Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 2008
(99) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2008, or other tax year beginning , ending

OMB No. 1545-0074

Label
(See instructions on page 14.) Use the IRS label. Otherwise, please print or type.

LABEL HERE

Your first name / M.I.	TAWEI
Last name / Suffix	JAO
Your social security number	609-37-6663
If a joint return, spouse's first name / M.I.	MEI LING
Last name / Suffix	CHEN
Spouse's social security number	609-37-6664
Home address (number and street). If you have a P.O. box, see page 14. / Apt. no.	18602 LA GUARDIA ST
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.	ROWLAND HEIGHTS CA 91748

▲ You **must** enter your SSN(s) above. ▲

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 14) ▶ Checking a box below will not change your tax or refund. ☐ **You** ☐ **Spouse**

Filing Status
Check only one box.

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. ▶ First name Last name
4 ☐ Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ First name Last name SSN
5 ☐ Qualifying widow(er) with dependent child (see page 16)

Exemptions
6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a — Boxes checked on 6a and 6b: 2
b ☒ **Spouse**
c **Dependents:**

If more than four dependents, see page 17.

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) √ if qualifying child for child tax credit (see page 17)
YUN	JAO	609-37-7415	Daughter	☒
YUEH	JAO	609-37-1981	Daughter	☒
LU	JAO	609-37-1982	Daughter	☒
				☐

No. of children on 6c who:
- lived with you: 3
- did not live with you due to divorce or separation (see page 18): 0

Dependents on 6c not entered above: 0

d Total number of exemptions claimed — Add numbers on lines above ▶ 5

Income
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	51,000
8a	**Taxable** interest. Attach Schedule B if required	8a	585
b	**Tax-exempt** interest. **Do not** include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see page 21)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions 15a; b Taxable amount (see page 23)	15b	
16a	Pensions and annuities 16a; b Taxable amount (see page 24)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-9,561
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits 20a; b Taxable amount (see page 26)	20b	0
21	Other income. List type and amount (see page 28)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶	22	42,024

Adjusted Gross Income

23	Educator expenses (see page 28)	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	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see page 29)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction (see page 30)	32	
33	Student loan interest deduction (see page 33)	33	
34	Tuition and fees deduction. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶	37	42,024

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	42,024
39a	Check if: ☐ You were born before January 2, 1944, ☐ Blind. ☐ Spouse was born before January 2, 1944, ☐ Blind. Total boxes checked ▶	39a	
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ▶ 39b ☐		
c	Check if standard deduction includes real estate taxes or disaster loss (see page 34) ▶ 39c [X]		
40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)	40	11,900
41	Subtract line 40 from line 38	41	30,124
42	If line 38 is over $119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply $3,500 by the total number of exemptions claimed on line 6d	42	17,500
43	**Taxable income**. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	12,624
44	**Tax** (see page 36). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972	44	1,263
45	**Alternative minimum tax** (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45 ▶	46	1,263
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see page 42). Attach Form 8901 if required	52	1,263
53	Credits from Form: a ☐ 8396 b ☐ 8839 c ☐ 5695	53	
54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54	
55	Add lines 47 through 54. These are your **total credits**	55	1,263
56	Subtract line 55 from line 46. If line 55 is more than line 46, enter -0- ▶	56	0

Standard Deduction for—
- People who checked any box on line 39a, 39b, or 39c **or** who can be claimed as a dependent, see page 34.
- All others:

Single or Married filing separately, $5,450

Married filing jointly or Qualifying widow(er), $10,900

Head of household, $8,000

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Additional taxes: a ☐ AEIC payments b ☐ Household employment taxes. Attach Schedule H	60	
61	Add lines 56 through 60. This is your **total tax** ▶	61	0

Payments

62	Federal income tax withheld from Forms W-2 and 1099	62	1,404
63	2008 estimated tax payments and amount applied from 2007 return	63	
64a	**Earned income credit (EIC)**	64a	
b	Nontaxable combat pay election 64b		
65	Excess social security and tier 1 RRTA tax withheld (see page 61)	65	
66	Additional child tax credit. Attach Form 8812	66	1,737
67	Amount paid with request for extension to file (see page 61)	67	
68	Credits from Form: a ☐ 2439 b ☐ 4136 c ☐ 8801 d ☐ 8885	68	
69	First-time homebuyer credit. Attach Form 5405	69	7,500
70	Recovery rebate credit (see worksheet on pages 62 and 63)	70	7
71	Add lines 62 through 70. These are your **total payments** ▶	71	10,648

If you have a qualifying child, attach Schedule EIC.

