

IRS e-file Signature AuthorizationDepartment of the Treasury
Internal Revenue Service► **Return completed Form 8879 to your ERO. (Don't send to the IRS.)**► **Go to www.irs.gov/Form8879 for the latest information.****2018**

Submission Identification Number (SID) ►

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

Part I Tax Return Information — Tax Year Ending December 31, 2018 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	16,014.
2	Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	0.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	496.
4	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	5,709.
5	Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

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, 2018, and to the best of my knowledge and belief, they are 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
ERO firm name
as my signature on my tax year 2018 electronically filed income tax return.

7	6	6	6	3
---	---	---	---	---

Enter five digits, but don't enter all zeros

- ☐ I will enter my PIN as my signature on my tax year 2018 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 SERVICES to enter or generate my PIN
ERO firm name
as my signature on my tax year 2018 electronically filed income tax return.

7	6	6	6	4
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Enter five digits, but don't enter all zeros

- ☐ I will enter my PIN as my signature on my tax year 2018 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	1	5	8	3	3
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 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 **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► _____ Date ► _____

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

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

609-37-6663

Taxpayer name TAWEI JAO & MEILING CHEN

Taxpayer address (optional)

18482 AGUIRO ST

ROWLAND HEIGHTS CA 91748

1. ☐ Your federal income tax return for _____ was filed electronically with the _____ Submission Processing Center. The electronic filing services were provided by _____.
2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. ☐ Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☒ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on 04/04/2019. The Submission ID assigned to your extension is 964695201909401tc255.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Filing status: ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial: TAWEI Last name: JAO Your social security number: 609-37-6663

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: MEILING Last name: CHEN Spouse's social security number: 609-37-6664

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien ☒ Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions. 18482 AGUIRO ST Apt. no. Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. ROWLAND HEIGHTS CA 91748 If more than four dependents, see inst. and check here ☐

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
LU	JAO	609-37-1982	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Preparer's name NATALIE LEE, Enrolled Agent **Preparer's signature** NATALIE LEE, Enrolled Agent **PTIN** P00215833 **Firm's EIN** 26-1703414 **Check if:** ☐ 3rd Party Designee ☐ Self-employed

Firm's name LA FIRST TAX FINANCIAL SERVICES **Phone no.** (626) 285-1221

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

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1 24,000.
2a Tax-exempt interest	2b 11.
3a Qualified dividends	3b
4a IRAs, pensions, and annuities	4b Taxable amount
5a Social security benefits	5b Taxable amount
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6 16,014.
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7 16,014.
8 Standard deduction or itemized deductions (from Schedule A)	8 27,323.
9 Qualified business income deduction (see instructions)	9 0.
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10 0.
11 a Tax (see inst.) 0. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here	11 0.
12 a Child tax credit/credit for other dependents 0. b Add any amount from Schedule 3 and check here	12 0.
13 Subtract line 12 from line 11. If zero or less, enter -0-	13 0.
14 Other taxes. Attach Schedule 4	14 0.
15 Total tax. Add lines 13 and 14	15 0.
16 Federal income tax withheld from Forms W-2 and 1099	16 496.
17 Refundable credits: a EIC (see inst.) 3,461. b Sch. 8812 c Form 8863 Add any amount from Schedule 5 1,752.	17 5,213.
18 Add lines 16 and 17. These are your total payments	18 5,709.
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19 5,709.
20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	20a 5,709.
b Routing number 1 2 2 0 0 0 2 4 7 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d Account number 5 5 6 1 2 2 4 0 6 3	
21 Amount of line 19 you want applied to your 2019 estimated tax	21
Amount You Owe 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22
23 Estimated tax penalty (see instructions)	23

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► **Attach to Form 1040.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

TAWEI JAO & MEILING CHEN

Your social security number

609-37-6663

Additional Income	1-9b	Reserved		1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes		10	0.
	11	Alimony received		11	
	12	Business income or (loss). Attach Schedule C or C-EZ		12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>		13	
	14	Other gains or (losses). Attach Form 4797		14	-62.
	15a	Reserved		15b	
	16a	Reserved		16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	-7,935.
	18	Farm income or (loss). Attach Schedule F		18	
	19	Unemployment compensation		19	
	20a	Reserved		20b	
	21	Other income. List type and amount ►	21		
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	-7,997.	
Adjustments to Income	23	Educator expenses	23		
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24		
	25	Health savings account deduction. Attach Form 8889	25		
	26	Moving expenses for members of the Armed Forces. 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	Reserved	34		
35	Reserved	35			
	36	Add lines 23 through 35	36		

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

Schedule 1 (Form 1040) 2018

REV 12/21/18 PRO

SCHEDULE 5
(Form 1040)

Department of the Treasury
Internal Revenue Service

Other Payments and Refundable Credits

► **Attach to Form 1040.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **05**

Name(s) shown on Form 1040

TAWEI JAO & MEILING CHEN

Your social security number

609-37-6663

Other Payments and Refundable Credits	65	Reserved	65	
	66	2018 estimated tax payments and amount applied from 2017 return	66	
	67a	Reserved	67a	
	b	Reserved	67b	
	68-69	Reserved	68-69	
	70	Net premium tax credit. Attach Form 8962	70	1,752.
	71	Amount paid with request for extension to file (see instructions)	71	
	72	Excess social security and tier 1 RRTA tax withheld	72	
	73	Credit for federal tax on fuels. Attach Form 4136	73	
	74	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	74	
75	Add the amounts in the far right column. These are your total other payments and refundable credits . Enter here and include on Form 1040, line 17.	75	1,752.	

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

REV 02/14/19 PRO

Schedule 5 (Form 1040) 2018

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2018

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 7 **2**
- 3** Multiply line 2 by 7.5% (0.075) **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 taxes.

a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ► ☒

5a 531.

b State and local real estate taxes (see instructions)

5b 6,875.

c State and local personal property taxes

5c

d Add lines 5a through 5c

5d 7,406.

e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)

5e 7,406.

- 6** Other taxes. List type and amount ►

6

- 7** Add lines 5e and 6

7 7,406.

**Interest You
Paid**

Caution: Your mortgage interest deduction may be limited (see instructions).

- 8** Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ► ☐

a Home mortgage interest and points reported to you on Form 1098

8a 19,917.

b 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 ►

8b

c Points not reported to you on Form 1098. See instructions for special rules

8c

d Reserved

8d

e Add lines 8a through 8c

8e 19,917.

- 9** Investment interest. Attach Form 4952 if required. See instructions

9

- 10** Add lines 8e and 9

10 19,917.

**Gifts to
Charity**

If you made a gift and got a benefit for it, see instructions.

- 11** Gifts by cash or check. If you made any gift of \$250 or more, see instructions

11

- 12** Other than by cash or check. If any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500

12

- 13** Carryover from prior year

13

- 14** Add lines 11 through 13

14

**Casualty and
Theft Losses**

- 15** Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions

15

**Other
Itemized
Deductions**

- 16** Other—from list in instructions. List type and amount ►

16

**Total
Itemized
Deductions**

- 17** Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8

17 27,323.

