

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning \_\_\_\_\_, ending \_\_\_\_\_ See separate instructions.

Your first name M.I. Last name Suffix  
**TAWEI** JAO  
**Your social security number**  
**609-37-6663**

If a joint return, spouse's first name M.I. Last name Suffix  
**MEI LING** CHEN  
**Spouse's social security number**  
**609-37-6664**

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.  
**18602 LA GUARDIA ST**  
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).  
**ROWLAND HEIGHTS CA 91748**

Foreign country name Foreign province/county Foreign postal code  
**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status**

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

Check only one box. First name Last name SSN

**Exemptions**

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

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
YUN	JAO	609-37-7415	Daughter	<input type="checkbox"/>
YUEH	JAO	609-37-1981	Daughter	<input type="checkbox"/>
LU	JAO	609-37-1982	Daughter	<input checked="" type="checkbox"/>
CHIN-SU	CHEN LIAO	613-77-1317	Parent	<input type="checkbox"/>

d Total number of exemptions claimed **6**

Boxes checked on 6a and 6b **2**  
 No. of children on 6c who:  
 • lived with you **3**  
 • did not live with you due to divorce or separation (see instructions) **0**  
 Dependents on 6c not entered above **1**  
 Add numbers on lines above **6**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	42,000
8a Taxable interest. Attach Schedule B if required	8a	587
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount	15b	
16a Pensions and annuities	16a	
b Taxable amount	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	492
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount	20b	0
21 Other income. List type and amount	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	43,079

**Adjusted Gross Income**

23 Educator expenses	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 Deductible part of self-employment tax. Attach Schedule SE	27	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN	31a	
32 IRA deduction	32	
33 Student loan interest deduction	33	
34 Tuition and fees. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 31a and 32 through 35	36	
37 Subtract line 36 from line 22. This is your adjusted gross income	37	43,079

