country (including postal code) _____

Form 1116

U.S. and Foreign Source Income Summary

NAME

SCOTT G. BORGERSON & GHISLAINE MAXWELL

INCOME TYPE	TOTAL	U.S.	FOREIGN GENERAL
Compensation			
Dividends/Distributions	176,082.	176,082.	
Interest SEE STATEMENT 53	91,404.	90,862.	542.
Capital Gains	315,860.	315,860.	
Business/Profession			
Rent/Royalty			
State/Local Refunds			
Partnership/S Corporation	266,637.	266,637.	
Trust/Estate			
Other Income	119,602.	99,008.	20,594.
Gross Income	969,585.	948,449.	21,136.
Less:			
Section 911 Exclusion			
Capital Losses	15,638.	15,638.	
Capital Gains Tax Adjustment			
Total Income - Form 1116	953,947.	932,811.	21,136.
Deductions:			
Business/Profession Expenses	99,490.	99,490.	
Rent/Royalty Expenses			
Partnership/S Corporation Losses	269,498.	269,498.	
Trust/Estate Losses	3,922.	3,922.	
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction	11,457.	11,457.	
Self-employment Health Insurance	19,388.	19,388.	
Keogh Contributions			
Alimony	66,000.	64,561.	1,439.
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments		-16,848.	16,848.
Capital Gains Tax Adjustment			
Total Deductions	469,755.	451,468.	18,287.
Adjusted Gross Income	484,192.	481,343.	2,849.
Less Itemized Deductions:			
Specifically Allocated			
Home Mortgage Interest			
Other Interest	22,464.	22,464.	
Ratably Allocated	278,657.	272,583.	6,074.
Total Adjustments to Adjusted Gross Income	301,121.	295,047.	6,074.
Taxable Income Before Exemptions	183,071.	186,296.	-3,225.

Form 1116

Allocation of Itemized Deductions

NAME

SCOTT G. BORGERSON & GHISLAINE MAXWELL

	Total Itemized Deductions	Itemized Deductions After Sec. 68 Reduction	Form 1116		
			Specifically U.S.	Specifically Foreign	Ratable
Taxes	160,458.	157,567.			157,567.
Interest - Not Including Investment Interest					
Contributions					
Miscellaneous Deductions Subject to 2%	123,311.	121,090.			121,090.
Other Miscellaneous Deductions - Not Including Gambling Losses					
Foreign Adjustment					
Total Itemized Deductions Subject to Sec. 68	283,769.	278,657.			
Add Itemized Deductions Not Subject to Sec. 68:					
Medical/Dental					
Investment Interest	22,464.	22,464.	22,464.		
Casualty Losses					
Gambling Losses					
Qualified contributions					
Foreign Adjustment					
Total Itemized Deductions	306,233.				
Total Allowed on Schedule A		301,121.	22,464.		278,657.

NAME

SCOTT G. BORGERSON & GHISLAINE MAXWELL

Foreign Income Category

GENERAL LIMITATION INCOME

Regular

	2012	2013	2014	2015	2016	2017
1. Foreign tax paid/accrued						1,397.
2. FTC carryback to 2017 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						1,397.
5. Maximum credit allowable						0.
6. Unused foreign tax (+) or excess of limit (-)				1.		1,397.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining				1.		1,397.
Total foreign taxes from all available years to be carried to next year						1,398.

	2007	2008	2009	2010	2011
1. Foreign tax paid/accrued					
2. FTC carryback to 2017 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

NAME

SCOTT G. BORGERSON & GHISLAINE MAXWELL

Foreign Income Category

GENERAL LIMITATION INCOME

AMT	2012	2013	2014	2015	2016	2017
1. Foreign tax paid/accrued						1,397.
2. FTC carryback to 2017 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						1,397.
5. Maximum credit allowable						541.
6. Unused foreign tax (+) or excess of limit (-)						856.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining						856.
Total foreign taxes from all available years to be carried to next year						856.

	2007	2008	2009	2010	2011
1. Foreign tax paid/accrued					
2. FTC carryback to 2017 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

NAME

SCOTT G. BORGERSON & GHISLAINE MAXWELL

Alternative minimum tax deductions allocation:

Itemized deductions	0.
Other deductions not directly allocated	66,000.
Total alternative minimum tax adjustments	66,000.
Total foreign source income	21,918.
Total gross income	969,585.
Ratio of foreign source income to gross income022606
Total foreign source deductions	1,492.

Total deductions allocated to foreign income class:

General limitation income	
Passive income	1,492.
Section 901(j) income	
Income re-sourced by treaty	

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714431 04-01-17

FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 3

	2016	2015	2014
	MASSACHUSETTS		
GROSS STATE/LOCAL INC TAX REFUNDS	3,021.		
LESS: TAX PAID IN FOLLOWING YEAR	3,021.		
NET TAX REFUNDS MASSACHUSETTS	0.		
	MASSACHUSETTS		
GROSS STATE/LOCAL INC TAX REFUNDS	12,773.		
LESS: TAX PAID IN FOLLOWING YEAR	12,773.		
NET TAX REFUNDS MASSACHUSETTS	0.		
TOTAL NET TAX REFUNDS	0.		

FORM 1040

PERSONAL EXEMPTION WORKSHEET

STATEMENT 4

1. IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS?
 NO. STOP. MULTIPLY \$4,050 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42.
 YES. CONTINUE
2. MULTIPLY \$4,050 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D 12,150.
3. ENTER THE AMOUNT FROM FORM 1040, LINE 38 484,192.
4. ENTER THE AMOUNT FOR YOUR FILING STATUS 313,800.
 - SINGLE \$261,500
 - MARRIED FILING JOINTLY OR WIDOW(ER) \$313,800
 - MARRIED FILING SEPARATELY \$156,900
 - HEAD OF HOUSEHOLD \$287,650
5. SUBTRACT LINE 4 FROM LINE 3. IF THE RESULT IS MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATELY), STOP. ENTER -0- ON LINE 42 170,392.
6. DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MARRIED FILING SEPARATELY). IF THE RESULT IS NOT A WHOLE NUMBER, INCREASE IT TO THE NEXT HIGHER WHOLE NUMBER (FOR EXAMPLE, INCREASE 0.0004 TO 1)
7. MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL
8. MULTIPLY LINE 2 BY LINE 7
9. SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 42.

FORM 1040

TAXABLE STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 5

	2016	2015	2014
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.			
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION			
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	144,238.		
3 DEDUCTION NOT SUBJ TO PHASEOUT	53,714.		
4 NET REFUNDS FROM LINE 1			
5 LINE 2 MINUS LINES 3 AND 4	90,524.		
6 MULT LN 5 BY APPL SEC. 68 PCT	72,419.		
7 PRIOR YEAR AGI	1,387,970.		
8 ITEM. DED. PHASEOUT THRESHOLD	311,300.		
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	1,076,670.		
10 MULT LN 9 BY APPL SEC. 68 PCT	32,300.		
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	58,224.		
12 ITEM DED. NOT SUBJ TO PHASEOUT	53,714.		
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	111,938.		
13B PRIOR YR. STD. DED. AVAILABLE	12,600.		
14 PRIOR YR. ALLOWABLE ITEM. DED.	111,938.		
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14			
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)			
17 ALLOWABLE PRIOR YR. ITEM. DED.	111,938.		
18 PRIOR YEAR STD. DED. AVAILABLE	12,600.		
19 SUBTRACT LINE 18 FROM LINE 17	99,338.		
20 LESSER OF LINE 16 OR LINE 19			
21 PRIOR YEAR TAXABLE INCOME	1,276,032.		
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			0.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2014			
TOTAL TO FORM 1040, LINE 10			0.

FORM 1040

TAX-EXEMPT INTEREST

STATEMENT 6

NAME OF PAYER

AMOUNT

FROM K-1 - ALPHAKEYS MILLENNIUM FUND, L.L.C. - TAX-EXEMPT INTER

7.

FROM K-1 - ANGARA TRUST - TAX-EXEMPT INTEREST

1,934.

TOTAL TO FORM 1040, LINE 8B

1,941.

FORM 1040

QUALIFIED DIVIDENDS

STATEMENT 7

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
UBS - 3572	1,455.	1,455.
FROM K-1 - ALPHAKEYS MILLENNIUM FUND, L.L.C.	17,988.	6,874.
FROM K-1 - ATLAS ENHANCED FUND LP	8,075.	2,214.
FROM K-1 - ANGARA TRUST	129,621.	20,104.
TOTAL INCLUDED IN FORM 1040, LINE 9B		30,647.

SCOTT G. BORGERSON

CARGOMETRICS TECHNOLOGIES LLC

1	NONSPECIFIED HEALTH INSURANCE PAYMENTS		19,388.
2	NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED		266,637.
3	TOTAL OF ALL NET PROFITS AND EARNED INCOME. S CORPORATIONS SKIP TO LINE 9	266,637.	
4	DIVIDE LINE 2 BY LINE 3	1.0000	
5	DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX	11,457.	
6	LINE 4 TIMES LINE 5		11,457.
7	LINE 2 MINUS LINE 6		255,180.
8	SELF-EMPLOYED SEP, SIMPLE, AND QUALIFIED PLANS ATTRIBUTABLE TO TRADE OR BUSINESS NAMED ABOVE		0.
9	LINE 7 MINUS LINE 8. S CORPORATIONS ENTER WAGES RECEIVED		255,180.
10	FORM 2555, LINE 45 ATTRIBUTABLE TO THE TRADE OR BUSINESS NAMED ABOVE		
11	LINE 9 MINUS LINE 10		255,180.
12	SELF-EMPLOYED HEALTH INSURANCE DEDUCTION. LESSER OF LINE 1 OR LINE 11		19,388.

DESCRIPTION	AMOUNT
2ND QTR ESTIMATE PAYMENT - JOINT	24,000.
3RD QTR ESTIMATE PAYMENT - JOINT	15,000.
PRIOR YEAR OVERPAYMENT APPLIED - JOINT	42,857.
TOTAL TO FORM 1040, LINE 65	81,857.

SCHEDULE A MISCELLANEOUS DEDUCTIONS SUBJECT TO FLOOR STATEMENT 10

DESCRIPTION	AMOUNT
UBS INVESTMENT FEES	172.
FROM K-1 - ALPHAKEYS MILLENNIUM FUND, L.L.C.	8,064.
FROM K-1 - ATLAS ENHANCED FUND LP	3.
FROM K-1 - ANGARA TRUST	66,867.
FROM K-1 - TIDEWOOD LLC	57,889.
TOTAL TO SCHEDULE A, LINE 23	132,995.

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 11

DESCRIPTION	AMOUNT
NY STATE TAX PAYMENTS	107,062.
MASSACHUSETTS 2ND QTR ESTIMATE PAYMENTS	6,500.
MASSACHUSETTS PRIOR YEAR OVERPAYMENT APPLIED	15,794.
MASSACHUSETTS PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	20,000.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	-15,794.
TOTAL TO SCHEDULE A, LINE 5	133,562.