- 18** If you elect to itemize deductions even though they are less than your standard deduction, check here ► ☐

**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.

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2018Attachment
Sequence No. **13**

Name(s) shown on return

TAWEI JAO & MEILING CHEN

Your social security number

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 2018 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	18480 AGUIRO ST ROWLAND HEIGHTS CA 91748				
C	504-508 S HARBOR BLVD FULLERTON CA 92832				
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		100	0	<input type="checkbox"/>
B	1		365	0	<input type="checkbox"/>
C	4		31	0	<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3		21,600.	3,950.
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	2,500.		
8 Commissions.	8			
9 Insurance	9			
10 Legal and other professional fees	10			1,395.
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	3,500.	5,128.	1,362.
13 Other interest.	13			
14 Repairs.	14	380.	510.	
15 Supplies	15			
16 Taxes	16	2,436.	3,438.	5,137.
17 Utilities.	17	272.	299.	160.
18 Depreciation expense or depletion	18	1,303.	7,310.	577.
19 Other (list) ▶ See Line 19 Other Expenses	19		1,121.	
20 Total expenses. Add lines 5 through 19	20	10,391.	17,806.	8,631.
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	-10,391.	3,794.	-4,681.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-8,214.)	(-1,322.)	(-527.)
23a Total of all amounts reported on line 3 for all rental properties	23a		25,550.	
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		9,990.	
d Total of all amounts reported on line 18 for all properties	23d		9,190.	
e Total of all amounts reported on line 20 for all properties	23e		36,828.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			3,794.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			(10,063.)
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 Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.	26			-6,269.

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, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. 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 (f) 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 basis computation is required	(f) Check if any amount is not at risk
A	DM LOT LLC	S	<input type="checkbox"/>	82-5266543	<input type="checkbox"/>	<input type="checkbox"/>
B	DM LOT LLC	S	<input type="checkbox"/>	82-5266543	<input type="checkbox"/>	<input type="checkbox"/>
C	DM AQUA INC	S	<input type="checkbox"/>	47-5218999	<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1		(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A	661.				
B	23.				
C	982.				
D					
29a Totals					
b Totals	1,666.				
30 Add columns (h) and (k) of line 29a.					30
31 Add columns (g), (i), and (j) of line 29b.					31 (1,666.)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31					32 -1,666.

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
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		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 Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18 ▶	41	-7,935.
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 AC; 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 **4797**Department of the Treasury
Internal Revenue Service**Sales of Business Property**
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2018Attachment
Sequence No. **27**

Name(s) shown on return

TAWEI JAO & MEILING CHEN

Identifying number

609-37-6663

- 1** Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions

1**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	HEATER	05/03/2013	04/10/2018	0.	803.	881.	-62.

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3**4****5****6****7**

-62.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8**9****Part II Ordinary Gains and Losses** (see instructions)

- 10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7 **11** (62.)
- 12** Gain, if any, from line 7 or amount from line 8, if applicable **12**
- 13** Gain, if any, from line 31 **13**
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a **14**
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 **15**
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 **16**
- 17** Combine lines 10 through 16 **17** -62.
- 18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

11**12****13****14****15****16****17****18****18a****18b****18a****18b**

62.

-62.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14

For Paperwork Reduction Act Notice, see separate instructions.

BAA

REV 12/22/18 PRO

Form **4797** (2018)

SCHEDULE EIC
(Form 1040)

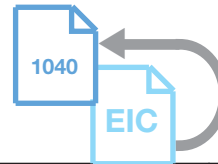
Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

TAWEI JAO & MEILING CHEN

Earned Income Credit
Qualifying Child Information

- ▶ **Complete and attach to Form 1040 only if you have a qualifying child.**
▶ **Go to www.irs.gov/ScheduleEIC for the latest information.**



OMB No. 1545-0074

2018

Attachment
Sequence No. **43**

Your social security number

609-37-6663

Before you begin:

- See the instructions for Form 1040, line 17a, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	LU	JAO				
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040, line 17a, unless the child was born and died in 2018. If your child was born and died in 2018 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	609-37-1982					
3 Child's year of birth	Year <u>1</u> <u>9</u> <u>9</u> <u>6</u> <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4 a Was the child under age 24 at the end of 2018, a student, and younger than you (or your spouse, if filing jointly)?	<input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> <i>Go to line 4b.</i>		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> <i>Go to line 4b.</i>		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> <i>Go to line 4b.</i>	
b Was the child permanently and totally disabled during any part of 2018?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.	
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter					
6 Number of months child lived with you in the United States during 2018 • If the child lived with you for more than half of 2018 but less than 7 months, enter "7." • If the child was born or died in 2018 and your home was the child's home for more than half the time he or she was alive during 2018, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>		<u> </u> months <i>Do not enter more than 12 months.</i>		<u> </u> months <i>Do not enter more than 12 months.</i>	

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

▶ To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.

▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return

TAWEI JAO & MEILING CHEN

Taxpayer identification number

609-37-6663

Enter preparer's name and PTIN

NATALIE LEE, Enrolled Agent

P00215833

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I-V for the benefit(s), and/or HOH filing status claimed (check all that apply).

EIC

☒CTC/
ACTC/ODC☐

AOTC

☐

HOH

☐**1** Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you?☒ Yes☐ No**2** If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?☒ Yes☐ No☐ N/A**3** Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.

- Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.
- Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed.

☒ Yes☐ No**4** Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)☐ Yes☒ No**a** Did you make reasonable inquiries to determine the correct, complete, and consistent information?☐ Yes☐ No**b** Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)☐ Yes☐ No**5** Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s)☒ Yes☐ No

List those documents, if any, that you relied on.

6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the return if his/her return is selected for audit?☒ Yes☐ No**7** Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?

(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)

☒ Yes☐ No☐ N/A**a** Did you complete the required recertification Form 8862?☐ Yes☐ No☐ N/A**8** If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?☐ Yes☐ No☐ N/A

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
9a Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim the EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
13 Did the taxpayer provide the required substantiation for the credit, including a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Part VI Eligibility Certification► **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to determine the amount of the credit(s) claimed;
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of Form 8867;
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;
 3. Copies of any documents provided by the taxpayer on which you relied to determine eligibility for the credit(s) and/or HOH filing status;
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and
 5. A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers.

► **If you have not complied with all due diligence requirements, you may have to pay a \$520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Premium Tax Credit (PTC)

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form8962 for instructions and the latest information.

Name shown on your return

TAWEI JAO & MEILING CHEN

Your social security number

609-37-6663

You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box ☐**Part I Annual and Monthly Contribution Amount**

1	Tax family size. Enter your tax family size (see instructions)	1	3
2a	Modified AGI. Enter your modified AGI (see instructions)	2a	16,014.
b	Enter the total of your dependents' modified AGI (see instructions)	2b	
3	Household income. Add the amounts on lines 2a and 2b (see instructions)	3	16,014.
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	20,420.
5	Household income as a percentage of federal poverty line (see instructions)	5	78 %
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%). <input checked="" type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0201
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	322.
	b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	27.

