Form **8879**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ 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*.

OMB No. 1545-0074

2015

Submission Identification Number (SID) ▶

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

Part I **Tax Return Information—Tax Year Ending December 31, 2015** (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	42,283.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	555.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	555.

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, 2015, 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 SVCS (ERO firm name) to enter or generate my PIN 7 6 6 6 3 (**Enter five digits, but do not enter all zeros**) as my signature on my tax year 2015 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ ____________________ Date ▶ ____________________

Spouse's PIN: check one box only

☒ I authorize LA FIRST TAX & FINANCIAL SVCS (ERO firm name) to enter or generate my PIN 7 6 6 6 4 (**Enter five digits, but do not enter all zeros**) as my signature on my tax year 2015 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2015 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. 9 6 4 6 9 5 9 6 4 6 9
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2015 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 ▶ ____________________ Date ▶ 06/10/2016

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

IF you live in. . .	THEN use this address to send in your payment . . .
Florida, Louisiana, Mississippi, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704
Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
Alabama, Georgia, Kentucky, New Jersey, North Carolina, South Carolina, Tennessee, Virginia	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New York, Pennsylvania, Rhode Island, Vermont, West Virginia	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-7008
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands.	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V** (2015)

Department of the Treasury
Internal Revenue Service (99)

2015

Form 1040-V Payment Voucher

- ► Use this voucher when making a payment with Form 1040.
- ► Do not staple this voucher or your payment to Form 1040.
- ► Make your check or money order payable to the 'United States Treasury.'
- ► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment . . . . ►	555.

REV 12/04/15 PRO 1555

TAWEI JAO
MEILING CHEN
18480 AGUIRO ST
ROWLAND HEIGHTS CA 91748

INTERNAL REVENUE SERVICE
P.O. BOX 7704
SAN FRANCISCO, CA 94120-7704

609376663 KR JAO 30 0 201512 610

Form **1040** Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return **2015**
OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , 2015, ending , 20 | See separate instructions.

Your first name and initial	Last name	Your social security number
TAWEI	JAO	609-37-6663
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
MEILING	CHEN	609-37-6664

Home address (number and street). If you have a P.O. box, see instructions. | Apt. no.
18480 AGUIRO ST

▲ Make sure the SSN(s) above and on line 6c are correct.

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/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

Filing Status
Check only one box.
1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
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

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

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
YUN	JAO	609-37-7415	Daughter	☐
YUEH	JAO	609-37-1981	Daughter	☐
LU	JAO	609-37-1982	Daughter	☐
CHIN SU	CHEN LIAO	613-77-1317	Parent	☐

If more than four dependents, see instructions and check here ▶ ☐

No. of children on 6c who:
• lived with you: 3
• did not live with you due to divorce or separation (see instructions):
Dependents on 6c not entered above: 1
d Total number of exemptions claimed — Add numbers on lines above ▶ 6

Income
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	36,000.
8a	**Taxable** interest. Attach Schedule B if required		8a	39.
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 ▶ ☐		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	6,244.
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits 20a	b Taxable amount	20b	
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	42,283.

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 35	36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶	37	42,283.

DO NOT FILE

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	42,283.
39a	Check if: ☐ **You** were born before January 2, 1951, ☐ Blind. ☐ **Spouse** was born before January 2, 1951, ☐ Blind. **Total boxes checked** ▶ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐		
40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)	40	16,891.
41	Subtract line 40 from line 38	41	25,392.
42	**Exemptions.** If line 38 is $154,950 or less, multiply $4,000 by the number on line 6d. Otherwise, see instructions	42	24,000.
43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	1,392.
44	**Tax** (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	139.
45	**Alternative minimum tax** (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46 ▶	47	139.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54	
55	Add lines 48 through 54. These are your **total credits**	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56	139.

Standard Deduction for—
- 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, $6,300

Married filing jointly or Qualifying widow(er), $12,600

Head of household, $9,250

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage ☐	61	416.
62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your **total tax** ▶	63	555.

