

Review your print out for checklist items.

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box.
If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial Seyed H		Last name Razavi	Your social security number 618-69-2705
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 7240 El Cajon Blvd			Apt. no. 19
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). San Diego CA 92115-1800			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county	
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>			

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	41,048.
2a	Tax-exempt interest	2a		2b	
3a	Qualified dividends	3a		3b	
4a	IRA distributions	4a		4b	
c	Pensions and annuities	4c		4d	
5a	Social security benefits	5a		5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			6	
7a	Other income from Schedule 1, line 9			7a	-4,862.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶			7b	36,186.
8a	Adjustments to income from Schedule 1, line 22			8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶			8b	36,186.
9	Standard deduction or itemized deductions (from Schedule A)	9	12,200.		
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	0.		
11a	Add lines 9 and 10			11a	12,200.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			11b	23,986.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	2,683.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	2,683.	
13a	Child tax credit or credit for other dependents	13a		
b	Add Schedule 3, line 7, and line 13a and enter the total	13b		
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	2,683.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.	
16	Add lines 14 and 15. This is your total tax	16	2,683.	
17	Federal income tax withheld from Forms W-2 and 1099	17	4,105.	
18	Other payments and refundable credits:			
a	Earned income credit (EIC) NO	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e		
19	Add lines 17 and 18e. These are your total payments	19	4,105.	

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

Direct deposit?
See instructions.

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	1,422.
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	1,422.
b	Routing number 1 2 1 0 0 0 3 5 8 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 2 5 1 3 5 6 1 6 8 6 6 ▶		
22	Amount of line 20 you want applied to your 2020 estimated tax	22	

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	
24	Estimated tax penalty (see instructions)	24	

Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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Sign Here

Joint return?
See instructions.
Keep a copy for your records.

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.

Your signature	Date	Your occupation student	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	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ Self-Prepared	Phone no.		Firm's EIN ▶	
Firm's address ▶				

Go to www.irs.gov/Form1040 for instructions and the latest information.**BAA**

REV 08/2020 Intuit.cq.cfp.sp

Form **1040** (2019)

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

Seyed H Razavi

Your social security number

618-69-2705

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes ☒ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ►		
3	Business income or (loss). Attach Schedule C	3	-4,862.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	-4,862.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ►		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	

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

REV 08/20/20 Intuit.cfp.sp

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE C
(Form 1040 or 1040-SR)Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**
(Sole Proprietorship)▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2019
Attachment
Sequence No. **09**

Name of proprietor Seyed H Razavi		Social security number (SSN) 618-69-2705
A	Principal business or profession, including product or service (see instructions) ridshare driving and food delivery	B Enter code from instructions ▶ 4 8 5 9 9 0
C	Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)
E	Business address (including suite or room no.) ▶ 7240 El Cajon Blvd, Apt. 19 City, town or post office, state, and ZIP code San Diego, CA 92115-1800	
F	Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶	
G	Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
H	If you started or acquired this business during 2019, check here ▶ <input type="checkbox"/>	
I	Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J	If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	9,468.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	9,468.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	9,468.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6 ▶	7	9,468.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions).	9	13,840.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	120.
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	370.
18				26	Wages (less employment credits)	26	
19				27a	Other expenses (from line 48)	27a	
20				b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a ▶			28	14,330.		
29	Tentative profit or (loss). Subtract line 28 from line 7			29	-4,862.		
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30			
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.			31	-4,862.		
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input checked="" type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

Part III	Cost of Goods Sold (see instructions)
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33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ► 01/01/2019

44 Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:

a	Business	20,000	b	Commuting (see instructions)		c	Other	10,000
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45 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No

47a Do you have evidence to support your deduction? ☐ Yes ☒ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

48 Total other expenses. Enter here and on line 27a	48

**Qualified Business Income Deduction
Simplified Computation**▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.****2019**Attachment
Sequence No. **55**

Name(s) shown on return

Seyed H Razavi

Your taxpayer identification number

618-69-2705

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	ridshare driving and food delivery	618-69-2705	-4,862.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-4,862.	
3	Qualified business net (loss) carryforward from the prior year	3	(0.)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	(0.)	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		0.
11	Taxable income before qualified business income deduction	11	23,986.	
12	Net capital gain (see instructions)	12	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	23,986.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		4,797.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶	15		0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(4,862.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)	

Tax History Report

► Keep for your records

2019

Name(s) Shown on Return

Seyed H Razavi

	Five Year Tax History:				
	2015	2016	2017	2018	2019
Filing status	Single	Single	Single	Single	Single
Total income	9,000.	13,500.	12,000.	13,396.	36,186.
Adjustments to income				452.	
Adjusted gross income	9,000.	13,500.	12,000.	12,944.	36,186.
Tax expense				0.	2,070.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .	6,300.	6,300.	6,350.	12,000.	12,200.
Exemption amount . .	4,000.	4,050.	4,050.	0.	0.
QBI deduction				189.	0.
Taxable income	0.	3,150.	1,600.	755.	23,986.
Tax		318.	161.	76.	2,683.
Alternative min tax . .					
Total credits	0.	318.	161.	76.	
Other taxes		0.	0.	904.	
Payments	1,000.	1,104.	1,000.	179.	4,105.
Form 2210 penalty . .					
Amount owed				725.	
Applied to next year's estimated tax .					
Refund	1,000.	1,104.	1,000.		1,422.
Effective tax rate % . .	-11.11	-8.18	-8.33	-1.38	7.41
**Tax bracket %	10.0	10.0	10.0	10.0	12.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$0.00 (the "RPS fee"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov.

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ²	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ²	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your debit card ¹ .	Usually within 21 days ²	\$0.00 ³

¹You may incur additional charges from the issuer of the debit card if you select to have your tax refund loaded on a debit card.

²However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

³This fee consists of an RPS Fee, a TurboTax fee and any fees for additional products and services purchased. See Section 4 of the Refund Processing Service Agreement for more details.

Questions? Call 877-908-7228

Santa Barbara Tax Products Group, LLC**and Green Dot Bank Refund Processing Service Agreement ("Agreement")**

Name Seyed H Razavi
 Social Security No. 618-69-2705

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Green Dot Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2019 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

THE REFUND PROCESSING SERVICE IS A FREE OPTION INCLUDED WITH YOUR PURCHASE OF EITHER TURBOTAX PREMIUM SERVICES OR TURBOTAX MAX. YOU ARE NOT REQUIRED TO USE THE REFUND PROCESSING SERVICE. IF YOU USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2020). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU RECEIVE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2019 federal tax refund. You also authorize Intuit Inc., as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the Refund Processing Service being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit Inc. You also represent that any authorizations you have made in this Section 2 have also been obtained from and are made with respect to your spouse, if this is a jointly filed return. None of Intuit Inc., Bank or Processor will disclose or use your tax return information for any other purpose except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ 1,422.00
Less TurboTax Premium Services or TurboTax MAX Fees	\$ 45.00
Less TurboTax Fees	\$ 170.00
Less Fees for Additional Products and Services Purchased	\$ 0.00
Expected Proceeds*	\$ 1,207.00

* These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2019 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the fees for TurboTax Premium Services or TurboTax MAX; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Processor to deduct thirty dollars (\$30.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$30.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees, fees for TurboTax Premium Services or TurboTax MAX, and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2019 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit Inc.) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit Inc. is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2019 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$30.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$30.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtptg.com>.

7. Disbursement Methods (Select One): You agree that the disbursement method selected below will be used by Processor to disburse funds to you.

a) ☐ Direct Deposit to Turbo(SM) Debit Visa(R) Card: If you choose this option, you authorize and request Processor to transfer the balance of your Deposit Account to Bank, which issues the Turbo(SM) Debit Visa Card ("Card") you have obtained or are obtaining, so that Bank may deposit the balance of your refund into your Card account. **Additional fees may be charged for the use of the Card. Please review the Deposit Account Agreement associated with the use of your Card to learn of other fees, charges, terms and conditions that will apply. Processor will not be responsible for your funds once they have been deposited with Bank.**

b) ☒ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

☒ Checking
☐ Savings

RTN # 121000358

Account # 325135616866

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$30.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit Inc. are **not** responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$30.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$60.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

You must notify Processor in writing 3 business days prior to the date the account will be debited (as set forth in the email and/or written notices sent to you) to revoke the authorization for applicable fees agreed to in Section 4, and to afford Processor a reasonable opportunity to act on your request. You may notify us in writing at: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. **FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES:** In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, although in most circumstances you won't have use of the money until we complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 business days after the first deposit to the Deposit Account was made, (i) we may take up to 90 business days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

9. **Governing Law.** The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive laws of Ohio.

10. **Arbitration Provision.** You acknowledge that the services set forth in this Agreement are being made available and priced by Processor on the basis of your acceptance of the following arbitration provision ("Arbitration Provision"). By entering into this Agreement, you acknowledge that you are giving up the right to litigate Claims (as defined below) if you, Bank or Processor elects arbitration of the Claims pursuant to this provision, except as otherwise expressly provided herein, and you hereby knowingly and voluntarily waive the right to trial of all Claims subject to this Agreement. You further acknowledge that you have read this Arbitration Provision carefully, agree to its terms, and are entering into this Agreement voluntarily and not in reliance on any promises or representations whatsoever except those contained in this Agreement.

ARBITRATION NOTICE

THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION. PLEASE READ THIS PROVISION CAREFULLY, AS IT AFFECTS YOUR LEGAL RIGHTS.

10.1. **Arbitration of Claims:** Except as expressly provided herein, any claim, dispute or controversy (whether based upon contract; tort, intentional or otherwise; constitution; statute; common law; or equity and whether pre-existing, present or future), including initial claims, counter-claims, cross-claims and third-party claims, arising from or relating directly or indirectly to this Agreement, including the validity, enforceability, interpretation, scope, or application of the Agreement and this Arbitration Provision (except for the prohibition on class or other non-individual claims, which shall be for a court to decide) ("Claim") shall be decided, upon the election of you, Bank or Processor (or our agents, employees, successors, representatives, affiliated companies, or assigns), by binding arbitration before the American Arbitration Association ("AAA"). Arbitration replaces the right to litigate a claim in court or to have a jury trial. The AAA's phone number is 800-778-7879 and website is <http://www.adr.org>. You may obtain copies of the current rules, forms, and instructions for initiating an arbitration using the above information.

10.2. **Other Claims Subject to Arbitration:** In addition to Claims brought by you, Claims made by anyone connected with you or anyone making a Claim through you (including a taxpayer filing jointly, employee, agent, representative, affiliated company, predecessor or successor, heir, assignee, or trustee in bankruptcy) against us shall be subject to arbitration as described herein.

10.3. **Exceptions:** We agree not to invoke our right to arbitrate any individual Claim you bring in small claims court or an equivalent court so long as the Claim is pending only in that court. This Arbitration Provision also does not limit or constrain our right to interplead funds in the event of claims to the Account by several parties.

10.4. **Individual Claims Only:** Claims may be submitted to arbitration on an individual basis only. Claims subject to this Arbitration Provision may not be joined or consolidated in arbitration with any Claim of any other person or be arbitrated on a class basis, in a representative capacity on behalf of the general public or on behalf of any other person, unless otherwise agreed to by the parties in writing. However, taxpayers filing jointly and party to this Agreement are considered as one person; Processor and its officers, directors, employees, agents, and affiliates are considered as one person; and Bank and its officers, directors, employees, agents, and affiliates are considered as one person.

10.5. **Arbitration Fees:** If you initiate arbitration, we will advance any arbitration fees, including any required deposit. If we initiate or elect arbitration, we will pay the entire amount of the arbitration fees, including any required deposit. We will also be responsible for payment and/or reimbursement of any arbitration fees to the extent that such fees exceed the amount of the filing fees you would have incurred if your Claim had been brought in the state or federal court nearest your residence with jurisdiction over the Claims.

10.6. **Procedure:** A single arbitrator will resolve the Claims. The arbitrator will be a lawyer with at least ten years experience or who is a former or retired judge. The arbitration shall follow the rules and procedures of the arbitration administrator in effect on the date the arbitration is filed, except when there is a conflict or inconsistency between the rules and procedures of the arbitration administrator and this Arbitration Provision, in which case this Arbitration Provision shall govern. Any in-person arbitration hearing for a Claim shall take place within the federal judicial district in which you live or at such other reasonably convenient location as agreed by the parties. The arbitrator shall apply applicable substantive law consistent with the Federal Arbitration Act, 9 U.S.C. § 1 et seq. (the "FAA") and shall honor all claims of privilege and confidentiality recognized at law. All statutes of limitations that would otherwise be applicable shall apply to any arbitration proceeding. The arbitrator shall be empowered to grant whatever relief would be available in court under law or in equity. Any appropriate court may enter judgment upon the arbitrator's award. This Arbitration Provision is made pursuant to a transaction involving interstate commerce, and shall be governed by the FAA.

11. Customer Identity Validation Disclosure. To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2019 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2019 TurboTax^(R) User Agreement, (iii) You consent to the release of your 2019 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

GREEN DOT BANK'S PRIVACY POLICY

Rev. 10/2018

FACTS WHAT DOES GREEN DOT BANK DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security number and account balances • account transactions and purchase history • transaction history and overdraft history 	
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share and whether you can limit the sharing.	
Reasons we can share your personal information	Does Green Dot Bank Share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you.	No	We don't share
For joint marketing with other financial companies.	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences.	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For nonaffiliates to market to you.	Yes	Yes
To limit our sharing	<p>Visit us online: https://www.turboprepaidcard.com/privacy-settings Your choice(s) will apply to only the card number you enter when making your choice(s). If you have more than one card or account with us, you will need to make your choice(s) for each card or account separately.</p> <p>Please note: If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p>	
Questions?	Call 1-888-285-4169 or go to www.turboprepaidcard.com	

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What we do	
How does Green Dot Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Green Dot Bank collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • open an account or make deposits or withdrawals from your account • use your debit card or provide account information • give us your contact information <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes — information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation) and tax processing services companies such as Santa Barbara Tax Products Group, LLC.
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • The only nonaffiliates we share with are Intuit Inc. and its affiliates and subsidiaries.
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • The only joint marketing partners we share with are Intuit Inc. and its affiliates and subsidiaries.
Other important information	
<p>Depending on where you live, you may have additional privacy protections under state law. We will comply with applicable state laws before sharing nonpublic personal information about you. We may do this by sending a separate notice of those rights to you. For example, if you are a resident of California, Illinois, North Dakota or Vermont, we will not share with nonaffiliates except for our everyday business purposes or with your consent.</p>	

Santa Barbara Tax Products Group, LLC**and Civista Bank Refund Processing Service Agreement ("Agreement")**

Name _____

Social Security No. _____

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Civista Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2019 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

THE REFUND PROCESSING SERVICE IS A FREE OPTION INCLUDED WITH YOUR PURCHASE OF EITHER TURBOTAX PREMIUM SERVICES OR TURBOTAX MAX. YOU ARE NOT REQUIRED TO USE THE REFUND PROCESSING SERVICE. IF YOU USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2020). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU RECEIVE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2019 federal tax refund. You also authorize Intuit Inc., as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the Refund Processing Service being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit Inc. You also represent that any authorizations you have made in this Section 2 have also been obtained from and are made with respect to your spouse, if this is a jointly filed return. None of Intuit Inc., Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ _____
Less TurboTax Premium Services or TurboTax MAX Fees	\$ _____
Less TurboTax Fees	\$ _____
Less Fees for Additional Products and Services Purchased	\$ _____
Expected Proceeds*	\$ _____

* These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2019 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the fees for TurboTax Premium Services or TurboTax MAX; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Processor to deduct thirty dollars (\$30.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$30.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees, fees for TurboTax Premium Services or TurboTax MAX, and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2019 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit Inc.) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit Inc. is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2019 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$30.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$30.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtptg.com>.

