

Department of the Treasury
Internal Revenue Service

- ▶ Do not send to the IRS. This is not a tax return.
- ▶ Keep this form for your records. See instructions.

2009

Declaration Control Number (DCN) ▶ 0095462000000

Taxpayer's name TAWEI JAO	Social security number 609-37-6663
Spouse's name MEI LING CHEN	Spouse's social security number 609-37-6664

Part I Tax Return Information—Tax Year Ending December 31, 2009 (Whole Dollars Only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	-53,981
2 Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11)	2	0
3 Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7)	3	168
4 Refund (Form 1040, line 73a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 13a)	4	5,549
5 Amount you owe (Form 1040, line 75; Form 1040A, line 48; Form 1040EZ, line 13)	5	0

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, 2009, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from 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) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) 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. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. 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 a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I 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 LA FIRST TAX AND FINANCIAL SERVICES to enter or generate my PIN 76663 as my signature on my tax year 2009 electronically filed income tax return. ERO firm name **Enter five numbers, but do not enter all zeros**
- I will enter my PIN as my signature on my tax year 2009 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 ▶ _____

Spouse's PIN: check one box only

- I authorize LA FIRST TAX AND FINANCIAL SERVICES to enter or generate my PIN 76664 as my signature on my tax year 2009 electronically filed income tax return. ERO firm name **Enter five numbers, but do not enter all zeros**
- I will enter my PIN as my signature on my tax year 2009 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 ▶ _____

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 tax year 2009 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 **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ NATALIE LEE, ENROLLED AGENT Date ▶ _____

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

TAWEI JAO
Instructions For Filing Form
TD F 90-22.1
Report of Foreign Bank and Financial Accounts

Filing..

File your signed return by June 30, 2010 with:

U.S. Department of the Treasury
P.O. Box 32621
Detroit, MI 48232-0621.

TD F 90-22.1(Rev. October 2008)
Department of the TreasuryDo not use previous editions of
this form after
December 31, 2008**REPORT OF FOREIGN BANK
AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar
Year Ended 12/31

2009

Amended **Part I Filer Information**

2 Type of Filer

a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____

3 U.S. Taxpayer Identification Number

609376663

If filer has no U.S. Identification
Number complete Item 4.

4 Foreign identification (Complete only if item 3 is not applicable.)

a Type: Passport Other _____

b Number _____ c Country of Issue _____

5 Individual's Date of Birth
MM/DD/YYYY

10/10/1966

6 Last Name or Organization Name

JAO

7 First Name

TAWEI

8 Middle Initial

9 Address (Number, Street, and Apt. or Suite No.)

18602 LA GUARDIA ST

10 City

ROWLAND HEIGHTS

11 State

CA

12 Zip/Postal Code

91748

13 Country

14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If "Yes" enter total number of accounts _____

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

 No**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported

30,000

16 Type of account

a Bank b Securities c Other—Enter type below

17 Name of Financial Institution in which account is held

TAIWAN BUSINESS BANK HONGKONG BRANCH

18 Account number or other designation

045-11-003900-0

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

26/F CENTRAL TOWER 28 QUEEN RD, CENTRAL

20 City

HONG KONG

21 State, if known

22 Zip/Postal Code, if known

23 Country

HONG KONG

Signature

44 Filer Signature

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations (31 CFR 103). No report is required if the aggregate value of the accounts did not exceed \$10,000. **See Instructions For Definitions.****PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE**

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 103.

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 103. The Social Security number will be used as a means to identify the individual who files the report.

The estimated average burden associated with this collection of information is 20 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

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

Form TD F 90-22.1

Complete a Separate Block for Each Account Owned Separately

Page Number

This side can be copied as many times as necessary in order to provide information on all accounts.

1 of 1

1 Filing for calendar year <u>2009</u>	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <u>609376663</u>	6 Last Name or Organization Name <u>JAO</u>
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15 Maximum value of account during calendar year reported <u>0</u>	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 reported <u>0</u>	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 reported <u>0</u>	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 reported <u>0</u>	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 reported <u>0</u>	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 reported <u>0</u>	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

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

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) You Spouse

Filing Status

1 Single

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

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

4 Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) with dependent child (see page 16)

Check only one box.

Exemptions

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

6b Spouse

6c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 17)
YUN	JAO	609-37-7415	Daughter	<input type="checkbox"/>
YUEH	JAO	609-37-1981	Daughter	<input checked="" type="checkbox"/>
LU	JAO	609-37-1982	Daughter	<input checked="" type="checkbox"/>

6d Total number of exemptions claimed **5**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **36,000**

8a Taxable interest. Attach Schedule B if required **58**

8b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

9b Qualified dividends (see page 22)

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

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

14 Other gains or (losses). Attach Form 4797 **-553**

15a IRA distributions **15a** Taxable amount (see page 24) **15b**

16a Pensions and annuities **16a** Taxable amount (see page 25) **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **-89,486**

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation in excess of \$2,400 per recipient (see page 27)

20a Social security benefits **20a** Taxable amount (see page 27) **20b** **0**

21 Other income. List type and amount (see page 29)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **-53,981**

Adjusted Gross Income

23 Educator expenses (see page 29)

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

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction (see page 30)

30 Penalty on early withdrawal of savings

31a Alimony paid **31a** Recipient's SSN **31b**

32 IRA deduction (see page 31)

33 Student loan interest deduction (see page 34)

34 Tuition and fees deduction. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 31a and 32 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income **-53,981**

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 -53,981
39a Check [] You were born before January 2, 1945, [] Blind. Total boxes checked 39a []
if: [] Spouse was born before January 2, 1945, [] Blind.