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2015 estimated tax payments and amount applied from 2014 return	65	
66a	**Earned income credit (EIC)**	66a	
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶	74	

If you have a qualifying child, attach Schedule EIC.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**	75	
76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	76a	
b	Routing number X X X X X X X X X ▶ c Type: ☐ Checking ☐ Savings		
d	Account number X X X X X X X X X X X X X X X X X		
77	Amount of line 75 you want **applied to your 2016 estimated tax** ▶ 77		

Direct deposit? See instructions.

Amount You Owe

78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	555.
79	Estimated tax penalty (see instructions) 79		

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
NATALIE LEE, Enrolled Agent	NATALIE LEE, Enrolled Agent	06/10/2016		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)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

▶ Information about Schedule A and its separate instructions is at *www.irs.gov/schedulea*.
▶ Attach to Form 1040.

OMB No. 1545-0074

2015

Attachment Sequence No. 07

Name(s) shown on Form 1040: TAWEI JAO & MEILING CHEN

Your social security number: 609-37-6663

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1			
	2	Enter amount from Form 1040, line 38 [2]				
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid	5	State and local **(check only one box):** a ☐ Income taxes, **or** b ☒ General sales taxes	5	983.		
	6	Real estate taxes (see instructions)	6	6,070.		
	7	Personal property taxes	7			
	8	Other taxes. List type and amount ▶	8			
	9	Add lines 5 through 8			9	7,053.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	9,838.		
Note: Your mortgage interest deduction may be limited (see instructions).	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11			
	12	Points not reported to you on Form 1098. See instructions for special rules	12			
	13	Mortgage insurance premiums (see instructions)	13			
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14			
	15	Add lines 10 through 14			15	9,838.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of $250 or more, see instructions	16			
If you made a gift and got a benefit for it, see instructions.	17	Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	17			
	18	Carryover from prior year	18			
	19	Add lines 16 through 18			19	
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21			
	22	Tax preparation fees	22			
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23			
	24	Add lines 21 through 23	24			
	25	Enter amount from Form 1040, line 38 [25]				
	26	Multiply line 25 by 2% (.02)	26			
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ▶			28	
Total Itemized Deductions	29	Is Form 1040, line 38, over $154,950? ✕ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. ☐ **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			29	16,891.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐				

DO NOT FILE

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.

▶ Information about Schedule E and its separate instructions is at *www.irs.gov/schedulee.*

OMB No. 1545-0074

2015

Attachment Sequence No. **13**

Name(s) shown on return	Your social security number
TAWEI JAO & MEILING CHEN	609-37-6663

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.

A Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

B If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

1a	Physical address of each property (street, city, state, ZIP code)
A	18487 DEL BONITA STREET ROWLAND HEIGHTS CA 91748
B	18602 LA GUARDIA ST ROWLAND HEIGHTS CA 91748
C	

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a qualified joint venture. See instructions.		Fair Rental Days	Personal Use Days	QJV
A	1		A	365	0	☐
B	1		B	365	0	☐
C			C			☐

Type of Property:

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

Income:	**Properties:**		A	B	C
3	Rents received	3	22,800.	21,600.	
4	Royalties received	4			
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7	2,640.	1,110.	
8	Commissions	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12	10,302.	7,007.	
13	Other interest	13			
14	Repairs	14			
15	Supplies	15			
16	Taxes	16	4,710.	4,923.	
17	Utilities	17	240.	240.	
18	Depreciation expense or depletion	18	4,477.	4,775.	
19	Other (list) ▶ See Line 19 Other Expenses	19	1,111.	1,116.	
20	Total expenses. Add lines 5 through 19	20	23,480.	19,171.	
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198**	21	-680.	2,429.	
22	Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	22	(680.)	( )	( )

23a	Total of all amounts reported on line 3 for all rental properties	23a	44,400.
b	Total of all amounts reported on line 4 for all royalty properties	23b	
c	Total of all amounts reported on line 12 for all properties	23c	17,309.
d	Total of all amounts reported on line 18 for all properties	23d	9,252.
e	Total of all amounts reported on line 20 for all properties	23e	42,651.
24	**Income.** Add positive amounts shown on line 21. **Do not** include any losses	24	2,429.
25	**Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(680.)
26	**Total rental real estate and royalty income or (loss).** 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	26	1,749.