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☒ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
☐ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals	13,572.	17,244.	322.	16,922.	13,572.	11,820.
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						
24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					24	13,572.
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					25	11,820.
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 5 (Form 1040), line 70, or Form 1040NR, line 65. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					26	1,752.

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 46, or Form 1040NR, line 44	29	

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 2

31	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 3

32	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 4

33	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

35	Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
36	Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month

Passive Activity Loss Limitations

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

TAWEI JAO & MEILING CHEN

Identifying number

609-37-6663

Part I 2018 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	3,794.	
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(10,469.)	
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	(1,322.)	
d Combine lines 1a, 1b, and 1c	1d		-7,997.

Commercial Revitalization Deductions From Rental Real Estate Activities

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

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	0.	
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(13,810.)	
c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	(5,657.)	
d Combine lines 3a, 3b, and 3c	3d		-19,467.

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		-27,464.
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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		7,997.
6 Enter \$150,000. If married filing separately, see instructions	6	150,000.	
7 Enter modified adjusted gross income, but not less than zero (see instructions)	7	24,011.	
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	125,989.	
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9		25,000.
10 Enter the smaller of line 5 or line 9	10		7,997.
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		3,794.
16 Total losses allowed from all passive activities for 2018. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16		11,791.

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.	10,469.			10,469.
18480 AGUIRO ST	3,794.	0.	1,322.	2,472.	
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶	3,794.	10,469.	1,322.		

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
Total. Enter on Form 8582, lines 2a and 2b ▶			

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
504-508 S HARBOR BLVD	0.	4,681.			4,681.
DM LOT LLC	0.	206.	5,657.		5,863.
DM LOT LLC	0.	205.			205.
DM AQUA INC	0.	8,718.			8,718.
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶	0.	13,810.	5,657.		

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)
18487 DEL BONITA STREET	Various	10,469.	1.00000000	7,997.	2,472.
Total ▶		10,469.	1.00	7,997.	2,472.

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
18487 DEL BONITA STREET	Various	2,472.	0.11267606	2,193.
504-508 S HARBOR BLVD	E Ln 22	4,681.	0.21336433	4,154.
DM LOT LLC	E Ln 28A	5,863.	0.26724099	5,202.
DM LOT LLC	E Ln 28B	205.	0.00934409	182.
DM AQUA INC	E Ln 28C	8,718.	0.39737454	7,736.
Total ▶		21,939.	1.00	19,467.

Worksheet 6—Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
504-508 S HARBOR BLVD	E Ln 22	4,681.	4,154.	527.
DM LOT LLC	E Ln 28A	5,863.	5,202.	661.
DM LOT LLC	E Ln 28B	205.	182.	23.
DM AQUA INC	E Ln 28C	8,718.	7,736.	982.
Total		19,467.	17,274.	2,193.

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

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
18487 DEL BONITA STREET					
Form or schedule and line number to be reported on (see instructions): E Ln 22					
1a Net loss plus prior year unallowed loss from form or schedule . ▶	10,391.				
b Net income from form or schedule ▶	0.				
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶		10,391.	0.99254943	2,177.	8,214.
Form or schedule and line number to be reported on (see instructions): 4797 Pt I					
1a Net loss plus prior year unallowed loss from form or schedule . ▶	78.				
b Net income from form or schedule ▶	0.				
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶		78.	0.00745057	16.	62.
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total		10,469.	1.00	2,193.	8,276.

Like-Kind Exchanges
(and section 1043 conflict-of-interest sales)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8824 for instructions and the latest information.

Name(s) shown on tax return

TAWEI JAO & MEILING CHEN

Identifying number

609-37-6663

Part I Information on the Like-Kind Exchange

Note: Generally, only real property should be described on line 1 or 2. However, you may describe personal and/or real property on line 1 or 2 if you are filing this form to report the disposition of property exchanged in a previously reported related party like-kind exchange. If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country.

- 1 Description of like-kind property given up:
18487 DEL BONITA ST
ROWLAND HEIGHTS CA 91748
- 2 Description of like-kind property received:
809 EAST PINE ST
COMPTON CA 90221
- | | | | |
|---|---|---|------------|
| 3 | Date like-kind property given up was originally acquired (month, day, year) | 3 | 01/14/2011 |
| 4 | Date you actually transferred your property to the other party (month, day, year) | 4 | 04/10/2018 |
| 5 | Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written identification requirement | 5 | 04/10/2018 |
| 6 | Date you actually received the like-kind property from other party (month, day, year). See instructions | 6 | 08/30/2018 |
- 7 Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III . . . ☐ Yes ☒ No

Note: Do not file this form if a related party sold property into the exchange, directly or indirectly (such as through an intermediary); that property became your replacement property; and none of the exceptions in line 11 applies to the exchange. Instead, report the disposition of the property as if the exchange had been a sale. If one of the exceptions on line 11 applies to the exchange, complete Part II.

Part II Related Party Exchange Information

- | | | | |
|--|-----------------------|---------------------|------------------------------------|
| 8 | Name of related party | Relationship to you | Related party's identifying number |
| Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code) | | | |

- 9 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you (or an intermediary) in the exchange? . . . ☐ Yes ☐ No
- 10 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received? . . . ☐ Yes ☐ No

If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is **not** the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 **unless** one of the exceptions on line 11 applies.

- 11 If one of the exceptions below applies to the disposition, check the applicable box.
- a ☐ The disposition was after the death of either of the related parties.
- b ☐ The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.
- c ☐ You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as one of its principal purposes. If this box is checked, attach an explanation. See instructions.

Name(s) shown on tax 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

Part III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received

Caution: If you transferred **and** received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) property, see **Reporting of multi-asset exchanges** in the instructions.

Note: Complete lines 12 through 14 **only** if you gave up property that was not like-kind. Otherwise, go to line 15.

12	Fair market value (FMV) of other property given up	12		
13	Adjusted basis of other property given up	13		
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale	14		
Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions.				
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred. See instructions	15		
16	FMV of like-kind property you received	16		535,000.
17	Add lines 15 and 16	17		535,000.
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15. See instructions	18		367,565.
19	Realized gain or (loss). Subtract line 18 from line 17	19		167,435.
20	Enter the smaller of line 15 or line 19, but not less than zero	20		0.
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16. See instructions	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies. See instructions	22		0.
23	Recognized gain. Add lines 21 and 22	23		0.
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions	24		167,435.
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25		367,565.

Part IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales

Note: This part is to be used **only** by officers or employees of the executive branch of the federal government or judicial officers of the federal government (including certain spouses, minor or dependent children, and trustees as described in section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used **only** if the cost of the replacement property is more than the basis of the divested property.