Standard Deduction for—
• People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see page 35.
• All others: Single or Married filing separately, \$5,700
Married filing jointly or Qualifying widow(er), \$11,400
Head of household, \$8,350

40a Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40a 13,711
41 Subtract line 40a from line 38 41 -67,692
42 Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 37. 42 18,250
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 0
44 Tax (see page 37). Check if any tax is from: a [] Form(s) 8814 b [] Form 4972. 44
45 Alternative minimum tax (see page 40). Attach Form 6251 45
46 Add lines 44 and 45 46 0
47 Foreign tax credit. Attach Form 1116 if required 47
48 Credit for child and dependent care expenses. Attach Form 2441 48
49 Education credits from Form 8863, line 29 49
50 Retirement savings contributions credit. Attach Form 8880 50
51 Child tax credit (see page 42). 51
52 Credits from Form: a [] 8396 b [] 8839 c [] 5695 52
53 Other credits from Form: a [] 3800 b [] 8801 c [] 53
54 Add lines 47 through 53. These are your total credits 54
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 0

Other Taxes

56 Self-employment tax. Attach Schedule SE 56
57 Unreported social security and Medicare tax from Form: a [] 4137 b [] 8919 57
58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58
59 Additional taxes: a [] AEIC payments b [] Household employment taxes. Attach Schedule H 59
60 Add lines 55 through 59. This is your total tax 60 0

Payments

If you have a qualifying child, attach Schedule EIC.

61 Federal income tax withheld from Forms W-2 and 1099 61 168
62 2009 estimated tax payments and amount applied from 2008 return 62
63 Making work pay and government retiree credits. Attach Schedule M 63 800
64a Earned income credit (EIC) 64a 2,581
b Nontaxable combat pay election 64b
65 Additional child tax credit. Attach Form 8812 65 2,000
66 Refundable education credit from Form 8863, line 16 66
67 First-time homebuyer credit. Attach Form 5405 67
68 Amount paid with request for extension to file (see page 72) 68
69 Excess social security and tier 1 RRTA tax withheld (see page 72) 69
70 Credits from Form: a [] 2439 b [] 4136 c [] 8801 d [] 8885 70
71 Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments 71 5,549

Refund

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

72 If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid 72 5,549
73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here. 73a 5,549
b Routing number 122242377 c Type: [] Checking [X] Savings
d Account number 1607092
74 Amount of line 72 you want applied to your 2010 estimated tax 74

Amount You Owe

75 Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74 75 0
76 Estimated tax penalty (see page 74) 76

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 75)? [X] Yes. Complete the following. [] No
Designee's name Preparer Phone no. 626-285-1221 Personal identification number (PIN) 15833

Sign Here

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature Date Your occupation MANAGER Daytime phone number (626) 382-8097
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 6/5/2010 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 AND FINANCIAL SERVICES 9067 LAS TUNAS DR. EIN 26-1703414
TEMPLE CITY State CA ZIP code 91780 Phone no. (626) 285-1221

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2009

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040.**

▶ **See Instructions for Schedule A (Form 1040).**

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	-53,981				
3	Multiply line 2 by 7.5% (.075)	3		0			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4					0
Taxes You Paid	State and local (check only one box):						
a	<input checked="" type="checkbox"/> Income taxes, or	5		396			
b	<input type="checkbox"/> General sales taxes	6		2,189			
6	Real estate taxes (see page A-5)	6					
7	New motor vehicle taxes from line 11 of the worksheet on back. Skip this line if you checked box 5b.	7					
8	Other taxes. List type and amount ▶	8					
9	Add lines 5 through 8	9					2,585
Interest You Paid	Home mortgage interest and points reported to you on Form 1098	10		10,926			
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-7 and show that person's name, identifying no., and address ▶	11					
Name	_____						
Address	_____						
TIN	_____	12					
Note.	Points not reported to you on Form 1098. See page A-7 for special rules	12					
Personal interest is not deductible.	Qualified mortgage insurance premiums (see page A-7)	13					
	Investment interest. Attach Form 4952 if required. (See page A-8.)	14					
	Add lines 10 through 14	15					10,926
Gifts to Charity	Gifts by cash or check. If you made any gift of \$250 or more, see page A-8	16					
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	Casualty or theft loss(es). Attach Form 4684. (See page A-10.)	20					
Job Expenses and Certain Miscellaneous Deductions	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-10.) ▶	21					
22	Tax preparation fees	22		200			
23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23					
24	Add lines 21 through 23	24		200			
25	Enter amount from Form 1040, line 38	25	-53,981				
26	Multiply line 25 by 2% (.02)	26		0			
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27					200
Other Miscellaneous Deductions	Other—from list on page A-11. List type and amount ▶	28					
Total Itemized Deductions	Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)?	29					
<input checked="" 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 40a.	29					13,711
<input type="checkbox"/> Yes.	Your deduction may be limited. See page A-11 for the amount to enter.						
30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>						

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

Your social security number

TAWEI JAO and MEI LING CHEN

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

Table with 5 columns: (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. Rows A-D for DA COMPUTING.

Table with 5 columns: (f) Passive loss allowed, (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. Includes sub-totals and lines 30-32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A-B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes sub-totals and lines 35-37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes line 39.