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

TAWEI JAO & MEILING CHEN

Your social security number

609-37-6663

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

Part II Income or Loss From Partnerships and S Corporations

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

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, 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** ☒ **No**

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	PW TEC CORP	S	☐	45-4241621	☐
B	DM AQUA INC	S	☐	47-5218999	☐
C			☐		☐
D			☐		☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A		1,884.			
B		2,611.			
C					
D					
29a Totals		4,495.			
b Totals					

30	Add columns (g) and (j) of line 29a	30	4,495.
31	Add columns (f), (h), and (i) of line 29b	31	( )
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	4,495.

Part III Income or Loss From Estates and Trusts

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

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

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

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

38 (a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835**. Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	6,244.
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

Passive Activity Loss Limitations

► See separate instructions.
► Attach to Form 1040 or Form 1041.
► Information about Form 8582 and its instructions is available at *www.irs.gov/form8582*.

OMB No. 1545-1008
2015
Attachment Sequence No. 88

Name(s) shown on return	Identifying number
TAWEI JAO & MEILING CHEN	609-37-6663

Part I 2015 Passive Activity Loss

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

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a	2,429.		
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(680.)		
c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	( )		
d	Combine lines 1a, 1b, and 1c			1d	1,749.

Commercial Revitalization Deductions From Rental Real Estate Activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a	(0.)		
b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	( )		
c	Add lines 2a and 2b			2c	(0.)

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	4,495.		
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(0.)		
c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	( )		
d	Combine lines 3a, 3b, and 3c			3d	4,495.
4	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			4	6,244.

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 **smaller** of the loss on line 1d or the loss on line 4			5	
6	Enter $150,000. If married filing separately, see instructions	6			
7	Enter modified adjusted gross income, but not less than zero (see instructions)	7			
	Note: *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.*				
8	Subtract line 7 from line 6	8			
9	Multiply line 8 by 50% (.5). **Do not** enter more than $25,000. If married filing separately, see instructions			9	
10	Enter the **smaller** of line 5 or line 9			10	0.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

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	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	
16	**Total losses allowed from all passive activities for 2015.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	

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
18487 DEL BONITA STREET	0.	680.			680.
18602 LA GUARDIA ST	2,429.	0.		2,429.	
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶	2,429.	680.			

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
PW TEC CORP CRD	0.		0.
Total. Enter on Form 8582, lines 2a and 2b ▶	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
PW TEC CORP	1,884.	0.		1,884.	
DM AQUA INC	2,611.	0.		2,611.	
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶	4,495.	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)
Total ▶			1.00		

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
Total ▶			1.00	

Additional information from your 2015 Federal Tax Return

Schedule E: Supplemental Income and Loss
Line 19 Other Expenses: Property (B) **Continuation Statement**

Expense Description	Amount
GARDENING	720.
INSURANCE	396.
Total	1,116.

Schedule E: Supplemental Income and Loss
Line 19 Other Expenses: Property (A) **Continuation Statement**

Expense Description	Amount
GARDENING	720.
INSURANCE	391.
Total	1,111.

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2015**

California e-file Signature Authorization for Individuals

FORM **8879**

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

Part I Tax Return Information (whole dollars only)

1 California Adjusted Gross Income (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32) . . . . . 1 42,034.

2 Amount You Owe (Form 540, line 111; Form 540 2EZ, line 31; Long Form 540NR, line 121; or Short Form 540NR, line 121) 2

3 Refund or No Amount Due (Form 540, line 115; Form 540 2EZ, line 32; Long Form 540NR, line 125; or Short Form 540NR, line 125) . . . . . 3 0.

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, 2015, 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 SVCS (**ERO firm name**) to enter my PIN 7 6 6 6 3 **Do not enter all zeros**

as my signature on my 2015 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2015 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ ______ Date ▶ ______

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

☒ I authorize LA FIRST TAX & FINANCIAL SVCS (**ERO firm name**) to enter my PIN 7 6 6 6 4 **Do not enter all zeros**

as my signature on my 2015 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2015 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. 9 6 4 6 9 5 9 6 4 6 9 **Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the 2015 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, 2015 e-file Handbook for Authorized e-file Providers.