26	Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.)	
27	Description of divested property ▶	
28	Description of replacement property ▶	
29	Date divested property was sold (month, day, year)	29
30	Sales price of divested property. See instructions	30
31	Basis of divested property	31
32	Realized gain. Subtract line 31 from line 30	32
33	Cost of replacement property purchased within 60 days after date of sale	33
34	Subtract line 33 from line 30. If zero or less, enter -0-	34
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions	35
36	Subtract line 35 from line 34. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797. See instructions	36
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37
38	Basis of replacement property. Subtract line 37 from line 33	38

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2018Attachment
Sequence No. **179**

Name(s) shown on return

TAWEI JAO & MEILING CHEN

Business or activity to which this form relates

Sch E 504-508 S HARBOR BLVD

Identifying number

609-37-6663

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	11/18	180,000.	39 yrs.	MM	S/L	577.
				MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	577.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Additional information from your 2018 Federal Tax Return**Schedule E: Supplemental Income and Loss (Copy 1)****Line 19 Other Expenses: Property (2)****Continuation Statement**

Expense Description	Amount
INSURANCE	401.
GARDENING	720.
Total	1,121.

TAXABLE YEAR

FORM

2018**California e-file Signature Authorization for Individuals****8879**

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

Part I Tax Return Information (whole dollars only)

1 California Adjusted Gross Income. See instructions	1	15,298.
2 Amount You Owe. See instructions	2	
3 Refund or No Amount Due. See instructions	3	28.

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, 2018, 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

7	6	6	6	3
---	---	---	---	---

Do not enter all zeros
ERO firm name
as my signature on my 2018 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2018 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 SERVICES to enter my PIN

7	6	6	6	4
---	---	---	---	---

Do not enter all zeros
ERO firm name
as my signature on my 2018 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2018 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	1	5	8	3	3
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2018 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, 2018 Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ 08/16/2019

2018 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

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

18

18482 AGUIRO ST
ROWLAND HEIGHTS CA 91748

10-10-1966 08-29-1967

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

Filing Status

1 ☐ Single 4 ☐ Head of household (with qualifying person). See instructions.

2 ☒ Married/RDP filing jointly. See inst. 5 ☐ Qualifying widow(er). Enter year spouse/RDP died
See instructions.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name 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. ☒ 7 X \$118 = ☒ \$

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☒ 8 X \$118 = ☒ \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☒ 9 X \$118 = ☒ \$

Exemptions

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input checked="" type="radio"/> LU	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Last Name	<input checked="" type="radio"/> JAO	<input checked="" type="radio"/>	<input checked="" type="radio"/>
SSN	<input checked="" type="radio"/> 6 0 9 - 3 7 - 1 9 8 2	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Dependent's relationship to you	<input checked="" type="radio"/> DAUGHTER	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Total dependent exemptions ☒ 10 X \$367 = ☒ \$

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

Your name:

J A O

Your SSN or ITIN:

609-37-6663

Taxable Income

- 12 State wages from your Form(s) W-2, box 16. ● 12 24000.00
- 13 Enter federal adjusted gross income from Form 1040, line 7. ● 13 16014.00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B . . . ● 14 716.00
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . ● 15 15298.00
- 16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. . . . ● 16 .00
- 17 California adjusted gross income. Combine line 15 and line 16. ● 17 15298.00
- 18 Enter the **larger of** {
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$4,401
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,802
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . .
 ● 18 26792.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 0.00

Tax

- 31 Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule
☐ FTB 3800 ☐ FTB 3803 ● 31 0.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504, see instructions ● 32 603.00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 0.00
- 34 Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A ● 34 .00
- 35 Add line 33 and line 34 ● 35 0.00

Special Credits

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

Other Taxes

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

Your name:

J A O

Your SSN or ITIN:

609-37-6663

Payments

71	California income tax withheld. See instructions	● 71	12	.00
72	2018 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 VPD) withheld. See instructions	● 74		.00
75	Earned Income Tax Credit (EITC)	● 75	16	.00
76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	28	.00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91 0 .00

If line 91 is zero, check if:



No use tax is owed.



You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due

92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	28	.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	28	.00
95	Amount of line 94 you want applied to your 2019 estimated tax	● 95	0	.00
96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	28	.00
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97		.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	

Your name:

J A O

Your SSN or ITIN:

609-37-6663

Contributions

	<u>Code</u>	<u>Amount</u>
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/> .00
California Sea Otter Fund	● 410	<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text"/> .00
Revive the Salton Sea Fund	● 432	<input type="text"/> .00
California Domestic Violence Victims Fund	● 433	<input type="text"/> .00
Special Olympics Fund	● 434	<input type="text"/> .00
Type 1 Diabetes Research Fund	● 435	<input type="text"/> .00
California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	<input type="text"/> .00
Habitat for Humanity Voluntary Tax Contribution Fund	● 437	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	<input type="text"/> .00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	<input type="text"/> .00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	<input type="text"/> .00
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/> .00
110 Add code 400 through code 443. This is your total contribution	● 110	<input type="text"/> .00

Your name:

J A O

Your SSN or ITIN:

609-37-6663

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

Pay online – Go to **ftb.ca.gov/pay** for more information.Amount
You Owe**112 Interest, late return penalties, and late payment penalties**

112

113 Underpayment of estimated tax. Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● 113**114 Total amount due.** See instructions. Enclose, but **do not** staple, any payment.

114

Interest and
Penalties**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

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

1 2 2 0 0 0 2 4 7

☐ Savings

5 5 6 1 2 2 4 0 6 3

2 8 .00

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

☐ Savings

Refund and Direct Deposit

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/forms** and search for **1131**. 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

Date

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

**Sign
Here**It is unlawful
to forge a
spouse's/RDP's
signature.Joint tax return?
(See instructions)

● Your email address. Enter only one email address.

● Preferred phone number

(6 2 6) 3 8 2 - 8 0 9 7

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

P 0 0 2 1 5 8 3 3

Firm's address

9067 LAS TUNAS DR TEMPLE CITY CA 91780

● Firm's FEIN

2 6 - 1 7 0 3 4 1 4

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

()

2018 California Adjustments — Residents

CA (540)

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

Names(s) as shown on tax return

SSN or ITIN

T A W E I J A O & M E I L I N G C H E N

6 0 9 3 7 6 6 6 3

Part I Income Adjustment Schedule

Section A — Income from federal Form 1040

		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1	Wages, salaries, tips, etc. See instructions before making an entry in column B or C 1	<input checked="" type="radio"/> 24,000.	<input type="radio"/>	<input type="radio"/>
2	Taxable interest (a) <input checked="" type="radio"/> 2(b)	<input checked="" type="radio"/> 11.	<input type="radio"/>	<input type="radio"/>
3	Ordinary dividends. See instructions. (a) <input checked="" type="radio"/> 3(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	IRAs, pensions, and annuities. See instructions. (a) <input checked="" type="radio"/> 4(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Social security benefits. (a) <input checked="" type="radio"/> 5(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section B — Additional Income from federal Schedule 1 (Form 1040)

