

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.  
▶ Information about Form 8879 and its instructions is at [www.irs.gov/form8879](http://www.irs.gov/form8879).

**2014**

Submission Identification Number (SID) ▶ 9646952015048o33d3ns

Taxpayer's name <b>YUEH JAO</b>	Social security number 609-37-1981
Spouse's name	Spouse's social security number

<b>Part I Tax Return Information—Tax Year Ending December 31, 2014 (Whole Dollars Only)</b>		
1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1,177
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	0
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	26
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	26
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	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, 2014, 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) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

I authorize LA FIRST TAX & FINANCIAL SERVICES to enter or generate my PIN 71981 as my signature on my tax year 2014 electronically filed income tax return. ERO firm name Enter five digits, but do not enter all zeros

I will enter my PIN as my signature on my tax year 2014 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 \_\_\_\_\_ to enter or generate my PIN   as my signature on my tax year 2014 electronically filed income tax return. ERO firm name Enter five digits, but do not enter all zeros

I will enter my PIN as my signature on my tax year 2014 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. 96469596469  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2014 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, EA Date ▶ \_\_\_\_\_

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

TAXABLE YEAR

FORM

# 2014 California e-file Signature Authorization for Individuals 8879

Your name <b>YUEH JAO</b>	Your SSN or ITIN <b>609-37-1981</b>
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN

**Part I Tax Return Information** (whole dollars only)

<b>1</b> California Adjusted Gross Income (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32) .....	<b>1</b>	<u>1,177.</u>
<b>2</b> Amount You Owe (Form 540, line 111; Form 540 2EZ, line 27; Long Form 540NR, line 121; or Short Form 540NR, line 121) . . .	<b>2</b>	<u>0.</u>
<b>3</b> 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) .....	<b>3</b>	<u>0.</u>

**Part II Taxpayer Declaration and Signature Authorization** (Be sure you obtain 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, 2014, 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 for Individuals, 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 & FINANCIAL SERVICES to enter my PIN 71981  
ERO firm name **Do not enter all zeros**

as my signature on my 2014 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2014 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 \_\_\_\_\_ to enter my PIN \_\_\_\_\_  
ERO firm name **Do not enter all zeros**

as my signature on my 2014 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2014 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.

96469596469

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the 2014 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, 2014 e-file Handbook for Authorized e-file Providers.

ERO's signature ► NATALIE LEE, EA Date ► 2/18/2015

# 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				(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:	71981	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Spouse PIN:		<input type="checkbox"/>	<input type="checkbox"/>			
Date signed:	02/20/2015					
ERO PIN:	96469					

- Power of Attorney.
- Personal Representative.
- Parent or guardian signing for minor child. Parent/guardian name \_\_\_\_\_

## EFIN

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

EFIN: 964695

## Submission ID

The Submission ID for this e-File will be computed automatically when an EFIN is entered above. It will only be regenerated if a 'Rejected by EFC' or 'Rejected by Agency' acknowledgement is received and the e-File is recreated.

Submission ID 9646952015048o33d3ns

## Taxpayer Information

Filer's first name YUEH		Filer's middle initial	Filer's last name JAO		Filer's suffix
Spouse's first name		Spouse's middle initial	Spouse's last name		Spouse's suffix
Street address 18480 AGUIRO STREET			Filer's SSN 609-37-1981	Spouse's SSN	
Address continuation			POA, personal rep or c/o addressee name		
City ROWLAND HEIGHTS			State CA	ZIP code 91748	Daytime phone number
Foreign country		Foreign province/county		Foreign postal code	Foreign phone number
Email address			IRS identity protection PIN		

## ERO

(Enter data in the Preparer Manager)

ERO's name NATALIE LEE, EA			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 91780-1901	

## Paid Preparer

(Enter data in the Preparer Manager)

Paid preparer's name NATALIE LEE, EA			Non-paid prep type	Check if self-employed <input type="checkbox"/>	Preparer's 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 91780-1901	Foreign country	