SCHEDULE A INVESTMENT INTEREST STATEMENT 12

DESCRIPTION	AMOUNT
FROM K-1 - ATLAS ENHANCED FUND LP	22,463.
FROM K-1 - ANGARA TRUST	1.
TOTAL TO SCHEDULE A, LINE 14	22,464.

SCHEDULE A

ITEMIZED DEDUCTIONS WORKSHEET

STATEMENT 13

1.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28.		306,233.
2.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28 AND ANY QUALIFIED CONTRIBUTIONS INCLUDED ON LINE 16.		22,464.
3.	IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1.		283,769.
4.	MULTIPLY LINE 3 BY 80% (.80).	227,015.	
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 38.	484,192.	
6.	ENTER \$313,800 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$287,650 IF HEAD OF HOUSEHOLD; \$261,500 IF SINGLE; OR \$156,900 IF MARRIED FILING SEPARATELY.	313,800.	
7.	IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5.	170,392.	
8.	MULTIPLY LINE 7 BY 3% (.03).	5,112.	
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8.		5,112.
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29.		301,121.

SCHEDULE B	INTEREST INCOME	STATEMENT 14
NAME OF PAYER		AMOUNT
BARCLAYS		542.
CITIZENS BANK		19.
IMPUTED INTEREST - LOAN FROM TERRAMAR PROJECT		18,889.
UBS - 3575		1.
UBS - 3576		36.
IRS		136.
UBS - 3680		17.
FROM GRANTOR LETTER - ANGARA TRUST		1,214.
FROM K-1 - CARGOMETRICS TECHNOLOGIES LLC - SAVINGS/LOANS BANK		9.
FROM K-1 - ALPHAKEYS MILLENNIUM FUND, L.L.C. - TAX-EXEMPT INTEREST		7.
FROM K-1 - ALPHAKEYS MILLENNIUM FUND, L.L.C. - SAVINGS/LOANS BANK		5,732.
FROM K-1 - ALPHAKEYS MILLENNIUM FUND, L.L.C. - U.S. BONDS & OBLIG		17,900.
FROM K-1 - CARGOMETRICS COMPASS FUND LP - U.S. BONDS & OBLIG		2,730.
FROM K-1 - ATLAS ENHANCED FUND LP - SAVINGS/LOANS BANK		14,581.
FROM K-1 - ATLAS ENHANCED FUND LP		2,588.
FROM K-1 - ANGARA TRUST - SAVINGS/LOANS BANK		26,461.
FROM K-1 - ANGARA TRUST - U.S. BONDS & OBLIG		549.
TOTAL TO SCHEDULE B, LINE 1		91,411.

SCHEDULE B	TAX-EXEMPT INTEREST	STATEMENT 15
NAME OF PAYER		AMOUNT
FROM K-1 - ALPHAKEYS MILLENNIUM FUND, L.L.C. - TAX-EXEMPT INTEREST		7.
TOTAL TAX-EXEMPT INTEREST TO SCHEDULE B, LINE 1		7.

SCHEDULE D	NET SHORT-TERM GAIN OR LOSS FROM FORMS 6252, 4684, 6781 AND 8824	STATEMENT 16
DESCRIPTION OF PROPERTY		GAIN OR LOSS
FORM 6781, PART I		1,301.
TOTAL TO SCHEDULE D, PART I, LINE 4		1,301.

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824	STATEMENT 17
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DESCRIPTION OF PROPERTY	GAIN OR LOSS	28% GAIN
FORM 6781, PART I	1,951.	
FORM 4797	26.	
TOTAL TO SCHEDULE D, PART II, LINE 11	1,977.	

SCHEDULE D	NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 18
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DESCRIPTION OF ACTIVITY	GAIN OR LOSS
CARGOMETRICS COMPASS FUND LP	1,382.
ATLAS ENHANCED FUND LP	-41.
ANGARA TRUST	-16,979.
TOTAL TO SCHEDULE D, PART I, LINE 5	-15,638.

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 19
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DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
ANGARA TRUST	312,187.	
TOTAL TO SCHEDULE D, PART II, LINE 12	312,187.	

SCHEDULE D	CAPITAL GAIN DISTRIBUTIONS	STATEMENT 20
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NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
FROM K-1 - ANGARA TRUST - CAP GAIN DIV 0/15	387.	
TOTALS TO SCHEDULE D, LINE 13	387.	

SCHEDULE D

UNRECAPTURED SECTION 1250 GAIN

STATEMENT 21

1. IF YOU HAVE A SECTION 1250 PROPERTY IN PART III OF FORM 4797 FOR WHICH YOU MADE AN ENTRY IN PART I OF FORM 4797, ENTER THE SMALLER OF LINE 22 OR LINE 24 OF FORM 4797 FOR THAT PROPERTY. IF YOU DID NOT HAVE ANY SUCH PROPERTY, GO TO LINE 4
2. ENTER THE AMOUNT FROM FORM 4797, LINE 26G, FOR THE PROPERTY FOR WHICH YOU MADE AN ENTRY ON LINE 1
3. SUBTRACT LINE 2 FROM LINE 1
4. ENTER THE TOTAL UNRECAPTURED SECTION 1250 GAIN INCLUDED ON LINE 26 OR LINE 37 OF FORM(S) 6252 FROM INSTALLMENT SALES OF TRADE OR BUSINESS PROPERTY HELD MORE THAN 1 YEAR
5. ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1 FROM A PARTNERSHIP OR AN S CORPORATION AS "UNRECAPTURED SECTION 1250 GAIN"
6. ADD LINES 3 THROUGH 5
7. ENTER THE SMALLER OF LINE 6 OR THE GAIN FROM FORM 4797, LINE 7
8. ENTER THE AMOUNT, IF ANY, FROM FORM 4797, LINE 8
9. SUBTRACT LINE 8 FROM LINE 7. IF ZERO OR LESS, ENTER -0-
10. ENTER THE AMOUNT OF ANY GAIN FROM THE SALE OR EXCHANGE OF AN INTEREST IN A PARTNERSHIP ATTRIBUTABLE TO UNRECAPTURED SECTION 1250 GAIN
11. ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1, FORMS 1099-DIV, OR FORM 2439 AS "UNRECAPTURED SECTION 1250 GAIN" FROM AN ESTATE, TRUST, REAL ESTATE INVESTMENT TRUST, OR MUTUAL FUND (OR OTHER REGULATED INVESTMENT COMPANY) 1.
12. ENTER THE TOTAL OF ANY UNRECAPTURED SECTION 1250 GAIN FROM SALES (INCLUDING INSTALLMENT SALES) OR OTHER DISPOSITIONS OF SECTION 1250 PROPERTY HELD MORE THAN 1 YEAR FOR WHICH YOU DID NOT MAKE AN ENTRY IN PART I OF FORM 4797 FOR THE YEAR OF SALE
13. ADD LINES 9 THROUGH 12 1.
14. IF YOU HAD ANY SECTION 1202 GAIN OR COLLECTIBLE GAIN OR (LOSS), ENTER THE TOTAL OF LINES 1 THROUGH 4 OF THE 28% RATE GAIN WORKSHEET
15. ENTER THE (LOSS), IF ANY, FROM SCH D, LINE 7. IF SCH D, LINE 7, IS ZERO OR A GAIN ENTER -0- -14,337.
16. ENTER YOUR LONG-TERM CAPITAL LOSS CARRYOVERS FROM SCHEDULE D, LINE 14, AND SCHEDULE K-1 (FORM 1041), BOX 11, CODE C
17. COMBINE LINES 14 THROUGH 16. IF THE RESULT IS A (LOSS), ENTER IT AS A POSITIVE AMOUNT. IF THE RESULT IS ZERO OR A GAIN, ENTER -0- 14,337.
18. SUBTRACT LINE 17 FROM LINE 13. IF ZERO OR LESS, ENTER -0-. IF MORE THAN ZERO, ENTER THE RESULT HERE AND ON SCHEDULE D, LINE 19 0.

SCHEDULE E INCOME OR (LOSS) FROM PARTNERSHIPS AND S CORPS STATEMENT 22

NAME

EMPLOYER ID NO.	ANY NOT AT RISK	X IF FRN	CODE	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	SEC. 179 DEDUCTION	NONPASSIVE INCOME
CARGOMETRICS TECHNOLOGIES LLC								
90-0907396			P *			21,895.		
PRIOR YEAR PAL								
90-0907396			P *			122,614.		
ALPHAKEYS MILLENNIUM FUND, L.L.C.								
27-5238213			P			35,373.		
INVESTMENT INTEREST EXPENSE								
27-5238213			P			48,770.		
CARGOMETRICS COMPASS FUND LP								
37-1791864			P *			22,274.		
ATLAS ENHANCED FUND LP								
26-0349715			P *			18,572.		
CARGOMETRICS TECHNOLOGIES LLC								
90-0907396			P					266,637.
TIDEWOOD LLC								
81-3078863			P	0.				
TOTALS TO SCH. E, LN. 29				0.		269,498.		266,637.

* ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

SCHEDULE SE NON-FARM INCOME STATEMENT 23

DESCRIPTION	AMOUNT
CARGOMETRICS TECHNOLOGIES LLC	266,637.
TOTAL TO SCHEDULE SE, LINE 2	266,637.

FORM 1116 EXPENSES DIRECTLY ALLOCABLE TO FOREIGN INCOME STATEMENT 24

DESCRIPTION	COUNTRY	AMOUNT
OTHER EXPENSES DIRECTLY ALLOCATED	OTHER COUNTRIES	16,848.
TOTAL TO FORM 1116, PART I, LINE 2		16,848.

FORM 1116	OTHER DEDUCTIONS NOT DEFINITELY RELATED	STATEMENT 25
DESCRIPTION		AMOUNT
ALIMONY		66,000.
TOTAL TO FORM 1116, LINE 3B		66,000.

FORM 1116		FOREIGN TAX CREDIT CARRYOVER / CARRYBACK		STATEMENT 26
GENERAL LIMITATION INCOME				
YEAR OF CREDIT		TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	BALANCE AVAILABLE
2016	FOREIGN TAX CREDIT	0.	0.	0.
2015	FOREIGN TAX CREDIT	2.	1.	1.
2014	FOREIGN TAX CREDIT	0.	0.	0.
2013	FOREIGN TAX CREDIT	0.	0.	0.
2012	FOREIGN TAX CREDIT	0.	0.	0.
2011	FOREIGN TAX CREDIT	0.	0.	0.
2010	FOREIGN TAX CREDIT	0.	0.	0.
2009	FOREIGN TAX CREDIT	0.	0.	0.
2008	FOREIGN TAX CREDIT	0.	0.	0.
2007	FOREIGN TAX CREDIT	0.	0.	0.
FOREIGN TAX CR CARRYBACK TO 2017				0.
TOTAL TO FORM 1116, PART III, LINE 10				1.