ERO's signature ▶ ______ Date ▶ 06/10/2016

TAXABLE YEAR

FORM

2015 California Resident Income Tax Return 540

APE

ATTACH FEDERAL RETURN

A
R
RP

609-37-6663 JAO 609-37-6664 15
TAWEI JAO
MEILING CHEN

18480 AGUIRO ST
ROWLAND HEIGHTS CA 91748

10-10-1966 08-29-1967

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.. . . . . ● 6 ☐

Exemptions

▶ 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.. ◉ 7 [2] X $109 = ◉ $ 218

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . ◉ 8 [ ] X $109 = ◉ $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . ● 9 [ ] X $109 = ◉ $

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

	Dependent 1	Dependent 2	Dependent 3
First Name	YUN	YUEH	LU
Last Name	JAO	JAO	JAO
SSN	609377415	609371981	609371982
Dependent's relationship to you	DAUGHTER	DAUGHTER	DAUGHTER

Total dependent exemptions. . . . . ● 10 [4] X $337 = ◉ $ 1348

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 . . . . ◉ 11 $ 1566

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

Taxable Income

12	State wages from your Form(s) W-2, box 16	36000.00
13	Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4	42283.00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B	249.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	42034.00
16	California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C	.00
17	California adjusted gross income. Combine line 15 and line 16	42034.00
18	Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540), line 44; **OR** Your California **standard deduction** shown below for your filing status: • Single or Married/RDP filing separately . . . $4,044 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . $8,088 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions	15908.00
19	Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-	26126.00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule [ ] FTB 3800 [ ] FTB 3803	365.00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $178,706, see instructions	1566.00
33	Subtract line 32 from line 31. If less than zero, enter -0-	0.00
34	Tax. See instructions. Check the box if from: [ ] Schedule G-1 [ ] FTB 5870A	.00
35	Add line 33 and line 34	0.00

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	.00
43	Enter credit name ______ code ______ and amount	.00
44	Enter credit name ______ code ______ and amount	.00
45	To claim more than two credits, see instructions. Attach Schedule P (540)	.00
46	Nonrefundable renter's credit. See instructions	.00
47	Add line 40 through line 46. These are your total credits	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	0.00

Other Taxes

61	Alternative minimum tax. Attach Schedule P (540)	.00
62	Mental Health Services Tax. See instructions	.00
63	Other taxes and credit recapture. See instructions	.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax	0.00

DO NOT FILE

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

Payments	71	California income tax withheld. See instructions	71	.00
	72	2015 CA estimated tax and other payments. See instructions	72	.00
	73	Withholding (Form 592-B and/or 593). See instructions	73	.00
	74	Excess SDI (or VPDI) withheld. See instructions	74	.00
	75	Earned Income Tax Credit (EITC)	75	.00
	76	Add lines 71 through 75. These are your total payments. See instructions	76	.00
Use Tax	91	Use Tax. **This is not a total line.** See instructions ● 91 .00		
Overpaid Tax/ Tax Due	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76.	92	.00
	93	**Use Tax balance**. If line 91 is more than line 76, subtract line 76 from line 91.	93	.00
	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92.	94	.00
	95	Amount of line 94 you want applied to your **2016** estimated tax	95	.00
	96	Overpaid tax available this year. Subtract line 95 from line 94	96	.00
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64.	97	0 .00

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

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	.00
Alzheimer's Disease/Related Disorders Fund	● 401	.00
Rare and Endangered Species Preservation Program	● 403	.00
California Breast Cancer Research Fund	● 405	.00
California Firefighters' Memorial Fund	● 406	.00
Emergency Food for Families Fund	● 407	.00
California Peace Officer Memorial Foundation Fund	● 408	.00
California Sea Otter Fund	● 410	.00
California Cancer Research Fund	● 413	.00
Child Victims of Human Trafficking Fund	● 419	.00
School Supplies for Homeless Children Fund	● 422	.00
State Parks Protection Fund/Parks Pass Purchase	● 423	.00
Protect Our Coast and Oceans Fund	● 424	.00
Keep Arts in Schools Fund	● 425	.00
California Senior Legislature Fund	● 427	.00
Habitat for Humanity Fund	● 428	.00
California Sexual Violence Victim Services Fund	● 429	.00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	.00
Prevention of Animal Homelessness & Cruelty Fund	● 431	.00
110 Add code 400 through code 431. This is your total contribution	● 110	.00

