

Name, Address, and SSN section containing personal and spouse information, including names, addresses, and social security numbers.

Election Campaign section with checkboxes for 'You' and 'Spouse'.

Filing Status section with options for Single, Married filing jointly, Married filing separately, Head of household, and Qualifying widow(er).

Exemptions section including a table for dependents (YUN, YUEH, LU) and a summary of exemptions claimed (5).

Income section with a table listing various income sources (7-22) and their taxable amounts, totaling 26,219.

Adjusted Gross Income section with a table listing deductions (23-37) and the final adjusted gross income of 26,219.

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38** 26,219

39a Check You were born before January 2, 1946, Blind. } Total boxes
if: Spouse was born before January 2, 1946, Blind. } checked **39a**

b If your spouse itemizes on a separate return or you were a dual-status alien, check here. **39b**

40 **Itemized deductions** (from Schedule A) or your **standard deduction** (see instructions) **40** 16,159

41 Subtract line 40 from line 38 **41** 10,060

42 **Exemptions.** Multiply \$3,650 by the number on line 6d **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 instructions). Check if any tax is from: a Form(s) 8814 b Form 4972 **44**

45 **Alternative minimum tax** (see instructions). 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 23 **49**

50 Retirement savings contributions credit. Attach Form 8880 **50**

51 Child tax credit (see instructions). **51**

52 Residential energy credits. Attach Form 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 a Form(s) W-2, box 9 b Schedule H c Form 5405, line 16 **59** 500

60 Add lines 55 through 59. This is your **total tax** **60** 500

Payments

61 Federal income tax withheld from Forms W-2 and 1099 **61** 1,478

62 2010 estimated tax payments and amount applied from 2009 return **62**

63 Making work pay credit. Attach Schedule M **63** 800

64a **Earned income credit (EIC)** **64a** 4,662

b Nontaxable combat pay election **64b**

65 Additional child tax credit. Attach Form 8812 **65** 1,000

66 American opportunity credit from Form 8863, line 14 **66**

67 First-time homebuyer credit from Form 5405, line 10 **67**

68 Amount paid with request for extension to file **68**

69 Excess social security and tier 1 RRTA tax withheld **69**

70 Credit for federal tax on fuels. Attach Form 4136 **70**

71 Credits from Form: a 2439 b 8839 c 8801 d 8885 **71**

72 Add lines 61, 62, 63, 64a, and 65 through 71. These are your **total payments** **72** 7,940

Refund

73 If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you **overpaid** **73** 7,440

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. **74a** 7,440

b Routing number 122242377 c Type: Checking Savings

d Account number 1607092

75 Amount of line 73 you want **applied to your 2011 estimated tax** **75**

Amount You Owe

76 **Amount you owe.** Subtract line 72 from line 60. For details on how to pay, see instructions **76** 0

77 Estimated tax penalty (see instructions) **77**

Third Party Designee

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

Designee's name **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 12. Keep a copy for your records.

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 Use Only

Print/Type preparer's name **NATALIE LEE, ENROLLED AG** Preparer's signature **NATALIE LEE, ENROLLED AG** Date **2/21/2011** Check if self-employed PTIN **P00215833**

Firm's name **LA FIRST TAX FINANCIAL SERVICES** Firm's EIN **26-1703414**

Firm's address **9067 LAS TUNAS DR. TEMPLE CITY CA 91780** Phone no. **(626) 285-1221**