Form  
**1040EZ**

**Income Tax Return for Single and  
Joint Filers With No Dependents** (99)

**2014**

OMB No. 1545-0074

Your first name <b>YUEH</b>	M.I.	Last name <b>JAO</b>	Suffix	<b>Your social security number</b> 609-37-1981
If a joint return, spouse's first name	M.I.	Last name	Suffix	<b>Spouse's social security number</b>

Home address (number and street). If you have a P.O. box, see instructions. <b>18480 AGUIRO STREET</b>			Apt. no.	▲ Make sure the SSN(s) above are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>ROWLAND HEIGHTS CA 91748</b>				
Foreign country name		Foreign province/state/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

<b>Income</b> <b>Attach Form(s) W-2 here.</b>	<b>1</b>	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	<b>1</b>	1,177
	<b>2</b>	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	<b>2</b>	
	<b>3</b>	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	<b>3</b>	
	<b>4</b>	Add lines 1, 2, and 3. This is your <b>adjusted gross income</b> .	<b>4</b>	1,177
	<b>5</b>	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input checked="" type="checkbox"/> <b>You</b> <input type="checkbox"/> <b>Spouse</b> If no one can claim you (or your spouse if a joint return), enter \$10,150 if <b>single</b> ; \$20,300 if <b>married filing jointly</b> . See back for explanation.	<b>5</b>	1,527
	<b>6</b>	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your <b>taxable income</b> .	<b>6</b>	0
<b>Payments, Credits, and Tax</b>	<b>7</b>	Federal income tax withheld from Form(s) W-2 and 1099.	<b>7</b>	26
	<b>8 a</b>	<b>Earned income credit (EIC)</b> (see instructions).	<b>8a</b>	
	<b>b</b>	Nontaxable combat pay election. <b>8b</b>		
	<b>9</b>	Add lines 7 and 8a. These are your <b>total payments and credits</b> .	<b>9</b>	26
	<b>10</b>	<b>Tax</b> . Use the amount on <b>line 6 above</b> to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	<b>10</b>	
<b>11</b>	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	<b>11</b>		
<b>12</b>	Add lines 10 and 11. This is your <b>total tax</b> .	<b>12</b>	0	
<b>Refund</b> Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888.	<b>13 a</b>	If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund. If Form 8888 is attached, check here <input type="checkbox"/>	<b>13a</b>	26
	<b>b</b>	Routing number <input type="text" value="XXXXXXXXXX"/> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <input type="text" value="XXXXXXXXXXXXXXXXXXXX"/>			
<b>Amount You Owe</b>	<b>14</b>	If line 12 is larger than line 9, subtract line 9 from line 12. This is the <b>amount you owe</b> . For details on how to pay, see instructions.	<b>14</b>	0

**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 ▶ <b>NATALIE LEE, EA</b>	Phone no. ▶ <b>(626) 285 1221</b>	Personal identification number (PIN) ▶ <b>15833</b>
---	--------------------------------------	--

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

Joint return? See instructions. <input type="checkbox"/>	Your signature	Date	Your occupation <b>STUDENT</b>	Daytime phone number
Keep a copy for your records. <input type="checkbox"/>	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Print/Type preparer's name <b>NATALIE LEE, EA</b>	Preparer's signature <b>NATALIE LEE, EA</b>	Date <b>2/18/2015</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00215833</b>
Firm's name ▶ <b>LA FIRST TAX &amp; FINANCIAL SERVICES</b>	Firm's EIN ▶ <b>26-1703414</b>		Phone no. <b>(626) 285 1221</b>	
Firm's address ▶ <b>9067 LAS TUNAS DR., TEMPLE CITY, CA 91780-1901</b>				