7. Disbursement Methods (Select One): You agree that the disbursement method selected below will be used by Processor to disburse funds to you.

a) ☐ Direct Deposit to Turbo(SM) Debit Visa(R) Card: If you choose this option, you authorize and request Processor to transfer the balance of your Deposit Account to Green Dot Bank, which issues the Turbo(SM) Debit Visa Card ("Card") you have obtained or are obtaining, so that Green Dot Bank may deposit the balance of your refund into your Card account. **Additional fees may be charged for the use of the Card. Please review the Deposit Account Agreement associated with the use of your Card to learn of other fees, charges, terms and conditions that will apply. Neither Bank nor Processor will be responsible for your funds once they have been deposited with Green Dot Bank.**

b) ☐ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

- ☐ Checking
☐ Savings

RTN # _____

Account # _____

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$30.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit Inc. are **not** responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$30.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$60.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

You must notify Processor in writing 3 business days prior to the date the account will be debited (as set forth in the email and/or written notices sent to you) to revoke the authorization for applicable fees agreed to in Section 4, and to afford Processor a reasonable opportunity to act on your request. You may notify us in writing at: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. **FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES:** In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, although in most circumstances you won't have use of the money until we complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 business days after the first deposit to the Deposit Account was made, (i) we may take up to 90 business days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

9. **Governing Law.** The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive laws of Ohio.

10. **Arbitration Provision.** You acknowledge that the services set forth in this Agreement are being made available and priced by Processor on the basis of your acceptance of the following arbitration provision ("Arbitration Provision"). By entering into this Agreement, you acknowledge that you are giving up the right to litigate Claims (as defined below) if you, Bank or Processor elects arbitration of the Claims pursuant to this provision, except as otherwise expressly provided herein, and you hereby knowingly and voluntarily waive the right to trial of all Claims subject to this Agreement. You further acknowledge that you have read this Arbitration Provision carefully, agree to its terms, and are entering into this Agreement voluntarily and not in reliance on any promises or representations whatsoever except those contained in this Agreement.

ARBITRATION NOTICE

THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION. PLEASE READ THIS PROVISION CAREFULLY, AS IT AFFECTS YOUR LEGAL RIGHTS.

10.1. **Arbitration of Claims:** Except as expressly provided herein, any claim, dispute or controversy (whether based upon contract; tort, intentional or otherwise; constitution; statute; common law; or equity and whether pre-existing, present or future), including initial claims, counter-claims, cross-claims and third-party claims, arising from or relating directly or indirectly to this Agreement, including the validity, enforceability, interpretation, scope, or application of the Agreement and this Arbitration Provision (except for the prohibition on class or other non-individual claims, which shall be for a court to decide) ("Claim") shall be decided, upon the election of you, Bank or Processor (or our agents, employees, successors, representatives, affiliated companies, or assigns), by binding arbitration before the American Arbitration Association ("AAA"). Arbitration replaces the right to litigate a claim in court or to have a jury trial. The AAA's phone number is 800-778-7879 and website is <http://www.adr.org>. You may obtain copies of the current rules, forms, and instructions for initiating an arbitration using the above information.

10.2. **Other Claims Subject to Arbitration:** In addition to Claims brought by you, Claims made by anyone connected with you or anyone making a Claim through you (including a taxpayer filing jointly, employee, agent, representative, affiliated company, predecessor or successor, heir, assignee, or trustee in bankruptcy) against us shall be subject to arbitration as described herein.

10.3. **Exceptions:** We agree not to invoke our right to arbitrate any individual Claim you bring in small claims court or an equivalent court so long as the Claim is pending only in that court. This Arbitration Provision also does not limit or constrain our right to interplead funds in the event of claims to the Account by several parties.

10.4. **Individual Claims Only:** Claims may be submitted to arbitration on an individual basis only. Claims subject to this Arbitration Provision may not be joined or consolidated in arbitration with any Claim of any other person or be arbitrated on a class basis, in a representative capacity on behalf of the general public or on behalf of any other person, unless otherwise agreed to by the parties in writing. However, taxpayers filing jointly and party to this Agreement are considered as one person; Processor and its officers, directors, employees, agents, and affiliates are considered as one person; and Bank and its officers, directors, employees, agents, and affiliates are considered as one person.

10.5. **Arbitration Fees:** If you initiate arbitration, we will advance any arbitration fees, including any required deposit. If we initiate or elect arbitration, we will pay the entire amount of the arbitration fees, including any required deposit. We will also be responsible for payment and/or reimbursement of any arbitration fees to the extent that such fees exceed the amount of the filing fees you would have incurred if your Claim had been brought in the state or federal court nearest your residence with jurisdiction over the Claims.

10.6. **Procedure:** A single arbitrator will resolve the Claims. The arbitrator will be a lawyer with at least ten years experience or who is a former or retired judge. The arbitration shall follow the rules and procedures of the arbitration administrator in effect on the date the arbitration is filed, except when there is a conflict or inconsistency between the rules and procedures of the arbitration administrator and this Arbitration Provision, in which case this Arbitration Provision shall govern. Any in-person arbitration hearing for a Claim shall take place within the federal judicial district in which you live or at such other reasonably convenient location as agreed by the parties. The arbitrator shall apply applicable substantive law consistent with the Federal Arbitration Act, 9 U.S.C. § 1 et seq. (the "FAA") and shall honor all claims of privilege and confidentiality recognized at law. All statutes of limitations that would otherwise be applicable shall apply to any arbitration proceeding. The arbitrator shall be empowered to grant whatever relief would be available in court under law or in equity. Any appropriate court may enter judgment upon the arbitrator's award. This Arbitration Provision is made pursuant to a transaction involving interstate commerce, and shall be governed by the FAA.

11. Customer Identity Validation Disclosure. To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2019 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2019 TurboTax^(R) User Agreement, (iii) You consent to the release of your 2019 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Civista Bank Tax Product Privacy Policy

FACTS What does Civista Bank do with your Personal Information?

Why?	Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.																									
What?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none">• Social Security number and account balances• payment history and transaction history• overdraft history and account transactions <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>																									
How?	All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing.																									
<table><tr><th>Reasons we can share your personal information</th><th>Does Civista Bank Share?</th><th>Can you limit this sharing?</th></tr><tr><td>For our everyday business purposes — such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.</td><td>Yes</td><td>No</td></tr><tr><td>For our marketing purposes — to offer our products and services to you.</td><td>No</td><td>We don't share</td></tr><tr><td>For joint marketing with other financial companies.</td><td>No</td><td>We don't share</td></tr><tr><td>For our affiliates' everyday business purposes — information about your transactions and experiences.</td><td>No</td><td>We don't share</td></tr><tr><td>For our affiliates' everyday business purposes — information about your creditworthiness.</td><td>No</td><td>We don't share</td></tr><tr><td>For our affiliates to market to you.</td><td>No</td><td>We don't share</td></tr><tr><td>For non affiliates to market to you.</td><td>No</td><td>We don't share</td></tr></table>			Reasons we can share your personal information	Does Civista Bank Share?	Can you limit this sharing?	For our everyday business purposes — such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No	For our marketing purposes — to offer our products and services to you.	No	We don't share	For joint marketing with other financial companies.	No	We don't share	For our affiliates' everyday business purposes — information about your transactions and experiences.	No	We don't share	For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share	For our affiliates to market to you.	No	We don't share	For non affiliates to market to you.	No	We don't share
Reasons we can share your personal information	Does Civista Bank Share?	Can you limit this sharing?																								
For our everyday business purposes — such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No																								
For our marketing purposes — to offer our products and services to you.	No	We don't share																								
For joint marketing with other financial companies.	No	We don't share																								
For our affiliates' everyday business purposes — information about your transactions and experiences.	No	We don't share																								
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share																								
For our affiliates to market to you.	No	We don't share																								
For non affiliates to market to you.	No	We don't share																								
Questions?	Call Toll Free: 800-901-6663 or go to www.civistabank.com																									

Who we are	
Who is providing this notice?	Civista Bank
What we do	
How does Civista Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Civista Bank collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us, tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> • Sharing for affiliates everyday business purposes — information about your creditworthiness, • Affiliates from using your information to market to you, • Sharing for non affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • Civista Bank does not share with our affiliates.
Non affiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> • Civista Bank does not share with non affiliates so they can market to you.
Joint Marketing	<p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • Civista Bank does not jointly market.
Other Important Information	
This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.	
This Notice applies only to individuals who have applied for a tax-related bank product.	

We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax and to evaluate your current and future eligibility for the Refund Processing Service.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. You specify that your consent is valid for three years from the date of this signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name(s) and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2019 return to determine whether a portion of the refund can be used to pay my fees and to evaluate my current and future eligibility for the Refund Processing Service.

Seyed
First Name

Razavi
Last Name

Please type the date below:

04/12/2020

Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Green Dot Bank, Member FDIC ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2019 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Seyed

Razavi

Please type the date below:

04/13/2020

Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Civista Bank of Sandusky, OH ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2019 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Please type the date below:

Date

FORM 1040 or FORM 1040-SR WORKSHEET
NOTE: Form 1040, 1040-SR and Schedules 1 - 3 are fully calculated.

2019

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.
Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

Form 1040 or Form 1040SR Worksheet Navigation QuickZooms

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ► _____
QuickZoom to Schedule 2 — Additional Taxes ► _____
QuickZoom to Schedule 3 — Additional Credits and Payments ► _____

Form 1040 or Form 1040-SR - Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2019, or other tax year
beginning _____, 2019, ending _____, 20 ____.

Your First Name _____ MI _____ Last Name _____ Your Social Security No. _____
Seyed H Razavi 618-69-2705
If Joint Return, Spouse's First Name MI Last Name Spouse's Social Security No. _____
Home Address (No. and Street). If You Have a P.O. Box, See Instructions. Apt. No. _____
7240 El Cajon Blvd 19
City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code _____
San Diego CA 92115-1800
Foreign country name Foreign province/state/county Foreign postal code _____

QuickZoom to explanation statement for overseas extension ►

Presidential Election Campaign

Checking a box below will not change your tax or refund.
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund ► ☐ **You** . . ☐ **Spouse**

Filing Status

Check only one box.
All entries for filing status and dependents should be made on the Federal Information Worksheet.

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

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

Dependents: (1) First name		Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifies for (see instr): under age 17 qualify- ing for child tax credit		Credit for other dependents

QuickZoom to the Federal Information Worksheet
QuickZoom to the Dependent and Nondependent Information Worksheet

<input type="checkbox"/>	Someone can claim you as a dependent
<input type="checkbox"/>	Someone can claim your spouse as a dependent

a Check if: ☐ **You** were born before January 2, 1955, ☐ Blind.
☐ **Spouse** was born before January 2, 1955, ☐ Blind.
Total boxes checked ▶ **a** ☐

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

Form 1040 or Form 1040-SR, Lines 1 - 6

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	41,048.
2 a	Tax-exempt interest 2a		
b	Taxable interest	2b	
3 a	Qualified dividends (see instructions) 3a		
b	Ordinary dividends. Attach Schedule B if required	3b	
4	IRA distributions 4a		
	Taxable amount (see instructions) 4b		
	Pensions and annuities 4c		
	Taxable amount (see instructions) 4d		
5 a	Social security benefits 5a		
b	Taxable amount (see instructions) 5b		
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>	6	

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income. ▶

Form 1040 or Form 1040-SR, Lines 7 and 8

7 a	Other income from Schedule 1, line 9	7a	-4,862.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6 and 7a. This is your total income	7b	36,186.
8 a	Adjustments to income from Schedule 1, line 22	8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income . AGI including excludable Puerto Rico Income	8b	36,186.

Form 1040 or Form 1040-SR, Line 9 — Standard or Itemized Deduction

9	Standard deduction or itemized deductions (from Schedule A) Standard Deduction for — <ul style="list-style-type: none"> ● People who checked blind or over 65 or who can be claimed as a dependent, see instructions. ● All others: <ul style="list-style-type: none"> ● Single or Married filing separately: \$12,200 ● Married filing jointly or Qualifying widow(er): \$24,400 ● Head of household: \$18,350 QuickZoom to the Standard Deduction Worksheet Itemized deductions (from Schedule A) or your standard deduction , see above Subtract itemized or standard deduction from adjusted gross income amount	9	12,200. 23,986.
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Form 1040 or Form 1040-SR, Lines 10 - 12

10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	0.
11 a	Add lines 9 and 10	11a	12,200.
b	Taxable Income. Subtract line 11a from line 8b	11b	23,986.

12 a	Tax. (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>		
			2,683.
b	Add Schedule 2, line 3 and line 12a and enter total	12b	2,683.
QuickZoom to Schedule 2 - Additional Tax section			

Form 1040 or Form 1040-SR, Line 13 - 16

13 a	Child tax credit/credit for other dependents	13a	
b	Add Schedule 3, line 7 and line 13a and enter the total.	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	2,683.
15	Other taxes, including self-employment tax, from Schedule 2, line 10.	15	0.
16	Add lines 14 and 15. This is your total tax	16	2,683.
QuickZoom to Schedule 3 — Additional Credits and Payments			

Form 1040 or Form 1040-SR, Lines 17 - 19

17	Federal income tax withheld from Forms W-2 and 1099	17	4,105.
18	Other payments and refundable credits:		
a	Earned income credit (EIC) No		
	Nontaxable combat pay election		
b	Add'l child tax credit. Attach Schedule 8812		
c	American opportunity credit from Form 8863, line 8.		
d	Schedule 3, line 14.		
e	Add lines 18a through 18d. These are your other payments and refundable credits	18e	
19	Add Lines 17 and 18e. These are your total payments	19	4,105.
QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated			
QuickZoom to "due diligence checklist" substitute for Form 8867			
QuickZoom to Schedule 3 — Additional Credits and Payments			

Form 1040 or Form 1040-SR, Lines 20 - 22

Refund:			
20	If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid	20	1,422.
21 a	Amount of overpayment you want refunded to you . If Form 8888 is attached, check here.	21	1,422.
b	Routing number		121000358
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number		325135616866
22	Amount of overpayment on line 20 you want applied to your 2020 estimated tax		

Form 1040 or Form 1040SR, Lines 23 - 24

Amount You Owe:			
23	Subtract line total payments from total tax	23	
24	Estimated tax penalty (see instructions)	24	
QuickZoom to Late Penalties and Interest Worksheet			
QuickZoom.			

Schedule 1 - Additional Income and Adjustments

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? (Entry is required when Schedule 1 is part of the return). . . . ☐ Yes ☒ No

Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . .	1	
--	----------	--

Alimony Received Smart Worksheet

Taxpayer	Spouse	Date of divorce/sep	*
A _____	_____	_____	<input type="checkbox"/>
B _____	_____	_____	<input type="checkbox"/>

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nontaxable

2 a Alimony received. . . . Taxpayer _____ Spouse _____ b Date of original divorce or separation agreement ► _____	2a	
3 Business income or (loss). Attach Schedule C	3	-4,862.
4 Other gains or (losses). Attach Form 4797	4	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6 Farm income or (loss). Attach Schedule F	6	
7 Unemployment compensation (see instr.)	7	
8 Other income. List type and amount (see instructions). _____	8	
9 Combine lines 1 through 8. Enter here and include on Form 1040 or 1040SR, line 7a ► Total Income. Combine Form 1040 lines 1- 6 and Schedule 1, line 9 , enter on Form 1040, line 7b ► 36,186.	9	-4,862.