Refund

72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you **overpaid**	72	10,648
73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ▶ ☐	73a	10,648
▶ b	Routing number 122000247 ▶ c Type: [X] Checking ☐ Savings		
▶ d	Account number 8938163485		
74	Amount of line 72 you want **applied to your 2009 estimated tax** ▶	74	

Direct deposit? See page 63 and fill in 73b, 73c, and 73d, or Form 8888.

Amount You Owe

75	**Amount you owe.** Subtract line 71 from line 61. For details on how to pay, see page 65 ▶	75	0
76	Estimated tax penalty (see page 65)	76	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 66)? [X] **Yes**. Complete the following. ☐ **No**

Designee's name ▶ Preparer Phone no. ▶ 626-285-1221 Personal identification number (PIN) ▶ 15833

Sign Here

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

Joint return? See page 15. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		MANAGER	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	
		STAFF	

Paid Preparer's Use Only

Preparer's signature: NATALIE LEE, ENROLLED AGENT	Date: 9/1/2009	Check if self-employed ☐	Preparer's SSN or PTIN: P00215833
Firm's name (or yours if self-employed), address, and ZIP code: LA FIRST TAX FINANCIAL SERVICES			EIN 26-1703414
9067 LAS TUNAS DR.			Phone no. (626) 285-1221
TEMPLE CITY	State CA		ZIP code 91780

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Schedule A—Itemized Deductions

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2008

Attachment Sequence No. **07**

Name(s) shown on Form 1040: TAWEI JAO and MEI LING CHEN

Your social security number: 609-37-6663

Medical and Dental Expenses		**Caution.** Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see page A-1)	1			
	2	Enter amount from Form 1040, line 38 — 2: 42,024				
	3	Multiply line 2 by 7.5% (.075)	3	3,152		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0
Taxes You Paid (See page A-2.)	5	State and local **(check only one box):** a ☐ Income taxes, **or** b ☒ General sales taxes	5	806		
	6	Real estate taxes (see page A-5)	6	3,160		
	7	Personal property taxes	7			
	8	Other taxes. List type and amount ▶	8			
	9	Add lines 5 through 8			9	3,966
Interest You Paid (See page A-5.)	10	Home mortgage interest and points reported to you on Form 1098	10	4,263		
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶ Name / Address / TIN	11			
Note. Personal interest is not deductible.	12	Points not reported to you on Form 1098. See page A-6 for special rules	12			
	13	Qualified mortgage insurance premiums (see page A-6)	13			
	14	Investment interest. Attach Form 4952 if required. (See page A-6.)	14			
	15	Add lines 10 through 14			15	4,263
Gifts to Charity	16	Gifts by cash or check. If you made any gift of $250 or more, see page A-7	16			
If you made a gift and got a benefit for it, see page A-7.	17	Other than by cash or check. If any gift of $250 or more, see page A-8. You **must** attach Form 8283 if over $500	17			
	18	Carryover from prior year	18			
	19	Add lines 16 through 18			19	0
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See page A-8.)			20	
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 page A-9.) ▶	21			
	22	Tax preparation fees	22			
(See page A-9.)	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23			
	24	Add lines 21 through 23	24	0		
	25	Enter amount from Form 1040, line 38 — 25: 42,024				
	26	Multiply line 25 by 2% (.02)	26	840		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	0
Other Miscellaneous Deductions	28	Other—from list on page A-10. List type and amount ▶			28	
Total Itemized Deductions	29	Is Form 1040, line 38, over $159,950 (over $79,975 if married filing separately)? ☒ **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. ☐ **Yes.** Your deduction may be limited. See page A-10 for the amount to enter. ▶			29	8,229
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐				

Name(s) shown on return. Do not enter name and social security number if shown on other side.
TAWEI JAO and MEI LING CHEN