Use this form if

- Your filing status is single or married filing jointly. If you are not sure about your filing status, see instructions.
• You (and your spouse if married filing jointly) were under age 65 and not blind at the end of 2014. If you were born on January 1, 1950, you are considered to be age 65 at the end of 2014.
• You do not claim any dependents. For information on dependents, see Pub. 501.
• Your taxable income (line 6) is less than \$100,000.
• You do not claim any adjustments to income. For information on adjustments to income, use the TeleTax topics listed under Adjustments to Income at www.irs.gov/taxtopics (see instructions).
• The only tax credit you can claim is the earned income credit (EIC). The credit may give you a refund even if you do not owe any tax. You do not need a qualifying child to claim the EIC. For information on credits, use the TeleTax topics listed under Tax Credits at www.irs.gov/taxtopics (see instructions). If you received a Form 1098-T or paid higher education expenses, you may be eligible for a tax credit or deduction that you must claim on Form 1040A or Form 1040. For more information on tax benefits for education, see Pub. 970. If you can claim the premium tax credit or you received any advance payment of the premium tax credit in 2014, you must use Form 1040A or Form 1040.
• You had only wages, salaries, tips, taxable scholarship or fellowship grants, unemployment compensation, or Alaska Permanent Fund dividends, and your taxable interest was not over \$1,500. But if you earned tips, including allocated tips, that are not included in box 5 and box 7 of your Form W-2, you may not be able to use Form 1040EZ (see instructions). If you are planning to use Form 1040EZ for a child who received Alaska Permanent Fund dividends, see instructions.

Filling in your return

If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the instructions before filling in the form. Also, see the instructions if you received a Form 1099-INT showing federal income tax withheld or if federal income tax was withheld from your unemployment compensation or Alaska Permanent Fund dividends.

For tips on how to avoid common mistakes, see instructions.

Remember, you must report all wages, salaries, and tips even if you do not get a Form W-2 from your employer. You must also report all your taxable interest, including interest from banks, savings and loans, credit unions, etc., even if you do not get a Form 1099-INT.

Worksheet for Line 5 — Dependents Who Checked One or Both Boxes

Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married filing jointly) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, see Pub. 501.

Table with 2 columns: Description and Amount. Row A: Amount, if any, from line 1 on front. Row B: Minimum standard deduction. Row C: Enter the larger of line A or line B here. Row D: Maximum standard deduction. Row E: Enter the smaller of line C or line D here. Row F: Exemption amount. Row G: Add lines E and F.

(keep a copy for your records)

If you did not check any boxes on line 5, enter on line 5 the amount shown below that applies to you.

- Single, enter \$10,150. This is the total of your standard deduction (\$6,200) and your exemption (\$3,950).
• Married filing jointly, enter \$20,300. This is the total of your standard deduction (\$12,400), your exemption (\$3,950), and your spouse's exemption (\$3,950).

Mailing Return

Mail your return by April 15, 2015. Mail it to the address shown on the last page of the instructions.

**2014**

**Wage and Tax Statement**

**W-2**

**Important: Attach this form to the back of your Form 540, 540 2EZ, or Form 540NR (Long or Short).**

Name(s) as shown on tax return

SSN or ITIN

YUEH JAO

609-37-1981

**Caution:** If this form is filled out **do not** send your Form(s) W-2 to the Franchise Tax Board. If your Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your Form(s) W-2 to the lower front of your tax return.

**All fields must be completed. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

\*Employee's Social Security Number, name, and address must be the same as the information on the Form(s) W-2.

W-2 Information	1st W-2	2nd W-2
a. Employee's social security number*	<input checked="" type="radio"/> 609-37-1981	<input type="radio"/>
b. Employer identification number (EIN)	<input checked="" type="radio"/> 95-2226406	<input type="radio"/>
c. Employer's name	<input checked="" type="radio"/> U C IRVINE	<input type="radio"/>
Address	<input checked="" type="radio"/> PAYROLL OFFICE	<input type="radio"/>
City	<input checked="" type="radio"/> IRVINE	<input type="radio"/>
State	<input checked="" type="radio"/> CA	<input type="radio"/>
Zip Code	<input checked="" type="radio"/> 92697-1055	<input type="radio"/>
e. Employee's first, middle initial and last name*	<input checked="" type="radio"/> YUEH JAO	<input type="radio"/>
f. Employee Address*	<input checked="" type="radio"/> 18480 AGUIRO STREET	<input type="radio"/>
City*	<input checked="" type="radio"/> ROWLAND HEIGHTS	<input type="radio"/>
State*	<input checked="" type="radio"/> CA	<input type="radio"/>
Zip Code*	<input checked="" type="radio"/> 91748	<input type="radio"/>
1. Wages, tips, other compensation	<input checked="" type="radio"/> 1,177.	<input type="radio"/>
2. Federal income tax withheld	<input checked="" type="radio"/> 26.	<input type="radio"/>
3. Social security wages	<input checked="" type="radio"/> 0.	<input type="radio"/>
4. Social security tax withheld	<input checked="" type="radio"/> 0.	<input type="radio"/>
6. Medicare tax withheld	<input checked="" type="radio"/> 0.	<input type="radio"/>
7. Social security tips	<input type="radio"/>	<input type="radio"/>
8. Allocated tips (not included in box 1)	<input type="radio"/>	<input type="radio"/>