Quickzoom to 1040 Worksheet, line 7b — Total Income. ► **QuickZoom.**

Part II Adjustments to Income

10 Educator expenses 11 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 12 Health savings account deduction. Attach Form 8889 13 Moving expenses. Attach Form 3903 14 Deductible part of self-employment tax. Attach Schedule SE 15 Self-employed SEP, SIMPLE, and qualified plans 16 Self-employed health insurance deduction 17 Penalty on early withdrawal of savings.	10 11 12 13 14 15 16 17	
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Alimony Paid Smart Worksheet

Recipient's name	Recipient's SSN	Date of divorce/sep	*	Alimony paid
A _____	_____	_____	<input type="checkbox"/>	_____
B _____	_____	_____	<input type="checkbox"/>	_____

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nondeductible

18 a Alimony paid b Recipient's SSN ► _____ c Date of original divorce or separation agreement ► _____	18 a 19 20 21 22	
19 IRA deduction	19	
20 Student loan interest deduction	20	
21 Tuition and fees. Attach Form 8917	21	
22 Add lines 10 through 21 These are your adjustments to income. Enter on Form 1040 or 1040-SR, line 8a	22	

Schedule 2 - Additional Taxes**Part I Tax**

1	Alternative minimum tax (see instructions). Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or Form 1040SR, line 12b ▶	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 Explain underreported tips	5	
6	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	6	
7 a	Household employment taxes from Schedule H	7 a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) . . ▶ _____ _____	8	
9	Section 965 net tax liability installment from Form 965-A. 9 _____		
10	Add lines 4 through 8. These are your total other taxes Enter here and on Form 1040 or 1040-SR, line 15 ▶	10	0.
	Total tax (add line 10 and Schedule 3, line 7b)		2,683.

Schedule 3 - Additional Credits and Payments**Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential Energy Credit. Attach Form 5695	5	
6	Other credits from Form:		
a	<input type="checkbox"/> 3800		
b	<input type="checkbox"/> 8801		
c	<input type="checkbox"/>	6	
7	Add lines 1 through 6 plus child tax credit/credit for other dependents line 13a Enter here and include on Form 1040 or 1040-SR, line 13b	7	
a	Total non-refundable credits		
b	Subtract total credits on line 7 from tax on line 12b above		2,683.
Quickzoom to 1040 Worksheet, line 16 — Total Tax		QuickZoom. . .	

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form:		
a	<input type="checkbox"/> 2439		
b	<input type="checkbox"/> Reserved		
c	<input type="checkbox"/> 8885		
d	<input type="checkbox"/>	13	
14	Total Payments (Part II, lines 8-13) and Withholding (Form 1040, line 17).	14	4,105.
Other Payments and Refundable Credits (Form 1040, line 18e) ▶			

Third Party Designee

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

Designee's Name ▶

Phone No. ▶ Personal Identification Number (PIN) . . . ▶

Signature and Paid Preparer**Sign Here**

Joint return? See instructions.
Keep a copy of this return for your records.

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 accurately list all amounts and sources of income I received during the year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature	Date	Your Occupation	If the IRS sent you an Identity Protection PIN, enter it here
Spouse's Signature. If joint, both must sign.	Date	Spouse's Occupation	
Daytime Phone No. (858) 531-4256			

Paid Preparer's Use Only

Print/Type Preparer's name	Preparer's PTIN	Check if:
Preparer's Signature	Date	<input type="checkbox"/> 3rd Party Designee
Firm's Address (or yours if self-employed)	Firm's EIN.	Phone No.
Self-Prepared	State	ZIP Code

Filing Address Information

Send Form 1040 to: You have chosen to electronically file this return.

Name(s) Shown on Return Seyed H Razavi	Your SSN 618-69-2705
---	-------------------------

Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2018 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0 .
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0 .

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 15.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State, local, and foreign income taxes allocable to net investment income

1	State and local income taxes	1	
2	Investment income.	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount.	4	
5	State and local income taxes allocable to investment income	5	
6	State and local taxes (Schedule A, line 5e)	6	
7	Lesser of line 5 or line 6.	7	
8	Foreign income taxes	8	
9	Foreign income taxes allocable to investment income. Line 8 times line 4.	9	
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income	10	

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Reserved	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px;"></div>	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 8	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	
7	Subtract line 6 from line 5.	7	
8	Enter the lesser of line 7 or line 4	8	

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2018	(c) Suspended 12/31/2019	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2018	(c) Suspended 12/31/2019	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2018	(c) Suspended 12/31/2019	(d) Used against activity	(e) Used against other passive

Federal Information Worksheet

► Keep for your records

2019

Part I – Personal InformationInformation in Part I is **completely calculated** from entries on Personal Information Worksheets.**Taxpayer:**

First name Seyed
 Middle initial H Suffix
 Last name Razavi
 Social security no. 618-69-2705
 Occupation student
 Date of birth 07/10/1985 (mm/dd/yyyy)
 Age as of 1-1-2020 34
 Daytime phone (858) 531-4256 Ext _____
 Legally blind ☐
 Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
 If yes, **was** taxpayer claimed as dependent on that person's return? . . . ☐ Yes ☒ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☒ No

Spouse:

First name
 Middle initial Suffix
 Last name
 Social security no.
 Occupation
 Date of birth (mm/dd/yyyy)
 Age as of 1-1-2020
 Daytime phone Ext _____
 Legally blind ☐
 Date of death

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☐ No
 If yes, **was** spouse claimed as dependent on that person's return? . . . ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

Part II – Address and Federal Filing Status (enter information in this section)**US Address:**

Address 7240 El Cajon Blvd Apt no. . . 19
 City San Diego State . . . CA ZIP code . . 92115-1800

Foreign Address: Check this box to use foreign address . . ☐

Address Apt no. . .
 City
 Foreign code . . . Foreign country . . .
 Foreign province/county . . . Foreign postal code . . .

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone . . .
 Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Print Form 1040-SR instead of Form 1040 ☐ Yes ☒ No

Federal filing status:

☒ 1 Single
☐ 2 Married filing jointly
☐ 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year. ☐
 Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help). ☐
☐ 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name . . . MI . . . Last Name . . . Suff . . .
 Child's social security number . . .
☐ 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2017 ☐ 2018 ☐
 Are you a dependent with a qualifying child Yes ☐ No ☐
 Enter qualifying person's name:
 Child's First name . . . MI . . . Last Name . . . Suff . . .
 Child's social security number . . .

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)		E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2019					

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☐ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States
for more than half of 2019? ☐ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to
get a federally funded benefit, such as Medicaid, and the Social Security card
contains the legend **Not Valid for Employment**, check this box (see Help) ☐

Check if you are filing head of household **and** your spouse is a nonresident alien
and you lived with your spouse during the last six months of 2019 ☐

Check if you were notified by the IRS that EIC cannot be claimed in 2019 or
if you are ineligible to claim the EIC in 2019 for any other reason ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☒ Yes ☐ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☐ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) Bank of America

Check the appropriate box. ☒ Checking ☐ Savings

Routing number. 121000358 Account number 325135616866

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ▶ _____
Balance-due amount from this return ▶ _____

Amended Returns:

Do you want to elect **direct debit** of federal **amended** balance due (e-File only)? . . . ☐ Yes ☐ No

Enter the payment date to withdraw from the account above

Balance-due amount from this **amended** return

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ☐

Check this box if you are married filing separately and your spouse itemized deductions ☐

Check this box to take the standard deduction even if less than itemized deductions ☐

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ☐ Yes ☐ No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ☐ Yes ☐ No

Is the spouse a full-time student? ☐ Yes ☐ No

American Opportunity and Lifetime Learning Credit (Form 8863)

For 2019, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ▶ ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐

Resident country

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands	_____
Excludable income from Puerto Rico	_____

Dual Status Alien Return:

Check this box if you are a dual-status alien ☐

Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040. ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name ▶ _____

Third party designee phone number . . . ▶

Personal Identification number (enter any 5 numbers) . . ▶

Part VI – Additional Information for Your Federal Return - Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed
returns when Form 1310 is not filed or it is not the
surviving spouse ▶ _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2019 ▶ CA

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒

Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2019 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☐

Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 13440

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number E1866033

Issued by what state

CA

License or ID

license . ▶

☒

ID . ▶

☐

neither . ▶

☐

decline. ▶

☐

Spouse

Drivers license or state ID number _____

Issued by what state

License or ID

license . ▶

☐

ID . ▶

☐

neither . ▶

☐

decline. ▶

☐

**Personal Information Worksheet
For the Taxpayer**

2019

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . Seyed Middle initial . H Last name . . . Razavi

Suffix

Social security no. . . 618-69-2705 Member of U.S. Armed Forces in 2019? . . ☐ Yes ☒ No

Date of birth 07/10/1985 (mm/dd/yyyy) age as of 1-1-2020 34

Occupation student Daytime phone (858) 531-4256 Ext

Marital status . . . Single

If widowed, check the appropriate box for the year your spouse died:

After 2019 ► ☐ 2019 . ► ☐ 2018 . ► ☐ 2017 . ► ☐ Before 2017 . ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help) ► ☐ Yes ☐ No

Check if this person is legally blind ► ☐ Yes ☒ No

If deceased, enter the date of death ► (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2020 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☒ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☒ No

*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*

3 Were you a full-time student during any part of five months during 2019? ► ☐ Yes ☒ No

4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2019? ► ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2019 CA

Check the appropriate box:

This person is a resident of the state above for the entire year ☒

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ►

In which state (or foreign country) did this person reside before this change? ►

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2019

Unreimbursed medical expenses paid for qualifying person in 2019

Employment taxes paid for dependent care providers in 2019

Full-time student for 5 calendar months during 2019? ► ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? ► ☐ Yes ☐ No

This person is a qualifying person for the child and dependent care credit ► ☐ Yes ☒ No

Student Information Worksheet

2019

► Keep for your records

Name of Student Seyed H Razavi	Social Security Number 618-69-2705
-----------------------------------	---------------------------------------

Part I – Student Status

- 1 Was this person a student during 2019? ☐ Yes ☒ No
- 2 What kind of school did the student attend during 2019? (Check all that apply.)

a <input type="checkbox"/> Elementary	d <input type="checkbox"/> Vocational school	g <input checked="" type="checkbox"/> Not applicable
b <input type="checkbox"/> High school (secondary)	e <input type="checkbox"/> Military academy	
c <input type="checkbox"/> College (postsecondary)	f <input type="checkbox"/> Apprenticeship (Qualified Tuition Program only)	
- 3 Did the student receive scholarships or other education assistance? ☐ Yes ☐ No
- 4 Qualified Tuition Program only:
 - a Did the student make any education loan payments to treat as expenses? ☐ Yes ☐ No
 If Yes, or line 2f is checked, complete the Apprenticeship and Education Loan Smart Worksheet in Part VIII, Qualified Tuition Program (Section 529 Plan) below.

Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2019? ☐ Yes ☐ No ☒ NA
- 2 Was this student enrolled at an eligible education institution during 2019? ☐ Yes ☐ No ☒ NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? ☐ Yes ☐ No ☒ NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? ☐ Yes ☐ No ☒ NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? ☐ Yes ☐ No ☒ NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? ☐ Yes ☐ No ☐ NA
- 7 Is this student an eligible dependent of the taxpayer? ☐ Yes ☐ No ☒ NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? 4
- 9 In how many prior years has a Hope Credit been claimed for this student

Part III – Education Credit Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? ☐ Yes ☒ No
- 2 Is this student qualified for the Lifetime Learning Credit? ☐ Yes ☒ No
- 3 Is this student qualified for the Tuition and Fees Deduction? ☐ Yes ☒ No

Part IV – Educational Institution and Tuition Summary

Received 2018 1098T with Box 2 filled and box 7 checked?					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
Totals					

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) ☐ Yes ☐ No

Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)

	Total	Taxable	Tax-free
1 Educational assistance that is always tax-free:			
a Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
b Other veteran assistance or certain Indian tribal payments	_____		
c Other tax-free employer-provided assistance	_____		
d Total	_____		_____
2 Scholarships, fellowships, and grants not reported on Form W-2:			
a Scholarships and grants from Part IV above	_____		
b Other scholarships, fellowships and grants	_____		
c Total	_____		
3 Scholarship reported in 2019 not allocable to 2019 expense	_____		
4 Amount required to be used for other than qualified education expenses		_____	
5 Subtract line 3 and 4 from line 2c.	_____		
6 Total qualified education expenses from Part VI below.	_____ 0 .		
7 If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-.			_____
8 Subtract line 7 from line 5.		_____	
9 Taxable part. Add lines 4 and 8.		_____	
10 Tax-free educational assistance. Add lines 1d and 7			_____

Part VI – Education Expenses

Description	Total	Amount eligible for						
		American Opportunity Credit Not Qualified	Lifetime Learning Credit Not Qualified	Tuition and Fees Deduction Not Qualified	Qualified Higher Education Expense for 529 Plan Not Applicable	Qualified Higher Education Expense for ESA Not Applicable	Qualified Higher Education Expense for US Bonds Not Applicable	Qualified Elementary and Secondary Expense for ESA and QTP Not Applicable
Expenses:								
1 Tuition paid from Part IV and qualified elementary and secondary tuition.	_____							
Paid to institution as a condition of enrollment:								
2 Fees	_____							
3 Books, supplies, equipment Paid to other than institution or not a condition of enrollment:	_____							
4 Books, supplies, equipment	_____							
5 Other course-related . . .	_____							
6 Room and board	_____							
7 Special needs expenses . .	_____							
8 Computer expenses	_____							
9 QTP or ESA contribution . .	_____							
10 Academic tutoring	_____							
11 Uniforms	_____							
12 Transportation	_____							
13 Total qualified expenses . .	_____							
Adjustments:								
14 Refunds	_____							
15 Tax-free assistance	_____							

16	Deducted on Sched A . . .							
17	Used for credit or deduction							
18	Used for exclusion		0.	0.	0.			
	See tax help							
19	Total adjustments.		0.	0.	0.			
20	Adjusted qualified expenses	0.	0.	0.	0.	0.	0.	0.

Seyed H Razavi

618-69-2705 Page 3

Part VII – Education Credit or Deduction Election

1	Elect credit or deduction which results in best tax outcome.	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit	<input type="checkbox"/>
4	Elect the tuition and fees deduction	<input type="checkbox"/>
4	Not applicable	<input type="checkbox"/>

Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Enter the total distributions from this QTP during 2019	
2	Enter the amount of adjusted qualified education expenses attributable to this QTP:	
a	Qualified Education Loan Payments	
b	Qualified Education Loan Payments applied	
c	Qualified Apprenticeship Education Expenses	
d	Qualified Apprenticeship Education Expenses applied	
e	Qualified Elementary and Secondary Education Expenses	
f	Qualified Elementary and Secondary Education Expenses applied	
g	Adjusted Qualified Higher Education Expenses	
h	Adjusted Qualified Higher Education Expenses applied	
3	Total qualified education expenses attributable to this QTP	
4	Excess distributions. Subtract line 3 from line 1.	
	If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2	
6	Fraction. Divide line 3 by line 1.	
7	Multiply line 5 by line 6.	
8	Earnings taxable to recipient. Subtract line 7 from line 5.	

Part IX – Education Savings Account (ESA)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q. . .	
2	Qualified Elementary and Secondary Education Expenses	
3	Qualified Elementary and Secondary Education Expenses applied	
4	Subtract line 3 from line 1.	
5	Adjusted Qualified Higher Education Expenses	
6	Qualified Higher Education Expenses applied to ESA distributions	
7	Excess distributions. Subtract line 6 from line 4.	
8	Distributions taxable to recipient	

Part X – Series EE and I U.S. Savings Bonds Issued After 1989

1	Total proceeds from U.S. Savings Bonds cashed during 2019 for this student.	
2	Adjusted Qualified Higher Education Expenses.	
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest	
4	Interest included in line 1	
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name

Street address

Street address

City

State

Zip Code

City

State

Zip Code

► Keep for your records

Name(s) Shown on Return
Seyed H RazaviSocial Security Number
618-69-2705

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	41,048.		41,048.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	4,105.		4,105.
3 & 7	Total social security wages/tips	41,325.		41,325.
4	Total social security tax withheld	2,562.		2,562.
5	Total Medicare wages and tips	41,324.		41,324.
6	Total Medicare tax withheld	599.		599.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	1,958.		1,958.
b	Elective deferrals to qualified plans	277.		277.
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	1,681.		1,681.
14 a	Total deductible mandatory state tax	347.		347.
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14	66.		66.
16	Total state wages and tips.	41,048.		41,048.
17	Total state tax withheld	1,723.		1,723.
19	Total local tax withheld.			