<b>Tax and Credits</b>	<b>38</b> Amount from line 37 (adjusted gross income) . . . . .	<b>38</b>	43,079
	<b>39a</b> Check <input type="checkbox"/> <b>You</b> were born before January 2, 1947, <input type="checkbox"/> <b>Blind</b> . if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1947, <input type="checkbox"/> <b>Blind</b> . } Total boxes checked <b>39a</b> <input type="checkbox"/>		
<b>Standard Deduction for—</b> • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$5,800 Married filing jointly or Qualifying widow(er), \$11,600 Head of household, \$8,500	<b>b</b> If your spouse itemizes on a separate return or you were a dual-status alien, check here. . . . . <b>39b</b> <input type="checkbox"/>		
	<b>40</b> Itemized deductions (from Schedule A) or your standard deduction (see left margin) . . . . .	<b>40</b>	13,777
	<b>41</b> Subtract line 40 from line 38 . . . . .	<b>41</b>	29,302
	<b>42</b> Exemptions. Multiply \$3,700 by the number on line 6d . . . . .	<b>42</b>	22,200
	<b>43</b> Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- . . . . .	<b>43</b>	7,102
	<b>44</b> Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election . . . . .	<b>44</b>	713
	<b>45</b> Alternative minimum tax (see instructions). Attach Form 6251 . . . . .	<b>45</b>	
	<b>46</b> Add lines 44 and 45 . . . . .	<b>46</b>	713
	<b>47</b> Foreign tax credit. Attach Form 1116 if required . . . . .	<b>47</b>	
	<b>48</b> Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>48</b>	
	<b>49</b> Education credits from Form 8863, line 23 . . . . .	<b>49</b>	211
	<b>50</b> Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>50</b>	
	<b>51</b> Child tax credit (see instructions). . . . .	<b>51</b>	502
<b>52</b> Residential energy credits. Attach Form 5695 . . . . .	<b>52</b>		
<b>53</b> Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> . . . . .	<b>53</b>		
<b>54</b> Add lines 47 through 53. These are your total credits . . . . .	<b>54</b>	713	
<b>55</b> Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- . . . . .	<b>55</b>	0	
<b>Other Taxes</b>	<b>56</b> Self-employment tax. Attach Schedule SE . . . . .	<b>56</b>	
	<b>57</b> Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 . . . . .	<b>57</b>	
	<b>58</b> Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . . . . .	<b>58</b>	
	<b>59a</b> Household employment taxes from Schedule H . . . . .	<b>59a</b>	
	<b>b</b> First-time homebuyer credit repayment. Attach Form 5405 if required . . . . .	<b>59b</b>	500
<b>60</b> Other taxes. Enter code(s) from instructions . . . . .	<b>60</b>		
<b>61</b> Add lines 55 through 60. This is your total tax . . . . .	<b>61</b>	500	
<b>Payments</b>	<b>62</b> Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>62</b>	876
	<b>63</b> 2011 estimated tax payments and amount applied from 2010 return . . . . .	<b>63</b>	
	<b>64a</b> Earned income credit (EIC) . . . . .	<b>64a</b>	1,264
	<b>b</b> Nontaxable combat pay election . . . . . <b>64b</b>		
	<b>65</b> Additional child tax credit. Attach Form 8812 . . . . .	<b>65</b>	498
	<b>66</b> American opportunity credit from Form 8863, line 14 . . . . .	<b>66</b>	141
	<b>67</b> First-time homebuyer credit from Form 5405, line 10 . . . . .	<b>67</b>	
	<b>68</b> Amount paid with request for extension to file . . . . .	<b>68</b>	
	<b>69</b> Excess social security and tier 1 RRTA tax withheld . . . . .	<b>69</b>	
	<b>70</b> Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>70</b>	
<b>71</b> Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885 . . . . .	<b>71</b>		
<b>72</b> Add lines 62, 63, 64a, and 65 through 71. These are your total payments . . . . .	<b>72</b>	2,779	
<b>Refund</b>	<b>73</b> If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid . . . . .	<b>73</b>	2,279
	<b>74a</b> Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. . . . . <input type="checkbox"/>	<b>74a</b>	2,279
Direct deposit? See instructions.	<b>b</b> Routing number <u>XXXXXXXXXX</u> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number <u>XXXXXXXXXXXXXXXXXXXX</u>		
<b>75</b> Amount of line 73 you want applied to your 2012 estimated tax . . . . .	<b>75</b>		
<b>Amount You Owe</b>	<b>76</b> Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions . . . . .	<b>76</b>	0
	<b>77</b> Estimated tax penalty (see instructions) . . . . .	<b>77</b>	

**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 instructions. Keep a copy for your records.

Your signature	Date	Your occupation <b>MANAGER</b>	Daytime phone number <b>(626) 382-8097</b>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation <b>STAFF</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Print/Type preparer's name** **NATALIE LEE, ENROLLED AGENT** **Preparer's signature** **NATALIE LEE, ENROLLED AGENT** **Date** **2/28/2012** **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

**2011**

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

<b>Medical and Dental Expenses</b>	<b>Caution.</b> 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	43,079			
	3 Multiply line 2 by 7.5% (.075) . . . . .	3		3,231		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4	0	
<b>Taxes You Paid</b>	5 State and local (check only one box):					
	a <input type="checkbox"/> Income taxes, or	}		845		
	b <input checked="" type="checkbox"/> General sales taxes					
	6 Real estate taxes (see instructions) . . . . .	6		3,901		
	7 Personal property taxes . . . . .	7				
	8 Other taxes. List type and amount ▶	8				
	9 Add lines 5 through 8 . . . . .	9				
						4,746
<b>Interest You Paid</b>	10 Home mortgage interest and points reported to you on Form 1098	10	9,031			
	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 ▶	11				
	Name _____					
	Address _____					
	Your mortgage interest deduction may be limited (see instructions).	12				
	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				
						9,031
	<b>Gifts to Charity</b>	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 <b>must</b> attach Form 8283 if over \$500 . . . . .	17			
		18 Carryover from prior year . . . . .	18			
		19 Add lines 16 through 18 . . . . .	19			
						0
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	20				
<b>Job Expenses and Certain Miscellaneous Deductions</b>	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		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	43,079			
	26 Multiply line 25 by 2% (.02) . . . . .	26		862		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27				
						0
<b>Other Miscellaneous Deductions</b>	28 Other—from list in instructions. List type and amount ▶	28				
<b>Total Itemized Deductions</b>	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40 . . . . .	29			13,777	
30 If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .					<input type="checkbox"/>	

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**

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

▶ Attach to Form 1040, 1040NR, or Form 1041. ▶ See separate instructions.