Your name: JAO

Your SSN or ITIN: 609-37-6663

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD**
PO BOX 942867
SACRAMENTO CA 94267-0001 . . . . ● 111 | .00
Pay online – Go to **ftb.ca.gov** for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . .112 | .00

113 Underpayment of estimated tax. Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● 113 | .00

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

Refund and Direct Deposit

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.
Mail to: **FRANCHISE TAX BOARD**
PO BOX 942840
SACRAMENTO CA 94240-0001 . . . . ● 115 | 0 .00

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:

● Routing number | ● Type ☐ Checking ☐ Savings | ● Account number | ● **116** Direct deposit amount .00

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

● Routing number | ● Type ☐ Checking ☐ Savings | ● Account number | ● **117** Direct deposit amount .00

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

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov** and search for **privacy notice**. To request this notice by mail, call 800.852.5711. 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

Sign Here

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

Joint tax return? (See instructions)

Your email address (optional). Enter only one email address.

Daytime phone number (optional): 6263828097

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): LA FIRST TAX FINANCIAL SERVICES

● PTIN: P00215833

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

● FEIN: 261703414

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

TAXABLE YEAR

2015 # California Adjustments — Residents

SCHEDULE **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
TAWEI JAO & MEILING CHEN	609376663

Part I Income Adjustment Schedule

Section A – Income

		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
7	Wages, salaries, tips, etc. See instructions before making an entry in column B or C 7	36,000.		
8	Taxable interest (b)________ . . . . 8(a)	39.		
9	Ordinary dividends. See instructions. (b) ________ . . . . 9(a)			
10	Taxable refunds, credits, offsets of state and local income taxes 10			
11	Alimony received 11			
12	Business income or (loss) 12			
13	Capital gain or (loss). See instructions 13			
14	Other gains or (losses) 14			
15	IRA distributions. See instructions. (a)________ . . . . 15(b)			
16	Pensions and annuities. See instructions. (a)________ . . . . 16(b)			
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. 17	6,244.	249.	
18	Farm income or (loss) 18			
19	Unemployment compensation 19			
20	Social security benefits (a) ________ . . . . 20(b)			
21	Other income. a California lottery winnings; b Disaster loss deduction from FTB 3805V; c Federal NOL (Form 1040, line 21); d NOL deduction from FTB 3805V; e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809; f Other (describe): ________ 21		a ___ b ___ c d ___ e ___ f ___	a b c ___ d e f ___
22	**Total.** Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B. 22	42,283.	249.	

Section B – Adjustments to Income

		A	B	C
23	Educator expenses 23			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials 24			
25	Health savings account deduction 25			
26	Moving expenses 26			
27	Deductible part of self-employment tax 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 ___ Last name ________ . . . 31a			
32	IRA deduction 32			
33	Student loan interest deduction 33			
34	Tuition and fees 34			
35	Domestic production activities deduction 35			
36	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions 36			
37	**Total.** Subtract line 36 from line 22 in columns A, B, and C. See instructions 37	42,283.	249.	

REV 12/30/15 PRO

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	16,891.
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	983.
40	Subtract line 39 from line 38	40	15,908.
41	Other adjustments including California lottery losses. See instructions. Specify	41	
42	Combine line 40 and line 41	42	15,908.
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 . . . **$178,706** Head of household . . . **$268,063** Married/RDP filing jointly or qualifying widow(er) . . . **$357,417** **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	15,908.
44	**Enter the larger of the amount on line 43 or your standard deduction listed below** Single or married/RDP filing separately. See instructions. . . . **$4,044** Married/RDP filing jointly, head of household, or qualifying widow(er) . . . **$8,088** **Transfer the amount on line 44 to Form 540, line 18**	44	15,908.