FORM 3800

RESEARCH CREDIT LIMITATION

STATEMENT 27

CARGOMETRICS TECHNOLOGIES LLC

1	TAXABLE INCOME ATTRIBUTABLE TO THIS ACTIVITY	0.	
2	TAXABLE INCOME FROM FORM 1040, LINE 43	183,071.	
3	DIVIDE LINE 1 BY LINE 2	.000000000	
4	NET INCOME TAX FROM FORM 3800, LINE 11	69,311.	
5	TAX LIABILITY LIMITATION (LINE 3 X LINE 4)		0.
A	CURRENT YEAR CREDIT		
	REPORTED ON LINE 1C		
	REPORTED ON LINE 4I	397.	
B	CREDIT CARRIED FORWARD FROM PRIOR YEAR(S)		
	REPORTED ON LINE 1C	4,540.	
	REPORTED ON LINE 4I		
C	TOTAL CREDITS	4,937.	
	CURRENT YEAR CREDIT (LESSER OF 5A OR 5 - 5B)		0.
	PRIOR YEAR CREDIT (LESSER OF 5 OR 5B)		0.

FORM 6251

PASSIVE ACTIVITIES

STATEMENT 28

NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
ANGARA TRUST	FORM 4797	26.	26.	
ANGARA TRUST	SCH E	61.	61.	
TOTAL TO FORM 6251, LINE 19				

FORM 6251

EXEMPTION WORKSHEET

STATEMENT 29

1 ENTER: \$54,300 IF SINGLE OR HEAD OF HOUSEHOLD; \$84,500 IF
MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$42,250
IF MARRIED FILING SEPARATELY 84,500.

2 ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME
(AMTI) FORM 6251, LINE 28 461,728.

3 ENTER: \$120,700 IF SINGLE OR HEAD OF HOUSEHOLD;
\$160,900 IF MARRIED FILING JOINTLY OR
QUALIFYING WIDOW(ER); \$80,450 IF MARRIED
FILING SEPARATELY 160,900.

4 SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS
ENTER -0- 300,828.

5 MULTIPLY LINE 4 BY 25% (.25) 75,207.

6 SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF
ANY OF THE THREE CONDITIONS UNDER CERTAIN CHILDREN UNDER
AGE 24 APPLY TO YOU, COMPLETE LINES 7 THROUGH 10.
OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251,
LINE 29, AND GO TO FORM 6251, LINE 30 9,293.

7 MINIMUM EXEMPTION AMOUNT FOR CERTAIN CHILDREN UNDER AGE 24

8 ENTER YOUR EARNED INCOME, IF ANY

9 ADD LINES 7 AND 8

10 ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251,
LINE 29, AND GO TO FORM 6251, LINE 30

FORM 6251

DEPRECIATION ON ASSETS PLACED IN SERVICE AFTER 1986 STATEMENT 30

DESCRIPTION

AMOUNT

POST 1986 DEPRECIATION	1.
FROM K-1 - ALPHAKEYS MILLENNIUM FUND, L.L.C.	-1.
TOTAL TO FORM 6251, LINE 18	0.

FORM 1116AMT

OTHER DEDUCTIONS NOT DEFINITELY RELATED

STATEMENT 31

DESCRIPTION

AMOUNT

ALIMONY	66,000.
TOTAL TO FORM 1116AMT, LINE 3B	66,000.

FORM 1116

ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT
CARRYOVER/CARRYBACK

STATEMENT 32

GENERAL LIMITATION INCOME

YEAR OF CREDIT	TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	BALANCE AVAILABLE
2016 ALT. MIN. TAX CREDIT	0.	0.	0.
2015 ALT. MIN. TAX CREDIT	2.	2.	0.
2014 ALT. MIN. TAX CREDIT	0.	0.	0.
2013 ALT. MIN. TAX CREDIT	0.	0.	0.
2012 ALT. MIN. TAX CREDIT	0.	0.	0.
2011 ALT. MIN. TAX CREDIT	0.	0.	0.
2010 ALT. MIN. TAX CREDIT	0.	0.	0.
2009 ALT. MIN. TAX CREDIT	0.	0.	0.
2008 ALT. MIN. TAX CREDIT	0.	0.	0.
2007 ALT. MIN. TAX CREDIT	0.	0.	0.
FOREIGN TAX CR CARRYBACK TO 2017			0.

TOTAL TO FORM 1116 (AMT), PART III, LINE 10

FORM 4952

INVESTMENT INTEREST EXPENSE

STATEMENT 33

DESCRIPTION	CURRENT	CARRYOVER
FROM K-1 - ATLAS ENHANCED FUND LP	22,463.	
FROM K-1 - ANGARA TRUST	1.	
FROM K-1 - ALPHAKEYS MILLENNIUM FUND, L.L.C.	48,770.	
FROM K-1 - ANGARA TRUST	5.	
TOTALS TO FORM 4952, LINES 1 AND 2	71,239.	

FORM 4952

INCOME FROM PROPERTY HELD FOR INVESTMENT

STATEMENT 34

DESCRIPTION	AMOUNT
INTEREST INCOME	91,404.
DIVIDEND INCOME	176,082.
CARGOMETRICS COMPASS FUND LP	168.
ATLAS ENHANCED FUND LP	-18,572.
ANGARA TRUST	-4,507.
TOTAL TO FORM 4952, LINE 4A	244,575.

FORM 4952	NET GAIN FROM THE DISPOSITION OF PROPERTY HELD FOR INVESTMENT	STATEMENT 35
DESCRIPTION		AMOUNT
SCH D, LINE 16 NET CAPITAL GAINS(LOSSES)		300,222.
LESS: FORM 4797 GAIN(LOSS)		-26.
TOTAL TO FORM 4952, LINE 4D		300,196.

FORM 4952	NET CAPITAL GAIN FROM THE DISPOSITION OF PROPERTY HELD FOR INVESTMENT	STATEMENT 36
DESCRIPTION		AMOUNT
DISPOSITION OF ATLAS ENHANCED FUND LP		8.
FORM 6781, PART I		1,951.
CAPITAL GAIN DISTRIBUTIONS		387.
GAIN OR LOSS FROM PARTNERSHIPS, S CORPS, TRUSTS, ETC.		312,187.
LESS SHORT-TERM CAPITAL LOSS		-14,337.
TOTAL TO FORM 4952, LINE 4E		300,196.

FORM 4952	INVESTMENT EXPENSES	STATEMENT 37
DESCRIPTION		AMOUNT
SCHEDULE A DEDUCTIONS		123,311.
TOTAL TO FORM 4952, LINE 5		123,311.

FORM 4952

INVESTMENT INTEREST EXPENSE DEDUCTION SUMMARY

STATEMENT 38

NAME	FORM OR SCHEDULE	INVESTMENT INTEREST EXPENSE	INVESTMENT INTEREST EXPENSE C/O	DISALLOWED INVESTMENT INTEREST EXPENSE	ALLOWED INVESTMENT INTEREST EXPENSE
FROM K-1 - ATLAS ENHAN	SCH A	22,463.	0.	0.	22,463.
FROM K-1 - ANGARA TRUS	SCH A	1.	0.	0.	1.
FROM K-1 - ALPHAKEYS M	SCH E	48,770.	0.	0.	48,770.
FROM K-1 - ANGARA TRUS	SCH E	5.	0.	0.	5.
TOTALS		71,239.	0.	0.	71,239.

FORM 4952AMT

INVESTMENT INTEREST EXPENSE

STATEMENT 39

DESCRIPTION	CURRENT	CARRYOVER
FROM K-1 - ATLAS ENHANCED FUND LP	22,463.	
FROM K-1 - ANGARA TRUST	1.	
FROM K-1 - ALPHAKEYS MILLENNIUM FUND, L.L.C.	48,770.	
FROM K-1 - ANGARA TRUST	5.	
TOTALS TO FORM 4952AMT, LINES 1 AND 2	71,239.	

FORM 8960

TRADE OR BUSINESS INCOME

STATEMENT 40

CARGOMETRICS TECHNOLOGIES LLC	21,895.
ALPHAKEYS MILLENNIUM FUND, L.L.C.	35,373.
CARGOMETRICS COMPASS FUND LP	22,442.
CARGOMETRICS TECHNOLOGIES LLC	-266,637.
AMOUNT TO FORM 8960, LINE 4B	-186,927.

FORM 8960	NET GAINS FROM DISPOSITION OF PROPERTY USED IN A NON-SECTION 1411 TRADE OR BUSINESS	STATEMENT 41
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NAME OF TRADE OR BUSINESS	AMOUNT
ALPHAKEYS MILLENNIUM FUND, L.L.C.	93,485.
ATLAS ENHANCED FUND LP	26,117.
 TOTAL TO NET GAINS AND LOSSES WORKSHEET, LINE 2A	 <u>119,602.</u>

FORM 8960	MISCELLANEOUS ITEMIZED DEDUCTIONS PROPERLY ALLOCABLE TO INVESTMENT INCOME BEFORE LIMITATIONS	STATEMENT 42
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DESCRIPTION	LINE	AMOUNT
UBS INVESTMENT FEES	9C	172.
FROM K-1 - ALPHAKEYS MILLENNIUM FUND, L.L.C.	9C	8,064.
FROM K-1 - ATLAS ENHANCED FUND LP	9C	3.
FROM K-1 - ANGARA TRUST	9C	66,867.
FROM K-1 - TIDEWOOD LLC	9C	57,889.
 TOTAL TO LINES 9 AND 10 WORKSHEET, PART I, LINE 1		 <u>132,995.</u>

FORM 8960	MISCELLANEOUS ITEMIZED DEDUCTIONS PROPERLY ALLOCABLE TO INVESTMENT INCOME AFTER LIMITATION	STATEMENT 43
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DESCRIPTION	LINE	COLUMN A AMNT	RATIO	COLUMN C AMNT
UBS INVESTMENT FEES	9C	172.	.9272	159.
FROM K-1 - ALPHAKEYS MILLENNIUM FUN	9C	8,064.	.9272	7,477.
FROM K-1 - ATLAS ENHANCED FUND LP	9C	3.	.9272	3.
FROM K-1 - ANGARA TRUST	9C	66,867.	.9272	61,998.
FROM K-1 - TIDEWOOD LLC	9C	57,889.	.9272	53,674.
 TOTAL TO LINES 9 & 10 WKST, PART II		 <u>132,995.</u>		 <u>123,311.</u>

FORM 8960

MISCELLANEOUS ITEMIZED DEDUCTIONS PROPERLY
ALLOCABLE TO INVESTMENT INCOME AFTER LIMITATION

STATEMENT 44

DESCRIPTION	LINE	AMOUNT
UBS INVESTMENT FEES	9C	159.
FROM K-1 - ALPHAKEYS MILLENNIUM FUND, L.L.C.	9C	7,477.
FROM K-1 - ATLAS ENHANCED FUND LP	9C	3.
FROM K-1 - ANGARA TRUST	9C	61,998.
FROM K-1 - TIDEWOOD LLC	9C	53,674.
TOTAL TO LINES 9 AND 10 WORKSHEET, PART III, LINE 1		123,311.