OMB No. 1545-0074

**2011**

Attachment  
Sequence No. **13**

Name(s) shown on return

TAWEI JAO and MEI LING CHEN

Your social security number

609-37-6663

- A** Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)  Yes  No
- B** If "Yes," did you or will you file all required Forms 1099?  Yes  No

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

**Caution.** For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax.

1	Physical address of each property—street, city, state, zip	Type—from list below	2	For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.	Fair Rental Days		Personal Use Days		QJV
					A	B	C	D	
A	18487 DEL BONITA STREET, ROWLAND HEIGHTS, CA	1			306				
B									
C									

**Type of Property:**

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

Income:		Properties			
		A	B	C	
<b>3 a</b>	Merchant card and third party payments. For 2011, enter -0-	<b>3a</b>			
<b>3 b</b>	Payments not reported to you on line 3a . . . . .	<b>3b</b>	19,365		
<b>4</b>	Total not including amounts on line 3a that are not income (see instructions) . . . . .	<b>4</b>	19,365		
<b>Expenses:</b>					
<b>5</b>	Advertising . . . . .	<b>5</b>			
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>			
<b>8</b>	Commissions . . . . .	<b>8</b>			
<b>9</b>	Insurance . . . . .	<b>9</b>	928		
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>	1,224		
<b>11</b>	Management fees . . . . .	<b>11</b>			
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions) . . . . .	<b>12</b>	10,600		
<b>13</b>	Other interest . . . . .	<b>13</b>			
<b>14</b>	Repairs . . . . .	<b>14</b>	1,827		
<b>15</b>	Supplies . . . . .	<b>15</b>			
<b>16</b>	Taxes . . . . .	<b>16</b>	4,751		
<b>17</b>	Utilities . . . . .	<b>17</b>			
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b>	Other (list) ▶ _____	<b>19</b>			
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	19,330		
<b>21</b>	Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>	35		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	( )		
<b>23 a</b>	Total of all amounts reported on line 3a for all rental properties . . . . .	<b>23a</b>	0		
<b>b</b>	Total of all amounts reported on line 3a for all royalty properties . . . . .	<b>23b</b>	0		
<b>c</b>	Total of all amounts reported on line 4 for all rental properties . . . . .	<b>23c</b>	19,365		
<b>d</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23d</b>	0		
<b>e</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23e</b>	10,600		
<b>f</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23f</b>	0		
<b>g</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23g</b>	19,330		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>		35	
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 0 )		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>		35	

**Education Credits (American Opportunity and  
Lifetime Learning Credits)**

▶ See separate instructions to find out if you are eligible to take the credits.  
▶ Attach to Form 1040 or Form 1040A.

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

Your social security number  
609-37-6663

**Q** You cannot take both an education credit and the tuition and fees deduction (see Form 8917) for the same student for the same year.

**Part I American Opportunity Credit**

**Caution:** You cannot take the American opportunity credit for more than 4 tax years for the same student.

1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions). Do not enter more than \$4,000 for each student.	(d) Subtract \$2,000 from the amount in column (c). If zero or less, enter -0-.	(e) Multiply the amount in column (d) by 25% (.25)	(f) If column (d) is zero, enter the amount from column (c). Otherwise, add \$2,000 to the amount in column (e).	
	YUN						
	JAO	609-37-7415	352	0	0	352	
				0	0	0	
				0	0	0	
<b>2</b>	<b>Tentative American opportunity credit.</b> Add the amounts on line 1, column (f). If you are taking the lifetime learning credit for a different student, go to Part II; otherwise, go to Part III . . . . . ▶					<b>2</b>	352

**Part II Lifetime Learning Credit.**

**Caution:** You cannot take the American opportunity credit and the lifetime learning credit for the same student in the same year.