TAXABLE YEAR

2015 Passive Activity Loss Limitations

CALIFORNIA FORM **3801**

Attach to Form 540, Long Form 540NR, Form 541, or Form 100S (S Corporations).

Name(s) as shown on tax return	SSN, ITIN, FEIN, or CA. corporation no.
TAWEI JAO & MEILING CHEN	609376663

Part I 2015 Passive Activity Loss

See the instructions for Worksheet 1 and Worksheet 3 for federal Form 8582 before completing Part I. Be sure to **use California amounts**.

Rental Real Estate Activities with Active Participation

1a	Activities with net income from Worksheet 1, column (a)	1a	2,257. 00		
1b	Activities with net loss from Worksheet 1, column (b)	1b	(-757.) 00		
1c	Prior year unallowed losses from Worksheet 1, column (c)	1c	( ) 00		
1d	Combine line 1a, line 1b, and line 1c			1d	1,500. 00

All Other Passive Activities

2a	Activities with net income from Worksheet 2, column (a)	2a	4,495. 00		
2b	Activities with net loss from Worksheet 2, column (b)	2b	(0.) 00		
2c	Prior year unallowed losses from Worksheet 2, column (c)	2c	( ) 00		
2d	Combine line 2a, line 2b, and line 2c			2d	4,495. 00
3	Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions			3	5,995. 00

Part II Special Allowance for Rental Real Estate with Active Participation

Enter all numbers in Part II as positive amounts. See instructions.

4	Enter the **smaller** of losses from line 1d or line 3			4	00
5	Enter $150,000. If married/RDP filing a separate tax return, see instructions	5	00		
6	Enter federal modified adjusted gross income, but not less than zero. See instructions. If line 6 is equal to or more than line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7	6	00		
7	Subtract line 6 from line 5	7	00		
8	Multiply line 7 by 50% (.50). **Do not** enter more than $25,000			8	00
9	Enter the **smaller** of line 4 or line 8			9	0. 00

Part III Total Losses Allowed

10	Add the income, if any, from line 1a and line 2a and enter the total	10	00
11	**Total losses allowed from all passive activities for 2015.** Add line 9 and line 10	11	00

See the instructions on Page 2 to find out how to report the losses on your tax return.

TAXABLE YEAR

2015

Depreciation and Amortization Adjustments

CALIFORNIA FORM

3885A

Do not complete this form if your California depreciation amounts are the same as federal amounts.

Name(s) as shown on tax return: TAWEI JAO & MEILING CHEN

SSN or ITIN: 609376663

Part I Identify the Activity as Passive or Nonpassive. (See instructions.)

Business or activity to which form FTB 3885A relates: 18487 DEL BONITA ST

1 ☒ This form is being completed for a passive activity.
☐ This form is being completed for a nonpassive activity.

Part II Election to Expense Certain Tangible Property (IRC Section 179).

2 Enter the amount from line 12 of the Tangible Property Expense Worksheet in the instructions 2

Part III Depreciation

	(a) Description of property placed in service	(b) Date placed in service mm/dd/yyyy	(c) California basis for depreciation	(d) Method	(e) Life or rate	(f) California depreciation deduction
3						

4 Add the amounts on line 3, column (f) 4

5 California depreciation for assets placed in service prior to 2015 . . . . 5 4,554.

6 Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5 . . . . 6 4,554.

7 Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22 . . . . 7 4,477.

8 a If line 6 is **more** than line 7, enter the difference here and see instructions . . . . 8a 77.

b If line 6 is **less** than line 7, enter the difference here and see instructions 8b

Part IV Amortization

	(a) Description of cost	(b) Date amortization begins mm/dd/yyyy	(c) California basis for amortization	(d) Code section	(e) Period or percentage	(f) California amortization deduction
9						

10 Total California amortization from this activity. Add the amounts on line 9, column (f) 10

11 California amortization of costs that began before 2015 11

12 Total California amortization from this activity. Add the amounts on line 10 and line 11 12

13 Total federal amortization from this activity. Enter amortization from federal Form 4562, line 44 13

14 a If line 12 is **more** than line 13, enter the difference here and see instructions 14a

b If line 12 is **less** than line 13, enter the difference here and see instructions 14b

Instructions for Form FTB 3885A

Depreciation and Amortization Adjustments

References in these instructions are to the Internal Revenue Code (IRC) as of **January 1, 2015**, and to the California Revenue and Taxation Code (R&TC).