FORM 8960

MISCELLANEOUS ITEMIZED DEDUCTIONS PROPERLY
ALLOCABLE TO INVESTMENT INCOME

STATEMENT 45

DESCRIPTION	LINE	COLUMN A AMNT	RATIO	COLUMN C AMNT
UBS INVESTMENT FEES	9C	159.	1.0000	159.
FROM K-1 - ALPHAKEYS MILLENNIUM FUN	9C	7,477.	1.0000	7,477.
FROM K-1 - ATLAS ENHANCED FUND LP	9C	3.	1.0000	3.
FROM K-1 - ANGARA TRUST	9C	61,998.	1.0000	61,998.
FROM K-1 - TIDEWOOD LLC	9C	53,674.	1.0000	53,674.
TOTAL TO LINES 9 & 10 WORKSHEET, PART IV, LINE 1		123,311.		123,311.

FORM 8960

STATE INCOME TAX PAYMENTS

STATEMENT 46

MASSACHUSETTS

DESCRIPTION	AMOUNT
PRIOR YEAR OVERPAYMENT APPLIED	15,794.
2017 2ND QTR ESTIMATE PAYMENT	6,500.
TOTAL TO STATE FORM 8960, LINE 10	22,294.

FORM 6781 PART I - SECTION 1256 CONTRACTS MARKED TO MARKET STATEMENT 47

(A) IDENTIFICATION OF ACCOUNT	(B) (LOSS)	(C) GAIN
FROM K-1 - CARGOMETRICS TECHNOLOGIES LLC	1.	
FROM K-1 - ALPHAKEYS MILLENNIUM FUND, L.L.C.		835.
FROM K-1 - CARGOMETRICS COMPASS FUND LP		1,950.
FROM K-1 - ATLAS ENHANCED FUND LP		468.
TOTAL TO FORM 6781, LINE 1, COLUMNS B AND C	1.	3,253.

FORM 8582 OTHER PASSIVE ACTIVITIES - WORKSHEET 3 STATEMENT 48

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
ANGARA TRUST	87.	0.		87.	
TOTALS	87.	0.		87.	

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 49

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
ANGARA TRUST	FORM 4797	26.		26.		
ANGARA TRUST	SCH E	61.		61.		
TOTALS		87.		87.		

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL

FORM 8582-CR

OTHER PASSIVE ACTIVITY CREDITS
WORKSHEET 4

STATEMENT 50

NAME OF ACTIVITY	FROM FORM	CURRENT YEAR CREDITS	PRIOR YEAR UNALLOWED CREDITS	TOTAL CREDITS
CARGOMETRICS TECHNOLOGIES LLC	CARRYOVER		29.	29.
TOTALS			29.	29.

FORM 8582-CR

ALLOCATION OF UNALLOWED CREDITS - WORKSHEET 8

STATEMENT 51

NAME OF ACTIVITY	FORM REPORTED ON	CREDITS	RATIO	UNALLOWED CREDITS
CARGOMETRICS TECHNOLOGIES LLC	FORM 3800, LINE 3	29.	1.000000000	16.
TOTALS		29.	1.000000000	16.

FORM 8582-CR

ALLOWED CREDITS - WORKSHEET 9

STATEMENT 52

NAME OF ACTIVITY	FORM REPORTED ON	CREDITS	UNALLOWED CREDITS	ALLOWED CREDITS
CARGOMETRICS TECHNOLOGIES LLC	FORM 3800, LINE 3	29.	16.	13.
TOTALS		29.	16.	13.

FORM 1116

U.S. AND FOREIGN SOURCE INCOME SUMMARY
FOREIGN INTEREST INCOME

STATEMENT 53

DESCRIPTION	AMOUNT
BARCLAYS	542.
TOTAL FOREIGN INTEREST INCOME	542.

FORM 1116

U.S. AND FOREIGN SOURCE INCOME SUMMARY
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS

STATEMENT 54

DESCRIPTION	INCOME	LOSS
CARGOMETRICS TECHNOLOGIES LLC		-144,509.
ALPHAKEYS MILLENNIUM FUND, L.L.C.		-84,143.
CARGOMETRICS COMPASS FUND LP		-22,274.
ATLAS ENHANCED FUND LP		-18,572.
CARGOMETRICS TECHNOLOGIES LLC	266,637.	
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS	266,637.	-269,498.

2017 TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2017

PREPARED FOR:

SCOTT G. BORGERSON & GHISLAINE MAXWELL
C/O DGC, 150 PRESIDENTIAL WAY APT. NO. 510
WOBURN, MA 01801

PREPARED BY:

DICICCO, GULMAN & COMPANY, LLP
150 PRESIDENTIAL WAY, SUITE 510
WOBURN, MA 01801

AMOUNT OF TAX:

TOTAL TAX	\$	39,583
LESS: PAYMENTS AND CREDITS	\$	37,294
PLUS: INTEREST AND PENALTIES	\$	140
BALANCE DUE	\$	2,429

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM M-8453 TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE MDOR.

RETURN MUST BE MAILED ON OR BEFORE:

RETURN FORM M-8453 TO US BY OCTOBER 15, 2018.

SPECIAL INSTRUCTIONS:

YOUR BALANCE OF \$2,429 WILL BE AUTOMATICALLY WITHDRAWN FROM YOUR ACCOUNT ENDING IN 7121 ON OR AFTER OCTOBER 12, 2018. REFER TO FORM 1 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

Form M-8453

Individual Income Tax Declaration for Electronic Filing

2017

 Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1-December 31, 2017.

Your first name and initial Last name Your Social Security number

SCOTT G BORGERSON

If a joint return, spouse's first name and initial Last name Spouse's Social Security number

GHISLAINE MAXWELL

Present street address (and apartment number)

C/O DGC, 150 PRESIDE 510

City/Town/Post Office

State ZIP

 Filing status: ☐ Single

☒ Married filing jointly

WOBURN

MA 01801

☐ Married filing separately

☐ Head of household

Part 1. Tax Return Information for Electronic Filing

1	Total 5.1% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1	-97637
2	Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	39583
3	Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	
4	Massachusetts income tax withheld (from Form 1, line 37, or Form 1-NR/PY, line 41)	4	
5	Refund amount (from Form 1, line 48, or Form 1-NR/PY, line 52)	5	
6	Tax due (from Form 1, line 49, or Form 1-NR/PY, line 53)	6	2429

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2017 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature

Date

Spouse's signature (if joint return, both must sign)

Date

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN

Date

EIN

☐ Check if
self-employed

10 12 18 04 3296226

Firm name (or yours, if self-employed) and address

City/Town

State

ZIP

☐ Check if also
paid preparer

DICICCO, GULMAN & COMPANY LLP

150 PRESIDENTIAL WAY, SUITE 510 WOBURN, MA 01801

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN

Date

EIN

☐ Check if
self-employed

10 12 18 04 3296226

Firm name (or yours, if self-employed) and address

City/Town

State

ZIP

DICICCO, GULMAN & COMPANY, LLP

150 PRESIDENTIAL WAY, SUITE 510 WOBURN, MA 01801

***** THIS IS NOT A FILEABLE COPY *****

757281 01-16-18

DETACH HERE

2017 Form M-4868

Massachusetts Extension Payment Voucher



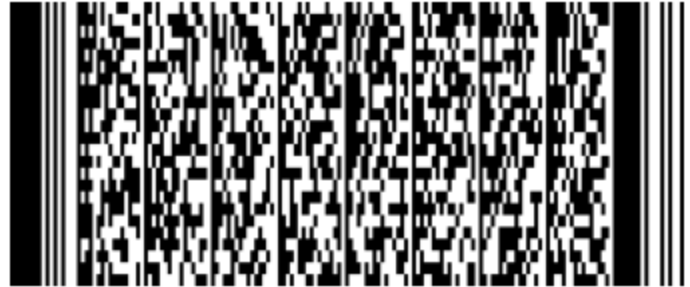
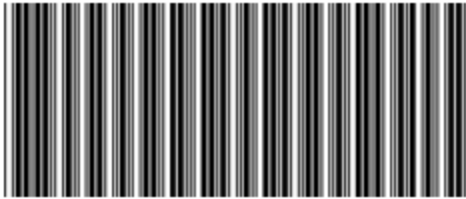
Payment for period end date (mm/dd/yyyy)	Tax type	Voucher type	ID type	Vendor code
12 31 17	053	18	005	1019
Name of taxpayer	Social security number			
SCOTT G BORGERSON	[REDACTED]		** THIS IS NOT A FILEABLE COPY **	
Name of taxpayer's spouse	Social Security number of taxpayer's spouse		Type of form you plan to file	
GHISLAINE MAXWELL	[REDACTED]		<input checked="" type="checkbox"/> Form 1 <input type="checkbox"/> Form 1-NR/PY	
Mailing address				
C/O DGC, 150 PRESIDE 510				
City/Town	State	ZIP	Amount enclosed	
WOBURN	MA	01801	\$ 15000.00	

Pay online at mass.gov/masstaxconnect. Or, return this voucher with check or money order payable to: Commonwealth of Massachusetts.

Mail to: Massachusetts Department of Revenue, PO Box 7062, Boston, MA 02204.

00100487920610 123117 0000000000 053 180051019 00015000002

EFTA00025765



2017 Form 1

MA17001011019

Massachusetts Resident Income Tax Return
FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2017 or other taxable

Year beginning

Ending

SCOTT
GHISLAINE
C/O DGC, 150 PRESIDENTIA WOBURN

G BORGERSON
MAXWELL

MA 01801

Fill in if: ☒ Original return ☐ Amended return ☐ Amended return due to federal change

State Election Campaign Fund:

Fill in if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle

Taxpayer deceased

Fill in if under age 18

a. Total federal income **581037**
b. Federal adjusted gross income **484192**

1. **Filing status** (select one only):
☐ Single
☒ Married filing jointly
☐ Married filing separate return
☐ Head of household

☐ You are a custodial parent who has released claim to exemption for child(ren)

Apt. no. **510**
\$1 You \$1 Spouse TOTAL
You Spouse
You Spouse
You Spouse
Name/address changed since 2016
Fill in if noncustodial parent
Fill in if filing Schedule TDS

2. Exemptions

a. Personal exemptions		2a	8800
b. Number of dependents. (Do not include yourself or your spouse.) Enter number	1	X \$1,000 = 2b	1000
c. Age 65 or over before 2018	You + Spouse =	X \$700 = 2c	
d. Blindness	You + Spouse =	X \$2,200 = 2d	
e. Medical/dental		2e	
f. Adoption		2f	
g. Total exemptions. Add lines 2a through 2f. Enter here and on line 18		2g	9800