W-2 Information		1st W-2		2nd W-2	
10. Dependent care benefits	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
11. Nonqualified plans	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
12. Codes and amounts		Codes	Amounts	Codes	Amounts
12a.	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
12b.	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
12c.	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
12d.	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay	<input checked="" type="radio"/>	<input type="checkbox"/>	Statutory employee	<input checked="" type="radio"/>	<input type="checkbox"/>
	<input checked="" type="radio"/>	<input type="checkbox"/>	Retirement plan	<input checked="" type="radio"/>	<input type="checkbox"/>
	<input checked="" type="radio"/>	<input type="checkbox"/>	Third-party sick pay	<input checked="" type="radio"/>	<input type="checkbox"/>
14. SDI, VPDI, or CA SDI (from box 14 or 19)	<input checked="" type="radio"/>	Type	Amount	<input checked="" type="radio"/>	Type
	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>
15. State and employer's State ID number	<input checked="" type="radio"/>	State	Employer's state ID number	<input checked="" type="radio"/>	State
	<input type="radio"/>	CA	935-0513-9	<input type="radio"/>	<input type="text"/>
16. State wages, tips, etc.	<input checked="" type="radio"/>	<input type="text"/>	1,177.	<input checked="" type="radio"/>	<input type="text"/>
17. State income tax	<input checked="" type="radio"/>	<input type="text"/>	0.	<input checked="" type="radio"/>	<input type="text"/>



# 2014 California Resident Income Tax Return

## 540

APE DO NOT ATTACH FEDERAL RETURN

609-37-1981 JAO  
YUEH JAO

14

A  
R  
RP

18480 AGUIRO STREET  
ROWLAND HEIGHTS CA 91748

10-21-1993

**Filing Status**

1  Single

2  Married/RDP filing jointly. See inst.

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 instructions.

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 inst.

For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2

10 **Dependents: Do not include yourself or your spouse/RDP.**

Exemptions	First name	Last name	Dependent's relationship to you
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Total dependent exemptions

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





Your name: YUEH JAO

Your SSN or ITIN: 609-37-1981

<b>Taxable Income</b>	12	State wages from your Form(s) W-2, box 16 . . . . .	● 12	<input type="text" value="1,177"/>	<input type="text" value="00"/>
	13	Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4 . . . . .	● 13	<input type="text" value="1,177"/>	<input type="text" value="00"/>
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B . . . . .	● 14	<input type="text" value="0"/>	<input type="text" value="00"/>
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . .	● 15	<input type="text" value="1,177"/>	<input type="text" value="00"/>
	16	California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C . . . . .	● 16	<input type="text" value="0"/>	<input type="text" value="00"/>
	17	California adjusted gross income. Combine line 15 and line 16 . . . . .	● 17	<input type="text" value="1,177"/>	<input type="text" value="00"/>
	18	Enter the larger of: <ul style="list-style-type: none"> <li>• Your California <b>itemized deductions</b> from Schedule CA (540), line 44; <b>OR</b></li> <li>• Your California <b>standard deduction</b> shown below for your filing status:               <ul style="list-style-type: none"> <li>• Single or Married/RDP filing separately . . . . . \$3,992</li> <li>• Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$7,984</li> </ul> </li> <li>• If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . . . .</li> </ul>	● 18	<input type="text" value="1,527"/>	<input type="text" value="00"/>
	19	Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0- . . . . .	● 19	<input type="text" value="0"/>	<input type="text" value="00"/>