Your social security number 609-37-6663

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

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(e)** on line 28 and attach **Form 6198.** See page E-1.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☐ **Yes** ☒ **No**
If you answered "Yes," see page E-7 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	DA COMPUTING	S	☐	20-0282949	☐
B	DA COMPUTING	S	☐	20-0282949	☐
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			9,083		
B			478		
C					
D					
29 a Totals					
b Totals			9,561		

30	Add columns (g) and (j) of line 29a	30	
31	Add columns (f), (h), and (i) of line 29b	31	(9,561)
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	-9,561

Part III Income or Loss From Estates and Trusts

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

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K–1	(e) Deduction or loss from Schedule K–1	(f) Other income from Schedule K–1
A				
B				
34 a Totals				
b Totals				

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

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see page E-7)	(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	0

Part V Summary

40	Net farm rental income or (loss) from **Form 4835**. Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	-9,561

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 T; and Schedule K-1 (Form 1041), line 14, code F (see page E-8) **42**

43 **Reconciliation for real estate professionals.** If you were a real estate professional (see page E-2), 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**

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax—Individuals

► See separate instructions.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2008

Attachment Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR: TAWEI JAO and MEI LING CHEN

Your social security number: 609-37-6663

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

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 2), and go to line 7. (If less than zero, enter as a negative amount.)	1	42,024
2	Medical and dental. Enter the **smaller** of Schedule A (Form 1040), line 4, **or** 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	0
3	Taxes from Schedule A (Form 1040), line 9	3	
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is over $159,950 (over $79,975 if married filing separately), enter the amount from line 11 of the **Itemized Deductions Worksheet** on page A-10 of the instructions for Schedule A (Form 1040)	6	( )
7	If claiming the standard deduction, enter any amount from Form 4684, line 18a, as a negative amount	7	( )
8	Tax refund from Form 1040, line 10 or line 21	8	( )
9	Investment interest expense (difference between regular tax and AMT)	9	
10	Depletion (difference between regular tax and AMT)	10	
11	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	56
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
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 tax net operating loss deduction	28	( )
29	**Alternative minimum taxable income.** Combine lines 1 through 28. (If married filing separately and line 29 is more than $214,900, see page 8 of the instructions.)	29	42,080

Part II Alternative Minimum Tax (AMT)

30 Exemption. (If you were under age 24 at the end of 2008, see page 8 of the instructions.)

IF your filing status is . . .	AND line 29 is not over . . .	THEN enter on line 30 . . .
Single or head of household	$112,500	$46,200
Married filing jointly or qualifying widow(er)	150,000	69,950
Married filing separately	75,000	34,975

If line 29 is **over** the amount shown above for your filing status, see page 8 of the instructions.

30	Exemption	30	69,950
31	Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 34 and 36 and skip the rest of Part II	31	0
32	• If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; **or** you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here. • **All others:** If line 31 is $175,000 or less ($87,500 or less if married filing separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result.	32	0
33	Alternative minimum tax foreign tax credit (see page 9 of the instructions)	33	
34	Tentative minimum tax. Subtract line 33 from line 32	34	0
35	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see page 11 of the instructions)	35	
36	**AMT.** Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45	36	0

For Paperwork Reduction Act Notice, see page 12 of the instructions.

(HTA)

Form **8812**

Department of the Treasury
Internal Revenue Service (99)

Additional Child Tax Credit

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

1040 / 1040A / 1040NR / 8812

OMB No. 1545-0074

2008

Attachment Sequence No. **47**

Name(s) shown on return: TAWEI JAO and MEI LING CHEN

Your social security number: 609-37-6663

Part I All Filers

1	Enter the amount from line 1 of your Child Tax Credit Worksheet on page 43 of the Form 1040 instructions, page 38 of the Form 1040A instructions, or page 19 of the Form 1040NR instructions. If you used Pub. 972, enter the amount from line 8 of the worksheet on page 4 of the publication . . .	1	3,000
2	Enter the amount from Form 1040, line 52, Form 1040A, line 33, or Form 1040NR, line 47 . . .	2	1,263
3	Subtract line 2 from line 1. If zero, **stop**; you cannot take this credit . . .	3	1,737
4 a	Earned income (see instructions on back). If your main home was in a Midwestern disaster area when the disaster occurred, and you are electing to use your 2007 earned income, check here . . . ▶ ☐ — **4a** 51,000		
b	Nontaxable combat pay (see instructions on back) . . . **4b**		
5	Is the amount on line 4a more than $8,500? ☐ **No.** Leave line 5 blank and enter -0- on line 6. ☒ **Yes.** Subtract $8,500 from the amount on line 4a. Enter the result . . . **5** 42,500		
6	Multiply the amount on line 5 by 15% (.15) and enter the result . . .	6	6,375
	Next. Do you have three or more qualifying children? ☐ **No.** If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the **smaller** of line 3 or line 6 on line 13. ☒ **Yes.** If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.		