Name
Seyed H RazaviSocial Security Number
618-69-2705**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. . . 618-69-2705
b Employer ID number (EIN). . . 52-1822806
c Employer's name, address, and ZIP code
AEROTEK, INC
 Street 7301 PARKWAY DR
 City HANOVER
 State MD ZIP Code 21076
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation
27,868.83
3 Social security wages
27,868.83
5 Medicare wages and tips
27,868.83
7 Social security tips

2 Federal income tax withheld
2,905.12
4 Social security tax withheld
1,727.87
6 Medicare tax withheld
404.10
8 Allocated tips

► Enter unreported tips in **Part VII** on Page 2 below.**d** Control number _____**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Seyed M.I. H
 Last Razavi Suff. _____
f Employee's address and ZIP code
 Street 6611 CLARA LEE AVE
 City SAN DIEGO
 State CA ZIP Code 92120
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

9 _____**10** Dependent care benefits**11** Nonqualified plans

Distributions from sect. 457 and nonqualified plans (Important, see Help)

12 Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:
<u>DD</u>	<u>887.85</u>	A: Enter amount attributable to RRTA Tier 2 tax _____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax _____
_____	_____	P: Double click to link to Form 3903, line 4. . . _____
_____	_____	R: Enter MSA contribution for Taxpayer . . . _____
_____	_____	Spouse _____
_____	_____	W: Enter HSA contribution for Taxpayer . . . _____
_____	_____	Spouse _____
_____	_____	G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>CA</u>	<u>37437290</u>	<u>27,868.83</u>	<u>1,238.11</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
<u>CASDI</u>	<u>278.69</u>	<u>California SDI tax</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name
Sayed H RazaviSocial Security Number
618-69-2705**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. . . 618-69-2705
b Employer ID number (EIN). . . 47-3600855
c Employer's name, address, and ZIP code
Kelly Services USA, LLC
 Street 999 West Big Beaver Rd., STE 601A
 City Troy
 State MI ZIP Code 48084
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation
6,618.27
3 Social security wages
6,618.27
5 Medicare wages and tips
6,618.27
7 Social security tips

2 Federal income tax withheld
571.97
4 Social security tax withheld
410.33
6 Medicare tax withheld
95.96
8 Allocated tips

► Enter unreported tips in **Part VII** on Page 2 below.**d** Control number _____**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Sayed M.I. H
 Last Razavi Suff. _____
f Employee's address and ZIP code
 Street 7240 EL CAJON BLVD, APT. 19
 City SAN DIEGO
 State CA ZIP Code 92115
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

9 _____**10** Dependent care benefits**11** Nonqualified plansDistributions from sect. 457 and nonqualified plans
(Important, see Help)**12** Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:	
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax	_____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax	_____
_____	_____	P: Double click to link to Form 3903, line 4. . .	_____
_____	_____	R: Enter MSA contribution for Taxpayer . . .	_____
_____	_____	Spouse	_____
_____	_____	W: Enter HSA contribution for Taxpayer . . .	_____
_____	_____	Spouse	_____
		G: <input type="checkbox"/> Employer is not a state or local government	

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>CA</u>	<u>473600855</u>	<u>6,618.27</u>	<u>233.25</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
<u>CA-VPDI</u>	<u>66.18</u>	<u>California VPDI tax</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name
Sayed H RazaviSocial Security Number
618-69-2705**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. . . 618-69-2705
b Employer ID number (EIN). . . 94-1695243
c Employer's name, address, and ZIP code
Kyocera International, Inc.
 Street 8611 Balboa Ave
 City San Diego
 State CA ZIP Code 92123
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation
6,560.57
3 Social security wages
6,837.49
5 Medicare wages and tips
6,837.49
7 Social security tips

2 Federal income tax withheld
628.25
4 Social security tax withheld
423.92
6 Medicare tax withheld
99.14
8 Allocated tips

► Enter unreported tips in **Part VII** on Page 2 below.**d** Control number _____**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Hamid M.I. _____
 Last Razavi Suff. _____
f Employee's address and ZIP code
 Street 7240 El Cajon Blvd, Apt #19
 City San Diego
 State CA ZIP Code 92115
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

9 _____
11 Nonqualified plans
0.00

12 Enter box 12 below _____

13 ☐ Statutory employee
☒ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

10 Dependent care benefits
 Distributions from sect. 457 and nonqualified plans (Important, see Help)

Box 12 Code	Box 12 Amount	If Box 12 code is:	
<u>C</u>	<u>8.68</u>	A: Enter amount attributable to RRTA Tier 2 tax	_____
<u>D</u>	<u>276.92</u>	M: Enter amount attributable to RRTA Tier 2 tax	_____
<u>DD</u>	<u>784.34</u>	P: Double click to link to Form 3903, line 4. . .	_____
_____	_____	R: Enter MSA contribution for Taxpayer . . .	_____
_____	_____	Spouse . . .	_____
_____	_____	W: Enter HSA contribution for Taxpayer . . .	_____
_____	_____	Spouse . . .	_____
		G: <input type="checkbox"/> Employer is not a state or local government	

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>CA</u>	<u>20221636</u>	<u>6,560.57</u>	<u>251.81</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
<u>CASDI</u>	<u>68.29</u>	<u>California SDI tax</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

1098-T
Worksheet

Tuition Statement
► Keep for your records

2019

Taxpayer's name <u>Seyed H Razavi</u>	Social Security No. <u>618-69-2705</u>
--	---

1098-T Information (Required):

- A** A Form 1098-T was received from this institution for 2019. Yes ☒ No ☐
- B** A Form 1098-T was received from this institution for **2018** with Box 2 filled in and Box 7 checked Yes ☐ No ☒

Identify Student (Required):

- A** If student is Seyed
Double-click to link this 1098-T to the applicable **Taxpayer or Spouse Student Information Worksheet** ► Seyed
- B** If student is _____
Double-click to link this 1098-T to the applicable **Dependent Student Information Worksheet** ► _____

Filer's name <u>UC San Diego</u> Street address <u>9500 Gilman Drive</u> City _____ State _____ Zip Code _____ <u>La Jolla</u> <u>CA</u> <u>92117</u> Foreign province/county _____ Foreign postal code _____ Foreign country _____		1 Payments received for qualified tuition and related expenses \$ _____ 2 _____ 3 _____	
Filer's Employer Identification Number <u>95-6006144</u>	Student's Taxpayer Identification Number <u>618-69-2705</u>	4 Adjustments made for a prior year \$ _____	5 Scholarships or grants \$ _____
Student's name <u>Seyed</u> Street address _____ Apt. No. <u>19</u> <u>7240 El Cajon Blvd</u> City _____ State _____ Zip Code _____ <u>San Diego</u> <u>CA</u> <u>92115-1800</u>		6 Adjustments to scholarships or grants for a prior year \$ _____	7 Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2020 ► <input type="checkbox"/>
Service Provider/ Acct No _____	8 Check if at least half-time student ► <input type="checkbox"/>	9 Check if a graduate student . . ► <input type="checkbox"/>	10 Ins. contract reimb./refund \$ _____

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses

- A** Enter box 1 amount **not** paid during 2019 _____
- B** Enter box 1 amount actually paid during 2019 _____

Reconciliation of Box 5, Scholarships or Grants

- A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . . _____
- B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . . _____
- C** Portion of box 5 amount from scholarships or grants _____
- D** Box 5 amount includes veteran- or employer-provided educational assistance ☐

Form 1099-Q Summary**2019**

► Keep for your records

Name(s) Shown on Return

Seyed H Razavi

Social Security No.

618-69-2705

Coverdell Educational Savings Account (ESA) Distributions		Recipient Taxpayer	Recipient Spouse
1	Total gross distributions from box 1 of Form 1099-Q		
a	Less: Rollover to another ESA of beneficiary		
b	Less: Transfer to another family member		
c	Less: Transfer to a non-family member		
d	Less: Return of 2019 contributions		
e	Less: Return of pre 2019 contributions. These are reported on the tax return in the year the contribution was made, not on the 2019 tax return		
2	Balance of gross Coverdell ESA distributions		
3	Education expenses not used as basis for credits		
4	Amount of ESA distributions after return of basis		
5	Earnings on return of 2019 contributions		
6	Earnings on non-family member transfer		
7	Taxable amount of ESA distributions on line 2		
8	Taxable amount included on Schedule 1 (Form 1040), line 21		
9	Non-taxable ESA distributions		
Gross State Qualified Tuition Plan (QTP) Distributions			
10	Total gross distributions from box 1 of Form 1099-Q		
a	Less: Rollover to another QTP of beneficiary		
b	Less: Transfer to another family member		
c	Less: Transfer to a non-family member		
d	Less: Expenses refunded and recontributed		
11	Balance of gross state QTP distributions		
12	Earnings on state QTP distributions on line 11		
Gross Private Qualified Tuition Plan (QTP) Distributions			
13	Total gross distributions from box 1 of Form 1099-Q		
a	Less: Rollover to another QTP of beneficiary		
b	Less: Transfer to another family member		
c	Less: Transfer to a non-family member		
d	Less: Expenses refunded and recontributed		
14	Balance of gross private QTP distributions		
15	Earnings on private QTP distributions on line 14		
Taxable Qualified Tuition Plan (QTP) Distributions			
16	Balance of gross QTP distributions.		
17	Earnings on QTP distributions on line 16		
18	Education expenses not used as basis for credits		
19	Non-taxable QTP distributions		
20	Taxable amount of earnings on line 17		
21	Earnings on non-family member transfer (state)		
22	Earnings on non-family member transfer (private)		
23	Taxable amount included on Schedule 1 (Form 1040), line 21		

Qualified Tuition Plan (QTP) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Earnings	Expenses	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total.							

Educational Savings Account (ESA) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total.					

Wages, Salaries, & Tips Worksheet

2019

► Keep for your records

Name(s) Shown on Return <u>Seyed H Razavi</u>	Social Security Number <u>618-69-2705</u>
--	--

The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	41,048.		41,048.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ► <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2019			
b _____			

10 Subtotal.			
Add lines 1 through 9	41,048.		41,048.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income:			

15 Total of lines 10 through 14	41,048.		41,048.

Qualified Business Income Component Worksheet

2019

► Keep for your records

Name(s) Shown on Return Seyed H Razavi	Social Security Number 618-69-2705
---	---------------------------------------

Aggregate trade or business name ridshare driving and food delivery
 Aggregate trade or business ID number (EIN) _____
 Social Security Number of owner if no EIN available 618-69-2705
 Reason for no EIN or SSN if none available _____

For multiple businesses being aggregated under Regulations section 1.199A-4, complete the explanation statements below.

Provide a description of the trade or business and an explanation of the factors met that allow the aggregation in accordance with Regulations section 1.199A-4.
Has this trade or business aggregation changed from the prior year? This includes changes due to a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain.

Business name	Tax ID	QBI	W2 wages	UBIA
ridshare driving and food delivery		-4,862.	0.	0.

- 1 Qualified business income (QBI) -4,862.
- If using Simplified Worksheet, stop here.**
- 2 Taxable Income _____
- 3 Threshold Amount. \$321,400 if MFJ, \$160,725 if MFS, otherwise \$160,700 _____
- 4 Subtract line 3 from line 2. If less than 0, enter 0. _____
- 5 Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000. _____
- 6 Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. _____
 Otherwise, enter 1.
- 7 Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000 _____
- 8 Wages allocable to qualified business income. _____
- 9 Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income _____
- Reductions for Specified Service Trades or Businesses**
- Check if Specified Service Trade or Business (SSTB) ☐
- 11 SSTB reduction to QBI _____
- 12 SSTB reduction to allocable wages. _____
- 13 SSTB reduction to allocable UBIA _____
- QBI, wages, and UBIA after applicable SSTB reductions**
- 14 Qualified business income _____
- 15 Allocable wages _____
- 16 Allocable UBIA _____
- Tentative QBI component**
- 17 Adjustments for QBI losses _____
- 18 Loss-adjusted QBI (line 14 plus line 17) _____
- 19 Tentative QBI component before limitations (20% of line 18) _____
- Wages and assets limits**
- 20 50% of W2 wages _____
- 21 25% of W2 wages _____
- 22 2.5% of UBIA _____
- 23 Sum of 25% of W2 wages and 2.5% of UBIA _____
- 24 Wage and Asset Limit. Larger of line 20 or line 23 _____
- 25 Subtract wage/asset limit (line 24) from tentative QBI component (line 19) _____
 (But not less than 0)
- 26 Reduction Amount. Multiply line 6 by line 25. _____
- 27 Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19) _____
- 28 Qualified payments from agricultural or horticultural coop _____
- 29 Wages allocable to qualified payments from coop _____
- 30 Patron reduction (lesser of 9% of line 28 or 50% of line 29) _____
- Qualified business income component amount**
- 31 Subtract line 30 from line 27 _____

Qualified Business Income Deduction Summary

2019

► Keep for your records

Name(s) Shown on Return

Seyed H Razavi

Social Security Number

618-69-2705

QuickZoom to QBI Component Worksheet►
QuickZoom to Form 8995.►
QuickZoom to Form 8995-A►

1 Trade or business name Net QBI
ridshare driving and food delivery -4,862.

2 Net qualified business income (QBI) from qualified trades or businesses -4,862.
3 Loss from previous year 0.
4 Sum of activities with gains (only positive amounts from table on line 1)
5 Sum of activities with losses (only negative amounts from table on line 1) -4,862.

6 Check if using Simplified Computation (Form 8995) ☒ X

7 QBI component from Form 8995 line 5 or Form 8995A line 16 0.
8 QBI loss carryover from Form 8995 line 16 or Form 8995A Schedule C line 6 . . . -4,862.

9 Total REIT dividends
10 PTP Income from non-SSTBs
11 PTP Income from SSTBs
12 Allowed PTP Income from SSTBs
13 Total Allowed PTP income (sum of line 10 and line 12)
14 Carryover REIT/PTP losses from prior year 0.
15 Total REIT/PTP income
16 20% of total REIT/PTP income
17 Disallowed REIT/PTP loss 0.

18 Combined QBI Amount (QBI component plus 20% of REIT/PTP income). 0.

19 Taxable income before qualified business income deduction. 23,986.
20 Net capital gains 0.
21 Taxable income minus net capital gains. If zero or less, enter -0- 23,986.
22 20% of taxable income minus net capital gains 4,797.

23 QBI deduction before DPAD. 0.
Lesser of Combined QBI Amount or 20% of taxable income minus cap gains

24 Section 199A(g) deduction for domestic production activities

25 Total 199A (QBI) deduction (sum of lines 23 and 24) 0.

2019

618-69-2705

		Regular Tax	Alternative Minimum Tax
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.			
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1	
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2	
3	Subtract line 2 from line 1	3	
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4	
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5	
6	Add lines 3 through 5	6	
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7	
8	Enter the amount, if any, from Form 4797, line 8	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-	9	
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10	
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund		
	Regular AMT		
	a On Form 1099-DIV		
	b On Form 2439		
	c On Schedule(s) K-1		
	d On Form 1099-R		
	e From Form 8814		
	f Other.		
	Total	11	
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12	
13	Add lines 9 through 12.	13	
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-.	14	0.
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-.	15	0.
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	16	
a	Enter your capital gain excess, if you are filing Form 2555	a	0.
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-.	17	0.
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18	

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2019

Name(s) Shown on Return
Seyed H Razavi

Social Security Number
618-69-2705

				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II	1			
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
	<div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div>				
a	Schedule D . . .				
b	Form 8814 . . .				
c	Schedule B . . .				
d	Form 6252 . . .				
e	Form 2439 . . .				
f	Other				
	Total	2			
3	Enter the total of all collectibles gain or (loss) from:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 4684, line 4 (but only if line 15 is more than zero)				
b	Form 6252				
c	Form 6781, Part II				
d	Form 8824				
	Total	3			
4	Enter the total of any collectibles gain reported to you on:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 1099-DIV, box 2d . . .				
b	Form 2439, box 1d				
c	Schedule K-1 from a partnership, S corporation, estate, or trust				
d	Disposition of interest in partnership or S corporation				
e	Other				
	Total	4			
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	5			
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-.	6			
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18	7			
8	Enter the amount of any capital gain excess	8			0.
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a	9	0.		0.