Part V Summary

Summary table with 4 columns: Description, Line number, Amount, and another column. Includes lines 40-43.

Sales of Business Property

**(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))**

2009

Department of the Treasury
Internal Revenue Service (99)

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

Attachment

Sequence No. **27**

Name(s) shown on return TAWEI JAO and MEI LING CHEN	Identifying number 609-37-6663
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1 Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)	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)
							0
							0
							0
	From K-1 (1120S)						-553

3 Gain, if any, from Form 4684, line 43	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	-553

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 did not 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	0

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):						
						0
						0
						0

11 Loss, if any, from line 7	11	(553)
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 35 and 42a	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	-553

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 39, 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 "Form 4797, line 18a." See instructions

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

	18a	
	18b	-553

For Paperwork Reduction Act Notice, see separate instructions.

▶ See separate instructions.

Attachment
Sequence No. **32**

▶ Attach to Form 1040 or Form 1040NR.

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

Your social security number

TAWEI JAO and MEI LING CHEN

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 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.)	1	-67,692
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), lines 5, 6, and 8	3	2,585
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	200
6	If Form 1040, line 38, is over \$166,800 (over \$83,400 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet on page A-11 of the instructions for Schedule A (Form 1040)	6	()
7	If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 20 from that schedule	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	Alternative tax net operating loss deduction	12	()
13	Interest from specified private activity bonds exempt from the regular tax	13	
14	Qualified small business stock (7% of gain excluded under section 1202)	14	
15	Exercise of incentive stock options (excess of AMT income over regular tax income)	15	
16	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	16	
17	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	17	
18	Disposition of property (difference between AMT and regular tax gain or loss)	18	
19	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	19	-78
20	Passive activities (difference between AMT and regular tax income or loss)	20	
21	Loss limitations (difference between AMT and regular tax income or loss)	21	
22	Circulation costs (difference between regular tax and AMT)	22	
23	Long-term contracts (difference between AMT and regular tax income)	23	
24	Mining costs (difference between regular tax and AMT)	24	
25	Research and experimental costs (difference between regular tax and AMT)	25	
26	Income from certain installment sales before January 1, 1987	26	()
27	Intangible drilling costs preference	27	
28	Other adjustments, including income-based related adjustments	28	
29	Alternative minimum taxable income. Combine lines 1 through 28. (If married filing separately and line 29 is more than \$216,900, see page 8 of the instructions.)	29	-64,985

Part II Alternative Minimum Tax (AMT)

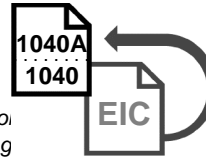
30	Exemption. (If you were under age 24 at the end of 2009, see page 8 of the instructions.) IF your filing status is AND line 29 is not over THEN enter on line 30 Single or head of household \$112,500 \$46,700 Married filing jointly or qualifying widow(er) 150,000 70,950 Married filing separately 75,000 35,475 If line 29 is over the amount shown above for your filing status, see page 8 of the instructions.	30	70,950
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	<ul style="list-style-type: none"> 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

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit

Qualifying Child Information

Complete and attach to Form 1040A or
only if you have a qualifying



OMB No. 1545-0074

2009

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

TAWEI JAO and MEI LING CHEN

Your social security number

609-37-6663

Before you begin:

- See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 64a and 64b, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

- Q**
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.
 - It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

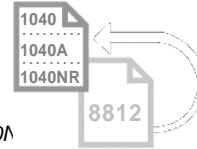
Qualifying Child Information

Child 1

Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you only have to list three to get the maximum credit.	YUN	JAO	YUEH	JAO	LU	JAO
2 Child's SSN The child must have an SSN as defined on page 45 of the Form 1040A instructions or page 51 of the Form 1040 instructions unless the child was born and died in 2009. If your child was born and died in 2009 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	609-37-7415		609-37-1981		609-37-1982	
3 Child's year of birth	Year <u>1992</u> <small>If born after 1990 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>		Year <u>1993</u> <small>If born after 1990 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>		Year <u>1996</u> <small>If born after 1990 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>	
4 a Was the child under age 24 at the end of 2009, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.
b Was the child permanently and totally disabled during any part of 2009?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Daughter		Daughter		Daughter	
6 Number of months child lived with you in the United States during 2009 • If the child lived with you for more than half of 2009 but less than 7 months, enter "7." • If the child was born or died in 2009 and your home was the child's home for the entire time he or she was alive during 2009, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>	



Department of the Treasury
Internal Revenue Service (99)

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

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

Part I All Filers

<p>1 1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).</p> <p>1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).</p> <p>1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 47).</p> <p>If you used Pub. 972, enter the amount from line 8 of the worksheet on page 4 of the publication.</p>	1			2,000
2 Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 47	2			
3 Subtract line 2 from line 1. If zero, stop ; you cannot take this credit	3			2,000
4 a Earned income (see instructions on back)	4a		36,000	
b Nontaxable combat pay (see instructions on back)	4b			
5 Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5		33,000	
6 Multiply the amount on line 5 by 15% (.15) and enter the result Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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.	6			4,950

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 57, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 60. 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 69. 1040A filers: Enter the total of the amount from Form 1040A, line 41a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 44 (see instructions on back). 1040NR filers: Enter the amount from Form 1040NR, line 63.	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			2,000
--	-----------	--	--	-------

Enter this amount on
Form 1040, line 65, .
Form 1040A, line 42, or .
Form 1040NR, line 61. .
.....