3	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions)
<b>4</b>	Add the amounts on line 3, column (c), and enter the total . . . . .		<b>4</b> 0
<b>5</b>	Enter the smaller of line 4 or \$10,000 . . . . .		<b>5</b> 0
<b>6</b>	<b>Tentative lifetime learning credit.</b> Multiply line 5 by 20% (.20). If you have an entry on line 2, go to Part III; otherwise go to Part IV . . . . .		<b>6</b> 0

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

**Part III Refundable American Opportunity Credit**

<b>7</b>	Enter the amount from line 2 . . . . .		<b>7</b>	352	
<b>8</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>8</b>	180,000		
<b>9</b>	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>9</b>	43,079		
<b>10</b>	Subtract line 9 from line 8. If zero or less, <b>stop</b> ; you cannot take any education credit . . . . .	<b>10</b>	136,921		
<b>11</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>11</b>	20,000		
<b>12</b>	If line 10 is: <ul style="list-style-type: none"> <li>• Equal to or more than line 11, enter 1.000 on line 12 . . . . .</li> <li>• Less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to at least three places) . . . . .</li> </ul>			<b>12</b>	1.00000
<b>13</b>	Multiply line 7 by line 12. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions on page 4 of the instructions, you <b>cannot</b> take the refundable American opportunity credit. Skip line 14, enter the amount from line 13 on line 15, and check this box <input type="checkbox"/> . . . . .			<b>13</b>	352
<b>14</b>	<b>Refundable American opportunity credit.</b> Multiply line 13 by 40% (.40). Enter the amount here and on Form 1040, line 66, or Form 1040A, line 40. Then go to line 15 below . . . . .			<b>14</b>	141

**Part IV Nonrefundable Education Credits**

<b>15</b>	Subtract line 14 from line 13 . . . . .			<b>15</b>	211
<b>16</b>	Enter the amount from line 6, if any. If you have no entry on line 6, skip lines 17 through 22, and enter the amount from line 15 on line 6 of the Credit Limit Worksheet (see instructions) . . . . .			<b>16</b>	0
<b>17</b>	Enter: \$122,000 if married filing jointly; \$61,000 if single, head of household, or qualifying widow(er) . . . . .	<b>17</b>			
<b>18</b>	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>18</b>			
<b>19</b>	Subtract line 18 from line 17. If zero or less, skip lines 20 and 21, and enter zero on line 22 . . . . .	<b>19</b>	0		
<b>20</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>20</b>			
<b>21</b>	If line 19 is: <ul style="list-style-type: none"> <li>• Equal to or more than line 20, enter 1.000 on line 21 and go to line 22</li> <li>• Less than line 20, divide line 19 by line 20. Enter the result as a decimal (rounded to at least three places) . . . . .</li> </ul>			<b>21</b>	0.00000
<b>22</b>	Multiply line 16 by line 21. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) <input type="checkbox"/> . . . . .			<b>22</b>	0
<b>23</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 11 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 49, or Form 1040A, line 31 . . . . .			<b>23</b>	211

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 instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. [ ] Yes [X] 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. Row A: EVER PURE INC, S, [ ], 27-0818700, [ ]

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. Totals: 457

Part III Income or Loss From Estates and Trusts

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

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. Totals: 0

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. Totals: 0

Part V Summary

Summary table with 2 columns: Description, Amount. Line 40: Net farm rental income or (loss) from Form 4835. Line 41: Total income or (loss). Line 42: Reconciliation of farming and fishing income. Line 43: Reconciliation for real estate professionals.

Department of the Treasury  
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▶ See separate instructions.  
▶ Attach to Form 1040 or Form 1041.