Part II Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see instructions on back . . . **7**		
8	**1040 filers:** Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 61. **1040A filers:** Enter -0-. **1040NR filers:** Enter the total of the amounts from Form 1040NR, line 53, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 57. **8**		
9	Add lines 7 and 8 . . . **9** 0		
10	**1040 filers:** Enter the total of the amounts from Form 1040, lines 64a and 65. **1040A filers:** Enter the total of the amount from Form 1040A, line 40a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 43 (see instructions on back). **1040NR filers:** Enter the amount from Form 1040NR, line 60. **10**		
11	Subtract line 10 from line 9. If zero or less, enter -0- . . .	11	0
12	Enter the **larger** of line 6 or line 11 . . . **Next,** enter the **smaller** of line 3 or line 12 on line 13.	12	0

Part III Additional Child Tax Credit

13	**This is your additional child tax credit** . . .	13	1,737

1040 / 1040A / 1040NR ◀ *Enter this amount on Form 1040, line 66, Form 1040A, line 41, or Form 1040NR, line 61.*

Form **5405**

(Rev. February 2009)

Department of the Treasury
Internal Revenue Service

First-Time Homebuyer Credit

► **Attach to Form 1040**

OMB No. 1545-0074

2008

Attachment Sequence No. **163**

Name(s) shown on return	Your social security number
TAWEI JAO and MEI LING CHEN	609-37-6663

Part I General Information

A Address of home qualifying for the credit (if different from the address shown on return)

18602 LA GUARDIA ST , ROWLAND HEIGHTS, CA 91748

B Date acquired (see instructions)

10/30/2008

C If you are choosing to claim the credit on your 2008 return for a main home bought after December 31, 2008, and before December 1, 2009, check here (see instructions) . . . . ► ☐

Part II Credit

1	Enter the **smaller** of: ● $7,500 ($8,000 if you purchased your home in 2009), but only half of that amount if married filing separately, **or** ● 10% of the purchase price of the home. If someone other than a spouse also held an interest in the home, enter only your share of this amount (see instructions)			**1**	7,500
2	Enter your modified adjusted gross income (see instructions) . . .	**2**	42,024		
3	Is line 2 more than $75,000 ($150,000 if married filing jointly)? **No.** Skip lines 3 through 5 and enter the amount from line 1 on line 6. **Yes.** Subtract $75,000 ($150,000 if married filing jointly) from the amount on line 2 and enter the result	**3**			
4	Divide line 3 by $20,000 and enter the result as a decimal (rounded to at least three places). **Do not** enter more than 1.000			**4**	X 0 . 000
5	Multiply line 1 by line 4			**5**	0
6	Subtract line 5 from line 1. This is your **credit.** Enter here and on Form 1040, line 69			**6**	7,500

For Privacy Notice, get form FTB 1131.

FORM

California Resident Income Tax Return 2008

540 C1 Side 1

APE

ATTACH FEDERAL RETURN

P
AC
A
R
RP

609-37-6663 JAO 609-37-6664 08
TAWEI JAO
MEILING CHEN

18602 LA GUARDIA ST
ROWLAND HEIGHTS CA 91748

01	2	37	0	408	0	APE	0
06	0	38	0	409	0	FS	0
09	0	39	0	410	0	3800	0
10	3	40	0	411	0	3803	0
12	51000	41	0	412	0	SCHG1	0
14	0	42	0	413	0	5870A	0
16	800	43	0	414	0	5805 5805F	0
17	42824	45	20	61	0	TPIDP	00215833
18	7423	46	0	62	0	FN	261703414
20	593	47	20	63	0	DESIGNEE	1
23	0	48	0	64	0		
25	0	49	0	66	20		
26	0	400	0	67	20		122000247
27	0	401	0	68	0		8938163485
28	0	402	0				1
31	0	403	0				
32	0	404	0				
33	0	405	0				
34	0	406	0				
36	20	407	0				