Paid Preparer's Earned Income Credit Checklist

▶ **Do not send to the IRS. Keep for your records.**

For the definitions of the following terms, see **Pub. 596** for the year for which you are completing this form.

- **Investment Income**
- **Qualifying Child**
- **Earned Income**
- **Full-time Student**

A Taxpayer's name ▶ TAWEI JAO

B If joint return, spouse's name ▶ MEI LING CHEN

Part I All Taxpayers

<p>1 Year after 2008 for which you are completing this form ▶ <u>2009</u></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>2 Is the taxpayer's filing status married filing separately?</p> <p>▶ If you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering</p> <p>▶ If you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>4 Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)?</p> <p>▶ If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>5a Was the taxpayer a nonresident alien for any part of the year on line 1?</p> <p>▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>b Is the taxpayer's filing status married filing jointly?</p> <p>▶ If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6 Is the taxpayer's investment income more than the limit that applies to the year on line 1? See Pub. 596 for the limit</p> <p>▶ If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>7 Could the taxpayer, or the taxpayer's spouse if filing jointly, be a qualifying child of another person for the year on line 1?</p> <p>▶ If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part II Taxpayers With a Child

Caution. If there is more than one child, complete lines 8 through 14 for one child before going to the next column.

	Child 1	Child 2	Child 3
8 Child's name	YUN JAO	YUEH JAO	LU JAO
9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10 Is either of the following true? <ul style="list-style-type: none"> • The child is unmarried, or • The child is married, can be claimed as the taxpayer's dependent, and is not filing a joint return (or is filing it only as a claim for refund). 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11 Did the child live with the taxpayer in the United States for over half of the year? See the instructions before answering	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the child (at the end of the year on line 1)— <ul style="list-style-type: none"> • Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), • Under age 24, a full-time student, and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or • Any age and permanently and totally disabled? <p>▶ If you checked "Yes" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked "No" on line 9, 10, 11, or 12, the child is not the taxpayer's qualifying child; see the instructions for line 12 on page 4.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13 a Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child? <p>▶ If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Enter the child's relationship to the other person(s)			
c Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering <p>▶ If you checked "Yes" on line 13c, go to line 14. If you checked "No," the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Don't know," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III. If there is more than one child, see the Note at the bottom of this page.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
14 Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? See the instructions before answering <p>▶ If you checked "No" on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Yes" on line 14, continue.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit <p>▶ If you checked "No" on line 15, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC. Complete Schedule EIC and attach it to the taxpayer's return. If there are two or three qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if Form 8862 must be filed. Go to line 20.</p>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Note. If you checked "No" on line 13c or 14 but there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children). Also do this if you checked "Don't know" on line 13c and the taxpayer is not taking the EIC based on this child.			

Part III Taxpayers Without a Qualifying Child

<p>16 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.)</p> <p>▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of the year on line 1?</p> <p>▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>18 Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for the year on line 1?</p> <p>▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>19 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit</p> <p>▶ If you checked "No" on line 19, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Part IV Due Diligence Requirements

<p>20 Did you complete Form 8867 based on information provided by the taxpayer or reasonably obtained by you?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>21 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>22 Did you comply with the knowledge requirements? (To comply with the knowledge requirements, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries you made and the responses you received).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>23 Did you keep the following records?</p> <ul style="list-style-type: none"> • Form 8867 (or your own form or files), • The EIC worksheet(s) or your own worksheet(s), and • A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained <p>▶ If you checked "Yes" on lines 20, 21, 22, and 23, and keep the records described on line 23 for 3 years (see instructions), you have complied with all the due diligence requirements.</p> <p>▶ If you checked "No" on line 20, 21, 22, or 23, you have not complied with all the due diligence requirements and may have to pay a \$100 penalty for each failure to comply.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

2009 Electronic Filing Information (1040)

Signature Method (Note: When filing status is 'MFJ', both filers must use PINs.)

- Practitioner PIN. Use only Section (A) below.
- Self-Select PIN. Use Sections (A) and (B) below.
- Power of Attorney.
- Personal Representative.

PIN Information (Enter information below and then confirm the information on the 'PIN' tab)

(A) Practitioner and Self-Select PIN				(B) Self-Select PIN Only:		
	PIN (5 Digits)	T/S entered	ERO entered	Prior Year PIN (OR)	Prior Year AGI	Date of Birth
Taxpayer PIN:	76663	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Spouse PIN:	76664	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Date signed:	05/15/2010					
ERO PIN:	95462					

EFIN

Enter your 6-digit EFIN number. Note: You must enter the EFIN through the Preparer Manager.

EFIN: 954620

DCN

The DCN (Document Control Number) for this return will be automatically generated when you create the e-file, and the number will be displayed here.