Name(s) shown on return <b>TAWEI JAO and MEI LING CHEN</b>	Identifying number <b>609-37-6663</b>
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**Part I 2011 Passive Activity Loss**

**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.

<b>Rental Real Estate Activities With Active Participation</b> (For the definition of active participation, see <b>Special Allowance for Rental Real Estate Activities</b> in the instructions.)				
1a Activities with net income (enter the amount from Worksheet 1, column (a)) . . . . .	<b>1a</b>	35		
1b Activities with net loss (enter the amount from Worksheet 1, column (b)) . . . . .	<b>1b</b>	( )		
1c Prior years unallowed losses (enter the amount from Worksheet 1, column (c)) . . . . .	<b>1c</b>	( )		
<b>d</b> Combine lines 1a, 1b, and 1c. . . . .	<b>1d</b>		35	
<b>Commercial Revitalization Deductions From Rental Real Estate Activities</b>				
2a Commercial revitalization deductions from Worksheet 2, column (a)	<b>2a</b>	( )		
2b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) . . . . .	<b>2b</b>	( )		
<b>c</b> Add lines 2a and 2b . . . . .	<b>2c</b>		( )	
<b>All Other Passive Activities</b>				
3a Activities with net income (enter the amount from Worksheet 3, column (a)) . . . . .	<b>3a</b>	( )		
3b Activities with net loss (enter the amount from Worksheet 3, column (b)) . . . . .	<b>3b</b>	( )		
3c Prior years unallowed losses (enter the amount from Worksheet 3, column (c)) . . . . .	<b>3c</b>	( )		
<b>d</b> Combine lines 3a, 3b, and 3c. . . . .	<b>3d</b>		0	
<b>4</b> Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used . . . . .	<b>4</b>		35	

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

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

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

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

5 Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4 . . . . .	<b>5</b>	0		
6 Enter \$150,000. If married filing separately, see instructions . . . . .	<b>6</b>	( )		
7 Enter modified adjusted gross income, but not less than zero (see instructions) <b>Note:</b> If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	<b>7</b>	0		
8 Subtract line 7 from line 6 . . . . .	<b>8</b>	0		
9 Multiply line 8 by 50% (.5). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	<b>9</b>		0	
10 Enter the <b>smaller</b> of line 5 or line 9 . . . . . If line 2c is a loss, go to Part III. Otherwise, go to line 15.	<b>10</b>		0	

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

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

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	<b>11</b>	( )		0
12 Enter the loss from line 4 . . . . .	<b>12</b>	( )		0
13 Reduce line 12 by the amount on line 10 . . . . .	<b>13</b>	( )		0
14 Enter the <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13 . . . . .	<b>14</b>	( )		0

**Part IV Total Losses Allowed**

15 Add the income, if any, on lines 1a and 3a and enter the total . . . . .	<b>15</b>	( )		0
16 <b>Total losses allowed from all passive activities for 2011.</b> Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return . . . . .	<b>16</b>	( )	0	0



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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Sch E: RESIDENCE RENTAL PROPERTY	35			35	
<b>Total. Enter on Form 8582, lines 1a, 1b, and 1c . . . . . ▶</b>	35	0	0		

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

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
<b>Total. Enter on Form 8582, lines 2a and 2b . . . . . ▶</b>		0	0

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
<b>Total. Enter on Form 8582, lines 3a, 3b, and 3c . . . . . ▶</b>	0	0	0		

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
<b>Total . . . . . ▶</b>		0	1.00	0	0

**Worksheet 5—Allocation of Unallowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total . . . . . ▶</b>		0	1.00	0

**Worksheet 6—Allowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
<b>Total</b> . . . . .	▶	0	0	0

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

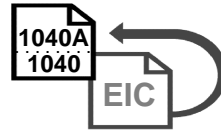
Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
<b>Form or schedule and line number to be reported on (see instructions):</b> . . . . .					
<b>1a</b> Net loss plus prior year unallowed loss from form or schedule . . . ▶					
<b>b</b> Net income from form or schedule . . . . .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

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

**Earned Income Credit**

**Qualifying Child Information**

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



OMB No. 1545-0074

**2011**

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 38a and 38b, 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 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**