PREPARER
PH 6262851221

Filing Status

1 ☐ Single
4 ☐ Head of household (with qualifying person). (see page 3)
2 ☒ Married/RDP filing jointly. (see page 3)
5 ☐ Qualifying widow(er) with dependent child. Enter year spouse/RDP died.
3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

If your California filing status is different from your federal filing status, check the box here . . . . . ● ☐

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see page 9) . . . . . ● 6 ☐

Exemptions

Whole dollars only

7	**Personal:** If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box. If you checked the box on line 6, see page 9	7	2	X $99 =	$ 198.
8	**Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2	8	0	X $99 =	$ 0.
9	**Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ●	9	0	X $99 =	$ 0.
10	**Dependents:** Enter name and relationship. **Do not include yourself or your spouse/RDP.** YUN JAO Daughter; YUEH JAO Daughter; LU JAO Daughter. Total dependent exemptions. ●	10	3	X $309 =	$ 927.
11	**Exemption amount:** Add line 7 through line 10. Transfer this amount to line 21	11			$ 1,125.

Taxable Income

12	State wages from your Form(s) W-2, box 16 or CA Sch W-2 CG, line 3 ●	12	51,000
13	Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4	13	42,024
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B ●	14	0
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 11)	15	42,024
16	California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C ●	16	800
17	California adjusted gross income. Combine line 15 and line 16 ●	17	42,824
18	Enter the larger of your CA **standard deduction OR** your CA **itemized deductions** ●	18	7,423
19	Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-	19	35,401

Tax

20	Tax. Check box if from: ☒ Tax Table ☐ Tax Rate Schedule ☐ FTB 3800 ☐ FTB 3803 ●	20	593
21	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $163,187 (see page 13)	21	1,125
22	Subtract line 21 from line 20. If less than zero, enter -0-	22	0
23	Tax. (see page 13) Check box if from: ☐ Schedule G-1 ☐ Form FTB 5870A ●	23	0
24	Add line 22 and line 23. Continue to Side 2	24	0

013 3101086

Your name: TAWEI JAO   Your SSN or ITIN: 609-37-6663

Special Credits

25	Credit ____ Code ____ amount	25	0		
26	Credit ____ Code ____ amount	26	0		
27	To claim more than two credits (see page 14)	27	0		
28	Nonrefundable renter's credit (see page 14)	28	0		
29	Add line 25 through line 28. These are your total credits			29	0
30	Subtract line 29 from line 24. If less than zero, enter -0-			30	0

Other Taxes

31	Alternative minimum tax. Attach Schedule P (540)	31	0		
32	Mental Health Services Tax (see page 15)	32	0		
33	Other taxes and credit recapture (see page 15)	33	0		
34	Add line 30, line 31, line 32, and line 33. This is your total tax			34	0

Payments

36	California income tax withheld (see page 15)	36	20		
37	2008 CA estimated tax and other payments (see page 15)	37	0		
38	Real estate withholding. (Form(s) 592-B, 593, and 594) (see page 15)	38	0		
39	Excess SDI (see page 15)	39	0		

Child and Dependent Care Expenses Credit (see page 16). Attach form FTB 3506.

40 ____ 41 ____ 42 0 43 0

44 Add line 36, line 37, line 38, line 39, and line 43. These are your total payments (see page 16) — 44: 20

Overpaid Tax/Tax Due

45	Overpaid tax. If line 44 is more than line 34, subtract line 34 from line 44	45	20
46	Amount of line 45 applied to **2009** estimated tax	46	0
47	Overpaid tax available this year. Subtract line 46 from line 45	47	20
48	Tax due. If line 44 is less than line 34, subtract line 44 from line 34	48	0