10	Taxable refunds, credits, or offsets of state and local income taxes 10	<input type="radio"/> 0.	<input type="radio"/> 0.	<input type="radio"/>
11	Alimony received 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	Business income or (loss) 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Capital gain or (loss). See instructions. 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	Other gains or (losses) 14	<input type="radio"/> -62.	<input type="radio"/> 613.	<input type="radio"/>
15a	Reserved. 15(b)			
16a	Reserved. 16(b)			
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc 17	<input type="radio"/> -7,935.	<input type="radio"/> 103.	<input type="radio"/>
18	Farm income or (loss) 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	Unemployment compensation 19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20a	Reserved. 20(b)			
21	Other income.			
	a California lottery winnings		a <input type="radio"/>	a <input type="radio"/>
	b Disaster loss deduction from FTB 3805V		b <input type="radio"/>	b <input type="radio"/>
	c Federal NOL		c <input type="radio"/>	c <input type="radio"/>
	(federal Schedule 1 (Form 1040), line 21)		d <input type="radio"/>	d <input type="radio"/>
	d NOL deduction from FTB 3805V		e <input type="radio"/>	e <input type="radio"/>
	e NOL from FTB 3805Z,		f <input type="radio"/>	f <input type="radio"/>
	3806, 3807, or 3809			
	f Other (describe):			
	<input checked="" type="radio"/>			
22	Total. Combine line 1 through line 21 in column A. Add line 1 through line 21f in column B and column C. Go to Section C. 22	<input checked="" type="radio"/> 16,014.	<input type="radio"/> 716.	<input type="radio"/>

Section C — Adjustments to Income from federal Schedule 1 (Form 1040)

23	Educator expenses 23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	Health savings account deduction 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	Moving expenses. Attach federal Form 3903. See instructions 26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27	Deductible part of self-employment tax 27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28	Self-employed SEP, SIMPLE, and qualified plans. 28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29	Self-employed health insurance deduction. 29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30	Penalty on early withdrawal of savings. 30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31a	Alimony paid. (b) Recipient's: SSN <input checked="" type="radio"/> - - - - -			
	Last name <input checked="" type="radio"/> 31a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	IRA deduction. 32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	Student loan interest deduction 33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	Reserved. 34			
35	Reserved 35			
36	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions 36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37	Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions 37	<input checked="" type="radio"/> 16,014.	<input type="radio"/> 716.	<input type="radio"/>

Part II Adjustments to Federal Itemized DeductionsCheck the box if you did NOT itemize for federal but will itemize for California ☒ ☐**A Federal Amounts**
(from federal Schedule A
(Form 1040))**B Subtractions**
See instructions**C Additions**
See instructions**Medical and Dental Expenses**

1	Medical and dental expenses	<input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040, line 7	<input checked="" type="radio"/>	2	16,014.		
3	Multiply line 2 by 7.5% (0.075)	<input checked="" type="radio"/>	3	1,201.		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.	<input checked="" type="radio"/>	4			

Taxes You Paid

5a	State and local income tax or general sales taxes	<input checked="" type="radio"/>	5a	531.	<input checked="" type="radio"/>	531.	
5b	State and local real estate taxes	<input checked="" type="radio"/>	5b	6,875.			
5c	State and local personal property taxes	<input checked="" type="radio"/>	5c				
5d	Add lines 5a through 5c	<input checked="" type="radio"/>	5d	7,406.			
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C	<input checked="" type="radio"/>	5e	7,406.	<input checked="" type="radio"/>	531.	<input checked="" type="radio"/> 0.
6	Other taxes. List type	<input checked="" type="radio"/>	6		<input checked="" type="radio"/>		
7	Add lines 5e and 6	<input checked="" type="radio"/>	7	7,406.	<input checked="" type="radio"/>	531.	<input checked="" type="radio"/> 0.

Interest You Paid

8a	Home mortgage interest and points reported to you on Form 1098	<input checked="" type="radio"/>	8a	19,917.		<input checked="" type="radio"/>
8b	Home mortgage interest not reported to you on Form 1098	<input checked="" type="radio"/>	8b			<input checked="" type="radio"/>
8c	Points not reported to you on Form 1098	<input checked="" type="radio"/>	8c			<input checked="" type="radio"/>
8d	Reserved	<input checked="" type="radio"/>	8d			
8e	Add lines 8a through 8c	<input checked="" type="radio"/>	8e	19,917.		<input checked="" type="radio"/>
9	Investment interest	<input checked="" type="radio"/>	9		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10	Add lines 8e and 9	<input checked="" type="radio"/>	10	19,917.	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Gifts to Charity

11	Gifts by cash or check	<input checked="" type="radio"/>	11		<input checked="" type="radio"/>	<input checked="" type="radio"/>
12	Other than by cash or check	<input checked="" type="radio"/>	12		<input checked="" type="radio"/>	<input checked="" type="radio"/>
13	Carryover from prior year	<input checked="" type="radio"/>	13		<input checked="" type="radio"/>	<input checked="" type="radio"/>
14	Add lines 11 through 13	<input checked="" type="radio"/>	14		<input checked="" type="radio"/>	<input checked="" type="radio"/>

Casualty and Theft Losses

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions.	<input checked="" type="radio"/>	15		<input checked="" type="radio"/>	<input checked="" type="radio"/>
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Other Itemized Deductions

16	Other—from list in federal instructions	<input checked="" type="radio"/>	16		<input checked="" type="radio"/>	<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	<input checked="" type="radio"/>	17	27,323.	<input checked="" type="radio"/>	531.

18 Total Adjustments to Federal Itemized Deductions. Combine line 17 column A less column B plus column C ☒ **18** 26,792.

Job Expenses and Certain Miscellaneous Deductions

19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.	<input checked="" type="radio"/> 19	<input type="text"/>
20	Tax preparation fees.	<input checked="" type="radio"/> 20	<input type="text"/>
21	Other expenses - investment, safe deposit box, etc. List type <input checked="" type="radio"/>	<input checked="" type="radio"/> 21	<input type="text" value="0."/>
22	Add lines 19 through 21.	<input checked="" type="radio"/> 22	<input type="text" value="0."/>
23	Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/> <u>16,014.</u>		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.	<input checked="" type="radio"/> 24	<input type="text" value="320."/>
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	<input checked="" type="radio"/> 25	<input type="text" value="0."/>
26	Total Itemized Deductions. Add line 18 and line 25.	<input checked="" type="radio"/> 26	<input type="text" value="26,792."/>
27	Other adjustments. See instructions. Specify. <input checked="" type="radio"/>	<input checked="" type="radio"/> 27	<input type="text"/>
28	Combine line 26 and line 27.	<input checked="" type="radio"/> 28	<input type="text" value="26,792."/>
29	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?		
	Single or married/RDP filing separately		\$194,504
	Head of household		\$291,760
	Married/RDP filing jointly or qualifying widow(er)		\$389,013
	No. Transfer the amount on line 28 to line 29.		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29.	<input checked="" type="radio"/> 29	<input type="text" value="26,792."/>
30	Enter the larger of the amount on line 29 or your standard deduction listed below		
	Single or married/RDP filing separately. See instructions.		\$4,401
	Married/RDP filing jointly, head of household, or qualifying widow(er)		\$8,802
	Transfer the amount on line 30 to Form 540, line 18.	<input checked="" type="radio"/> 30	<input type="text" value="26,792."/>

2018**Sales of Business Property**

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

D-1**Complete and attach this schedule to your tax return only if your California gains or losses are different from your federal gains or losses.**