DCN: 00954620000000

Taxpayer Information

Filer's first name TAWEI		Filer's middle initial	Filer's last name JAO		Filer's suffix
Spouse's first name MEI LING		Spouse's middle initial	Spouse's last name CHEN		Spouse's suffix
Street address 18602 LA GUARDIA ST			Filer's SSN 609-37-6663	Spouse's SSN 609-37-6664	
Address continuation			POA, Personal Rep or C/O Addressee Name		
City ROWLAND HEIGHTS		State CA	ZIP code 91748		Daytime Phone Number (626) 382-8097
Email address		Foreign Country		Foreign Phone Number	

ERO

(Enter data in the Preparer Manager)

ERO's Name NATALIE LEE, ENROLLED AGENT			Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN P00215833
Firm's name LA FIRST TAX AND FINANCIAL SERVICES			ERO's EIN 26-1703414	
Address 9067 LAS TUNAS DR.			Phone (626) 285-1221	
City TEMPLE CITY		State CA	ZIP code 91780	

Paid Preparer

(Enter data in the Preparer Manager)

Paid Preparer's name NATALIE LEE, ENROLLED AGENT			Non-paid prep type	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN P00215833
Firm's name LA FIRST TAX AND FINANCIAL SERVICES			EIN 26-1703414		
Address 9067 LAS TUNAS DR.			Phone (626) 285-1221		
City TEMPLE CITY		State CA	ZIP code 91780		

TAXABLE YEAR

FORM

2009

California e-file Signature Authorization for Individuals

8879

Your name TAWEI JAO	Your SSN or ITIN 609-37-6663
Spouse's/RDP's name MEI LING CHEN	Spouse's/RDP's SSN or ITIN 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 32; or Short Form 540NR, line 32)	1	-53,981.
2 Amount You Owe (Form 540, line 111; Form 540 2EZ, line 27; Long Form 540NR, line 121; or Short Form 540NR, line 121)	2	0.
3 Refund or No Amount Due (Form 540, line 115; Form 540 2EZ, line 28; Long Form 540NR, line 125; or Short Form 540NR, line 125)	3	0.

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, 2009, 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

I authorize LA FIRST TAX AND FINANCIAL SERVICES to enter my PIN 76663 as my signature on my 2009 e-filed California individual income tax return. **Do not enter all zeros**

I will enter my PIN as my signature on my 2009 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

I authorize LA FIRST TAX AND FINANCIAL SERVICES to enter my PIN 76664 as my signature on my 2009 e-filed California individual income tax return. **Do not enter all zeros**

I will enter my PIN as my signature on my 2009 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 2009 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, 2009 e-file Handbook for Authorized e-file Providers.

ERO's signature _____ Date 6/5/2010

California Resident Income Tax Return 2009

540 C1 Side 1

APE ATTACH FEDERAL RETURN

609-37-6663 JAO ** 609-37-6664 09
TAWEI JAO
MEILING CHEN

P
AC
A
R
RP

18602 LA GUARDIA ST
ROWLAND HEIGHTS CA 91748

Table with columns for line numbers (01-71) and corresponding values for various tax items like APE, FS, 3800, 3803, SCHG1, 5870A, 5805 5805F, DESIGNEE, TPIDP, and FN.

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.

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

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

Daytime phone number (optional) (626) 382-8097 Date

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

NATALIE LEE, ENROLLED AGENT

Firm's name (or yours, if self-employed) Firm's address 9067 LAS TUNAS DR.

LA FIRST TAX AND FINANCIAL SERVIC TEMPLE CITY, CA 91780

Paid preparer's SSN/PTIN

P00215833

FEIN

26-1703414

Joint return? (see page 17)

Do you want to allow another person to discuss this return with us (see page 17)? Yes No

Preparer 626-285-1221

Print Third Party Designee's Name Telephone Number

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

Filing Status

1 Single

2 Married/RDP filing jointly. (see page 4)

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here _____

4 Head of household (with qualifying person). (see page 4)

5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died. _____

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

Exemptions

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see page 7) **6**

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. **Whole dollars only**
If you checked the box on line 6, see page 7 7 **2** X \$98 = \$ 196.

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 **0** X \$98 = \$ 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 \$98 = \$ 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 \$98 = \$ 294.

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 11 \$ 490.

Taxable Income

12 State wages from your Form(s) W-2, box 16. 12 36,000

13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4 13 -53,981

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 9) 15 -53,981

16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C 16 0

17 California adjusted gross income. Combine line 15 and line 16 17 -53,981

18 Enter the larger of your CA **standard deduction OR** your CA **itemized deductions** 18 13,315

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- 19 0

Tax

31 Tax. Check box if from: Tax Table Tax Rate Schedule FTB 3800 FTB 3803 31 0

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$160,739 (see page 10) 32 490

33 Subtract line 32 from line 31. If less than zero, enter -0- 33 0

34 Tax. (see page 11) Check box if from: Schedule G-1 Form FTB 5870A 34 0

35 Add line 33 and line 34 35 0

Special Credits

41 New jobs credit, amount generated (see page 11) 41 0

42 New jobs credit, amount claimed (see page 11) 42 0

43 Credit _____ Code _____ amount 43 0

44 Credit _____ Code _____ amount 44 0

45 To claim more than two credits (see page 11) 45 0

46 Nonrefundable renter's credit (see page 12) 46 0

47 Add line 42 through line 46. These are your total credits 47 0

48 Subtract line 47 from line 35. If less than zero, enter -0- 48 0

Other Taxes

61 Alternative minimum tax. Attach Schedule P (540) 61 0

62 Mental Health Services Tax (see page 12) 62 0

63 Other taxes and credit recapture (see page 13) 63 0

64 Add line 48, line 61, line 62, and line 63. This is your total tax 64 0

Payments

71 California income tax withheld (see page 13) 71 0

72 2009 CA estimated tax and other payments (see page 13) 72 0

73 Real estate and other withholding (see page 13) 73 0

74 Excess SDI (or VPDI) withheld (see page 13) 74 0

Child and Dependent Care Expenses Credit (see page 13). Attach form FTB 3506.