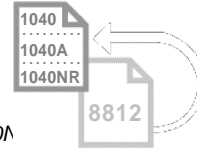
**Child 3**

	First name	Last name	First name	Last name	First name	Last name
<b>1 Child's name</b> 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
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2011. If your child was born and died in 2011 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	
<b>3 Child's year of birth</b>	Year <u>1992</u> <small>If born after 1992 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 1992 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 1992 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>	
<b>4 a</b> Was the child under age 24 at the end of 2011, a student, and younger than you (or your spouse, if filing jointly)?	<input checked="" type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	<b>Go to line 5.</b>	<b>Go to line 4b.</b>	<b>Go to line 5.</b>	<b>Go to line 4b.</b>	<b>Go to line 5.</b>	<b>Go to line 4b.</b>
<b>b</b> Was the child permanently and totally disabled during any part of 2011?	<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>Go to line 5.</b>	The child is not a qualifying child.	<b>Go to line 5.</b>	The child is not a qualifying child.	<b>Go to line 5.</b>	The child is not a qualifying child.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Daughter		Daughter		Daughter	
<b>6 Number of months child lived with you in the United States during 2011</b> • If the child lived with you for more than half of 2011 but less than 7 months, enter "7." • If the child was born or died in 2011 and your home was the child's home for the entire time he or she was alive during 2011, 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) 2011

(HTA)



Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return <b>TAWEI JAO and MEI LING CHEN</b>	Your social security number <b>609-37-6663</b>
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**Part I All Filers**

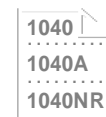
<p><b>1 1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).</p> <p><b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).</p> <p><b>1040NR filers:</b> 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 Child Tax Credit Worksheet in the publication.</p>				
	<b>1</b>	1,000		
<b>2</b> Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48 . . . . .	<b>2</b>	502		
<b>3</b> Subtract line 2 from line 1. If zero, <b>stop</b> ; you cannot take this credit . . . . .	<b>3</b>	498		
<b>4 a</b> Earned income (see instructions on back) . . . . .	<b>4a</b>	42,000		
<b>b</b> Nontaxable combat pay (see instructions on back) . . . . .	<b>4b</b>			
<b>5</b> Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result . . . . .	<b>5</b>	39,000		
<b>6</b> Multiply the amount on line 5 by 15% (.15) and enter the result . . . . . <b>Next.</b> Do you have three or more qualifying children? <input checked="" type="checkbox"/> <b>No.</b> If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the <b>smaller</b> of line 3 or line 6 on line 13. <input type="checkbox"/> <b>Yes.</b> 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.	<b>6</b>	5,850		

**Part II Certain Filers Who Have Three or More Qualifying Children**

<p><b>7</b> 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 . . . . .</p> <p><b>8 1040 filers:</b> 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 line 60.</p> <p><b>1040A filers:</b> Enter -0-.</p> <p><b>1040NR filers:</b> 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 line 59.</p> <p><b>9</b> Add lines 7 and 8 . . . . .</p> <p><b>10 1040 filers:</b> Enter the total of the amounts from Form 1040, lines 64a and 69.</p> <p><b>1040A filers:</b> Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see instructions on back).</p> <p><b>1040NR filers:</b> Enter the amount from Form 1040NR, line 65.</p> <p><b>11</b> Subtract line 10 from line 9. If zero or less, enter -0- . . . . .</p> <p><b>12</b> Enter the <b>larger</b> of line 6 or line 11 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 3 or line 12 on line 13.</p>				
	<b>7</b>			
	<b>8</b>			
	<b>9</b>	0		
	<b>10</b>			
	<b>11</b>	0		
	<b>12</b>	0		

**Part III Additional Child Tax Credit**

<b>13 This is your additional child tax credit . . . . .</b>				498
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Enter this amount on  
Form 1040, line 65,  
Form 1040A, line 39, or  
Form 1040NR, line 63.

California Resident Income Tax Return 2011

540 C1 Side 1

APE ATTACH FEDERAL RETURN

P AC A R RP

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

11

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.

Under penalties of perjury, I declare that I have examined this tax 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 tax 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

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

LA FIRST TAX FINANCIAL SERVICES TEMPLE CITY, CA 91780

PTIN P00215833
FEIN 26-1703414

Do you want to allow another person to discuss this tax return with us? (see page 17) 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**

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 \$102 = \$ 204.