Name(s) as shown on tax return

SSN, ITIN, CA SOS file no., California Corp. no., or FEIN

T A W E I J A O & M E I L I N G C H E N

6 0 9 - 3 7 - 6 6 6 3

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

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

1 Enter the gross proceeds from sales or exchanges reported to you for 2018 on federal Form 1099-S, Proceeds From Real Estate Transactions (or a substitute statement), that you will be including on line 2 or line 10, (column (d)), or on line 23						1	
2	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (Loss) Subtract (f) from the sum of (d) and (e)
	HEATER	05/03/2013	04/10/2018	0.	39.	881.	-675.
3	Gain, if any, from federal Form 4684, line 39						3
4	IRC Section 1231 gain from installment sales from form FTB 3805E, line 26 or line 37						4
5	IRC Section 1231 gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)						5 0.
6	Gain, if any, from line 35, from other than casualty and theft.						6
7	Combine line 2 through line 6. Enter gain or (loss) here and on the appropriate line as follows:						7 -675.
IRC Section 179 Assets: For reporting the sale or disposition of assets for which an IRC Section 179 expense deduction was claimed in a prior year, see instructions. Partnerships or Limited Liability Companies (classified as partnerships): Enter the gain or (loss) on Schedule K (565 or 568), line 10. Skip lines 8, 9, 11, and 12 below. S corporations: If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain, continue to line 8. All others: If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain and you did not have any prior year IRC Section 1231 losses, or they were recaptured in an earlier year, enter the gain as follows: Form 540 and Long Form 540NR filers, enter the gain on Schedule D (540 or 540NR), line 1, and skip lines 8, 9, and 12 below; Form 100 and Form 100W filers, enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6, and skip lines 8, 9, and 12 below.							
8	Nonrecaptured net IRC Section 1231 losses from prior years. Enter as a positive number. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-						9
S corporations: If line 9 is more than zero, enter this amount on Schedule D (100S), Section B, Part II, line 5 and enter the amount, if any, from line 8 on line 12 below. If line 9 is zero, enter the amount from line 7 on line 12 below. All others: If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the amount from line 9 as follows: Form 540 and Long Form 540NR filers, enter as a capital gain on Schedule D (540 or 540NR), line 1; Form 100 and Form 100W filers, enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6. If line 9 is zero, enter the amount from line 7 on line 12 below. See instructions.							

Part II Section A – Ordinary Gains and Losses

10 Ordinary gains and losses not included on line 11 through line 16 (include property held 1 year or less):							
11	Loss, if any, from line 7						11 (675.)
12	Gain, if any, from line 7, or amount from line 8, if applicable. See instructions						12
13	Gain, if any, from line 34						13
14	Net gain or (loss) from federal Form 4684, line 31 and line 38a (completed using California amounts)						14
15	Ordinary gain from installment sales from form FTB 3805E, line 25 or line 36. See instructions.						15
16	Ordinary gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)						16
17	Combine line 10 through line 16						17 -675.
18 For all except individual tax returns, enter the amount from line 17 on the appropriate line of your tax return and skip line a and line b below. For individual tax returns, complete line a and line b below: see instructions.							
a If the loss on line 11 includes a loss from federal Form 4684, Section B, Part II, column (b)(ii) of line 30 or line 35, enter that part of the loss here. See instructions						18a	
b Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Enter here and on line 20						18b	-675.

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

19	Enter ordinary federal gain or (loss) from federal Schedule 1 (Form 1040), line 14.	<input checked="" type="radio"/>	19	- 62 .
20	Enter ordinary California gain or (loss) from line 18b	<input checked="" type="radio"/>	20	- 675 .
21	Ordinary gain or loss adjustment: Compare line 19 and line 20. See instructions.			
a	If line 19 is more than line 20, enter the difference here and on Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 14, col. B .	<input checked="" type="radio"/>	21a	613 .
b	If line 20 is more than line 19, enter the difference here and on Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 14, col. C .	<input checked="" type="radio"/>	21b	

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

Description of IRC Sections 1245, 1250, 1252, 1254, and 1255 property.

22	A <input checked="" type="radio"/>	<input checked="" type="radio"/>	Date acquired (mm/dd/yyyy)	<input checked="" type="radio"/>	Date sold (mm/dd/yyyy)
	B <input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
	C <input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
	D <input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	

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

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

33	Total gains for all properties. Add column A through column D of line 27.	<input checked="" type="radio"/>	33	
34	Add column A through column D of lines 28b, 29g, 30c, 31b, and 32b. Enter here and on line 13.	<input checked="" type="radio"/>	34	
35	Subtract line 34 from line 33. Enter the portion from other than casualty and theft here and on line 6. Enter the portion from casualty and theft on federal Form 4684, line 33	<input checked="" type="radio"/>	35	

Part IV Recapture Amounts Under IRC Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less

	(a) Expense deductions	(b) Recovery deductions
36	Expense deductions or recovery deductions. See instructions.	<input checked="" type="radio"/>
37	Depreciation or recovery deductions. See instructions	<input checked="" type="radio"/>
38	Recapture amount. Subtract line 37 from line 36. See instructions	<input checked="" type="radio"/>

2018 California Earned Income Tax Credit**3514**

Attach to your California Form 540, Form 540 2EZ or Long or Short Form 540NR

Name(s) as shown on tax return

TAWEI JAO & MEILING CHEN

SSN

6 0 9 3 7 6 6 6 3

Before you begin:

If you claim the EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.

Follow Step 1 through Step 7 in the instructions to determine if you meet the requirements, to complete this form, and to figure the amount of the credit.

If you are claiming the California Earned Income Tax Credit (EITC), you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California Form 540, Form 540 2EZ, or Long or Short Form 540NR.

Part I Qualifying Information See Specific Instructions.

- 1 a** Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ☒ Yes ☐ No
- b** Has the Franchise Tax Board (FTB) previously disallowed your California EITC? ☒ Yes ☐ No
- 2** Federal AGI (federal Form 1040, line 7) **2** 16014.00
- 3** Federal EIC (federal Form 1040, line 17a) **3** 3461.00

Part II Investment Income Information

- 4** Investment Income. See instructions for Step 2 – Investment Income **4** 11.00

Part III Qualifying Child InformationYou must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.****Qualifying Child Information****Child 1****Child 2****Child 3**

- 5** First name ☒ LU ☐
- 6** Last name ☒ JAO ☐
- 7** SSN ☒ 6 0 9 3 7 1 9 8 2 ☐
- 8** Date of birth (mm/dd/yyyy). If born after 1999 **and** the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10. ☒ 0 2 0 2 1 9 9 6 ☐
- 9 a** Was the child under age 24 at the end of 2018, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions. ☒ Yes ☐ No
- b** Was the child permanently and totally disabled during any part of 2018? If yes, go to line 10. If no, stop here. The child is not a qualifying child. ☐ Yes ☐ No
- 10** Child's relationship to you. See instructions. ☒ DAUGHTER ☐
- 11** Number of days child lived with you in California during 2018. Do not enter more than 365 days. See instructions. ☒ 365 ☐