75 Qualifying person's social security number 75 _____

76 Qualifying person's social security number 76 _____

77 Enter the amount from form FTB 3506, Part III, line 8 77 0

78 Child and Dependent Care Expenses Credit from form FTB 3506, Part III, line 12 78 0

79 Add line 71, line 72, line 73, line 74, and line 78. These are your total payments (see page 14) 79 0

Overpaid Tax/ Tax Due

91 Overpaid tax. If line 79 is more than line 64, subtract line 64 from line 79 91 0

92 Amount of line 91 you want applied to your 2010 estimated tax 92 0

93 Overpaid tax available this year. Subtract line 92 from line 91 93 0

94 Tax due. If line 79 is less than line 64, subtract line 79 from line 64 94 0

Use Tax

95 Use Tax. **This is not a total line** (see page 14) 95 000

		Code	Amount
Contributions	California Seniors Special Fund (see page 22)	● 400	00
	Alzheimer's Disease/Related Disorders Fund	● 401	00
	California Fund for Senior Citizens	● 402	00
	Rare and Endangered Species Preservation Program	● 403	00
	State Children's Trust Fund for the Prevention of Child Abuse	● 404	00
	California Breast Cancer Research Fund	● 405	00
	California Firefighters' Memorial Fund	● 406	00
	Emergency Food for Families Fund	● 407	00
	California Peace Officer Memorial Foundation Fund	● 408	00
	California Military Family Relief Fund	● 409	00
	California Sea Otter Fund	● 410	00
California Ovarian Cancer Research Fund	● 411	00	
Municipal Shelter Spay-Neuter Fund	● 412	00	
California Cancer Research Fund	● 413	00	
ALS/Lou Gehrig's Disease Research Fund	● 414	00	
110 Add code 400 through code 414. This is your total contribution	● 110	00	

Amount You Owe	111 AMOUNT YOU OWE. Add line 94, line 95, and line 110 (see page 15). Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009 ● 111	0
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Interest and Penalties	112 Interest, late return penalties, and late payment penalties	112	0
	113 Underpayment of estimated tax. Check box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached ● 113		0
	114 Total amount due (see page 16). Enclose, but do not staple, any payment	114	0

115 REFUND OR NO AMOUNT DUE. Subtract line 95 and line 110 from line 93 (see page 16). Mail to:
FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009 ● 115

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 16).
Have you verified the routing and account numbers? Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

<input type="checkbox"/> Checking <input type="checkbox"/> Savings			
● Routing number	● Type	● Account number	● 116 Direct deposit amount

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

<input type="checkbox"/> Checking <input type="checkbox"/> Savings			
● Routing number	● Type	● Account number	● 117 Direct deposit amount

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	<u>13,711.</u>
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), line 7 (new motor vehicle tax), and line 8 (foreign income taxes only). See instructions	39	<u>396.</u>
40	Subtract line 39 from line 38	40	<u>13,315.</u>
41	Other adjustments including California lottery losses. See instructions. Specify _____	41	<u>0.</u>
42	Combine line 40 and line 41	42	<u>13,315.</u>
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		\$160,739
	Head of household		\$241,113
	Married/RDP filing jointly or qualifying widow(er)		\$321,483
	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	<input type="text" value="13,315."/>
44	Enter the larger of the amount on line 43 or your standard deduction listed below		
	Single or married/RDP filing separately		\$3,637
	Married/RDP filing jointly, head of household, or qualifying widow(er)		\$7,274
	Transfer the amount on line 44 to Form 540, line 18	44	<input type="text" value="13,315."/>

2009

California Capital Gain or Loss Adjustment

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

D (540)

Name(s) as shown on return: TAWEI JAO and MEI LING CHEN
 SSN or ITIN: 609-37-6663

(a) Description of property (identify S corporation stock) Example: 100 shares of "Z" (S stock)	(b) Sales price	(c) Cost or other basis	(d) Loss If (c) is more than (b), subtract (b) from (c)	(e) Gain If (b) is more than (c), subtract (c) from (b)
1a	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
1b	0.	0.	0.	0.
2 Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568)		2	0.	0.
3 Capital gain distributions (federal Form 1099-DIV, box 2a minus box 2c)			3	0.
4 Total 2009 gains from all sources. Add column (e) amounts of line 1a, line 1b, line 2, and line 3			4	0.
5 2009 loss. Add column (d) amounts of line 1a, line 1b, and line 2.		5	(0.)	
6 California capital loss carryover from 2008, if any. See instructions.		6	(0.)	
7 Total 2009 loss. Add line 5 and line 6.		7	(0.)	
8 Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10			8	0.
9 If line 8 is a loss, enter the smaller of: (a) the loss on line 8. (b) \$3,000 (\$1,500 if married or an RDP filing a separate return). See instructions			9	()
10 Enter the gain or (loss) from federal Form 1040, line 13			10	0.
11 Enter the California gain from line 8 or (loss) from line 9			11	0.
12 a If line 10 is more than line 11, enter the difference here and on Schedule CA (540) line 13, column B			12a	0.
b If line 10 is less than line 11, enter the difference here and on Schedule CA (540), line 13, column C			12b	0.