Use Tax

49 Use Tax. **This is not a total line** (see page 16) — 49: 0 00

Contributions

	Code	Amount		Code	Amount
CA Seniors Special Fund (see page 60)	400	00	CA Peace Officer Memorial Foundation Fund	408	00
Alzheimer's Disease/Related Disorders Fund	401	00	CA Military Family Relief Fund	409	00
CA Fund for Senior Citizens	402	00	CA Sea Otter Fund	410	00
Rare and Endangered Species Preservation Program	403	00	CA Ovarian Cancer Research Fund	411	00
State Children's Trust Fund for the Prevention of Child Abuse	404	00	Municipal Shelter Spay-Neuter Fund	412	00
CA Breast Cancer Research Fund	405	00	CA Cancer Research Fund	413	00
CA Firefighters' Memorial Fund	406	00	ALS/Lou Gehrig's Disease Research Fund	414	00
Emergency Food For Families Fund	407	00			

61 Add code 400 through code 414. These are your total contributions — 61: 0 00

Amount You Owe

62 **AMOUNT YOU OWE.** Add line 48, line 49, and line 61 (see page 17). Mail to:
FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009 — 62: 0.

Interest and Penalties

63	Interest, late return penalties, and late payment penalties	63	0
64	Underpayment of estimated tax. Check box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached**	64	0
65	Total amount due (see page 18). Enclose, but do not staple, any payment	65	0

Refund and Direct Deposit

66 **REFUND OR NO AMOUNT DUE.** Subtract line 49 and line 61 from line 47 (see page 18). Mail to:
FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009 — 66: 20

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip (see page 18). Have you verified the routing and account numbers? **Use whole dollars only.**

All or the following amount of my refund (line 66) is authorized for direct deposit into the account shown below:

Routing number	Type	Account number	67 Direct deposit amount
122000247	☒ Checking ☐ Savings	8938163485	20

The remaining amount of my refund (line 66) is authorized for direct deposit into the account shown below:

Routing number	Type	Account number	68 Direct deposit amount
	☐ Checking ☐ Savings		0

Sign Here

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under 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.

It is unlawful to forge a spouse's/RDP's signature.

Joint return? (see page 19)

Your signature ____ Spouse's/RDP's signature (if a joint return, both must sign) ____

Daytime phone number (optional) ____ Date ____

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

NATALIE LEE, ENROLLED AGENT

Paid preparer's SSN/PTIN: P00215833

Firm's name (or yours, if self-employed): LA FIRST TAX FINANCIAL SERVICES

Firm's address: 9067 LAS TUNAS DR. TEMPLE CITY, CA 91780

FEIN: 26-1703414

Do you want to allow another person to discuss this return with us (see page 19)? ☒ Yes ☐ No

Print Third Party Designee's Name: Preparer

Telephone Number: 626-285-1221

TAXABLE YEAR

2008 California Adjustments — Residents

SCHEDULE **CA (540)**

Important: Attach this schedule behind Form 540, Side 2 as a supporting California schedule.

Name(s) as shown on return: TAWEI JAO and MEI LING CHEN

SSN or ITIN: 609-37-6663

Part I Income Adjustment Schedule

Section A – Income

		A Federal Amounts (taxable amounts from your federal return)	B Subtractions See instructions	C Additions See instructions
7	Wages, salaries, tips, etc. See instructions before making an entry in column B or C . . . 7	51,000.	0.	0.
8	Taxable interest income . . . 8	585.	0.	0.
9	Ordinary dividends. See instructions. **(b)** 0. . . . 9(a)	0.	0.	0.
10	Taxable refunds, credits, offsets of state and local income taxes . . . 10	0.	0.	
11	Alimony received . . . 11	0.		
12	Business income or (loss) . . . 12	0.	0.	0.
13	Capital gain or (loss). See instructions . . . 13	0.	0.	0.
14	Other gains or (losses) . . . 14	0.	0.	0.
15	Total IRA distributions. See instructions. **(a)** 0. . . . 15(b)	0.	0.	0.
16	Total pensions and annuities. See instructions. **(a)** 0. . . . 16(b)	0.	0.	0.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . 17	-9,561.	0.	800.
18	Farm income or (loss) . . . 18	0.	0.	0.
19	Unemployment compensation. Enter the same amount in column A and column B . . . 19	0.	0.	
20	Social security benefits **(a)** 0. . . . 20(b)	0.	0.	
21	Other income. **a** California lottery winnings; **b** Disaster loss carryover from FTB 3805V; **c** Federal NOL (Form 1040, line 21); **d** NOL carryover from FTB 3805V; **e** NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809; **f** Other (describe): . . . 21	0.		
	a		0.	
	b		0.	
	c			0.
	d		0.	
	e		0.	
	f		0.	0.
22	**Total.** Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B . . . 22	42,024.	0.	800.