	Child 1	Child 2	Child 3
12 a Child's physical address during 2018 (number, street, and apt. no./ste. no.). See instructions.	<input type="radio"/> 18482 AGUIRO ST	<input type="radio"/>	<input type="radio"/>
b City.	<input type="radio"/> ROWLAND HEIGHTS	<input type="radio"/>	<input type="radio"/>
c State.	<input type="radio"/> CA	<input type="radio"/>	<input type="radio"/>
d ZIP code.	<input type="radio"/> 91748	<input type="radio"/>	<input type="radio"/>

Part IV California Earned Income

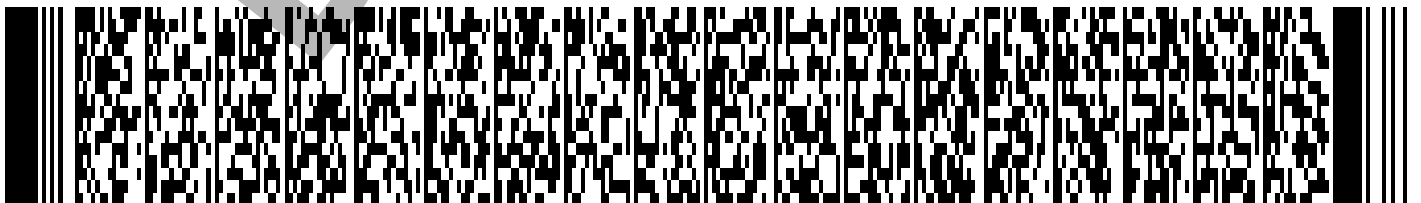
13 Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions.	<input type="radio"/> 13	24000	.00
14 IHSS payments. See instructions.	<input type="radio"/> 14		.00
15 Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions.	<input type="radio"/> 15		.00
16 Subtract line 14 and line 15 from line 13.	<input type="radio"/> 16	24000	.00
17 Nontaxable combat pay. See instructions.	<input type="radio"/> 17		.00
18 Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions.	<input type="radio"/> 18		.00
a Business name. <input type="radio"/>			
b Business address. <input type="radio"/>			
City, state, and zip code <input type="radio"/>			
c Business license number <input type="radio"/>			
d SEIN. <input type="radio"/>			
e Business code <input type="radio"/>			
19 California Earned Income. Add line 16, line 17, and line 18.	<input type="radio"/> 19	24000	.00

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

20 California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, Line 23	<input type="radio"/> 20	16	.00
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Part VI Nonresident or Part-Year Resident California Earned Income Tax Credit

21 CA Exemption Credit Percentage from Form 540NR (Long or Short), line 38.	<input type="radio"/> 21		
22 Nonresident or Part-Year Resident EITC. Multiply line 20 by line 21. This amount should also be entered on Form 540NR (Long or Short), line 85	<input type="radio"/> 22		.00



2018

Paid Preparer's Due Diligence Checklist for California Earned Income Tax Credit

3596

Attach to taxpayer's original or amended California Form 540, 540 2EZ, or 540NR (Long or Short).

Name(s) as shown on tax return

TAWEI JAO & MEILING CHEN

SSN or ITIN

6 0 9 3 7 6 6 3

Part I – Due Diligence Requirements

- 1 a** Preparer's name ☒ **1a** NATALIE LEE, EA
- b** Preparer's PTIN ☒ **1b** P00215833
- c** Preparer's license, registration, or enrollment type. Check one box
- ☐ CPA ☒ EA ☐ Attorney ☐ CTEC ☐ Other (specify) _____
- If CPA, Attorney, or Other, enter license, registration, or enrollment state ☒ **1c** _____
- d** Preparer's license, registration, or enrollment number ☒ **1d** _____
- 2** Did you complete form FTB 3514, California Earned Income Tax Credit (EITC), based on current information provided by the taxpayer or reasonably obtained by you? **2** ☒ Yes ☐ No
- 3** Did you complete the California Earned Income Tax Credit Worksheet found in the form FTB 3514 instructions, or your own worksheet that provides the same information as the form FTB 3514 worksheet? **3** ☒ Yes ☐ No
- 4** Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following:
- Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the EITC
 - Review information to determine that the taxpayer is eligible to claim the credit and for what amount. **4** ☒ Yes ☐ No
- 5** Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing form FTB 3514, appear to be incorrect, incomplete, or inconsistent? **5** ☐ Yes ☒ No
(If "Yes," answer questions 5a and 5b. If "No," go to question 6.)
- a** Did you make reasonable inquiries to determine the correct, complete, and consistent information? **5a** ☐ Yes ☐ No
- b** Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of form FTB 3514.) **5b** ☐ Yes ☐ No
- 6** Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 5b, a copy of this form, a copy of applicable worksheets, a record of how, when and from whom the information used to prepare form FTB 3514 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit **6** ☒ Yes ☐ No
- List those documents, if any, that you relied on.
- _____

- 7** Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the EITC claimed on the return if his/her return is selected for audit? **7** ☒ Yes ☐ No
- 8** If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct federal Form 1040, Schedule C, Schedule C-EZ, Schedule F, or Schedule SE? **8** ☐ Yes ☐ No
☐ N/A

Part II – Due Diligence Questions

- 9 a** Have you determined that the taxpayer is, in fact, eligible to claim the EITC for the number of children whom the EITC is claimed, or to claim the EITC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming EITC and does not have a qualifying child.) **9a** ☒ Yes ☐ No
- b** Did you explain to the taxpayer that he/she may not claim the EITC if the taxpayer has not lived with the child for over half the year, even if the taxpayer has supported the child? **9b** ☒ Yes ☐ No
- c** Did you explain to the taxpayer the rules about claiming the EITC when a child is the qualifying child of more than one person (tie-breaker rules)? **9c** ☒ Yes ☐ No
☐ N/A

Part III – Credit Eligibility Certification

You have complied with all the due diligence requirements if you:

- A.** Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit and in what amount; and
- B.** Complete form FTB 3596 truthfully and accurately and complete the actions described in this checklist;
- C.** Submit form FTB 3596 in the manner required;
- D.** Keep all five of the following records for 4 years from the latest of the dates specified in the instructions under Document Retention:
- a.** A copy of form FTB 3596,
 - b.** The EITC worksheet(s) or your own worksheet(s),
 - c.** Copies of any taxpayer documents you relied on to determine eligibility for or amount of EITC,
 - d.** A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
 - e.** A record of any additional questions you asked and the taxpayer's answers.

If you have not complied with all the due diligence requirements for the EITC claimed, you may have to pay a \$500 penalty for each failure to comply.

- 10** Do you certify that all of the answers on form FTB 3596 are, to the best of your knowledge, true, correct, and complete? **10** ☒ Yes ☐ No

2018 Passive Activity Loss Limitations**3801****Attach to Form 540, Long Form 540NR, Form 541, or Form 100S (S Corporations).**

Name(s) as shown on tax return

T A W E I J A O & M E I L I N G C H E N

SSN, ITIN, FEIN, or CA corporation no.