Name(s) Shown on Return
Seyed H RazaviSocial Security Number
618-69-2705

1 a	Enter your taxable income from Form 1040, line 11b	1 a	23,986.
b	Enter the amount from your (and your spouse's) Form 2555, lines 45 and 50	b	
c	Add lines 1a and 1b	1 c	23,986.
2 a	Enter your qualified dividends from Form 1040, line 3a	2 a	
b	Enter any capital gain excess attributable to qualified dividends	b	
c	Subtract line 2b from line 2a	2 c	
3	Amount from Form 4952, line 4g	3	
4 a	Amount from Form 4952, line 4e	4 a	
b	Amount from the dotted line next to Form 4952, line 4e	b	
c	Line 4b, if applicable, 4a, if not	c	
5	Subtract line 4c from line 3	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0-	6	0.
7 a	Enter line 15 of Schedule D	7 a	
b	Enter line 16 of Schedule D	b	
c	Enter the smaller of line 7a or line 7b	7 c	0.
8	Enter the smaller of line 3 or line 4c	8	
9 a	Subtract line 8 from line 7	9 a	0.
b	Enter any capital gain excess attributable to capital gains	b	
c	Subtract line 9b from line 9a	9 c	0.
10	Add lines 6 and 9c	10	0.
11 a	Enter the amount from Schedule D, line 18	11 a	0.
b	Enter the amount from Schedule D, line 19	b	
c	Add lines 11a and 11b	11 c	0.
12	Enter the smaller of line 9c or line 11c	12	0.
13	Subtract line 12 from line 10	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	23,986.
15	Enter: • \$39,375 if single or married filing separately, • \$78,750 if married filing jointly or qualifying widow(er), or • \$52,750 if head of household.	15	39,375.
16	Enter the smaller of line 1c or line 15	16	23,986.
17	Enter the smaller of line 14 or line 16	17	23,986.
18	Subtr ln 10 from ln 1c. If zero or less, enter -0-	18	23,986.
19	Enter the smaller of line 1c or: • \$160,725 if single or married filing sep, • \$321,450 if MFJ or qual widow(er), or • \$160,700 if head of household.	19	23,986.
20	Enter the smaller of line 14 or line 19	20	23,986.
21	Enter the larger of line 18 or line 20	21	23,986.
22	Subtract line 17 from line 16. This amount is taxed at 0%	22	0.
If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.			
23	Enter the smaller of line 1c or line 13	23	
24	Enter the amount from line 22 (if line 22 is blank, enter -0-)	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter: • \$434,550 if single, • \$244,425 if married filing separately, • \$488,850 if married filing jointly or qualifying widow(er), or • \$461,700 if head of household.	26	
27	Enter the smaller of line 1c or line 26	27	
28	Add lines 21 and 22	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	
30	Enter the smaller of line 25 or line 29	30	
31	Multiply line 30 by 15% (0.15)	31	
32	Add lines 24 and 30	32	
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33			
33	Subtract line 32 from line 23	33	
34	Multiply line 33 by 20% (0.20)	34	
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.			
35	Enter the smaller of line 9c above or Schedule D, line 19	35	
36	Add lines 10 and 21	36	
37	Enter the amount from line 1c above	37	

38	Subtract line 37 from line 36. If zero or less, enter -0-	38	_____
39	Subtract line 38 from line 35. If zero or less, enter -0-	39	_____
40	Multiply line 39 by 25% (0.25)	40	_____
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.			
41	Add lines 21, 22, 30, 33, and 39	41	_____
42	Subtract line 41 from line 1c	42	_____
43	Multiply line 42 by 28% (0.28)	43	_____
44	Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44	<u>2,683.</u>
45	Add lines 31, 34, 40, 43, and 44	45	<u>2,683.</u>
46	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	46	<u>2,683.</u>
47	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040, line 12a	47	<u>2,683.</u>

Form 1040 **Qualified Dividends and Capital Gain Tax Worksheet**
Line 12a ► Keep for your records

2019

Name(s) Shown on Return
Seyed H Razavi

Social Security Number
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1	Enter the amount from Form 1040 or 1040-SR, line 11b	1	_____
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	_____
3	Are you filing Schedule D?		
<input type="checkbox"/>	Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	_____
<input type="checkbox"/>	No. Enter the amount from Form 1040 or 1040-SR, line 6.		
4	Add lines 2 and 3	4	_____
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-		
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	_____
7	Subtract line 6 from line 1. If zero or less, enter -0-	7	_____
8	Enter:		
	\$39,375 if single or married filing separately,	}	8 _____
	\$78,750 if married filing jointly or qualifying widow(er),		
	\$52,750 if head of household.		
9	Enter the smaller of line 1 or line 8	9	_____
10	Enter the smaller of line 7 or line 9	10	_____
11	Subtract line 10 from line 9 (this amount taxed at 0%)	11	_____
12	Enter the smaller of line 1 or line 6	12	_____
13	Enter the amount from line 11	13	_____
14	Subtract line 13 from line 12.	14	_____
15	Enter:		
	\$434,550 if single,	}	15 _____
	\$244,425 if married filing separately,		
	\$488,850 if married filing jointly or qualifying widow(er),		
	\$461,700 if head of household.		
16	Enter the smaller of line 1 or line 15	16	_____
17	Add lines 7 and 11	17	_____
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	_____
19	Enter the smaller of line 14 or line 18	19	_____
20	Multiply line 19 by 15% (0.15)	20	_____
21	Add lines 11 and 19	21	_____
22	Subtract line 21 from line 12	22	_____
23	Multiply line 22 by 20% (0.20)	23	_____
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet.		
25	Add lines 20, 23, and 24	25	_____
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.		
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040 or 1040-SR, line 12a.		
		27	_____

IRA Contributions Worksheet

2019

► Keep for your records

Name(s) Shown on Return Seyed H Razavi	Social Security Number 618-69-2705
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Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2019, including any made between 1/1/2020 and 7/15/2020, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan		
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA . . .		
►	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Total traditional IRA contributions.		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2020 to 7/15/2020 (<i>See Help</i>).		
12	Age 70-1/2 or older in tax year		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
13	Deductible traditional IRA contributions from worksheet.		
14	Nondeductible traditional IRA contributions from worksheet.		
	QuickZoom to worksheet indicated by the check: <input type="checkbox"/> IRA deduction worksheet ► <input type="checkbox"/> Worksheet for social security recipients ►		
15	Amount on line 13 you elect to make nondeductible		
16	Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 16 before due date of return, including extensions.		
17	Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 19.		
18	Qualified reservist repayments		
19	Nondeductible traditional IRA contributions, to Form 8606, ln 1. . .		

IRA Contributions Worksheet

2019

► Keep for your records

Seyed H Razavi

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Page 2

Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
20	Enter regular Roth IRA contributions made for 2019, including any made between 1/1/2020 and 7/15/2020, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan.		
21	Contributions recharacterized from a traditional IRA, (from In 4). . .		
22	Roth IRA contributions, from Schedule(s) K-1		
23	Enter contributions recharacterized to a traditional IRA.		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
24	Disallowed Roth IRA conversions		
25	Roth IRA contributions. Combine lines 20 through 24		
26	Enter any contribution included on line 25 withdrawn before the due date of the tax return. <i>See Help</i>		
27	Excess Roth IRA contribution credit		
28	Total Roth IRA contributions		
29	Repayments of qualified Roth reservist distributions		

Roth IRA Contributions After Limitations		Taxpayer	Spouse
30	Roth IRA contributions after limitation		
31	Excess Roth IRA contributions, to Form(s) 5329, line 23		
Note: You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.			

Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
32	Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary.		
Note: You do not need to report any Coverdell ESA contributions which are not excess contributions..			

Tax Payments Worksheet

2019

► Keep for your records

Name(s) Shown on Return

Seyed H Razavi

Social Security Number

618-69-2705

Estimated Tax Payments for 2019 (If more than 4 payments for any state or locality, see Tax Help)

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID
1 04/15/19		04/15/19			04/15/19		
2 06/17/19		06/17/19			06/17/19		
3 09/16/19		09/16/19			09/16/19		
4 01/15/20		01/15/20			01/15/20		
5							
Tot Estimated Payments . . .							

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6 Overpayments applied to 2019						
7 Credited by estates and trusts						
8 Totals Lines 1 through 7						
9 2019 extensions						

Taxes Withheld From:				Federal	State	Local
10	Forms W-2			4,105.	1,723.	
11	Forms W-2G					
12	Forms 1099-R					
13	Forms 1099-MISC, 1099-K and 1099-G					
14	Schedules K-1					
15	Forms 1099-INT, DIV and OID					
16	Social Security and Railroad Benefits					
17	Form 1099-B	St	Loc			
18 a	Other withholding	St	Loc			
b	Other withholding	St	Loc			
c	Other withholding	St	Loc			
d	Positive Adjustment . . .	St	Loc			
e	Negative Adjustment . .	St	Loc			
f	Additional Medicare Tax.					
19	Total Withholding Lines 10 through 18f			4,105.	1,723.	
20	Total Tax Payments for 2019			4,105.	1,723.	

Prior Year Taxes Paid In 2019 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2018 extensions				
22	2018 estimated tax paid after 12/31/2018				
23	Balance due paid with 2018 return				
24	Other (amended returns, installment payments, etc) . .				

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2019

► Keep for your records

Name(s) Shown on Return
Seyed H Razavi

Social Security Number
618-69-2705

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	36,186.
(2) Nontaxable income entered elsewhere on return	
(3) Available income: 2018 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	
(5) Total available income	36,186.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 2,070.00

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a). 2,070.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

b	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
c	Real estate taxes paid on additional homes or land	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	_____
e	Vacation home	_____
f	Less real estate taxes deducted on Form 8829	_____
g	Foreign real property taxes included in lines 2a-2f above	_____
h	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b)	_____
3	State and local personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2018 Amount Enter 2019 description:	
	_____	_____
	_____	_____
	_____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	_____
c	Other personal property taxes	_____
d	Add lines 3a through 3c (to Schedule A, line 5c)	_____
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	_____
b	Foreign taxes from interest and dividends	_____
c	Foreign taxes from Schedule(s) K-1	_____
d	Other foreign taxes (not used to claim a foreign tax credit).	_____
e	Other taxes.	
	2018 Amount Enter 2019 description:	
	_____	_____
	_____	_____
	_____	_____
f	Foreign real property taxes included in lines 4a-4e above	_____
g	Add lines 4a through 4e, less line 4f (to Schedule A, line 6)	_____

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet	_____
b	Qualified mortgage interest from Schedule E Worksheet	_____
c	Less home mortgage interest/points deducted on Form 8829	_____
d	Less home mortgage interest from Form 8396, line 3	_____
e	Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above.	_____
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet.	_____
b	Less home mortgage interest deducted on Form 8829	_____
c	Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above	_____
7	Points not reported on Form 1098:	
a	Amortizable points from the Home Mortgage Interest Worksheet	_____
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	_____
c	Less points deducted on Form 8829	_____
d	Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above.	_____

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2019

► Keep for your records

Name(s) Shown on Return
Seyed H Razavi

Social Security Number
618-69-2705

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	1 1,723.
2	2019 state estimated taxes paid in 2019	2
3	2018 state estimated taxes paid in 2019	3
4	Amount paid with 2018 state application for extension	4
5	Amount paid with 2018 state income tax return	5
6	Overpayment on 2018 state income tax return applied to 2019 tax	6
7	Other amounts paid in 2019 (amended returns, installment payments, etc.)	7
8	State estimated tax from Schedule(s) K-1 (Form 1041)	8
Local income taxes:		
9	Local income tax withheld	9
10	2019 local estimated taxes paid in 2019	10
11	2018 local estimated taxes paid in 2019	11
12	Amount paid with 2018 local application for extension	12
13	Amount paid with 2018 local income tax return	13
14	Overpayment on 2018 local income tax return applied to 2019 tax	14
15	Other amounts paid in 2019 (amended returns, installment payments, etc.)	15
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	16
Other:		
17	State mandatory taxes	17 347.
18	Total Add lines 1 through 17	18 2,070.
19	State and local refund allocated to 2019	19
20	Nondeductible state income tax from line 28	20
21	Total reductions Add lines 19 and 20.	21
22	Total state and local income tax deduction Line 18 less line 21	22 2,070.

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	23
24	Adjusted gross income	24
25	Add lines 23 and 24	25
26	Nondeductible percent. Line 23 divided by line 25	26 %
27	Hawaii state income tax included in line 18	27
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	28

Charitable Deduction Limits Worksheet For Current Year Contributions

2019

► Keep for your records

Name(s) Shown on Return <u>Seyed H Razavi</u>	Social Security Number <u>618-69-2705</u>
--	--

Step 1 — Enter your other charitable contributions made during the year.

1	Enter your cash contributions for qualified disaster relief	1	
2	Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3	Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4	Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5	Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6	Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7	Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8	Enter your adjusted gross income (AGI)	8	36,186.
---	--	---	---------

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9	Multiply line 8 by 0.6	9	
10	Deductible amount. Enter the smaller of line 7 or line 9.	10	
11	Carryover. Subtract line 10 from line 7.	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12	Multiply line 8 by 0.5	12	
13	Subtract line 10 from line 12	13	
14	Deductible amount. Enter the smaller of line 6 or line 13.	14	
15	Carryover. Subtract line 14 from line 6.	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16	Multiply line 8 by 0.5	16	
17	Add lines 5, 6, and 7.	17	
18	Subtract line 17 from line 16	18	
19	Multiply line 8 by 0.3	19	
20	Add lines 3 and 4	20	
21	Deductible amount. Enter the smallest of line 18, 19, or 20	21	
22	Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23	Multiply line 8 by 0.5	23	
24	Add lines 6 and 7	24	
25	Subtract line 24 from line 23	25	
26	Multiply line 8 by 0.3	26	
27	Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28	Carryover. Subtract line 27 from line 5.	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5	29	
30	Add lines 10, 14, 21, and 27	30	

31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions for certain disaster relief efforts

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Deduction Limits Worksheet For Carryover Contributions

2019

► Keep for your records

Name(s) Shown on Return
Seyed H Razavi

Social Security Number
618-69-2705

Step 1 — Enter your other charitable contributions made during the year.

1 Enter your cash contributions for qualified disaster relief	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	0.
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	0.

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI)	8	36,186.
	Percentage of line 8	Used in Current Year
a 60% AGI limit to line 9	21,712.	Less 0.
b 50% AGI limit to line 12	18,093.	Less 0.
c 30% AGI limit, Section C to line 19	10,856.	Less 0.
d 30% AGI limit, Section D to line 26	10,856.	Less 0.
e 20% AGI limit to line 35	7,237.	Less 0.