<b>Tax</b>	31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 . . . . .	● 31	<input type="text" value="0"/>	<input type="text" value="00"/>
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$176,413, see instructions . . . . .	● 32	<input type="text" value="0"/>	<input type="text" value="00"/>
	33	Subtract line 32 from line 31. If less than zero, enter -0- . . . . .	● 33	<input type="text" value="0"/>	<input type="text" value="00"/>
	34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A . . . . .	● 34	<input type="text" value="0"/>	<input type="text" value="00"/>
	35	Add line 33 and line 34 . . . . .	● 35	<input type="text" value="0"/>	<input type="text" value="00"/>

<b>Special Credits</b>	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions . . . . .	● 40	<input type="text" value="0"/>	<input type="text" value="00"/>
	43	Enter credit name <input type="text"/> code ● <input type="text"/> and amount . . . . .	● 43	<input type="text" value="0"/>	<input type="text" value="00"/>
	44	Enter credit name <input type="text"/> code ● <input type="text"/> and amount . . . . .	● 44	<input type="text" value="0"/>	<input type="text" value="00"/>
	45	To claim more than two credits, see instructions. Attach Schedule P (540) . . . . .	● 45	<input type="text" value="0"/>	<input type="text" value="00"/>
	46	Nonrefundable renter's credit. See instructions . . . . .	● 46	<input type="text" value="0"/>	<input type="text" value="00"/>
	47	Add line 40 and line 43 through line 46. These are your total credits . . . . .	● 47	<input type="text" value="0"/>	<input type="text" value="00"/>
	48	Subtract line 47 from line 35. If less than zero, enter -0- . . . . .	● 48	<input type="text" value="0"/>	<input type="text" value="00"/>



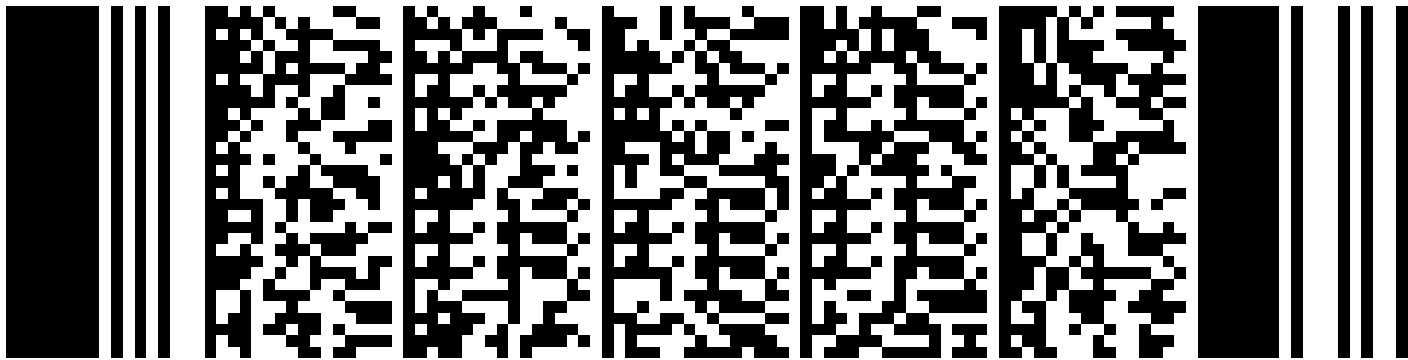
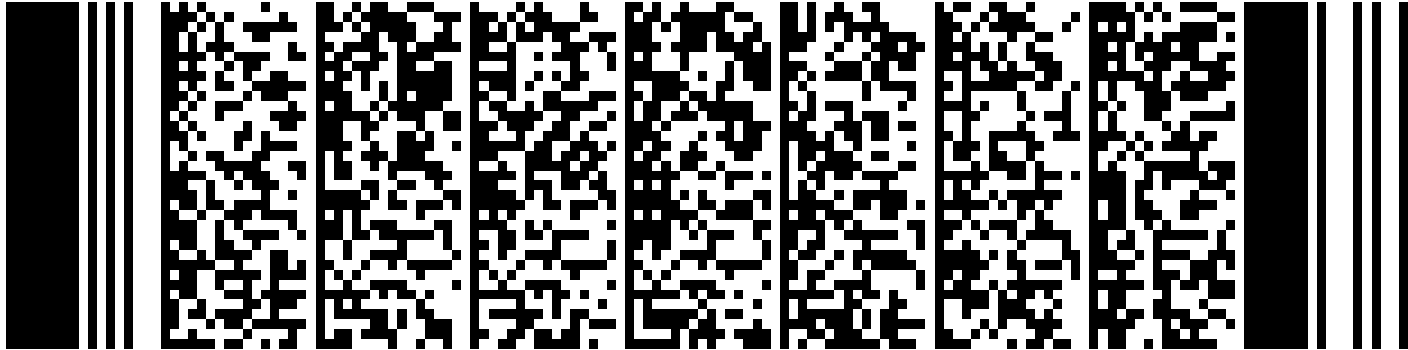
Your name: YUEH JAO