General Information

In general, for taxable years beginning on or after January 1, 2015, California law conforms to the Internal Revenue Code (IRC) as of January 1, 2015. However, there are continuing differences between California and federal law. When California conforms to federal tax law changes, we do not always adopt all of the changes made at the federal level. For more information, go to **ftb.ca.gov** and search for **conformity**. Additional information can be found in FTB Pub. 1001, Supplemental Guidelines to California Adjustments, the instructions for California Schedule CA (540 or 540NR), and the Business Entity tax booklets.

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

Purpose

Use form FTB 3885A, Depreciation and Amortization Adjustments, **only** if there is a difference between the amount of depreciation and amortization allowed as a deduction using California law and the amount allowed using federal law. California law and federal law have not always allowed the same depreciation methods, special credits, or accelerated write-offs. As a result, the recovery periods or the basis on which the depreciation is figured for California may be different from the amounts used for federal purposes. You will probably have reportable differences if all or part of your assets were placed in service:

- **Before January 1, 1987.** California disallowed depreciation under the federal accelerated cost recovery system (ACRS). Continue to figure California depreciation for those assets in the same manner as in prior years for those assets.
- **On or after January 1, 1987.** California provides special credits and accelerated write-offs that affect the California basis of qualifying assets. California did not conform to all changes to federal law enacted in 1993; therefore, the California basis or recovery periods may be different for some assets.
- **On or after September 11, 2001**. If you claimed the 30% additional depreciation for federal purposes, California has not conformed to the

TAXABLE YEAR

2015

Depreciation and Amortization Adjustments

Do not complete this form if your California depreciation amounts are the same as federal amounts.

CALIFORNIA FORM

3885A

Name(s) as shown on tax return: TAWEI JAO & MEILING CHEN

SSN or ITIN: 609376663

Part I Identify the Activity as Passive or Nonpassive. (See instructions.)

1 ☒ This form is being completed for a passive activity.

☐ This form is being completed for a nonpassive activity.

Business or activity to which form FTB 3885A relates: 18602 LA GUARDIA ST

Part II Election to Expense Certain Tangible Property (IRC Section 179).

2 Enter the amount from line 12 of the Tangible Property Expense Worksheet in the instructions 2

Part III Depreciation

	(a) Description of property placed in service	(b) Date placed in service mm/dd/yyyy	(c) California basis for depreciation	(d) Method	(e) Life or rate	(f) California depreciation deduction
3						

4	Add the amounts on line 3, column (f)	4	
5	California depreciation for assets placed in service prior to 2015	5	4,947.
6	Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5	6	4,947.
7	Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22	7	4,775.
8 a	If line 6 is **more** than line 7, enter the difference here and see instructions	8a	172.
b	If line 6 is **less** than line 7, enter the difference here and see instructions	8b	

Part IV Amortization

	(a) Description of cost	(b) Date amortization begins mm/dd/yyyy	(c) California basis for amortization	(d) Code section	(e) Period or percentage	(f) California amortization deduction
9						

10	Total California amortization from this activity. Add the amounts on line 9, column (f)	10	
11	California amortization of costs that began before 2015	11	
12	Total California amortization from this activity. Add the amounts on line 10 and line 11	12	
13	Total federal amortization from this activity. Enter amortization from federal Form 4562, line 44	13	
14 a	If line 12 is **more** than line 13, enter the difference here and see instructions	14a	
b	If line 12 is **less** than line 13, enter the difference here and see instructions	14b	

Instructions for Form FTB 3885A

Depreciation and Amortization Adjustments

References in these instructions are to the Internal Revenue Code (IRC) as of **January 1, 2015**, and to the California Revenue and Taxation Code (R&TC).