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9 Multiply line 8 by 0.6	9	
10 Deductible amount. Enter the smaller of line 7 or line 9	10	
11 Carryover. Subtract line 10 from line 7	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12 Multiply line 8 by 0.5	12	
13 Subtract line 10 from line 12	13	
14 Deductible amount. Enter the smaller of line 6 or line 13	14	
15 Carryover. Subtract line 14 from line 6	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16 Multiply line 8 by 0.5	16	
17 Add lines 5, 6, and 7	17	
18 Subtract line 17 from line 16	18	
19 Multiply line 8 by 0.3	19	
20 Add lines 3 and 4	20	
21 Deductible amount. Enter the smallest of line 18, 19, or 20	21	
22 Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23 Multiply line 8 by 0.5	23	
24 Add lines 6 and 7	24	
25 Subtract line 24 from line 23	25	
26 Multiply line 8 by 0.3	26	
27 Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28 Carryover. Subtract line 27 from line 5	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29 Multiply line 8 by 0.5	29	
30 Add lines 10, 14, 21, and 27	30	

31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions for certain disaster relief efforts (Not applicable for carryovers)

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

- Keep for your records

Name(s) Shown on Return
Seyed H Razavi

Social Security Number
618-69-2705

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
Totals: _____				

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals: _____					

	Total	Cash and Other Non-Capital Gain Property				Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	(f) 30% Limit	(g) 20% Limit
1 2019 contributions							
2 2019 contributions allowed							
3 Carryovers from:							
a 2018 tax year	0.	N/A	0.	0.			
b 2017 tax year		N/A					
c 2016 tax year		N/A					
d 2015 tax year		N/A					
e 2014 tax year		N/A					
4 Carryovers allowed in 2019		N/A					
5 Carryovers disallowed in 2019		N/A					
6 Carryovers to 2020:							
a From 2019.							
b From 2018.		N/A					
c From 2017.		N/A					
d From 2016.		N/A					
e From 2015.		N/A					
f From 2014.		N/A					

1	Was the entire interest given for all property donated to all charities?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Were restrictions attached to any charities's right to use or dispose of any property donated to any charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3	Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4	Was any charity other than a 60%/50% charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Schedule A
Lines 16

Miscellaneous Itemized Deductions Worksheet

2019

► Keep for your records

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FOR STATE USE ONLY: Employee Business Expenses – Subject to 2% Limitation

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere	1	500.
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet)	2a	
b	Educator Expense Deduction (from 1040, line 23)	2b	
c	Excess Educator Expenses (line 2a less line 2b).	2c	
3	Union and professional dues	3	
4	Professional subscriptions	4	
5	Uniforms and protective clothing	5	
6	Job search costs	6	
7	Tax preparation fees	7	
8	Entertainment expenses	8	
9	Other:	9	
10	Combine lines 1 through 9	10	500.

FOR STATE USE ONLY:
Miscellaneous Expenses – Subject to 2% Limitation

Check the box in investment column if an investment expense

Investment
Expense ↓

11	Depreciation and amortization deductions	<input checked="" type="checkbox"/>	11	
12	Casualty/theft losses of property used in services as an employee		12	
13	REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	13	
14	Investment expenses related to interest and dividend income	<input checked="" type="checkbox"/>	14	
15	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	15	
16	Miscellaneous deductions, from Schedule(s) K-1		16	
17	Excess deductions on termination, from Schedule(s) K-1		17	
18	Investment counsel and advisory fees	<input checked="" type="checkbox"/>	18	
19	Certain attorney and accounting fees	<input checked="" type="checkbox"/>	19	
20	Safe deposit box rental fees	<input checked="" type="checkbox"/>	20	
21	IRA custodial fees	<input checked="" type="checkbox"/>	21	
22	Loss incurred from total distribution of all traditional IRAs		22	
23	Loss incurred from total distribution of all Roth IRAs		23	
24	Loss incurred from final distribution of a QTP investment		24	
25	Hobby expense (limited to hobby income)		25	
26	Other:			
a	Prior year government unemployment benefits repaid in 2019		26	
b				
27	Combine lines 11 through 26		27	

FOR FEDERAL AND STATE USE:**Other Miscellaneous Deductions – Not Subject to 2% Limitation**

28	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	28	
29	Federal estate tax paid on decedent's income reported on this return		29	
30	Impairment-related expenses of a handicapped employee, from Form 2106		30	
31	Amortizable bond premiums on bonds acquired before 10/23/86		31	
32	Gambling losses		32	
33	Deduction for repayment of amounts under claim of right if over \$3,000		33	
34	Casualty/theft losses of income-producing property		34	
35	Unrecovered investment in annuity		35	
36	Ordinary loss attributable to certain debt instruments		36	
37	Net Qualified Disaster Loss		37	
38	Combine lines 28 through 37 (to Schedule A, line 16)		38	

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Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

1	Is your earned income * more than \$750?				
	<input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total		► . . .	1	
	<input type="checkbox"/> No. Enter \$1,100				
2	Enter the amount shown below for your filing status.				
	• Single or married filing separately — \$12,200				
	• Married filing jointly — \$24,400		► . . .	2	12,200.
	• Head of household — \$18,350				
3	Standard deduction.				
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1955, and not blind, stop here and enter this amount on Form 1040 or 1040-SR, line 9. Otherwise, go to line 3b			3 a	
3 b	If born before January 2, 1955, or blind, multiply the number claimed on top of page 2 of Form 1040 Wkst by \$1,300 (\$1,650 if single or head of household)			3 b	
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, ln 9			3 c	

****Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040-SR, line 1, and Schedule 1, lines 3 and 6, minus the amount, if any, on Schedule 1, line 14. Earned income, for the purpose of figuring your standard deduction, doesn't include qualified disability trust distributions.*

Earned Income Worksheet**2019**

► Keep for your records

Name(s) Shown on Return

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Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)	-4,862.		-4,862.
c Add lines 2a and 2b	-4,862.		-4,862.
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5	-4,862.		-4,862.

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)	-4,862.		-4,862.
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	41,048.		41,048.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	36,186.		36,186.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	36,186.		36,186.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	36,186.		36,186.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	-4,862.		-4,862.
16 Wages, salaries, tips, etc	41,048.		41,048.
17 Net self-employment loss	4,862.		4,862.
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	41,048.		41,048.

Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

23 Self-employed, church and statutory employees	-4,862.		-4,862.
24 Wages, salaries, tips, etc	41,048.		41,048.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	36,186.		36,186.

► Keep for your records

Name(s) Shown on Return
Seyed H RazaviSocial Security Number
618-69-2705**Investment Interest Expense** (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1	1	
2	Investment interest expense from royalties	2	
3	Other investment interest expense:	3 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
4	Total investment interest expense. Add lines 1 through 3.	4	

Gross Income from Property Held for Investment (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income	5 a	
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends	c	
d	Total	d	
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from nonpassive trade or business without material participation	8	
9	Other investment income:	9 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
10	Total investment income. Add lines 5d through 9.	10	

Net Capital Gain Income (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16	11 a	
b	Less net gains from property not held for investment	b	
c	Net gains from property held for investment.	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16.	12 a	
b	Less net capital gains from property not held for investment.	b	
c	Net capital gains from property held for investment.	c	

Investment Expenses (Form 4952, line 5)

13	Royalty expenses	13	
14	Investment expenses reported on schedule K-1 partnership or S-corp	14	
15	Expenses from nonpassive trade or business without material participation	15	
16	Other investment expenses:	16 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
17	Total investment expenses. Add lines 13 through 17.	17	

Allocation of Investment Interest Expense (Schedule A, line 14)

		Regular Tax	Alt Min Tax
18	Allowed investment interest expense, Form 4952, line 8	18	
19	Less amount deducted on other forms and schedules:	19	
a	Deducted on Schedule E, page 2 for passthru entities	a	
b	Deducted on Schedule E, page 1 for royalties	b	
c	Other amounts deducted on other forms and schedules	c	
d	Total amount deducted on other forms and schedules	d	
20	Investment interest expense.	20	

Form 1040
Line 17a

Earned Income Credit Worksheet

2019

► Keep for your records

Name(s) Shown on Return
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QuickZoom to Schedule EIC ►

QuickZoom to Dependent Information Worksheet to enter qualifying children information. ►

QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►

QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7. ►

<p>1 Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes</p> <p>2 Adjustments to line 1 amount:</p> <p style="padding-left: 20px;">a Income reported as wages and as self-employment income.</p> <p style="padding-left: 20px;">b Other income entered as wages that is not considered earned income</p> <p style="padding-left: 20px;">c Distributions from section 457 and other nonqualified plans reported on W-2</p> <p>3 Subtract lines 2a, 2b and 2c from line 1</p> <p>4 a Taxpayer's nontaxable combat pay election for EIC</p> <p style="padding-left: 20px;">b Spouse's nontaxable combat pay election for EIC</p> <p style="padding-left: 20px;">c Total nontaxable combat pay election</p> <p>5 If you were self-employed or used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4</p> <p>6 Medicaid Waiver Payments reported as nontaxable</p> <p>7 Earned income. Add lines 3, 4, 5, and 6</p> <p>8 Enter the credit, from the EIC Table, for the amount on line 7. Be sure to use the correct column for filing status and number of children.</p> <p style="padding-left: 40px;">If line 8 is zero, stop. You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 18a.</p> <p>9 Enter your AGI from Form 1040, line 8b</p> <p>10 If you have:</p> <ul style="list-style-type: none"> • No qualifying children, is the amount on line 9 less than \$8,650 (\$14,450 if married filing jointly)? • 1 or more qualifying children, is the amount on line 9 less than \$19,050 (\$24,850 if married filing jointly)? <p><input checked="" type="checkbox"/> Yes. Go to line 11 now.</p> <p><input type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 8. Be sure to use the correct column for filing status and number of children</p> <p>11 Earned income credit.</p> <ul style="list-style-type: none"> • If 'Yes' on line 10, enter the amount from line 8 • If 'No' on line 10, enter the smaller of line 8 or line 10 	<p>1</p> <p>2 a</p> <p>b</p> <p>c</p> <p>3</p> <p>4 a</p> <p>b</p> <p>4 c</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p>	<p>41,048.</p> <p></p> <p></p> <p>41,048.</p> <p></p> <p></p> <p></p> <p>-4,862.</p> <p>36,186.</p> <p>0.</p> <p></p> <p></p> <p></p> <p></p>
--	---	---

Enter line 11 amount on Form 1040, line 18a.

If one or more of the boxes below are checked, the earned income credit is not allowed.

- 1 The total taxable earned income (line 6 above) is equal to or more than:
- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | \$15,570 (\$21,370 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$41,094 (\$46,884 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$46,703 (\$52,493 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$50,162 (\$55,952 if married filing jointly) with more than two qualifying children. |
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | \$15,570 (\$21,370 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$41,094 (\$46,884 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$46,703 (\$52,493 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$50,162 (\$55,952 if married filing jointly) with more than two qualifying children. |
- 3 ☐ Investment income is more than \$3,600.
(Investment Income Smart Worksheet, item H above)
- 4 ☐ The married filing separate return status is checked.
(Information Worksheet, Part II)
- 5 ☐ Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 ☐ Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 ☐ Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.
(Information Worksheet, Part I)
- 8 ☐ Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 ☐ Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- a ☐ qualifying children of another person, or
- b ☐ invalid social security numbers for EIC purposes.
(Information Worksheet, Part III)
- 11 ☐ Disallowed by IRS to claim Earned Income Credit in 2019.
(Information Worksheet, Part IV)
- 12 ☐ Filing Form 2555, Foreign Earned Income.
- 13 ☐ Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 ☐ Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2019?

- ☐ Yes, all of the above is correct.
- ☐ No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2019?

- 2 ☐ Yes, my dependents lived with me at this address.
- ☐ No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2019.

Compliance and Due Diligence Indicator☒

Disqualified from Earned Income Credit.☒ Yes ☐ No

Potential qualifying child count▶ 0

Non dependent potential qualifying child count▶ 0

Qualifying child count (max 3)▶ 0

Schedule SE Adjustments Worksheet

2019

► Keep for your records

Name(s) Shown on Return
Seyed H Razavi

Social Security Number
618-69-2705

	(a) Taxpayer	(b) Spouse
QuickZoom to the Short Schedule SE (Schedule SE, page 1) ►	<input checked="" type="checkbox"/>	<input type="checkbox"/>
QuickZoom to the Long Schedule SE (Schedule SE, page 2) ►	<input type="checkbox"/>	<input type="checkbox"/>
A Use Long Schedule SE, even if qualified to use Short Schedule SE .	<input type="checkbox"/>	<input type="checkbox"/>
B Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .		
D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code AH		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C	-4,862.	
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 7		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c.		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2	-4,862.	
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1 . .		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

Use a separate worksheet for each casualty or theft event.

► Keep for your records

Name(s) shown on return

Seyed H Razavi

Social Security No.

618-69-2705

Part I Casualty or Theft Event Information

- 1 Description of this casualty or theft event► _____
- 2 Date of casualty or theft event ► _____
- 3 Use of property, check one if not a Ponzi loss (line 5c):
- a Personal (includes home office deducted under simplified method, see tax help)► ☐
- b Business, employment, or income-producing► ☐
- 4 If box 3a is checked, check one:
- a This event qualifies as a Hurricane Harvey or Tropical Storm Harvey Disaster► ☐
- b This event qualifies as a Hurricane Irma Disaster► ☐
- c This event qualifies as a Hurricane Maria Disaster► ☐
- d This event qualifies as a **2017** California Wildfire Disaster (01/01/2017-01/18/2018)► ☐
- e This event is a qualified federally declared major disaster► ☐
- f This event is a federally declared disaster (not "qualified")► ☐
- g This event qualifies as a **2016** federally declared disaster area► ☐
- h This event **does not** qualify as a federally declared disaster► ☐
- i Enter the FEMA disaster decl. number if any line 4a-g is checked (ex. DR-1234)► _____
- 5 If box 3b is checked, check one:
- a Check if the property was used in a passive activity► ☐
- b Check if the property was **not** used in a passive activity► ☐
- c Check if this is a Rev Proc 2009-20 Ponzi-Type loss► ☐
- 6 Worksheet Copy Number 1

Part II Property Information for All Properties Damaged or Stolen in the Casualty or Theft Event

- a **Description** including type of property . . .► _____
- b For personal use property, enter the address, city, state and ZIP code

- c Date acquired► _____ d Cost or other basis . . .► _____
- e Insurance or other reimbursement► _____
- f FMV before event► _____ g FMV after event . . .► _____
- h Was this a total loss ? Yes . . .► ☐ No . . .► ☐
- i If **personal** use, is this a collectible ? Yes . . .► ☐ No . . .► ☐
- j If **business** use, check one: Business► ☐ Employ► ☐ Income . . .► ☐
- k If **home office** (standard method) enter: Sch C . . .► ☐ No Sch C► ☐ Ln 27

- a **Description** including type of property . . .► _____
- b For personal use property, enter the address, city, state and ZIP code

- c Date acquired► _____ d Cost or other basis . . .► _____
- e Insurance or other reimbursement► _____
- f FMV before event► _____ g FMV after event . . .► _____
- h Was this a total loss ? Yes . . .► ☐ No . . .► ☐
- i If **personal** use, is this a collectible ? Yes . . .► ☐ No . . .► ☐
- j If **business** use, check one: Business► ☐ Employ► ☐ Income . . .► ☐
- k If **home office** (standard method) enter: Sch C . . .► ☐ No Sch C► ☐ Ln 27

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2019

► Keep for your records

Name(s) Shown on Return Seyed H Razavi		Social Security Number 618-69-2705	
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 6.	0.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return

Seyed H Razavi

Social Security Number

618-69-2705

Taxable Income – Line 1

1	Enter the amount from Form 1040 or 1040-SR, line 11b, if more than zero. If Form 1040 or 1040-SR, line 11b, is zero, subtract lines 9 and 10 of Form 1040 or 1040-SR from line 8b of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	23,986.
2	Additions to income	2	
3	Add lines 1 and 2	3	23,986.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	23,986.

Taxes – Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	1	
----------	---	----------	--

Refund of Taxes – Line 2b

1	Taxable refund of state and local income tax	1	
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986	2	
3	Total tax refund adjustment. Enter on Form 6251, line 2b	3	

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 2f

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	36,186.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	36,186.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	32,567.
6	Enter ATNOL carried to 2018 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options – Line 2i

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 2i.	5	

Alternative Minimum Taxable Income – Line 4

If married filing separately and Form 6251, line 4, is more than \$733,700:		
1	Alternative minimum taxable income, Form 6251	1
2	Threshold amount	2
3	Subtract line 2 from line 1	3
4	Multiply line 3 by 25% (.25)	4
5	Smaller of line 4 or \$55,850	5
6	Add line 1 and line 5. Enter on Form 6251, line 4	6

Exemption – Line 5

1	Enter \$71,700 if single or head of household, \$111,700 if married filing jointly or qualifying widow(er), \$55,850 if married filing separately	1	71,700.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	36,186.
3	Enter \$510,300 if single or head of household, \$1,020,600 if married filing jointly or qualifying widow(er), \$510,300 if married filing separately	3	510,300.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5	6	71,700.