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

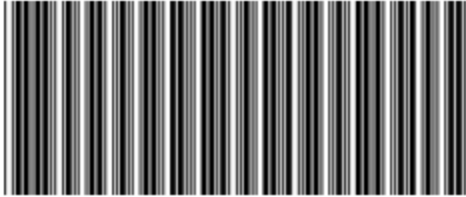
Your signature

Date

Spouse's signature

Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2017 Form 1, pg. 2

MA17001021019

Massachusetts Resident Income Tax Return



3.	Wages, salaries, tips	3	
4.	Taxable pensions and annuities	4	
5.	Mass. bank interest: a.	1214	- b. exemption 200 STATEMENT 1 = 5 1014
6.	Business/profession income/loss a.	-99490	+ b. Farming income/loss = 6 -99490
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	839
8a.	Unemployment	8a	
8b.	Mass. lottery winnings	8b	
9.	Other income from Schedule X, line 5	9	
10.	TOTAL 5.1% INCOME	10	-97637
11a.	Amount paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11a	2000
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	
12.	Child under age 13, or disabled dependent/spouse care expenses	12	
13.	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/17, or disabled dependent(s)		
	Not more than two. a.	x \$3,600 = 13	
14.	Rental deduction. a.	+ 2 = 14	
15.	Other deductions from Schedule Y, line 19	15	85388
16.	Total deductions. Add lines 11 through 15	16	87388
17.	5.1% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	0
18.	Exemption amount	18	9800
19.	5.1% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	0
20.	INTEREST AND DIVIDEND INCOME	20	236950
21.	TOTAL TAXABLE 5.1% INCOME. Add lines 19 and 20	21	236950

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

757011 11-30-17

OCTOBER 12, 2018

10:42:28

EFTA00025767



2017 Form 1, pg. 3

MA17001031019

Massachusetts Resident Income Tax Return



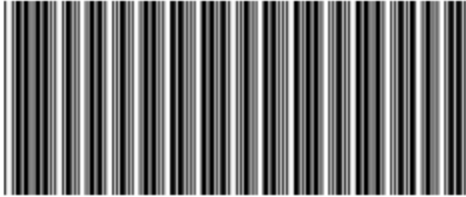
22. TAX ON 5.1% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	22	12084
23. 12% INCOME. Not less than "0." a. 95465	x .12 = 23	11456
24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 X	24	16043
25. Credit recapture amount (from Credit Recapture Schedule)	25	
26. Additional tax on installment sale	26	
27. If you qualify for No Tax Status, fill in and enter "0" on line 28		
28. TOTAL INCOME TAX. Add lines 22 through 26	28	39583
29. Limited Income Credit	29	
30. Income tax due to another state or jurisdiction	30	
31. Other credits from Credit Manager Schedule	31	
32. INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"	32	39583
33. Voluntary Contributions		
a. Endangered Wildlife Conservation	33a	
b. Organ Transplant Fund	33b	
c. Massachusetts AIDS Fund	33c	
d. Massachusetts U.S. Olympic Fund	33d	
e. Massachusetts Military Family Relief Fund	33e	
f. Homeless Animal Prevention and Care	33f	
Total. Add lines 33a through 33f	33	
34. Use tax due on Internet, mail order and other out-of-state purchases	34	
35. Health care penalty a. You + b. Spouse - c. Fed. health care penalty	35	
36. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 35	36	39583

757012 11-30-17

OCTOBER 12, 2018

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2017 Form 1, pg. 4

MA17001041019

Massachusetts Resident Income Tax Return



37.	Massachusetts income tax withheld	37	0
38.	2016 overpayment applied to your 2017 estimated tax	38	15794
39.	2017 Massachusetts estimated tax payments	39	6500
40.	Payments made with extension	40	15000
41.	Payments made with original return	41	
42.	Earned Income Credit. a. Number of qualifying children Amount from U.S. return x .23 = 42		
Note: You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception			
43.	Senior Circuit Breaker Credit	43	
44.	Other Refundable Credits	44	
45.	TOTAL. Add lines 37 through 44	45	37294
46.	Overpayment. Subtract line 36 from line 45	46	
47.	Amount of overpayment you want applied to your 2018 estimated tax	47	
48.	Refund. Subtract line 47 from line 46. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204	48	

Direct deposit of refund. Type of account checking
RTN # account # savings

49.	Tax due. Pay online at www.mass.gov/dor/payonline . Mail to: Mass. DOR, PO Box 7002, Boston, MA 02204	49	2289
	Interest Penalty M-2210 amt. 140		EX enclose Form M-2210

May the Department of Revenue discuss this return with the preparer shown here?

☒ Yes

I do not want preparer to file my return electronically

(this may delay your refund)

Print paid preparer's name

Date Check if self-employed

LAURA

K BAROOSHIAN

10 12 18

Paid preparer's signature

Paid preparer's phone

Paid preparer's

SSN/PTIN

Paid preparer's EIN

04 3296226

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

TOTAL DUE INCLUDING UNDERPAYMENT PENALTY \$2429

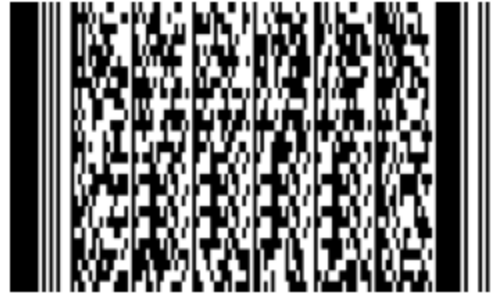
757013 11-30-17

OCTOBER 12, 2018

EFTA00025769



2017 Schedule X & Y
MA17SXY011019



SCOTT

G BORGERSON



Schedule X. Other Income

1. Alimony received	1
2. Taxable IRA/Keogh and Roth IRA conversion distributions	2
3. Other gambling winnings. Not less than "0." Certain gambling losses are deductible under Massachusetts law	3
4. Fees and other 5.1% income. Not less than "0"	4
5. Total other 5.1% income. Add lines 1 through 4. Not less than "0"	5

Schedule Y. Other Deductions

1. Allowable employee business expenses	1	
2. Penalty on early savings withdrawal	2	
3. Alimony paid	3	66000
4. Amounts excludable under MGL Ch. 41, sec. 111F or U.S. tax treaty incl. in Form 1, line 3 or Form 1-NR/PY, line 5 Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F Income exempt under U.S. tax treaty	4	
5. Moving expenses	5	
6. Medical savings account deduction	6	
7. Self-employed health insurance deduction	7	19388
8. Health care accounts deduction	8	
9. Certain qualified deductions from U.S. Form 1040 Certain business expenses from U.S. Form 1040	9	
10. Student loan interest	10	
11. College Tuition Deduction (full-year residents only)	11	
12. Undergraduate student loan interest deduction	12	
13. Deductible amount of qualified contributory pension income from another state or political subdivision included in Form 1, line 4 or Form 1-NR/PY, line 6	13	
14. Claim of right deduction	14	
15. Commuter deduction	15	
16. Human organ donation deduction (full-year residents only)	16	
17. Certain gambling losses	17	
18. Prepaid tuition or college savings program deduction	18	
19. Total other deductions. Add lines 1 through 18	19	85388

757071 12-19-17

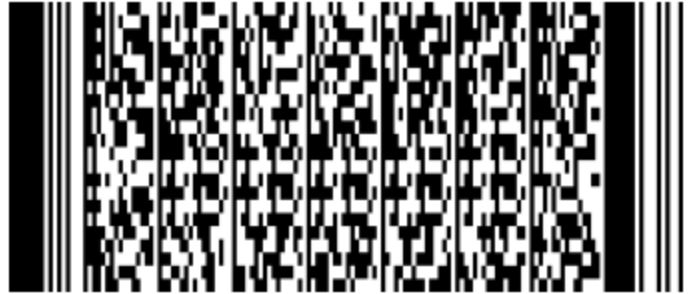
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2017 Schedule DI
MA17SDI011019



SCOTT

G BORGERSON



Schedule DI. Dependent Information



SON



Is dependent a qualifying child for earned income credit? ►

Is dependent a qualifying child for earned income credit? ►

Is dependent a qualifying child for earned income credit? ►

Is dependent a qualifying child for earned income credit? ►

Is dependent a qualifying child for earned income credit? ►

Is dependent a qualifying child for earned income credit? ►

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Is dependent a qualifying child for earned income credit? ►

Is dependent a qualifying child for earned income credit? ►

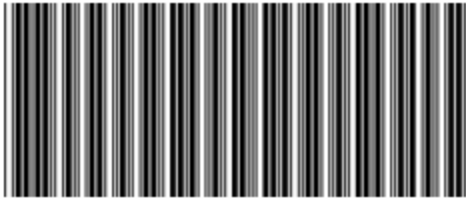
Is dependent a qualifying child for earned income credit? ►

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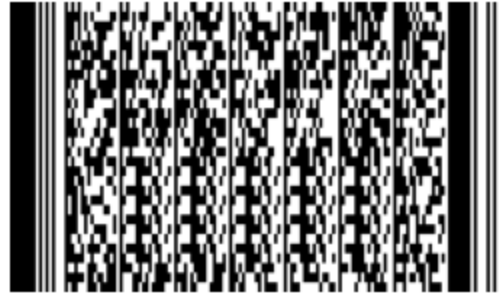
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2017 Schedule B
MA17010011019



SCOTT

G BORGERSON



Part 1. Interest and Dividend Income

1. Total interest income	1	93345
2. Total ordinary dividends	2	176082
3. Other interest and dividends not included above	3	
4. Total interest and dividends	4	269427
5. Total interest from Massachusetts banks	5	1214
6. Other interest and dividends to be excluded	6	31263
7. Subtotal	7	236950
8. Allowable deductions from your trade or business	8	
9. Subtotal	9	236950

SEE STATEMENT 3

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10. Short-term capital gains	10	2683
11. Long-term capital gains on collectibles and pre-1996 installment sales	11	
12. Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	119602
13. Add lines 10 through 12	13	122285
14. Allowable deductions from your trade or business	14	
15. Subtotal	15	122285
16. Short-term capital losses	16	-17020
17. Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	
18. Prior short-term unused losses for years beginning after 1981	18	
19. Combine lines 15 through 18	19	105265
20. Short-term losses applied against interest and dividends	20	

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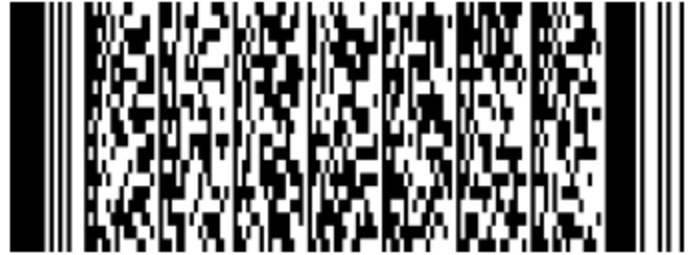
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2017 Schedule B, pg. 2
MA17010021019



21.	Available short-term losses	21	
22.	Short-term losses applied against long-term gains	22	
23.	Short-term losses available for carryover in 2018	23	
24.	Short-term gains and long-term gains on collectibles	24	105265
25.	Long-term losses applied against short-term gain	25	
26.	Subtotal	26	105265
27.	Long-term gains deduction	27	
28.	Short-term gains after long-term gains deduction	28	105265