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Purpose

Use form FTB 3885A, Depreciation and Amortization Adjustments, **only** if there is a difference between the amount of depreciation and amortization allowed as a deduction using California law and the amount allowed using federal law. California law and federal law have not always allowed the same depreciation methods, special credits, or accelerated write-offs. As a result, the recovery periods or the basis on which the depreciation is figured for California may be different from the amounts used for federal purposes. You will probably have reportable differences if all or part of your assets were placed in service:

- **Before January 1, 1987.** California disallowed depreciation under the federal accelerated cost recovery system (ACRS). Continue to figure California depreciation for those assets in the same manner as in prior years for those assets.
- **On or after January 1, 1987.** California provides special credits and accelerated write-offs that affect the California basis of qualifying assets. California did not conform to all changes to federal law enacted in 1993; therefore, the California basis or recovery periods may be different for some assets.
- **On or after September 11, 2001**. If you claimed the 30% additional depreciation for federal purposes, California has not conformed to the

California Worksheets

Attach Side 2 to your California tax return.

California Passive Activity Worksheet (See General Instructions for Step 1.)

Use this worksheet to figure California income (loss) from passive activities **before** application of passive activity loss (PAL) rules.

(a) Passive Activity Enter a description of the activity	(b) Federal Schedule Enter the name of the federal form or schedule on which you reported the activity	(c) California Schedule Enter the name of the California form or schedule, if any, used to calculate the California adjustment	(d) Federal Amount Enter your current year federal net income (loss) before application of the PAL rules	(e) California Adjustment Enter any adjustment resulting from differences in federal and California law	(f) California Amount Combine column (d) and column (e)
18487 DEL BONITA STREET	SCH E	FTB 3885A	-680.	-77.	-757.
18602 LA GUARDIA ST	SCH E	FTB 3885A	2,429.	-172.	2,257.
PW TEC CORP	SCH E	N/A	1,884.	0.	1,884.
DM AQUA INC	SCH E	N/A	2,611.	0.	2,611.

California Adjustment Worksheets (See General Instructions for Step 4.)

Use these worksheets to figure your California adjustments **after** application of the PAL rules.

(a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported	(b) Passive or Nonpassive Enter the character of the activity as passive or nonpassive for California purposes	(c) California Amount Enter the California net income (loss) from the activity after application of the PAL rules	(d) Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules	(e) California Adjustment Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to Schedule CA (540 or 540NR) as follows:

(a) Schedule C Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is **positive,** transfer the amount to Schedule CA (540 or 540NR), line 12, column C.
				If the amount below is **negative,** transfer the amount to Schedule CA (540 or 540NR), (as a positive amount) line 12, column B.
Total		1(c)	1(d)*	1(e)

(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
18487 DEL BONITA STREET, ROWLAND HEIGHTS, CA 91748	PASSIVE	-757.	-680.	If the amount below is **positive,** transfer the amount to Schedule CA (540 or 540NR), line 17, column C.
18602 LA GUARDIA ST, ROWLAND HEIGHTS, CA 91748	PASSIVE	2,257.	2,429.	
PW TEC CORP				
-K-1S SCH E INC	PASSIVE	1,884.	1,884.	
DM AQUA INC				If the amount below is **negative,** transfer the amount to Schedule CA (540 or 540NR), (as a positive amount) line 17, column B.
-K-1S SCH E INC	PASSIVE	2,611.	2,611.	
Total		2(c) 5,995.	2(d)** 6,244.	2(e) -249.

(a) Schedule F Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is **positive,** transfer the amount to Schedule CA (540 or 540NR), line 18, column C.
				If the amount below is **negative,** transfer the amount to Schedule CA (540 or 540NR), (as a positive amount) line 18, column B.
Total		3(c)	3(d)***	3(e)

* This amount should be the same as the amount reported on Schedule CA (540 or 540NR), line 12, column A.
** This amount should be the same as the amount reported on Schedule CA (540 or 540NR), line 17, column A.
*** This amount should be the same as the amount reported on Schedule CA (540 or 540NR), line 18, column A.

Additional information from your 2015 California Tax Return

Form 540: California Resident Income Tax Return

Additional Dependents Statement **Continuation Statement**

Dependent(s)	Last Name	SSN	Relationship
CHIN SU	CHEN LIAO	613771317	PARENT