Form 6251
Line 7

Foreign Earned Income
Alternative Minimum Tax Worksheet

2019

► Keep for your records

Name(s) Shown on Return <u>Seyed H Razavi</u>		Social Security Number <u>618-69-2705</u>
1	Enter the amount from Form 6251, line 6	1 _____
2 a	Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50.	2a _____
b	Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income	2b _____
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c _____
3	Add line 1 and line 2c	3 _____
4	Tax on the amount on line 3. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; or you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i> , later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. • All Others: If line 3 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result.	4 _____
5	Tax on amount on line 2c. If line 2c is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result	5 _____
6	Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7.	6 _____

Federal Carryover Worksheet

2019

► Keep for your records

Name(s) Shown on Return

Seyed H Razavi

Social Security Number

618-69-2705

2018 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2018 State Extension Information

(a) State	(b) Paid With Extension

2018 Locality Extension Information

(a) Locality	(b) Paid With Extension

2018 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2018 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2018 State Taxes Due Information

(a) State	(e) Paid With Return

2018 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2018 State Refund Applied Information

(a) State	(g) Applied Amount

2018 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2018 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2018 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Seyed H Razavi

618-69-2705

Other Tax and Income Information			2018	2019
1	Filing status	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3	0.	2,070.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	12,944.	36,186.
6	Tax liability for Form 2210 or Form 2210-F	6	725.	2,683.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions			2018	2019
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers			2018	2019
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2019	a		
	b 2018	b		
	c 2017	c		
	d 2016	d		
	e 2015	e		
	f 2014	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2019	a		
	b 2018	b		
	c 2017	c		
	d 2016	d		
	e 2015	e		
	f 2014	f		

Credit Carryovers				2018	2019
18	General business credit			18	
19	Adoption credit from:	a	2019	19 a	
		b	2018	b	
		c	2017	c	
		d	2016	d	
		e	2015	e	
		f	2014	f	
20	Mortgage interest credit from:	a	2019	20 a	
		b	2018	b	
		c	2017	c	
		d	2016	d	
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	
Other Carryovers				2018	2019
24	Section 179 expense deduction disallowed			24	
25	Excess	a	Taxpayer (Form 2555, line 46)	25 a	
	foreign	b	Taxpayer (Form 2555, line 48)	b	
	housing	c	Spouse (Form 2555, line 46)	c	
	deduction:	d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2018 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash	Qualified
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%	(f) 100%
a	2018	0.					0.
b	2017						
c	2016						
d	2015						
e	2014						
27	2019 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash	Qualified
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%	
a	2019						
b	2018						
c	2017						
d	2016						
e	2015						
28	Amount overpaid less earned income credit						0.

Qualified Business Income Deduction (Section 199A) carryovers

Qualified Business Income Deduction (Section 199A) carryovers			2018	2019
29	Qualified business loss carryforward	29	0.	-4,862.
30	Qualified PTP loss carryforward	30	0.	

2018 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2019

► Keep for your records

Name(s) Shown on Return
Seyed H Razavi

Social Security Number
618-69-2705

Description	Amount
Income	
Wages	41,048.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	
Alimony received	
Nonpassive business income or loss	-4,862.
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	
Total income	36,186.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	36,186.

Depreciation Options

2019

Name(s) Shown on Return

Seyed H Razavi

Social Security Number

618-69-2705

Depreciation for Miscellaneous 2% Itemized Deductions and Form 2106

- 1 Enable state depreciation calculation for assets and vehicles associated with Form 2106 that contain a miscellaneous 2% itemized deduction ☐ Yes ☒ No
- 2 Enable state depreciation calculation for assets associated with Miscellaneous 2% Itemized Deductions ☐ Yes ☒ No

MACRS Convention and Computation

☒ Compute convention (result shown below).

When 'Compute convention' is checked, the program automatically determines which convention applies to MACRS personal property assets placed in service in 2019, and checks the appropriate box below. If 'Compute Convention' is unchecked, the program uses the 'Half-year convention' unless you check 'Mid-quarter convention.'

- 1 ☒ Half-year convention
- 2 ☐ Mid-quarter convention
- 3 Use IRS tables for all MACRS property placed in service this year? ☐ Yes ☒ No

Federal Section 179 Information

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of Form 4562, per the IRS instructions. This is the copy that appears on the menu as Form 4562:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited.

If only one business activity is claiming a Section 179 expense deduction, the limitation will be computed on the Form 4562 for that activity.

- | | | |
|--|-----|---|
| 1 a Elect to treat Qualified Real Property as "Section 179 Property" | 1 a | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b Calculated "Total cost of Section 179 property placed in service" | b | 0. |
| c Additions or subtractions to calculated total on line 1a | c | |
| 2 If Married Filing Separately, enter: | | |
| a Total cost of eligible property placed in service this year by spouse. | 2 a | |
| b Allocation percentage elected for your return, if other than 50%. | b | % |
| c Section 179 elected on Qualified Real Property this year by spouse | c | |
| 3 a Taxable income computed for the Section 179 limitation | 3 a | 36,186. |
| b Additions or subtractions to taxable income | b | |

State Depreciation

Enter the State ID of all states for which you want depreciation computed. A corresponding state record will be created on all assets and vehicles in the Federal return.

Note: Only supported states may be selected. Not applicable to California. California depreciation data must be entered in the state return.

To delete or change a state:

- Check the "Yes" box for "Delete this state's depreciation data from the Federal file now"
- Delete the entry in the "State" field, or change it to the desired state
- Check the "No" box for "Delete this state's depreciation data from the Federal file now"

States currently entered: _____

- | | | |
|---|--|--|
| State | State | |
| Delete this state's depreciation data from Federal file when transferring to 2020 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Delete this state's depreciation data from the Federal file now | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| State | State | |
| Delete this state's depreciation data from Federal file when transferring to 2020 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Delete this state's depreciation data from the Federal file now | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

State Section 179 Dollar Limitation

1	State.	1	
2 a	Married Filing Separately for state? If Yes, enter:	2 a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Total cost of state eligible property placed in service this year by spouse . . .	b	
c	Allocation percentage elected for state return	c	%
d	State Section 179 elected on Qualified Real Property this year by spouse . .	d	
3 a	Elect to treat state Qualified Real Property as "Section 179 Property"	3 a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Calculated "Total cost of state Section 179 property placed in service"	b	
c	Additions or subtractions to state calculated value	c	
4	State maximum amount	4	
5	State threshold cost of Section 179 property.	5	
6	Reduction in state limitation (Line 3b less line 5, not less than 0)	6	
7	State dollar limitation (Ln 4 less Ln 6, not less than 0. MFS, times Ln 2d) . . .	7	
8	Total state Section 179 elected (Cannot exceed line 7)	8	
9	Total state Section 179 elected on Qualified Real Property.	9	

State Defaults for post-2017 TCJA Autos/Trucks & Farm PropertyCheck box to reset all state Asset Class defaults shown below. ☐

STATE CALC		Autos & Trucks		STATE CALC		Farm Property	
State	F/S conformity	Start	End	F/S conformity	Start	End	
AL	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
AZ	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
AR	State	01/01/2019	PERMANENT	State	01/01/2019	PERMANENT	
		See State Asset Class Default Statement				See State 2009 Economic Stimulus Default Statement	

State Defaults for Economic Stimulus Depreciation Allowance and 2019 Section 179

Note: Only supported states are shown

Check box to reset all state Economic Stimulus defaults shown below. ☐

STATE CALC		STIMULUS BONUS DEPRECIATION			2019 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
AL	State	Full	12/31/2008	12/31/2027	Full	1,020,000.	2,550,000.
AZ	State	Full	12/31/2012	12/31/2027	Part	1,020,000.	2,550,000.
AR	State	N/A	N/A	N/A	Full	25,000.	200,000.
					See State 2009 Economic Stimulus Default Statement		

State Defaults for Qualified Disaster Area Depreciation Allowance and Section 179Check box to reset all state Qualified Disaster Area defaults shown below. ☐

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	12/31/2007	12/31/2013	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
					See State Qualified Disaster Area Default Statement		

State Defaults for Kansas Disaster Zone Depreciation Allowance and Section 179Check box to reset all state Kansas Disaster Zone defaults shown below ☐

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	05/04/2007	12/31/2009	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
						See State Kansas Disaster Zone Default Statement	

State Defaults for Cellulosic Biomass Ethanol Plant Property (CBEPP)Check box to reset all state CBEPP defaults shown below ☐

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
AL	Federal	Full	12/20/2006	12/31/2020
AZ	Federal	Full	12/20/2006	12/31/2020
AR	None	N/A	N/A	N/A
			See State CBEPP Default Statement	

State Defaults for GO Zone Depreciation Allowance and GO Zone Section 179Check box to reset all state GO Zone defaults shown below ☐

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
AL	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
AZ	State	Full	08/28/2005	03/30/2012	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
						See State GO Zone Default Statement	

State Defaults for Pre-2006 Special Depreciation Allowance (SDA), and Trucks/VansCheck box to reset all state SDA & Truck/Van defaults shown below ☐

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
AL	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
AZ	State	None	N/A	N/A	N/A	N/A	N/A	Y
AR	State	None	N/A	N/A	N/A	N/A	N/A	Y
				See State Pre-2006 SDA Default Statement				

State Defaults for Sec 179 on Computer Software & Qualified Real PropertyCheck box to reset all state Sec 179 defaults shown below ☐

STATE CALC		COMPUTER SOFTWARE		STATE CALC		QUALIFIED REAL PROPERTY	
						& 179 Lodging Property	
State	F/S conformity	Start	End	F/S conformity	Start	End	
AL	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
AZ	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
AR	Federal	TY2003	PERMANENT	None	N/A	N/A	
			See State Software/Real Property Sec 179 Default Statement				

State Defaults for Asset Class on Qualified Real Property & Farm Machinery/EquipmentCheck box to reset all state Asset Class defaults shown below ☐

STATE CALC		FARM & RETAIL		STATE CALC		RESTAURANT & LEASEHOLD	
State	F/S conformity	Start	End	F/S conformity	Start	End	
AL	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
AZ	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
AR	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
			See State Asset Class Default Statement				

State Defaults for Taking Economic Stimulus Depreciation Allowance on Fruit/Nut Tree/Vine in Year Planted/Grafted

 Check box to reset defaults shown below. ☐

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
AL	Federal	Full	12/31/15	12/30/27
AZ	State	Full	12/31/12	12/30/27
AR	State	N/A	N/A	N/A
			See Fruit/Nut Tree/Vine SDA in Year Planted/Grafted	

Two-Year Comparison

2019

Name(s) Shown on Return
Seyed H Razavi

Social Security Number

Income	2018	2019	Difference	%
Wages, salaries, tips, etc	7,000.	41,048.	34,048.	486.40
Interest and dividend income				
State tax refund				
Business income (loss)	6,396.	-4,862.	-11,258.	-176.02
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	13,396.	36,186.	22,790.	170.13
Adjustments to Income	452.		-452.	-100.00
Adjusted Gross Income	12,944.	36,186.	23,242.	179.56
Itemized Deductions				
Medical and dental				
Income or sales tax		2,070.	2,070.	
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	0.	2,070.	2,070.	
Standard or Itemized Deduction	12,000.	12,200.	200.	1.67
Qualified Business Income Deduction	189.	0.	-189.	-100.00
Taxable Income	755.	23,986.	23,231.	999.00
Income tax	76.	2,683.	2,607.	999.00
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	76.	2,683.	2,607.	999.00
Nonbusiness credits	76.		-76.	-100.00
Business credits				
Total Credits	76.		-76.	-100.00
Self-employment tax	904.		-904.	-100.00
Other taxes				
Total Tax After Credits	904.	2,683.	1,779.	196.79
Withholding		4,105.	4,105.	
Estimated and extension payments				
Earned income credit	179.		-179.	-100.00
Additional child tax credit				
Other payments				
Total Payments	179.	4,105.	3,926.	999.00
Form 2210 penalty				
Applied to next year's estimated tax				
Refund		1,422.	1,422.	
Balance Due	725.		-725.	-100.00

Current year effective tax rate 7.41 %

Tax Summary
► Keep for your records

2019

Name (s)

Seyed H Razavi

Total income	36,186.
Adjustments to income	
Adjusted gross income	36,186.
Itemized/standard deduction	12,200.
Qualified business income deduction	0.
Taxable income	23,986.
Tentative tax	2,683.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	2,683.
Total payments	4,105.
Estimated tax penalty	
Amount Overpaid	1,422.
Refund	1,422.
Amount Applied to Estimate	
Balance due	0.

Compare to U. S. Averages

► Keep for your records

2019

Name(s) Shown on Return Seyed H Razavi	Social Security No 618-69-2705
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Your 2019 adjusted gross income (AGI) 36,186.
National adjusted gross income range used below from 30,000. to 49,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	41,048.	38,969.
Taxable interest		702.
Tax-exempt interest		4,465.
Dividends		2,794.
Business net income		15,778.
Business net loss	-4,862.	8,221.
Net capital gain		5,112.
Net capital loss		2,260.
Taxable IRA		11,326.
Taxable pensions and annuities		18,743.
Rent and royalty net income		8,128.
Rent and royalty net loss		8,566.
Partnership and S corporation net income		17,464.
Partnership and S corporation net loss		15,187.
Taxable social security benefits		8,208.
Medical and dental expenses deduction		8,859.
Taxes paid deduction	2,070.	4,468.
Interest paid deduction		6,605.
Charitable contributions deduction		3,028.
Total itemized deductions	2,070.	17,422.
Child care credit		624.
Education tax credits		1,099.
Child tax credit		1,043.
Retirement savings contributions credit		203.
Earned income credit		1,791.
Other Information	Actual Per Return	National Average
Adjusted gross income	36,186.	41,074.
Taxable income	23,986.	22,937.
Income tax	2,683.	3,001.
Alternative minimum tax		10,625.
Total tax liability	2,683.	3,233.

Estimated Taxes and Form W-4 Worksheet

Name: Seyed H Razavi
SSN: 618-69-2705

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

Choose the Method You Will Use to Pay Your 2020 Federal Income Taxes

☐ By withholding from my paychecks. (You will also need to complete the **Additional Information for Form W-4 Worksheet**. QuickZoom below.)
☒ By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2020 withholding will be
 Overpayment from my 2019 return. 1,422.
 Amount of my 2019 overpayment to apply to 2020 instead of refunding it

Enter Your Filing Status and Other Information for Your 2020 Tax Return

Choose your filing status 1 - Single

Taxpayer age as of the end of 2020 35
 Spouse age as of the end of 2020

Do you qualify for an additional standard deduction?

Taxpayer: _____
Spouse: _____ **Total** 0

☐ Check if you must itemize in 2020. (See Tax Help.)

Dependent of Another

☐ Check if you will be the dependent of another person (but not if married filing jointly).