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29.	Enter the amount from line 9	29	236950
30.	Short-term losses applied against interest and dividends	30	
31.	Subtotal interest and dividends	31	236950
32.	Long-term losses applied against interest and dividends	32	
33.	Adjusted interest and dividends	33	236950
34.	Enter the amount from line 28	34	105265

Part 4. Taxable Interest, Dividends and Certain Capital Gains

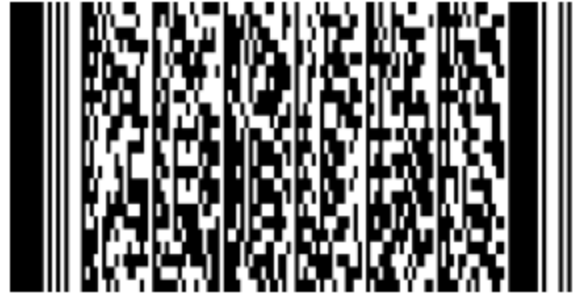
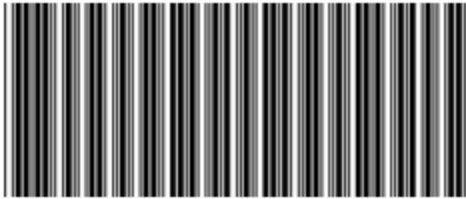
35.	Adjusted gross interest, dividends and certain capital gains	35	342215
36.	Excess exemptions	36	9800
37.	Subtract line 36 from line 35	37	332415
38.	Interest and dividends taxable at 5.1%	38	236950
39.	Taxable 12% capital gains	39	95465
40.	Available short-term losses for carryover in 2018	40	

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OCTOBER 12, 2018

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2017 Schedule D

MA17012011019

Long-Term Capital Gains and Losses
Excluding Collectibles

SCOTT

G BORGERSON



Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

1. Enter amounts included in U.S. Schedule D, lines 8a and 8b, col. h	1	
2. Enter amounts included in U.S. Schedule D, line 9, col. h	2	
3. Enter amounts included in U.S. Schedule D, line 10, col. h	3	8
4. Enter amounts included in U.S. Schedule D, line 11, col. h	4	1977
5. Enter amounts included in U.S. Schedule D, line 12, col. h	5	312187
6. Enter amounts included in U.S. Schedule D, line 13, col. h	6	387
7. Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II	7	
8. Carryover losses from prior years	8	
9. Combine lines 1 through 8	9	314559
10. Differences, if any	10	
11. Adjusted capital gains and losses	11	314559
12. Long-term gains on collectibles and pre-1996 installment sales	12	
13. Subtotal	13	314559
14. Capital losses applied against capital gains	14	
15. Subtotal	15	314559
16. Long-term capital losses applied against interest and dividends	16	
17. Subtotal	17	314559
18. Allowable deductions from your trade or business	18	
19. Subtotal	19	314559
20. Excess exemptions	20	
21. Taxable long-term capital gains	21	314559
22. Tax on long-term capital gains	22	16043
23. Available losses for carryover	23	

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OCTOBER 12, 2018

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2017 Schedule E
MA17013041019



SCOTT

G BORGERSON



Income or Loss from Real Estate and Royalties:

Income

- | | |
|-----------------------|---|
| 1. Rents received | 1 |
| 2. Royalties received | 2 |

Expenses

- | | |
|---|----|
| 3. Advertising | 3 |
| 4. Auto and travel | 4 |
| 5. Cleaning and maintenance | 5 |
| 6. Commissions | 6 |
| 7. Insurance | 7 |
| 8. Legal and other professional fees | 8 |
| 9. Management fees | 9 |
| 10. Mortgage interest paid to banks, etc. | 10 |
| 11. Other interest | 11 |
| 12. Repairs | 12 |
| 13. Supplies | 13 |
| 14. Taxes | 14 |
| 15. Utilities | 15 |
| 16. Other expenses | 16 |
| 17. Add lines 3 through 16 | 17 |
| 18. Depreciation expense or depletion | 18 |
| 19. Total expenses. Add lines 17 and 18 | 19 |
| 20. Income or loss from rental real estate or royalty properties | 20 |
| 21. Deductible rental real estate loss | 21 |
| 22. Income. Enter positive amounts shown on line 20 | 22 |
| 23. Losses. Add royalty losses from line 20 and real estate losses from line 21 | 23 |
| 24. Rental real estate and royalty income or loss | 24 |



2017 Schedule E, pg. 2
MA17013051019



Income or Loss from Partnerships and S Corporations

25. Passive loss allowed	25	
26. Passive income	26	
27. Non-passive loss	27	269498
28. Section 179 expense deduction	28	
29. Non-passive income	29	266637
30. Combine lines 26 and 29	30	266637
31. Combine lines 25, 27 and 28	31	-269498
32. Partnership and S corporation income or loss. Combine lines 30 and 31	32	-2861
33. Interest (other than MA banks) and dividends if included in line 32	33	
34. Interest from Massachusetts banks if included in line 32	34	
35. Total income or loss from partnerships and S corporations	35	-2861
36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	X	

Income or Loss from Estates and Trusts

37. Passive deduction or loss allowed	37	
38. Passive income	38	61
39. Non-passive deduction or loss	39	3983
40. Non-passive other income	40	
41. Add lines 38 and 40	41	61
42. Add lines 37 and 39	42	-3983
43. Estate and trust income or loss. Combine lines 41 and 42	43	-3922
44. Estate or non-grantor-type trust income	44	
45. Grantor-type trust and non-Massachusetts estate and trust income	45	-3922
46. Interest and dividends if included in line 45	46	
47. Adjustments to 5.1% income	47	
48. Subtotal. Combine lines 46 and 47	48	
49. Income or loss from grantor-type and non-Mass estates and trusts	49	-3922

Income or Loss from REMICs

50. Excess inclusion	50	
51. Taxable income or loss	51	
52. Income	52	
53. Combine lines 51 and 52	53	

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OCTOBER 12, 2018

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2017 Schedule E, pg. 3
MA17013061019



Farm Income

54. Net farm rental income or loss

54

Summary

55. Income or loss. Combine lines 24, 35, 49, 53 and 54

55

-6783

56. Massachusetts differences. Enclose statement

SEE STATEMENT 8

56

7622

57. Abandoned building renovation deduction

57

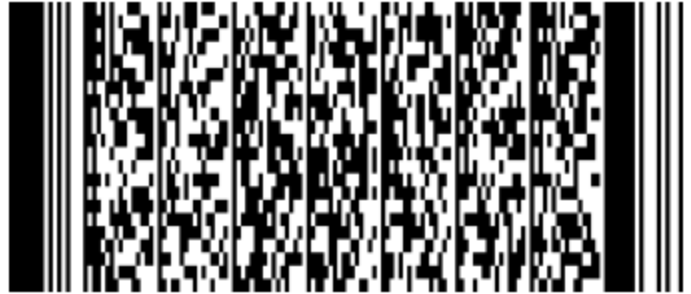
58. Total income or loss. Combine lines 55, 56 and 57

58

839



2017 Schedule E-2
MA17013021019



GHISLAINE MAXWELL
CARGOMETRICS TECHNOLOGIES LLC

90 0907396

Check one: S corp. ☒ partnership

Income or Loss from Partnerships and S Corporations

1. Passive loss allowed	1	
2. Passive income	2	
3. Non-passive loss	3	144509
4. Section 179 expense deduction	4	
5. Non-passive income	5	
6. Combine lines 2 and 5	6	
7. Combine lines 1, 3 and 4	7	-144509
8. Partnership and S corporation income or loss. Combine lines 6 and 7	8	-144509
9. Interest (other than MA banks) and dividends if included in line 8	9	
10. Interest from Massachusetts banks if included in line 8	10	
11. Total income or loss from partnerships and S corporations	11	-144509
12. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	<input checked="" type="checkbox"/>	
13. Check if any amount of this investment not at risk		

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OCTOBER 12, 2018

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2017 Schedule E-2
MA17013021019



GHISLAINE MAXWELL
ALPHAKEYS MILLENNIUM FUND, LLC

27 5238213

Check one: S corp. ☒ partnership

Income or Loss from Partnerships and S Corporations

1. Passive loss allowed	1	
2. Passive income	2	
3. Non-passive loss	3	84143
4. Section 179 expense deduction	4	
5. Non-passive income	5	
6. Combine lines 2 and 5	6	
7. Combine lines 1, 3 and 4	7	-84143
8. Partnership and S corporation income or loss. Combine lines 6 and 7	8	-84143
9. Interest (other than MA banks) and dividends if included in line 8	9	
10. Interest from Massachusetts banks if included in line 8	10	
11. Total income or loss from partnerships and S corporations	11	-84143
12. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	<input checked="" type="checkbox"/>	
13. Check if any amount of this investment not at risk		

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OCTOBER 12, 2018

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2017 Schedule E-2
MA17013021019



GHISLAINE MAXWELL
CARGOMETRICS COMPASS FUND LP

37 1791864

Check one: S corp. ☒ partnership

Income or Loss from Partnerships and S Corporations

1. Passive loss allowed	1	
2. Passive income	2	
3. Non-passive loss	3	22274
4. Section 179 expense deduction	4	
5. Non-passive income	5	
6. Combine lines 2 and 5	6	
7. Combine lines 1, 3 and 4	7	-22274
8. Partnership and S corporation income or loss. Combine lines 6 and 7	8	-22274
9. Interest (other than MA banks) and dividends if included in line 8	9	
10. Interest from Massachusetts banks if included in line 8	10	
11. Total income or loss from partnerships and S corporations	11	-22274
12. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	<input checked="" type="checkbox"/>	
13. Check if any amount of this investment not at risk		

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OCTOBER 12, 2018

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2017 Schedule E-2
MA17013021019



GHISLAINE MAXWELL
ATLAS ENHANCED FUND LP

26 0349715

Check one: S corp. ☒ partnership

Income or Loss from Partnerships and S Corporations

1. Passive loss allowed	1	
2. Passive income	2	
3. Non-passive loss	3	18572
4. Section 179 expense deduction	4	
5. Non-passive income	5	
6. Combine lines 2 and 5	6	
7. Combine lines 1, 3 and 4	7	-18572
8. Partnership and S corporation income or loss. Combine lines 6 and 7	8	-18572
9. Interest (other than MA banks) and dividends if included in line 8	9	
10. Interest from Massachusetts banks if included in line 8	10	
11. Total income or loss from partnerships and S corporations	11	-18572
12. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	<input checked="" type="checkbox"/>	
13. Check if any amount of this investment not at risk		

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OCTOBER 12, 2018

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2017 Schedule E-2
MA17013021019



SCOTT G BORGERSON
CARGOMETRICS TECHNOLOGIES LLC

90 0907396

Check one: S corp. ☒ partnership

Income or Loss from Partnerships and S Corporations

1. Passive loss allowed	1	
2. Passive income	2	
3. Non-passive loss	3	
4. Section 179 expense deduction	4	
5. Non-passive income	5	266637
6. Combine lines 2 and 5	6	266637
7. Combine lines 1, 3 and 4	7	
8. Partnership and S corporation income or loss. Combine lines 6 and 7	8	266637
9. Interest (other than MA banks) and dividends if included in line 8	9	
10. Interest from Massachusetts banks if included in line 8	10	
11. Total income or loss from partnerships and S corporations	11	266637
12. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	<input checked="" type="checkbox"/>	
13. Check if any amount of this investment not at risk		