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2010

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040.**

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

Name(s) shown on Form 1040

Your social security number

TAWEI JAO and MEI LING CHEN

609-37-6663

		1	2	3	4
Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1			
	2 Enter amount from Form 1040, line 38	2	26,219		
	3 Multiply line 2 by 7.5% (.075)	3		1,966	
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0	
Taxes You Paid	5 State and local (check only one box):				
	a <input type="checkbox"/> Income taxes, or	5		737	
	b <input checked="" type="checkbox"/> General sales taxes				
	6 Real estate taxes (see instructions)	6		4,061	
	7 New motor vehicle taxes from line 11 of the worksheet on back (for certain vehicles purchased in 2009). Skip this line if you checked box 5b	7			
	8 Other taxes. List type and amount ▶				
	Personal Property Taxes	8	178	178	
	9 Add lines 5 through 8	9			4,976
	Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	11,183	
11 Home mortgage interest not reported to you on Form 1098. If to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶					
Name _____					
Address _____					
Your mortgage interest deduction may be limited (see instructions).		11			
12 Points not reported to you on Form 1098. See instructions for special rules		12			
13 Mortgage insurance premiums (see instructions)		13			
14 Investment interest. Attach Form 4952 if required. (See instructions.)	14				
15 Add lines 10 through 14	15			11,183	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16			
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17			
	18 Carryover from prior year	18			
	19 Add lines 16 through 18	19			0
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	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 instructions.) ▶	21			
	22 Tax preparation fees	22			
	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	26,219		
	26 Multiply line 25 by 2% (.02)	26		524	
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			0
	28 Other—from list in instructions. List type and amount ▶	28			
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29			16,159
30 If you elect to itemize deductions even though they are less than your standard deduction, check here					<input type="checkbox"/>

Sales of Business Property

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

2010

Attachment

Sequence No. **27**

Department of the Treasury
Internal Revenue Service (99)

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

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 2010 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

3 Gain, if any, from Form 4684, line 42	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

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

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
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 34 and 41a	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

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 38, 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	18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b

For Paperwork Reduction Act Notice, see separate instructions.

Alternative Minimum Tax—Individuals

▶ See separate instructions.

▶ 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, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 6. (If less than zero, enter as a negative amount.)	10,060
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-	0
3	Taxes from Schedule A (Form 1040), lines 5, 6, and 8	4,976
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	
6	If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 17 from that schedule	()
7	Tax refund from Form 1040, line 10 or line 21	()
8	Investment interest expense (difference between regular tax and AMT)	
9	Depletion (difference between regular tax and AMT)	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	
11	Alternative tax net operating loss deduction	()
12	Interest from specified private activity bonds exempt from the regular tax	
13	Qualified small business stock (7% of gain excluded under section 1202)	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	
17	Disposition of property (difference between AMT and regular tax gain or loss)	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	
19	Passive activities (difference between AMT and regular tax income or loss)	
20	Loss limitations (difference between AMT and regular tax income or loss)	
21	Circulation costs (difference between regular tax and AMT)	
22	Long-term contracts (difference between AMT and regular tax income)	
23	Mining costs (difference between regular tax and AMT)	
24	Research and experimental costs (difference between regular tax and AMT)	
25	Income from certain installment sales before January 1, 1987	()
26	Intangible drilling costs preference	
27	Other adjustments, including income-based related adjustments	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$219,900, see page 8 of the instructions.)	15,036

Part II Alternative Minimum Tax (AMT)

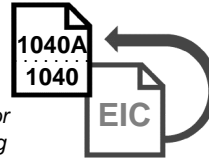
29	Exemption. (If you were under age 24 at the end of 2010, see page 8 of the instructions.) IF your filing status is AND line 28 is not over THEN enter on line 29 Single or head of household \$112,500 \$47,450 Married filing jointly or qualifying widow(er) 150,000 72,450 Married filing separately 75,000 36,225 If line 28 is over the amount shown above for your filing status, see page 8 of the instructions.	72,450
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 33 and 35 and skip the rest of Part II	0
31	<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 54 here. All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 	0
32	Alternative minimum tax foreign tax credit (see page 9 of the instructions)	
33	Tentative minimum tax. Subtract line 32 from line 31	0
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see page 11 of the instructions)	
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	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

2010

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 page 2 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