Instructions for California Schedule D (540)

California Capital Gain or Loss Adjustment

References in these instructions are to the Internal Revenue Code (IRC) as of **January 1, 2005**, and to the California Revenue and Taxation Code (R&TC)

General Information

In general, California law conforms to the Internal Revenue Code (IRC) as of January 2005. However, there are continuing differences between California and federal law. When California conforms to federal tax law changes, we do not always adopt all of the changes made at the federal level. For more information, go to ftb.ca.gov and search for **conformity**. Additional information can be found in FTB Pub. 1001, Supplemental Guidelines to California Adjustments, the instructions for California Schedule CA (540 or 540NR), and the Business Entity tax booklets.

The instructions provided with California tax forms are a summary of California tax law and are only intended to aid taxpayers in preparing their state income tax returns. We include information that is most useful to the greatest number of taxpayers in the limited space available. It is not possible to include all requirements of the California Revenue and Taxation Code (R&TC) in the tax booklets. Taxpayers should not consider the tax booklets as authoritative law.

For purposes of California income tax, references to a spouse, husband, or wife also refer to a California registered domestic partner (RDP), unless otherwise specified. When we use the initials RDP they refer to both a California registered domestic "partner" and a California registered domestic "partnership," as applicable. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

Purpose

Use California Schedule D (540), California Capital Gain or Loss Adjustment, **only** if there is a difference between your California and federal capital gains and losses.

Get FTB Pub. 1001, for more information about the following:

- Disposition of property inherited before 1987.
- Gain on the sale or disposition of a qualified assisted housing development to low-income residents or to specific entities maintaining housing for low-income residents.

- Capital loss carryback.
- Capital gain on Cash for Clunkers rebates under the federal Car Allowance Rebate System (CARS) program.

Exclusion of Gain on Qualified Small Business Stock. California law (R&TC Section 18152.5) provides an exclusion (similar to the federal exclusion under IRC Section 1202) of 50% of the gain on the sale of qualifying small business stock originally issued after 8/10/93 that was held for more than five years. However, for California purposes, at least 80% of the issuing corporation's payroll must be attributable to employment located within California, and at least 80% of the value of the corporation's assets must be used by the corporation to actively conduct one or more qualified trades or businesses in California.

If you have gain on the sale of qualified small business stock that qualifies for the federal Section 1202 exclusion, go to the specific line instructions for line 1b.

Installment Sales. If you sold property at a gain (other than publicly traded stocks or securities) and you will receive a payment in a tax year after the year of sale, you must report the sale on the installment method unless you elect not to do so. Get form FTB 3805E, Installment Sale Income. Also, use that form if you received a payment in 2009, for an installment sale made in an earlier year.

You may elect not to use the installment sale method for California by reporting the entire gain on Schedule D (540) (or Schedule D-1, Sale of Business Property, for business assets) in the year of the sale and filing your return on or before the due date.

At-Risk Rules and Passive Activity Limitations. If you dispose of (1) an asset used in an activity to which the at-risk rules apply, or (2) any part of your interest in an activity to which the at-risk rules apply, and the amounts in the activity for which you are not at risk, get and complete federal Form 6198, At-Risk Limitations, using California amounts to figure your California deductible loss under the at-risk rules. Once a loss becomes

Sales of Business Property

2009

(Also, involuntary conversions and recapture amounts under IRC Sections 179 and 280F and R&TC Sections 17267.2, 17267.6, 17268, 24356.5, 24356.6, 24356.7, and 24356.8.)

D-1

Complete and attach this schedule to your tax return only if your California gains or losses are different from your federal gains or losses.

Table with 2 columns: Name(s) as shown on return (TAWEI JAO and MEI LING CHEN) and SSN, ITIN, SOS file no., California Corp. no., or FEIN (609-37-6663)

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty and Theft - Property Held More Than 1 Year

Use federal Form 4684, Casualties and Thefts, to report involuntary conversions from casualty and theft.

Line 1: Enter the gross proceeds from sales or exchanges reported to you for 2009 on federal Form(s) 1099-S, Proceeds From Real Estate Transactions (or a substitute statement), that you will be including on line 2 or line 10, (column (d)), or on line 23. Value: 1

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed, (f) Cost or other basis, (g) Gain or (Loss). Row: From K-1 (1120S) with values 0, 0, 0, 0, 0, -553.

Lines 3-7: Gain, if any, from federal Form 4684, Section B, Part II, line 43; IRC Section 1231 gain from installment sales; IRC Section 1231 gain or (loss) from like-kind exchanges; Gain, if any, from Part III, line 35; Combine line 2 through line 6. Values: 0, 0, 0, 0, -553.

IRC Section 179 Assets: For reporting the sale or disposition of assets for which an IRC Section 179 expense deduction was claimed in a prior year, see instructions. Partnerships or Limited Liability Companies (classified as partnerships): Enter the gain or (loss) on Schedule K (565 or 568), line 10. Skip lines 8, 9, 11, and 12 below. S corporations: If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain, continue to line 8. All others: If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain and you did not have any prior year IRC Section 1231 losses, or they were recaptured in an earlier year, enter the gain as follows: Form 540 and Long Form 540NR filers, enter the gain on Schedule D, (540 or 540NR) line 1, and skip lines 8, 9, and 12 below; Form 100 and Form 100W filers, enter the gain on Schedule D, Side 5, Part II, line 6, and skip lines 8, 9, and 12 below.

Lines 8-9: Nonrecaptured net IRC Section 1231 losses from prior years; Subtract line 8 from line 7. Values: 0, 0.