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2017 Schedule E-2
MA17013021019



SCOTT
TIDEWOOD LLC

G BORGERSON

81 3078863

Check one: S corp. ☒ partnership

Income or Loss from Partnerships and S Corporations

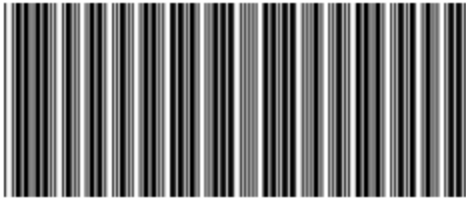
- | | |
|---|----|
| 1. Passive loss allowed | 1 |
| 2. Passive income | 2 |
| 3. Non-passive loss | 3 |
| 4. Section 179 expense deduction | 4 |
| 5. Non-passive income | 5 |
| 6. Combine lines 2 and 5 | 6 |
| 7. Combine lines 1, 3 and 4 | 7 |
| 8. Partnership and S corporation income or loss. Combine lines 6 and 7 | 8 |
| 9. Interest (other than MA banks) and dividends if included in line 8 | 9 |
| 10. Interest from Massachusetts banks if included in line 8 | 10 |
| 11. Total income or loss from partnerships and S corporations | 11 |
| 12. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses | X |
| 13. Check if any amount of this investment not at risk | |

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2017 Schedule E-3
MA17013031019



GHISLAINE
ANGARA TRUST

MAXWELL

81 6797506

Check one: ☒ Estate/trust ☐ REMIC ☐ Farm

Income or Loss from Estates and Trusts

1. Passive deduction or loss allowed	1	
2. Passive income	2	61
3. Non-passive deduction or loss	3	3983
4. Non-passive other income	4	
5. Add lines 2 and 4	5	61
6. Add lines 1 and 3	6	-3983
7. Estate and trust income or loss. Combine lines 5 and 6	7	-3922
8. Estate or non-grantor-type trust income	8	
9. Grantor-type trust and non-Massachusetts estate and trust income	9	-3922
10. Interest and dividends if included in line 9	10	
11. Adjustments to 5.1% income	11	
12. Subtotal. Combine lines 10 and 11	12	
13. Income or loss from grantor type and non-Mass estates and trusts	13	-3922

Income or Loss from REMICs

14. Excess inclusion	14	
15. Taxable income or loss	15	
16. Income	16	
17. Combine lines 15 and 16	17	

Farm Income

18. Net farm rental income or loss	18	
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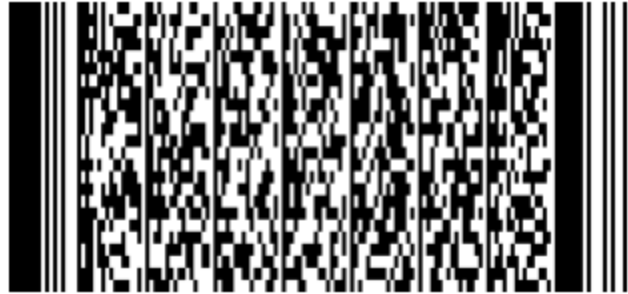
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2017 Schedule C

MA17011011019

Massachusetts Profit or Loss From Business



GHISLAINE
ELLMAX LLC
CONSULTING
116 EAST 65TH STREET
NEW YORK

MAXWELL

27 4313665
812990

NY 11021

Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify)

No. of employees

Did you materially participate in the operation of this business during 2017? Yes ☒ No

Did you claim the small business exemption from the sales tax on purchase of taxable energy or heating fuel during 2017? Yes ☐ No ☒

Exclude interest (other than from Massachusetts banks) and dividends from lines 1 and 4 and enter the result in line 32 and in Schedule B, line 3

Caution: If this income was reported to you on Form W-2 and the "statutory employee" box on that form was checked, fill in here:

1. a. Gross receipts or sales	
b. Returns and allowances	a - b = 1
2. Cost of goods sold and/or operations	2
3. Gross profit. Subtract line 2 from line 1	3
4. Other income	4
5. Total income. Add line 3 and line 4	5
6. Advertising	6
7. Bad debts from sales or services	7
8. Car and truck expenses	8
9. Commissions and fees	9
10. Depletion	10
11. Depreciation and Section 179 deduction	11
12. Employee benefit programs	12
13. Insurance	13
14. Interest	
a. mortgage interest paid to financial institutions	
b. other interest	a + b = 14
15. Legal and professional services	15
16. Office expense	16
17. Pension and profit-sharing	17

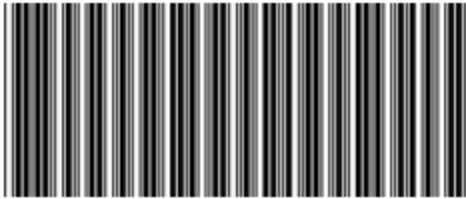
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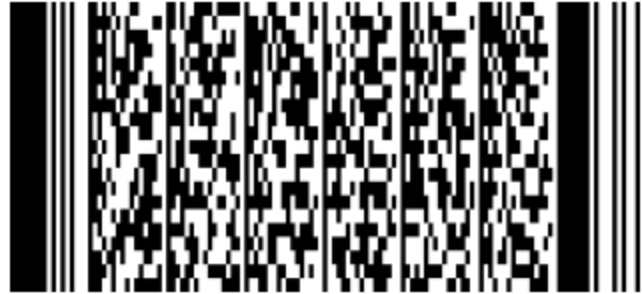
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2017 Schedule C, pg. 2
MA17011021019



18.	Rent or lease	a. vehicles, machinery and equipment		
		b. other business property	a + b =	18
19.	Repairs and maintenance			19
20.	Supplies			20
21.	Taxes and licenses			21
22.	Travel			22
23.	a. Total meals and entertainment			
	b. Enter 50% of 23a subject to limitations		a - b =	23
24.	Utilities			24
25.	Wages			25
26.	Other expenses	SEE STATEMENT 9		26
27.	Total expenses. Add lines 6 through 26			27
28.	Tentative profit or loss. Subtract line 27 from line 5			28
29.	Expenses for business use of your home			29
30.	Abandoned Building Renovation Deduction			30
31.	Net profit or loss. Subtract total of line 29 and line 30 from line 28			31
32.	Is interest (other than from Massachusetts banks) or dividend income reported on U.S. Schedule C, lines 1 and/or 6 or Schedule C-EZ, line 1?			32
	Yes <input checked="" type="checkbox"/> No. If "yes," see instructions			
33.	If you have a loss, you must check the statement that describes your investment in this activity.		<input checked="" type="checkbox"/>	33 a. All investment at risk
				33 b. Some investment is not at risk

Schedule C-1. Cost of Goods Sold and/or Operations

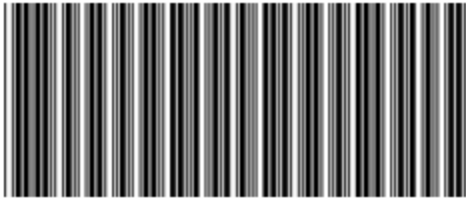
Method(s) used to value closing inventory:	Cost	Lower of cost or market	Other		
Was there any change in determining quantities, costs or valuations between opening & closing inventory? If "yes," encl. explanation				Yes	No
1. Inventory at beginning of year					1
2. a. Purchases					
	b. Items withdrawn for personal use			a - b =	2
3. Cost of labor					3
4. Materials and supplies					4
5. Other costs					5
6. Add lines 1 through 5					6
7. Inventory at end of year					7
8. Cost of goods sold and/or operations. Subtract line 7 from line 6					8

757022 11-30-17

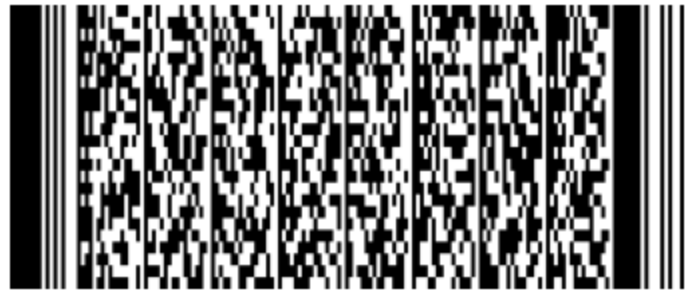
OCTOBER 12, 2018

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2017 Schedule HC
MA17029011019



Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

SCOTT

G BORGERSON

[REDACTED]

- 1a. Date of birth [REDACTED] 1b. Spouse's date of birth [REDACTED] 1c. Family size 3
2. Federal adjusted gross income 2 484192
3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. **Note:** MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2017, you turned 18, you were a part-year resident or a taxpayer was deceased.

3a You:	<input checked="" type="checkbox"/> Full-year MCC	<input type="checkbox"/> Part-year MCC	<input type="checkbox"/> No MCC/None
3b Spouse:	<input checked="" type="checkbox"/> Full-year MCC	<input type="checkbox"/> Part-year MCC	<input type="checkbox"/> No MCC/None

If you filled in the full-year or part-year MCC choice, go to line 4. If you filled in No MCC/None, go to line 6.

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2017, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance, including ConnectorCare (complete line(s) 4f and/or 4g below)	<input checked="" type="checkbox"/> You	<input checked="" type="checkbox"/> Spouse
4b. MassHealth. Fill in and go to line 5	<input type="checkbox"/> You	<input type="checkbox"/> Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5	<input type="checkbox"/> You	<input type="checkbox"/> Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5	<input type="checkbox"/> You	<input type="checkbox"/> Spouse
4e. Other government program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage.	<input type="checkbox"/> You	<input type="checkbox"/> Spouse

- 4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.
TUFTS ASSOCIATED HEALTH MAINTENA [REDACTED] [REDACTED]

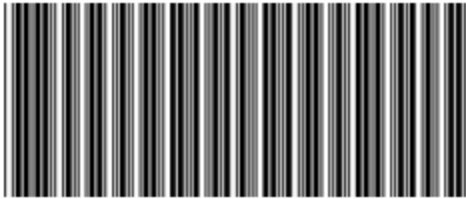
- 4g. Spouse's Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. ☒ Fill in if you were not issued Form MA 1099-HC.
GOLDEN RULE - UNITED HEALTHCARE [REDACTED]

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2017, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

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2017 Schedule HC, pg. 2

Uninsured for All or Part of 2017

6. Was your income in 2017 at or below 150% of the federal poverty level? **6** Yes No

If you answer Yes, you are not subject to a penalty in 2017. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2017, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section **only** if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all, of 2017. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least **15 days or more**. If, during 2017, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**, check below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

You	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2017. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a. Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance?

8a You Yes No

Spouse Yes No

If you answer Yes, go to line 8b. If you answer No, go to line 9.