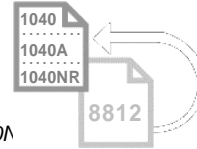
	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you only have to list three to get the maximum credit.	YUN	JAO	YUEH	JAO	LU	JAO
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2010. If your child was born and died in 2010 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> <i>If born after 1991 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <u>1992</u>		Year <u>1993</u>		Year <u>1996</u>	
4 a Was the child under age 24 at the end of 2010, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Continue.</i>		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Continue.</i>		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Continue.</i>	
b Was the child permanently and totally disabled during any part of 2010?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Continue. The child is not a qualifying child.</i>		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Continue. The child is not a qualifying child.</i>		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Continue. The child is not a qualifying child.</i>	
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 2010 • If the child lived with you for more than half of 2010 but less than 7 months, enter "7." • If the child was born or died in 2010 and your home was the child's home for the entire time he or she was alive during 2010, 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>	

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

Schedule EIC (Form 1040A or 1040) 2010

(HTA)

Additional Child Tax Credit



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
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Part I All Filers

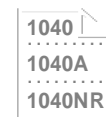
<p>1 1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).</p> <p>1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).</p> <p>1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).</p> <p>If you used Pub. 972, enter the amount from line 8 of the worksheet on page 4 of the publication.</p>	1			1,000
2 Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48	2			
3 Subtract line 2 from line 1. If zero, stop ; you cannot take this credit	3			1,000
4 a Earned income (see instructions on back)	4a		26,000	
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		23,000	
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			3,450

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, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 59.	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 64.	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			1,000
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Enter this amount on
Form 1040, line 65, .
Form 1040A, line 42, or .
Form 1040NR, line 62. .
.....

**SCHEDULE M
(Form 1040A or 1040)**

Making Work Pay Credit

OMB No. 1545-0074

2010

Attachment
Sequence No. **166**


Department of the Treasury
Internal Revenue Service (99)


▶ **Attach to Form 1040A or 1040.**

▶ **See separate instructions.**

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

Your social security number
609-37-6663

 *To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.*

 *You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.*

Important: Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

1a Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
- No.** Enter your earned income (see instructions)

1a		
2		0
3		

b Nontaxable combat pay included on line 1a (see instructions)

1b		
-----------	--	--

2 Multiply line 1a by 6.2% (.062)

3 Enter \$400 (\$800 if married filing jointly)

2		0
3		

4 Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a)

4		800
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5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22

5	26,219	
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6 Enter \$75,000 (\$150,000 if married filing jointly)

6	150,000	
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7 Is the amount on line 5 more than the amount on line 6?

- No.** Skip line 8. Enter the amount from line 4 on line 9 below.
- Yes.** Subtract line 6 from line 5

7		0
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8 Multiply line 7 by 2% (.02)

8		0
----------	--	---

9 Subtract line 8 from line 4. If zero or less, enter -0-

9		800
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10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in **2010**? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

- No.** Enter -0- on line 10 and go to line 11.
- Yes.** Enter the total of the payments you (and your spouse, if filing jointly) received in **2010**. Do not enter more than \$250 (\$500 if married filing jointly)

10		0
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11 Making work pay credit. Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40

11		800
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*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

2010 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.
- Self-Select PIN using Electronic Filing PIN. Use Sections (A) and (B) below. [Click here to get EF PIN from IRS website](#)

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

(A) Practitioner and Self-Select PIN			
	PIN (5 Digits)	T/S entered	ERO entered
Taxpayer PIN:	76663	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Spouse PIN:	76664	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date signed:	02/17/2011		
ERO PIN:	96469		

(B) Self-Select PIN Only:		
Prior Year PIN (or)	Prior Year AGI	Date of Birth

- Power of Attorney.
- Personal Representative.