S corporations: If line 9 is more than zero, enter this amount on Schedule D (100S), Side 2, Section B, Part II, line 5 and enter the amount, if any, from line 8 on line 12 below. If line 9 is zero, enter the amount from line 7 on line 12 below. All others: If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the amount from line 9 as follows: Form 540 and Long Form 540NR filers, enter as a capital gain on Schedule D, (540 or 540NR) line 1; Form 100 and Form 100W filers, enter the gain on Schedule D, Side 5, Part II, line 6. If line 9 is zero, enter the amount from line 7 on line 12 below. See instructions.

Part II Section A - Ordinary Gains and Losses

Line 10: Ordinary gains and losses not included on line 11 through line 17 (include property held 1 year or less). Values: 0, 0, 0, 0.

Lines 11-17: Loss, if any, from line 7; Gain, if any, from line 7, or amount from line 8, if applicable; Gain, if any, from Part III, line 34; Net gain or (loss) from federal Form 4684, Section B, Part II, line 35 and line 42a; Ordinary gain from installment sales; Ordinary gain or (loss) from like-kind exchanges; Combine line 10 through line 16. Values: -553, 0, 0, 0, 0, 0, -553.

For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip line a and line b below. For individual returns, complete line a and line b below: see instructions.

Lines 18a-18b: If the loss on line 11 includes a loss from federal Form 4684, Section B, Part II, column (b)(ii), enter that part of the loss here; Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Values: 0, -553.

Part II Section B – Adjusting California Ordinary Gain or Loss For individual returns (Form 540 and Long Form 540NR) only.

19	Enter ordinary federal gains and losses from federal Form 1040, line 14	19	-553.
20	Enter ordinary California gains and losses from Side 1, line 18b	20	-553.
21	Ordinary gain or loss adjustment: Compare line 19 and line 20. See instructions.		
a	If line 19 is more than line 20, enter the difference here and on Schedule CA (540 or 540NR), line 14, column B	21a	0.
b	If line 20 is more than line 19, enter the difference here and on Schedule CA (540 or 540NR), line 14, column C	21b	0.

Part III Gain from Disposition of Property Under IRC Sections 1245, 1250, 1252, 1254, and 1255

22 Description of IRC Sections, 1245, 1250, 1252, 1254, and 1255 property:		Date acquired (mo., day, yr)	Date sold (mo., day, yr)		
A					
B					
C					
D					
Relate lines 22A through 22D to these columns ▶▶▶		Property A	Property B	Property C	Property D
23	Gross sales price	0.	0.	0.	0.
24	Cost or other basis plus expense of sale	0.	0.	0.	0.
25	Depreciation (or depletion) allowed or allowable	0.	0.	0.	0.
26	Adjusted basis. Subtract line 25 from line 24	0.	0.	0.	0.
27	Total gain. Subtract line 26 from line 23	0.	0.	0.	0.
28 If IRC Section 1245 property:					
a	Depreciation allowed or allowable	0.	0.	0.	0.
b	Enter the smaller of line 27 or line 28a	0.	0.	0.	0.
29 If IRC Section 1250 property: If straight-line depreciation was used, enter -0- on line 29g, except for a corporation subject to IRC Sec. 291:					
a	Additional depreciation after 12/31/76. See instructions.	0.	0.	0.	0.
b	Applicable percentage multiplied by the smaller of line 27 or line 29a. See instructions	0.	0.	0.	0.
c	Subtract line 29a from line 27. If line 27 is not more than line 29a, skip line 29d and line 29e	0.	0.	0.	0.
d	Additional depreciation after 12/31/70 and before 1/1/77. See instructions	0.	0.	0.	0.
e	Enter the smaller of line 29c or line 29d	0.	0.	0.	0.
f	IRC Section 291 amount (for corporations only). See instructions	0.	0.	0.	0.
g	Add line 29b, line 29e, and line 29f	0.	0.	0.	0.
30 If IRC Section 1252 property: Skip this section if you did not dispose of farm land or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	0.	0.	0.	0.
b	Applicable percentage multiplied by line 30a. See instructions	0.	0.	0.	0.
c	Enter the smaller of line 27 or line 30b	0.	0.	0.	0.
31 If IRC Section 1254 property:					
a	Intangible drilling and development costs deducted after 12/31/76	0.	0.	0.	0.
b	Enter the smaller of line 27 or line 31a	0.	0.	0.	0.
32 If IRC Section 1255 property:					
a	Applicable percentage of payments excluded from income under IRC Section 126	0.	0.	0.	0.
b	Enter the smaller of line 27 or line 32a	0.	0.	0.	0.

Summary of Part III Gains. Complete property column A through column D for line 23 through line 32b before going to line 33.

33	Total gains for all properties. Add column A through column D of line 27	33	0.
34	Add column A through column D of lines 28b, 29g, 30c, 31b, and 32b. Enter here and in Part II, line 13	34	0.
35	Subtract line 34 from line 33. Enter the portion from other than casualty and theft here and on Part I, line 6. Enter the portion from casualty and theft on federal Form 4684, Section B, line 32	35	0.

Part IV Recapture Amounts Under IRC Sections 179 and 280F When Business Use Drops to 50% or Less, or Under R&TC Sections 17267.2, 17267.6, 17268, 24356.5, 24356.6, 24356.7, and 24356.8 for Property Which Ceases to be Qualified Property

	(a) Expense deductions	(b) Recovery deductions
36	Expense deductions or recovery deductions. See instructions	
37	Depreciation or recovery deductions. See instructions	
38	Recapture amount. Subtract line 37 from line 36. See instructions	0.