8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2017 tax year?

8b You Yes No

Spouse Yes No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2017 tax year?

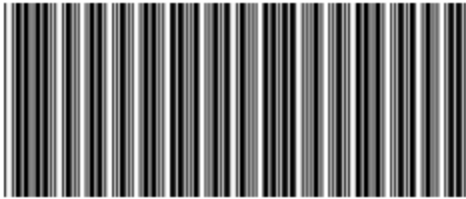
9 You Yes No

Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.

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2017 Schedule HC, pg. 3

SCOTT

G BORGERSON

Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2017 tax year.

- | | | | | | |
|-----|--|----|--------|-----|----|
| 10. | Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions? | 10 | You | Yes | No |
| | | | Spouse | Yes | No |

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

- | | | | | | |
|-----|---|----|--------|-----|----|
| 11. | Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions? | 11 | You | Yes | No |
| | | | Spouse | Yes | No |

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

- | | | | | | |
|-----|--|----|--------|-----|----|
| 12. | Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? | 12 | You | Yes | No |
| | | | Spouse | Yes | No |

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2017 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

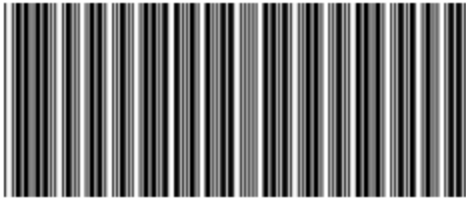
Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do **not** assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You ☐ I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse ☐ I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

OCTOBER 12, 2018

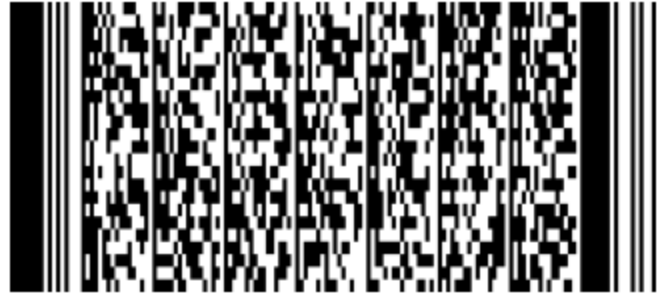
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2017 Form M-2210

MA17653011019

Underpayment of Massachusetts Estimated
Income Tax



SCOTT G BORGERSON & GHISLAINE MAXWELL

Type of return filed (fill in one only): ☒ Form 1 ☐ Form 1-NR/PY

You are a qualified farmer or fisherman filing and paying your full amount due on or before March 1, 2018.

You were a resident of Massachusetts for 12 months and not liable for taxes during 2016.

Your estimated payments and withholding equal or exceed your 2016 tax (where taxable year was 12 months and a return was filed).

Part 1. Required annual payment

1. 2017 tax	1	39583
2. Total credits	2	
3. Balance	3	39583
4. Enter 80% of line 3 or 66.667% of line 3 if you are a qualified farmer or fisherman	4	31666
5. Enter 2016 tax liability after credits	5	330711
6. Enter the smaller of line 4 or line 5	6	31666

Part 2. Figuring your underpayment

		Installment due dates			
		a. April 18, 2017	b. June 15, 2017	c. Sept. 15, 2017	d. Jan. 16, 2018
7. Divide the amount in line 6 by the number of installments required for the year. Enter the result in the appropriate columns	7	7917	7917	7917	7915
8. Estimated taxes paid and taxes withheld for each installment	8	15794	6500		
9. Overpayment of previous installments	9		7877	6460	
10. Total	10	15794	14377	6460	
11. Overpayment	11	7877	6460		
12. Underpayment	12			1457	7915

OCTOBER 12, 2018

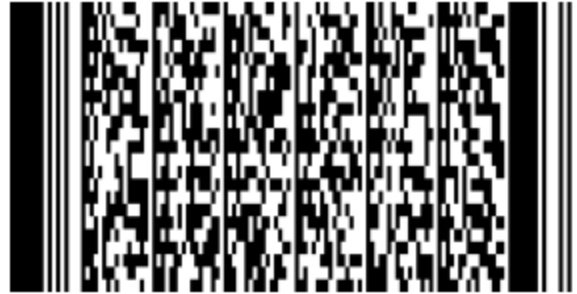
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2017 Form M-2210, pg. 2

MA17653021019

Underpayment of Massachusetts Estimated
Income Tax



SCOTT G BORGERSON & GHISLAINE MAXWELL



Part 3. Figuring your underpayment penalty

13. Enter the date you paid the amount in line 12 or the 15th day of the 4th month after the close of the taxable year, whichever is earlier	13	04 15 18	04 15 18
14. Number of days from the due date of installment to the date shown in line 13	14	212	90
15. Number of days in line 14 after 4/18/17 and before 7/1/17	15		
16. Number of days in line 14 after 6/30/17 and before 10/1/17	16	15	
17. Number of days in line 14 after 9/30/17 and before 1/1/18	17	92	
18. Number of days in line 14 after 12/31/17 and before 4/15/18	18	105	90
19. Underpayment in line 12 x (number of days in line 15 ÷ 365) x 5%	19		
20. Underpayment in line 12 x (number of days in line 16 ÷ 365) x 5%	20	3	
21. Underpayment in line 12 x (number of days in line 17 ÷ 365) x 5%	21	18	
22. Underpayment in line 12 x (number of days in line 18 ÷ 365) x 5%	22	21	98
23. Penalty. Add all amounts shown in lines 19 through 22. Enter this amount on Form 1, line 49; Form 1-NR/PY, line 53; or Form 3M	23		140

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Passive Activity Loss Limitations

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

MA

OMB No. 1545-1008

2017
Attachment
Sequence No. **88**

Name(s) shown on return

Identifying number

SCOTT G BORGERSON & GHISLAINE MAXWELL**Part I 2017 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))**1a****b** Activities with net loss (enter the amount from Worksheet 1, column (b))**1b****c** Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))**1c****d** Combine lines 1a, 1b, and 1c**1d****Commercial Revitalization Deductions From Rental Real Estate Activities****2a** Commercial revitalization deductions from Worksheet 2, column (a)**2a****b** Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)**2b****c** Add lines 2a and 2b**2c****All Other Passive Activities****3a** Activities with net income (enter the amount from Worksheet 3, column (a))**3a**

87.

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

87.

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**

87.

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** Enter \$150,000. If married filing separately, see instructions**6****7** Enter modified adjusted gross income, but not less than zero (see instructions)**7****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.**8** Subtract line 7 from line 6**8****9** Multiply line 8 by 50% (0.50). **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**

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 2017.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return**16**

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: **ALPHAKEYS MILLENNIUM FUND, L.L.C.**EIN: **27-5238213**

1. Your adjusted basis at the end of the prior year. Do not enter less than zero.

Enter -0- if this is your first tax year 1. 674,580.

Increases:

2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)

2. _____

3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2016 Schedule K-1 from your share of liabilities shown in Item K of your 2017 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)

3. _____

4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds

4. 135,947.

5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities

5. _____

6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion

6. _____

Decreases:

7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)

7. _____

Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.

8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2017 Schedule K-1 from your share of liabilities shown in item K of your 2016 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))

8. _____

9. Your share of the partnership's nondeductible expenses that are not capital expenditures

9. 25.

10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations

SEE STATEMENT 12 10. 85,258.

11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property

11. _____

12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)

12. 725,244.**Caution:** The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.

MA 1/1-NR/PY INTEREST INCOME FROM MASSACHUSETTS BANKS		STATEMENT 1
DESCRIPTION		AMOUNT
FROM GRANTOR LETTER - ANGARA TRUST		1,214.
TOTAL TO FORM 1, LINE 5 OR FORM 1-NR/PY, LINE 7		1,214.

MA X/Y ALIMONY PAID		STATEMENT 2
RECIPIENT'S NAME	SOCIAL SECURITY NUMBER	AMOUNT
REBECCA A. BORGERSON		66,000.
TOTAL TO SCHEDULE Y, LINE 3		66,000.

MA B OTHER DIVIDEND AND INTEREST INCOME TO BE EXCLUDED		STATEMENT 3
DESCRIPTION		AMOUNT
U.S. INTEREST		31,263.
TOTAL TO SCHEDULE B, LINE 6		31,263.

MA D U.S. SCHEDULE D, LINE 11, COL. H		STATEMENT 4
EXPLANATION		AMOUNT
ANGARA TRUST		26.00
FROM K-1 - CARGOMETRICS TECHNOLOGIES LLC		-1.00
FROM K-1 - ALPHAKEYS MILLENNIUM FUND, L.L.C.		501.00
FROM K-1 - CARGOMETRICS COMPASS FUND LP		1,170.00
FROM K-1 - ATLAS ENHANCED FUND LP		281.00
TOTAL TO SCHEDULE D, LINE 4		1,977.00

MA D	U.S. SCHEDULE D, LINE 10, COL. H	STATEMENT 5
EXPLANATION		AMOUNT
DISPOSITION OF ATLAS ENHANCED FUND LP		8.00
TOTAL TO SCHEDULE D, LINE 3		8.00

MA D	U.S. SCHEDULE D, LINE 12, COL. H	STATEMENT 6
EXPLANATION		AMOUNT
ANGARA TRUST		312,187.00
TOTAL TO SCHEDULE D, LINE 5		312,187.00

MA D	U.S. SCHEDULE D, LINE 13, COL. H	STATEMENT 7
EXPLANATION		AMOUNT
FROM K-1 - ANGARA TRUST - CAP GAIN DIV 0/15		387.00
TOTAL TO SCHEDULE D, LINE 6		387.00

MA E	SCHEDULE E - MASSACHUSETTS DIFFERENCES	STATEMENT 8
DESCRIPTION		AMOUNT
ALPHAKEYS MILLENNIUM FUND, L.L.C.		7,622.
TOTAL TO SCHEDULE E, LINE 56		7,622.

MA C SCHEDULE C - OTHER BUSINESS EXPENSES		STATEMENT 9
DESCRIPTION		AMOUNT
CONTRACT LABOR		36,500.
PAYROLL PROCESSING FEES		1,836.
BANK FEES		150.
TOTAL TO SCHEDULE C, LINE 26		38,486.

FORM 8582		OTHER PASSIVE ACTIVITIES - WORKSHEET 3			STATEMENT 10	
NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS		
	NET INCOME	NET LOSS		GAIN	LOSS	
ANGARA TRUST	87.	0.		87.		
TOTALS	87.	0.		87.		

FORM 8582		SUMMARY OF PASSIVE ACTIVITIES				STATEMENT 11	
R R E A NAME		FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
ANGARA TRUST		FORM 4797	26.		26.		
ANGARA TRUST		SCH E	61.		61.		
TOTALS			87.		87.		

PARTNERSHIP BASIS WKST DECREASES IN BASIS		STATEMENT 12
DESCRIPTION		AMOUNT
FTC		673.
INCLUDED IN BASIS WORKSHEET, LINE 10		673.