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 **8**  0 X \$102 = \$ 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 \$102 = \$ 0.

10 **Dependents:** Enter name and relationship. **Do not include yourself or your spouse/RDP.** SEE FEDERAL RETURN

Total dependent exemptions. **10**  4 X \$315 = \$ 1,260.

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 **11** \$ 1,464.

**Taxable Income**

12 State wages from your Form(s) W-2, box 16 **12** 42,000

13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4 **13** 43,079

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** 43,079

16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C **16** 800

17 California adjusted gross income. Combine line 15 and line 16 **17** 43,879

18 Enter the larger of your CA **standard deduction OR your CA itemized deductions** **18** 12,932

19 Subtract line 18 from line 17. This is your **taxable income.** If less than zero, enter -0- **19** 30,947

**Tax**

31 Tax. Check box if from:  Tax Table  Tax Rate Schedule  FTB 3800  FTB 3803 **31** 472

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$166,565 (see page 10) **32** 1,464

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**

40 Nonrefundable Child and Dependent Care Expenses Credit, (See page 11). Attach form FTB 3506 **40** 0

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 12) **45** 0

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

47 Add line 40 and 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 13) **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 2011 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

75 Add line 71, line 72, line 73, and line 74. These are your total payments (see page 14) **75** 0

**Overpaid Tax / Tax Due**

91 Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75 **91** 0

92 Amount of line 91 you want applied to your **2012** estimated tax **92** 0

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

94 Tax due. If line 75 is less than line 64, subtract line 75 from line 64 **94** 0

**Use Tax**

95 Use Tax. **This is not a total line** (see page 14) **95** 0/00

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

	Code	Amount
Contributions	California Seniors Special Fund (see page 23) . . . . .	● 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
	Municipal Shelter Spay-Neuter Fund . . . . .	● 412 00
	California Cancer Research Fund . . . . .	● 413 00
	ALS/Lou Gehrig's Disease Research Fund . . . . .	● 414 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
Child Victims of Human Trafficking Fund . . . . .	● 419 00	
<b>110</b> Add code 400 through code 419. This is your total contribution . . . . .	<b>● 110</b> 00	

**Amount You Owe**  
**111 AMOUNT YOU OWE.** Add line 94, line 95, and line 110 (see page 15). **Do Not Send Cash.**  
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009** . . . . . ● 111 0  
 Pay online – Go to [ftb.ca.gov](http://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 0  
 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 17).  
**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:  
 \_\_\_\_\_  Checking  Savings \_\_\_\_\_ 0  
 ● 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**

<b>38</b>	Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), line 29 . . . . .	<b>38</b>	<u>13,777.</u>
<b>39</b>	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign income taxes <b>only</b> ). See instructions . . . . .	<b>39</b>	<u>845.</u>
<b>40</b>	Subtract line 39 from line 38 . . . . .	<b>40</b>	<u>12,932.</u>
<b>41</b>	Other adjustments including California lottery losses. See instructions. Specify _____ . . . . .	<b>41</b>	<u>0.</u>
<b>42</b>	Combine line 40 and line 41 . . . . .	<b>42</b>	<u>12,932.</u>
<b>43</b>	<b>Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?</b>		
	Single or married/RDP filing separately . . . . .		<b>\$166,565</b>
	Head of household . . . . .		<b>\$249,852</b>
	Married/RDP filing jointly or qualifying widow(er) . . . . .		<b>\$333,134</b>
	<b>No.</b> Transfer the amount on line 42 to line 43.		
	<b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43 . . . . .	<b>43</b>	<input type="text" value="12,932."/>
<b>44</b>	<b>Enter the larger of the amount on line 43 or your standard deduction listed below</b>		
	Single or married/RDP filing separately . . . . .		<b>\$3,769</b>
	Married/RDP filing jointly, head of household, or qualifying widow(er) . . . . .		<b>\$7,538</b>
	<b>Transfer the amount on line 44 to Form 540, line 18 . . . . .</b>	<b>44</b>	<input type="text" value="12,932."/>