Your SSN or ITIN: 609-37-1981

<b>Other Taxes</b>	61	Alternative minimum tax. Attach Schedule P (540) . . . . .	<input type="radio"/>	61	<input type="text" value="0"/>	<input type="text" value="00"/>
	62	Mental Health Services Tax. See instructions. . . . .	<input type="radio"/>	62	<input type="text" value="0"/>	<input type="text" value="00"/>
	63	Other taxes and credit recapture. See instructions. . . . .	<input type="radio"/>	63	<input type="text" value="0"/>	<input type="text" value="00"/>
	64	Add line 48, line 61, line 62, and line 63. This is your total tax . . . . .	<input type="radio"/>	64	<input type="text" value="0"/>	<input type="text" value="00"/>

<b>Payments</b>	71	California income tax withheld. See instructions . . . . .	<input type="radio"/>	71	<input type="text" value="0"/>	<input type="text" value="00"/>
	72	2014 CA estimated tax and other payments. See instructions . . . . .	<input type="radio"/>	72	<input type="text" value="0"/>	<input type="text" value="00"/>
	73	Real estate and other withholding. See instructions . . . . .	<input type="radio"/>	73	<input type="text" value="0"/>	<input type="text" value="00"/>
	74	Excess SDI (or VPD) withheld. See instructions . . . . .	<input type="radio"/>	74	<input type="text" value="0"/>	<input type="text" value="00"/>
	75	Add line 71, line 72, line 73, and line 74. These are your total payments. See instructions . . . . .	<input checked="" type="radio"/>	75	<input type="text" value="0"/>	<input type="text" value="00"/>

<b>Overpaid Tax/ Tax Due</b>	91	Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75 . . . . .	<input checked="" type="radio"/>	91	<input type="text" value="0"/>	<input type="text" value="00"/>
	92	Amount of line 91 you want applied to your <b>2015</b> estimated tax . . . . .	<input type="radio"/>	92	<input type="text" value="0"/>	<input type="text" value="00"/>
	93	Overpaid tax available this year. Subtract line 92 from line 91 . . . . .	<input type="radio"/>	93	<input type="text" value="0"/>	<input type="text" value="00"/>
	94	Tax due. If line 75 is less than line 64, subtract line 75 from line 64 . . . . .	<input checked="" type="radio"/>	94	<input type="text" value="0"/>	<input type="text" value="00"/>