EFIN

Enter your 6-digit EFIN number. Note: You must enter the EFIN through the Preparer Manager.
 EFIN: 964695

DCN

The DCN (Document Control Number) for this return will be computed automatically when you create the e-file and will be displayed here.
 DCN: 00964695000811

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	Foreign country
Email address		Daytime phone number (626) 382-8097	Foreign phone number		IRS identity protection PIN

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 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 FINANCIAL SERVICES			EIN 26-1703414			
Address 9067 LAS TUNAS DR.			Phone (626) 285-1221			
City TEMPLE CITY			State CA	ZIP code 91780	Foreign country	

California Resident Income Tax Return 2010

540 C1 Side 1

APE DO NOT ATTACH FEDERAL RETURN

609-37-6663 JAO ** 609-37-6664 10 P
TAWEI JAO AC
MEILING CHEN A
R
RP

18602 LA GUARDIA ST
ROWLAND HEIGHTS CA 91748 10-10-1966 08-29-1967

Table with 8 columns: Line number, Amount 1, Amount 2, Amount 3, Amount 4, Amount 5, Description, Amount 8. Rows 01-71.

DDR1 122242377
1607092
2

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.

Sign Here

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

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

Your email address (optional). Enter only one.

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 PTIN/SSN

P00215833

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

● FEIN

LA FIRST TAX FINANCIAL SERVICES TEMPLE CITY, CA 91780

26-1703414

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

626-285-1221

Print Third Party Designee's Name

Telephone Number

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

Joint tax return? (see page 17)

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

Filing Status

1 Single

2 Married/RDP filing jointly. (see page 3)

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 3)

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

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see page 7) 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 7 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 \$99 = \$ 297.

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 11 \$ 495.

Taxable Income

12 State wages from your Form(s) W-2, box 16. 12 26,000

13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4 13 26,219

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 26,219

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 26,219

18 Enter the larger of your CA **standard deduction OR** your CA **itemized deductions** 18 15,422

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- 19 10,797

Tax

31 Tax. Check box if from: Tax Table Tax Rate Schedule FTB 3800 FTB 3803 31 135

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$162,186 (see page 10) 32 495

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) 71 423

72 2010 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) 79 423

Overpaid Tax/ Tax Due

91 Overpaid tax. If line 79 is more than line 64, subtract line 64 from line 79 91 423

92 Amount of line 91 you want applied to your 2011 estimated tax 92 0

93 Overpaid tax available this year. Subtract line 92 from line 91 93 423

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 Sea Otter Fund	● 410	00
	California Cancer Research Fund	● 413	00
	Arts Council Fund	● 415	00
California Police Activities League (CALPAL) Fund	● 416	00	
California Veterans Homes Fund	● 417	00	
Safely Surrendered Baby Fund	● 418	00	
110 Add code 400 through code 418. This is your total contribution	● 110	000	

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
 Pay online – Go to ftb.ca.gov and search for **web pay**.

Interest and Penalties
112 Interest, late return penalties, and late payment penalties 112 0
113 Underpayment of estimated tax. Check box: **FTB 5805 attached** **FTB 5805F attached** ● 113 0
114 Total amount due (see page 16). Enclose, but **do not** staple, any payment 114 0

Refund and Direct Deposit
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 ● 115 423
 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:
122242377 Checking Savings 1607092 423
 ● 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:
 _____ Checking Savings _____ 0
 ● 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>16,159.</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>737.</u>
40	Subtract line 39 from line 38	40	<u>15,422.</u>
41	Other adjustments including California lottery losses. See instructions. Specify _____	41	<u>0.</u>
42	Combine line 40 and line 41	42	<u>15,422.</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		\$162,186
	Head of household		\$243,283
	Married/RDP filing jointly or qualifying widow(er)		\$324,376
	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="15,422."/>
44	Enter the larger of the amount on line 43 or your standard deduction listed below		
	Single or married/RDP filing separately		\$3,670
	Married/RDP filing jointly, head of household, or qualifying widow(er)		\$7,340
	Transfer the amount on line 44 to Form 540, line 18	44	<input type="text" value="15,422."/>