Section B – Adjustments to Income

23	Educator expenses . . . 23	0.	0.	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . 24	0.	0.	
25	Health savings account deduction . . . 25	0.	0.	
26	Moving expenses . . . 26	0.		
27	One-half of self-employment tax . . . 27	0.		
28	Self-employed SEP, SIMPLE, and qualified plans . . . 28	0.		
29	Self-employed health insurance deduction . . . 29	0.		
30	Penalty on early withdrawal of savings . . . 30	0.		
31a	Alimony paid. **(b)** Recipient's: SSN ______ Last name ______ 31a	0.		0.
32	IRA deduction . . . 32	0.		
33	Student loan interest deduction . . . 33	0.		0.
34	Tuition and fees deduction . . . 34	0.	0.	
35	Domestic production activities deduction . . . 35	0.	0.	
36	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions. . . . 36	0.	0.	0.
37	**Total.** Subtract line 36 from line 22 in columns A, B, and C. See instructions . . . 37	42,024.	0.	800.

Part II Adjustments to Federal Itemized Deductions

38	Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28	**38**	8,229.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign income taxes **only**). See instructions	**39**	806.
40	Subtract line 39 from line 38	**40**	7,423.
41	Other adjustments including California lottery losses. See instructions. Specify ________	**41**	0.
42	Combine line 40 and line 41	**42**	7,423.

43 **Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately **$163,187**
Head of household **$244,785**
Married/RDP filing jointly or qualifying widow(er) **$326,379**

No. Transfer the amount on line 42 to line 43
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43 . . . . **43** 7,423.

44 **Enter the larger of the amount on line 43 or your standard deduction listed below**

Single or married/RDP filing separately **$3,692**
Married/RDP filing jointly, head of household, or qualifying widow(er) . . **$7,384**

Transfer the amount on line 44 to Form 540, line 18 . . . . **44** 7,423.

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2008**

California e-file Signature Authorization for Individuals

FORM **8879**

Declaration Control Number (DCN) ▶ 00-954620-00154-9

Your name	Your SSN or ITIN
TAWEI JAO	609-37-6663
Spouse's/RDP's name	**Spouse's/RDP's SSN or ITIN**
MEI LING CHEN	609-37-6664

Part I Tax Return Information (whole dollars only)

1	California Adjusted Gross Income (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 21; or Short Form 540NR, line 21)	1	42,824.
2	Amount You Owe (Form 540, line 62; Form 540 2EZ, line 27; Long Form 540NR, line 69; or Short Form 540NR, line 69)	2	0.
3	Refund or No Amount Due (Form 540, line 66; Form 540 2EZ, line 28; Long Form 540NR, line 73; or Short Form 540NR, line 73)	3	20.

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 individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2008, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, Transmitter, or Intermediate Service Provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, Intermediate Service Provider, and/or Transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize LA FIRST TAX FINANCIAL SERVICES (**ERO firm name**) to enter my PIN 76663 (**Do not enter all zeros**) as my signature on my 2008 e-filed California individual income tax return.

[ ] I will enter my PIN as my signature on my 2008 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ ________ Date ▶ ________

Spouse's/RDP's PIN: check one box only

[X] I authorize LA FIRST TAX FINANCIAL SERVICES (**ERO firm name**) to enter my PIN 76664 (**Do not enter all zeros**) as my signature on my 2008 e-filed California individual income tax return.

[ ] I will enter my PIN as my signature on my 2008 e-filed California individual 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/RDP's signature ▶ ________ Date ▶ ________

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 95462095462
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2008 California individual 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 FTB Pub. 1345, 2008 e-file Handbook for Authorized e-file Providers, and FTB Pub. 1345A, 2008 e-file Handbook Supplement.

ERO's signature ▶ ________ Date ▶ 9/1/2009