6 0 9 3 7 6 6 6 3

Part I 2018 Passive Activity LossSee 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	3,794.	00	
1b Activities with net loss from Worksheet 1, column (b)	1b	(-11,252.)	00	
1c Prior year unallowed losses from Worksheet 1, column (c)	1c	(-1,255.)	00	
1d Combine line 1a, line 1b, and line 1c.	1d	-8,713.	00	

All Other Passive Activities

2a Activities with net income from Worksheet 2, column (a)	2a	0.	00	
2b Activities with net loss from Worksheet 2, column (b)	2b	(-13,810.)	00	
2c Prior year unallowed losses from Worksheet 2, column (c)	2c	(-4,924.)	00	
2d Combine line 2a, line 2b, and line 2c.	2d	-18,734.	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	-27,447.	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	8,713.	00	
5 Enter \$150,000. If married/RDP filing a separate tax return, see instructions.	5	150,000.	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	24,011.	00	
7 Subtract line 6 from line 5.	7	125,989.	00	
8 Multiply line 7 by 50% (.50). Do not enter more than \$25,000.	8	25,000.	00	
9 Enter the smaller of line 4 or line 8. <input checked="" type="radio"/>	9	8,713.	00	

Part III Total Losses Allowed

10 Add the income, if any, from line 1a and line 2a and enter the total	10	3,794.	00	
11 Total losses allowed from all passive activities for 2018. Add line 9 and line 10	11	12,507.	00	

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

2018

Depreciation and Amortization Adjustments

3885A

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

Name(s) as shown on tax return

SSN or ITIN

T A W E I J A O & M E I L I N G C H E N

6 0 9 3 7 6 6 6 3

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

1 8 4 8 7 D E L B O N I T A S T

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 2018. **5** 1,322.
- 6 Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5. **6** 1,322.
- 7 Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22. **7** 1,303.
- 8 a If line 6 is **more** than line 7, enter the difference here and see instructions. **8a** 19.
- 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 2018. **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** _____

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	-10,469.	-783.	-11,252.
18480 AGUIRO ST	SCH E	N/A	3,794.	0.	3,794.
504-508 S HARBOR BLVD	SCH E	N/A	-4,681.	0.	-4,681.
DM LOT LLC	SCH E	N/A	-206.	0.	-206.
DM LOT LLC	SCH E	N/A	-205.	0.	-205.
DM AQUA INC	SCH E	N/A	-8,718.	0.	-8,718.

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:
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(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 Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 12, column C.
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	-8,341.	-8,214.	If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 17, column C.
18480 AGUIRO ST, ROWLAND HEIGHTS, CA 91748	PASSIVE	2,539.	2,472.	
504-508 S HARBOR BLVD, FULLERTON, CA 92832	PASSIVE	-559.	-527.	
DM LOT LLC				
-K-1S SCH E INC	PASSIVE	-612.	-661.	If the amount below is negative , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, (as a positive amount) line 17, column B.
DM LOT LLC				
SEE SCH E ADJ		-1,065.	-1,005.	
Total		2(c)	2(d)**	2(e)

(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 Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 18, column C.
Total		3(c)	3(d)***	3(e)

* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 12, column A.

** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 17, column A.

*** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 18, column A.

Form **8824**Department of the Treasury
Internal Revenue Service**Like-Kind Exchanges**
(and section 1043 conflict-of-interest sales)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8824 for instructions and the latest information.

OMB No. 1545-1190

2018Attachment
Sequence No. **109**

Name(s) shown on tax return

TAWEI JAO & MEILING CHEN

Identifying number

609-37-6663

Part I Information on the Like-Kind Exchange

Note: Generally, only real property should be described on line 1 or 2. However, you may describe personal and/or real property on line 1 or 2 if you are filing this form to report the disposition of property exchanged in a previously reported related party like-kind exchange. If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country.

1 Description of like-kind property given up:

18487 DEL BONITA ST
ROWLAND HEIGHTS CA 91748

2 Description of like-kind property received:

809 EAST PINE ST
COMPTON CA 902213 Date like-kind property given up was originally acquired (month, day, year) **3** 01/14/20114 Date you actually transferred your property to the other party (month, day, year) **4** 04/10/20185 Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written identification requirement **5** 04/10/20186 Date you actually received the like-kind property from other party (month, day, year). See instructions **6** 08/30/20187 Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III ☐ Yes ☒ No

Note: Do not file this form if a related party sold property into the exchange, directly or indirectly (such as through an intermediary); that property became your replacement property; and none of the exceptions in line 11 applies to the exchange. Instead, report the disposition of the property as if the exchange had been a sale. If one of the exceptions on line 11 applies to the exchange, complete Part II.

Part II Related Party Exchange Information

8	Name of related party	Relationship to you	Related party's identifying number
Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code)			

9 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you (or an intermediary) in the exchange? ☐ Yes ☐ No10 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received? ☐ Yes ☐ No

If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is **not** the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 **unless** one of the exceptions on line 11 applies.

11 If one of the exceptions below applies to the disposition, check the applicable box.

- a ☐ The disposition was after the death of either of the related parties.
- b ☐ The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.
- c ☐ You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as one of its principal purposes. If this box is checked, attach an explanation. See instructions.

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

Your social security number

TAWEI JAO & MEILING CHEN

609-37-6663

Part III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received

Caution: If you transferred **and** received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) property, see **Reporting of multi-asset exchanges** in the instructions.

Note: Complete lines 12 through 14 **only** if you gave up property that was not like-kind. Otherwise, go to line 15.

12	Fair market value (FMV) of other property given up	12		
13	Adjusted basis of other property given up	13		
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale	14		
Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions.				
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred. See instructions	15		
16	FMV of like-kind property you received	16		535,000.
17	Add lines 15 and 16	17		535,000.
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15. See instructions	18		367,565.
19	Realized gain or (loss). Subtract line 18 from line 17	19		167,435.
20	Enter the smaller of line 15 or line 19, but not less than zero	20		0.
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16. See instructions	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies. See instructions	22		0.
23	Recognized gain. Add lines 21 and 22	23		0.
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions	24		167,435.
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25		367,565.

Part IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales

Note: This part is to be used **only** by officers or employees of the executive branch of the federal government or judicial officers of the federal government (including certain spouses, minor or dependent children, and trustees as described in section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used **only** if the cost of the replacement property is more than the basis of the divested property.

26	Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.)	
27	Description of divested property ▶	
28	Description of replacement property ▶	
29	Date divested property was sold (month, day, year)	29
30	Sales price of divested property. See instructions	30
31	Basis of divested property	31
32	Realized gain. Subtract line 31 from line 30	32
33	Cost of replacement property purchased within 60 days after date of sale	33
34	Subtract line 33 from line 30. If zero or less, enter -0-	34
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions	35
36	Subtract line 35 from line 34. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797. See instructions	36
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37
38	Basis of replacement property. Subtract line 37 from line 33	38

Additional information from your 2018 California Tax Return**Form 3801 Worksheets****Schedule E - Adjustment Worksheet****Continuation Statement**

Activity Description	CA Activity Char	CA Net Inc/Loss	Fed Net Inc/Loss
-K-1S SCH E INC	PASSIVE	-24.	-23.
DM AQUA INC			
-K-1S SCH E INC	PASSIVE	-1,041.	-982.
Total		-1,065.	-1,005.