Your name: YUEH JAO

Your SSN or ITIN: 609-37-1981

Use Tax 95 Use Tax. This is not a total line. See instructions 95 0 .00

		Code	Amount
Contributions	California Seniors Special Fund. See instructions	● 400	0 .00
	Alzheimer's Disease/Related Disorders Fund	● 401	0 .00
	Rare and Endangered Species Preservation Program	● 403	0 .00
	California Breast Cancer Research Fund	● 405	0 .00
	California Firefighters' Memorial Fund	● 406	0 .00
	Emergency Food for Families Fund	● 407	0 .00
	California Peace Officer Memorial Foundation Fund	● 408	0 .00
	California Sea Otter Fund	● 410	0 .00
	California Cancer Research Fund	● 413	0 .00
	Child Victims of Human Trafficking Fund	● 419	0 .00
	School Supplies for Homeless Children Fund	● 422	0 .00
	State Parks Protection Fund/Parks Pass Purchase	● 423	0 .00
	Protect Our Coast and Oceans Fund	● 424	0 .00
	Keep Arts in Schools Fund	● 425	0 .00
	American Red Cross, California Chapters Fund	● 426	0 .00
California Senior Legislature Fund	● 427	0 .00	
Habitat for Humanity Fund	● 428	0 .00	
California Sexual Violence Victim Services Fund	● 429	0 .00	
<b>110</b> Add code 400 through code 429. This is your total contribution	● 110	0 .00	



Your name: YUEH JAO

Your SSN or ITIN: 609-37-1981

**Amount You Owe**

**111 AMOUNT YOU OWE.** Add line 94, line 95, and line 110. See instructions. **Do not send cash.**  
 Mail to: **FRANCHISE TAX BOARD**  
**PO BOX 942867**  
**SACRAMENTO CA 94267-0001** ..... ● 111 [ ] 0 . [ ] 00  
 Pay online – Go to **ftb.ca.gov** for more information.

**Interest and Penalties**

**112** Interest, late return penalties, and late payment penalties ..... 112 [ ] 0 . [ ] 00

**113** Underpayment of estimated tax. Check the box: ●  FTB 5805 attached ●  FTB 5805F attached ● 113 [ ] 0 . [ ] 00

**114** Total amount due. See instructions. Enclose, but **do not** staple, any payment ..... 114 [ ] 0 . [ ] 00

**115 REFUND OR NO AMOUNT DUE.** Subtract line 95 and line 110 from line 93. See instructions.  
 Mail to: **FRANCHISE TAX BOARD**  
**PO BOX 942840**  
**SACRAMENTO CA 94240-0001** ..... ● 115 [ ] 0 . [ ] 00

**Refund and Direct Deposit**

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 instructions.  
**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:

● Type  
 ● Routing number [ ] Checking ● Account number [ ] 116 Direct deposit amount [ ] 0 . [ ] 00  
 Savings [ ]

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

● Type  
 ● Routing number [ ] Checking ● Account number [ ] 117 Direct deposit amount [ ] 0 . [ ] 00  
 Savings [ ]

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

Your signature [ X ] Date [ ] Spouse's/RDP's signature (if a joint tax return, both must sign) [ X ]

Your email address (optional). Enter only one email address. [ ] Daytime phone number (optional) [ ]

**Sign Here**

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

Joint tax return? (See instructions.)

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

Firm's name (or yours, if self-employed) ● PTIN [ ] P00215833

LA FIRST TAX & FINANCIAL SERVICES ● FEIN [ ] 26-1703414

Firm's address [ ] 9067 LAS TUNAS DR., TEMPLE CITY, CA 91780-1

Do you want to allow another person to discuss this tax return with us? See instructions ..... ●  Yes  No

Print Third Party Designee's Name Telephone Number  
 NATALIE LEE (626) 285 1221

2014 California Adjustments — Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

YUEH JAO

609-37-1981

Part I Income Adjustment Schedule

Section A — Income

Table with 4 columns: Line number, Description, Column A (Federal Amounts), Column B (Subtractions), and Column C (Additions). Rows include Wages, interest, dividends, and total income.

Section B — Adjustments to Income

Table with 4 columns: Line number, Description, Column A, Column B, and Column C. Rows include Educator expenses, IRA deduction, and total adjustments.

**Part II Adjustments to Federal Itemized Deductions**

**38** Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 . . . . .  **38**

**39** Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign income taxes **only**). See instructions . . . . .  **39**

**40** Subtract line 39 from line 38 . . . . .  **40**

**41** Other adjustments including California lottery losses. See instructions. Specify  . . .  **41**

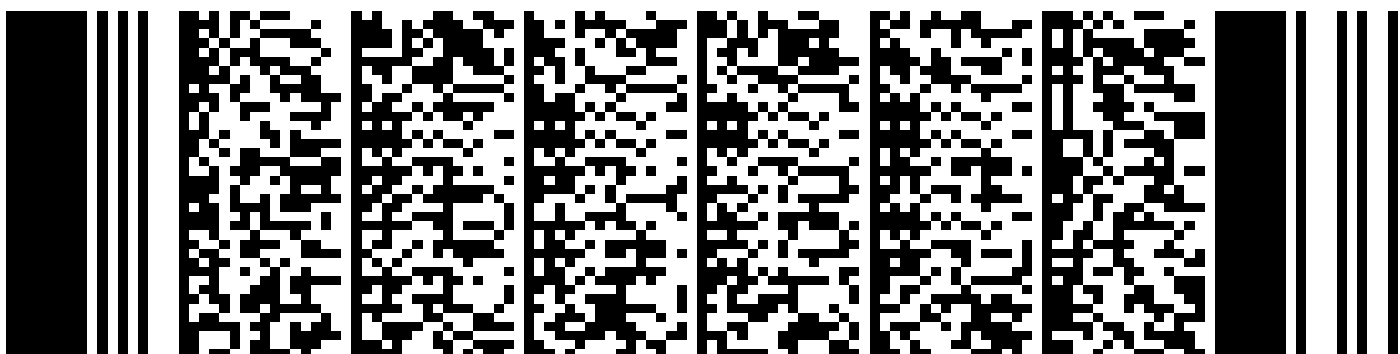
**42** Combine line 40 and line 41 . . . . .  **42**

**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 . . . . . **\$176,413**  
 Head of household . . . . . **\$264,623**  
 Married/RDP filing jointly or qualifying widow(er) . . . . . **\$352,830**

**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**

**44** **Enter the larger of the amount on line 43 or your standard deduction listed below**  
 Single or married/RDP filing separately . . . . . **\$3,992**  
 Married/RDP filing jointly, head of household, or qualifying widow(er) . . . . . **\$7,984**

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



# California Electronic Filing Information

**Signature Method** (Note: When filing status is 'MFJ,' both filers must either use PINs, or must sign CA Form 8453.)

- Option (1) Using Practitioner PIN. Use only Section **(A)** below.
- Option (2) Using Self-Select PIN. Use Sections **(A)** and **(B)** below.
- Option (3) Mailing Form CA 8453.

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

<b>(A) Practitioner and Self-Select PIN</b>			<b>(B) Self-Select PIN Only:</b>		
	PIN (5 Digits)	T/S entered	ERO entered	Prior Year CA AGI	Date of Birth
Taxpayer PIN:	71981	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Spouse PIN:		<input type="checkbox"/>	<input type="checkbox"/>		
Date signed:	02/20/2015				
ERO PIN:	96469				

**EFIN**

Enter your 6 digit EFIN number  
 EFIN: 964695

**Submission ID**

The state of CA rejects e-files if the efile is not transmitted within 2 days of creating the efile. Because of this limitation, the program will create a new SubmissionID below each time the e-file is created. Please transmit within 2 days.  
 Submission ID: \_\_\_\_\_

**Taxpayer Information**

Filer's first name YUEH		Filer's middle initial		Filer's last name JAO		Filer's suffix	
Spouse/RDP's first name		Spouse/RDP's Initial		Spouse/RDP's last name		Spouse's suffix	
Street address 18480 AGUIRO STREET			Apt. no.	PMB no.	Filer's SSN 609-37-1981		Spouse/RDP's SSN
Address continuation				Daytime phone number		Foreign phone number	
City ROWLAND HEIGHTS				State CA	ZIP code 91748		
Foreign province/state/county				Foreign postal code		Foreign country	
Executor first name		M.I.	Executor last name		Representative type	Email address	

**ERO** (Enter data in the Preparer Manager)

ERO's name NATALIE LEE, EA			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 91780-1901		Foreign country

**Paid Preparer** (Enter data in the Preparer Manager)

Paid preparer's name NATALIE LEE, EA			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		Foreign phone	
City TEMPLE CITY			State CA	ZIP code 91780-1901		Foreign country