Dependents on return:

	2019	2020
Number of qualifying children dependents age 16 and under	<u>0</u>	<u>0</u>
Number of qualifying children dependents age 17 to 23	<u>0</u>	<u>0</u>
Number of other dependents on return	<u>0</u>	<u>0</u>

Enter Your 2020 Income and Deductions in 2nd column

	2019 Actual	2020 Expected
Compensation:		
Annual wages and salary for taxpayer	<u>41,048.</u>	
Medicare wages for taxpayer (W-2 box 5)	<u>41,324.</u>	
Annual wages and salary for spouse		
Medicare wages for spouse (W-2 box 5)		
Self-employment Income:		
Schedule C income for taxpayer	<u>-4,862.</u>	
Schedule C income for spouse		
Schedule F & K-1 income for taxpayer		
Schedule F & K-1 income for spouse		
Conservation Reserve Program Payments for taxpayer		
Conservation Reserve Program Payments for spouse		
Annual net income from self-employment for taxpayer	<u>-4,862.</u>	
Annual net income from self-employment for spouse		

W-2: ☐ Check to populate W-2 table from 2019 return
Employer **Owner** **Wages** **2019 Withholding** **2020 Wages** **2020 Withholding**

Schedule C: ☐ Check to populate Schedule C table from 2019 return
Name **Owner** **2019 Income** **2019 Expenses** **2020 Income** **2020 Expenses**

Other Tax Information:			
Note: Include this income in the Other Income section below.			
Net Investment Income for 3.8% tax		0 .	
Qualified dividends			
Maximum Capital Gains Rate Tax Information:			
Net short-term capital gains or losses			
Net long-term capital gains or losses			
Net 28%-rate capital gains included in long-term			
Unrecap'd Sec 1250 gains incl in long-term (<i>see Tax Help</i>)			
Investment income election (<i>see Tax Help</i>)			
Other Income:			
Total of your other taxable income and losses (<i>see Tax Help</i>) . . .		0 .	
Foreign income or housing exclusions.			
Adjustments:			
Deductible IRA contributions, alimony, etc			
Itemized Deductions:			
Total medical expenses			
State and local property and income taxes (or sales tax)		2,070 .	
Deductible foreign income taxes			
Deductible mortgage interest			
Cash charitable contributions			
Other charitable contributions			
Deductible investment interest expense, casualty or theft losses (<i>see Tax Help</i>)			
Other itemized deductions			
Net qualified disaster loss (<i>see Tax Help</i>)			
Standard Deduction:			
Standard deduction		12,200 .	12,400 .

Deduction Allowed:		
Deduction (<i>greater of standard+qual'd disaster loss or item'd</i>)	12,200.	12,400.
Other Deduction:		
Qualified business income deduction (<i>see Tax Help</i>)	0.	
Credits:		
Earned Income Tax Credit		
Child Tax Credit		
Child and Dependent Care Credit		
Education Credits		
Other Credits.		

Seyed H Razavi

618-69-2705 Page 2

Income Tax Calculation for Your 2020 Tax Return	2019 Actual	2020 Expected
Taxable income	23,986.	0.
Income tax	2,683.	
Alternative minimum tax (Enter Alt Min tax expected in 2020) . . .		
Premium tax credit repayment (Enter amt expected for 2020) . . .		
Total credits (Enter credits expected in 2020)		
Tax on self-employment income and add'l 0.9% Medicare tax . . .		0.
Net investment income tax (3.8%)		0.
Other taxes (Enter other taxes expected in 2020)	0.	
Total federal income tax	2,683.	0.

Enter the Tax Payments You've Already Made for Your 2020 Tax Return	
The federal income tax actually withheld from your paychecks to date	
Taxpayer	
Spouse	
Federal estimated tax payments you've already made	
Payment number 1 (July 15, 2020)	
Payment number 2 (July 15, 2020)	
Payment number 3 (September 15, 2020)	
2019 federal overpayment credited to 2020 (<i>from page 1 above</i>)	
Total taxes paid to date	
Balance of payments needed or (expected refund)	0.

Summary of Taxes to be Paid for 2020	
Federal income taxes to be withheld from your paychecks	
Your 2019 federal overpayment you applied to 2020	
Your 2020 federal estimated taxes,	
based on <u>100% of your 2019 actual tax</u>	
Estimate of total payments you will need to make for 2020	

Estimated Tax Payment Options

Name: Seyed H Razavi

SSN: 618-69-2705

Prepare My 2020 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2020 estimated taxable income	0.
<input type="checkbox"/> 100% of tax on your 2020 estimated taxable income	0.
<input type="checkbox"/> 66-2/3% of tax on your 2020 estimated taxable income (for farmers and fishermen only, see Tax Help)	0.
<input checked="" type="checkbox"/> 100% (110%) of your 2019 taxes (prior-year exception) Note: If your 2019 taxes were less than \$1000, see Tax Help	2,683.

Amount of Estimated Taxes to Pay in 2020	
Taxes based on method above	2,683.
Expected withholding for 2020 . . . (2019 actual withholding)	4,105.
Taxes due after withholding	0.
Estimates you've already paid	
Last year's overpayment you applied to this year	
Balance of estimated taxes due	0.

Round My Payments Up
<input type="checkbox"/> To the next \$10
<input type="checkbox"/> To the next \$100

Prepare Estimated Tax Payment Vouchers
<input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help)
<input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000
<input type="checkbox"/> No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2020	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/> Payment number 1, due July 15, 2020	
<input type="checkbox"/> Payment number 2, due July 15, 2020	
<input type="checkbox"/> Payment number 3, due September 15, 2020	
<input type="checkbox"/> Payment number 4, due January 15, 2021	

Total estimated tax payments for 2020	
---	--

Print Estimated Tax Vouchers
<input checked="" type="checkbox"/> Yes, print those prepared by program
<input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts

Additional Information for Form W-4

Name:	<u>Seyed H Razavi</u>
SSN:	<u>618-69-2705</u>

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

<input type="checkbox"/> This box will be checked if your entries on the Estimated Taxes and Form W-4 Worksheet indicate that this worksheet and Form W-4 are necessary for your next year's plan.		
Enter Salary and Pay Periods for 2020	Taxpayer	Spouse
Your annual salary for this year	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
Salary you have already received in 2020	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
Your remaining salary for this year	0.	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
Number of paychecks you have remaining this year	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
How often you are paid	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
Your gross salary per pay period	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>

Form W-4 Personal Withholding Adjustments	Taxpayer	Spouse
Withholding status	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
Additional withholding per pay period	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
Estimated future withholding per pay period	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
Estimated future withholding through remainder of year	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
Top tax rate being withheld	%	%

Change in Federal Income Tax Withholding per Pay Period	Taxpayer	Spouse
See tax help for more information.		
Current withholding per pay period	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
Estimated future withholding per pay period	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
Increase/(decrease) in net pay per pay period	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>

Summary of Federal Income Taxes to be Withheld in 2020: Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above.	
Taxpayer's withholding	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
Spouse's withholding	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
Total withholding	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Seyed H Razavi

Primary SSN: 618-69-2705

Federal Return Submitted: April 13, 2020 02:38 PM PDT

Federal Return Acceptance Date: 04/13/2020

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight July 15, 2020. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on July 15, 2020, your Intuit electronic postmark will indicate July 15, 2020, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before July 15, 2020, and a corrected return is submitted and accepted before July 20, 2020. If your return is submitted after July 20, 2020, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2020. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2020, and the corrected return is submitted and accepted by October 20, 2020.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

--

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the Premium Service bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to IDNotify, provided by CSIdentity Corp., an Experian company. With your consent, we will send the following: First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

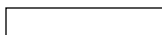
Sayed

Razavi

Please type the date below:

04/12/2020

Date



IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in section 10.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov.

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ³	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ³	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ³	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ³	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your debit card ¹ .	Usually within 21 days ³	Free option with your purchase of TurboTax Premium Services or TurboTax MAX ²

¹You may incur additional charges from the issuer of the debit card if you select to have your tax refund loaded on a debit card.

²This fee consists of a TurboTax Fee, the cost of TurboTax Premium Services or TurboTax MAX and any fees for additional products and services purchased. Note that the cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 4 of the Refund Processing Service Agreement on the next page for the cost of the service you have chosen.

³However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

Questions? Call 877-908-7228

Pro Delegation Worksheet

2019

Check this box if you are preparing this return as a PRO preparer ☐

Preparer / Electronic Return Originator (ERO) Information

Preparer Name _____ Print name in signature area? ☐
Preparer Tax ID # (PTIN) _____
NY Tax Preparer Registration # _____ or NY Exclusion Code _____
For NM, OR Preparers Only: State ID# _____
Preparer E-mail _____ Print date on return? ☐
Preparer Phone _____ CAF # _____
Electronic Filing Only: ERO Practitioner PIN _____

Electronic Filing and Printing of Tax Return Information

Original Returns:

- ☐ File **federal** return electronically
☐ File **state** returns electronically

Select state returns to file electronically:

State(s)

Amended Returns:

- ☐ File **federal** amended return(s) electronically
☐ File **state** amended return(s) electronically

Select state amended return(s) to file electronically:

State(s)

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the state Department of Revenue, as applicable by law.

Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal return printed and mailed to IRS
☐ State return printed and mailed to state agency

Select state returns to file by mail:

State(s)

Practitioner PIN Program:

- ☐ Sign return electronically using Practitioner PIN

Choose one:

- ☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
☐ Taxpayer(s) entered own PIN(s)
☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). _____

Spouse's PIN filing a joint return (enter any 5 numbers) _____

Date PIN entered. _____

Identity Verification Information

Driver's License and/or State Id:

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

Documents Used to Verify Primary Taxpayer Identity:

- ☐ Driver's license
 - ☐ State issued identification card
 - ☐ Passport
 - ☐ Account statement from financial institution
 - ☐ Utility billing statement
 - ☐ Credit card billing statement
-

Finish and File Info:

- ☐ To indicate a client return download in FnF

<https://forms.gle/ugi2CxnyuAXNW2Kb7>

Suggestion ID	Suggestion
0000	No pilot project expert suggestion was determined for this customer

[illegible]

Suggestion ID	Suggestion
---------------	------------

[illegible]

Smart Worksheets from your 2019 Federal Tax Return

SMART WORKSHEET FOR: Schedule C (ridshare driving and food delivery): Profit or Loss from Business

Business Address Information Smart Worksheet

Business street address . 7240 El Cajon Blvd, Apt. 19

City, State and Zip Code (do not enter State and Zip Code if foreign address)

San Diego CA 92115-1800

Or, foreign country information:

SMART WORKSHEET FOR: Schedule C (ridshare driving and food delivery): Profit or Loss from Business

Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet is generally only necessary if Form 8995A must be filed (i.e. taxable income is above threshold amounts or qualified coop payments are present).</i>			
A	QBI worksheet to report (double click to link)	► <u>ridshare driving and food delivery</u>	
B	Trade or Business Name	<u>ridshare driving and food delivery</u>	
C	Trade or Business ID Number		
D 1	Specified Service Trade or Business (SSTB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	If No, is income attributable to SSTB?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	QBI worksheet for SSTB income (this will auto-populate if Yes)		
4	Percentage of qualified income attributable to SSTB		%
E 1	Tentative Sch C profit (loss) from this business		-4,862.
2	Adjustments to qualified business income		0.
3	Tentative Sch C profit (loss) from qualified business		-4,862.
4 a	Calculated QBI allowed after passive/at-risk limits	-4,862.	
b	Adjustments to allowed QBI		
c	Allowable QBI after loss limits		-4,862.
5	Self employed deductions connected to this business		
a	Self employed health insurance for this business	0.	
b	Total deduction for 1/2 self employment tax		
c	Deduction for 1/2 S.E. tax connected to this business	0.	
d	Total deduction for S.E. retirement contributions		
e	S.E. retirement deduction connected to this business	0.	
	Total self employed deductions connected to this business		0.
6	Sch C profit (loss) after S.E. deductions		-4,862.
7	Additional deductions related to this business reported on separate schedules		
8	Net profit (loss) after adjustments, limitations, and deductions		-4,862.
9	Allowable Sch C profit (loss) allocated to SSTB		0.
10	Allowable Sch C profit (loss) from this business		-4,862.
F 1	Ordinary gain (loss) from business assets		0.
2	Ordinary gain (loss) adjustments		
3	Qualified ordinary gain (loss)		0.
4 a	Calculated QBI allowed after passive/at-risk limits	0.	
b	Adjustments to allowed QBI		
c	Allowable short term qualified gain (loss) after passive/at-risk limits		0.
5	Allowable ordinary gain (loss) allocated to SSTB		0.
6	Allowable ordinary gain (loss)/recapture from this business		0.
G 1	Section 1231 gain (loss) from business assets		0.
2	Section 1231 gain (loss) adjustments		
3	Section 1231 gain (loss) from qualified business		0.
4 a	Calculated QBI allowed after passive/at-risk limits	0.	
b	Adjustments to allowed QBI		
c	Allowable ordinary 1231 qualified gain (loss)		0.
5	Allowable ordinary 1231 gain (loss) allocated to SSTB		0.
6	Allowable ordinary 1231 gain (loss) from this business		0.

SMART WORKSHEET FOR: Schedule C (ridshare driving and food delivery): Profit or Loss from Business

Qualified Business Income Deduction Smart Worksheet, Continued	
H 1 Allowable QBI (E10 plus F6 plus G6)	-4,862.
2 Qualified business income allocated to SSTB	0.
3 a Previously disallowed losses freed up in current year	
b Adjustments to previously disallowed losses	
c Previously disallowed QBI losses to be reported as separate business	
d QBI wksht for previously disallowed losses, if present	
I 1 Tentative wages	0.
2 Adjustments	
3 Qualified wages	0.
4 Qualified wages allocated to SSTB	0.
J 1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA)	0.
2 Adjustments	
3 Qualified UBIA	0.
4 Qualified UBIA allocated to SSTB	0.
K 1 Net income allocable to qualified payments from agricultural or horticultural coop . . .	
2 Wages allocable to qualified payments from coop	
3 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting before 1/1/2018 . .	
4 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting after 12/31/17 . . .	

SMART WORKSHEET FOR: Schedule C (ridshare driving and food delivery): Profit or Loss from Business

Activity Summary Smart Worksheet			
Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
A Ownership	Taxpayer		
B At risk status	All		
C Passive status	Nonpassive		
Schedule C			
D Tentative profit (loss)	-4,862.	-4,862.	-4,862.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss			
H Passive disallowed loss			
I Net profit (loss) allowed	-4,862.	-4,862.	-4,862.
Related Dispositions			
J Tentative profit (loss)		0.	
K At risk disallowed loss			
L Passive carryover loss			
M Passive disallowed loss			
N Net profit (loss) allowed		0.	

SMART WORKSHEET FOR: Schedule C (ridshare driving and food delivery): Profit or Loss from Business

QBI (Section 199A) Attributes by Year Smart Worksheet
Supporting information provided by program. *MANUAL ENTRIES NEEDED

Percentage of SSTB income (by category)

	Applicable %	Operating %	Form 4797 ord	Form 4797 l/t
2018	100.00	0.00	0.00	0.00

Section 179 Deduction

Prior Year Carryovers by Year

Before 2018

A Section 179 carryover

2018

B Section 179 carryover

Regular Tax	QBI

Allowed deductions by year

A 2019 Section 179 election

B Total deduction (all years)

C Allowed deduction in 2019

D Freed up deduction from before 2018

E Freed up deduction from 2018

F If SSTB, reduced loss from 2018

Regular Tax	QBI

Carryforwards to 2020

Before 2018

A Section 179 carryforward

2018

B Section 179 carryforward

2019

C Section 179 carryforward

Regular Tax	QBI

At-Risk Limits

**At-Risk Prior Year Carryovers
by Year and Category**

Before 2018

A Operating loss

B Form 4797 ordinary loss

C Form 4797 long-term loss.

2018

D Operating loss

E Form 4797 ordinary loss

F Form 4797 long-term loss.

Suspended Loss Regular Tax	QBI

At-Risk losses allowed by year

Regular Tax	QBI
--------------------	------------

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Tax Smart Worksheet		
A	Tax <u>2,683.</u>	
Check if from:		
1	Tax table <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; text-align: center;">X</td></tr></table>	X
X		
2	Tax Computation Worksheet (see instructions) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td></tr></table>	
3	Schedule D Tax Worksheet <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td></tr></table>	
4	Qualified Dividends and Capital Gain Tax Worksheet <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td></tr></table>	
5	Schedule J <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td></tr></table>	
6	Form 8615 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td></tr></table>	
7	Foreign Earned Income Tax Worksheet <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td></tr></table>	
B	Additional tax from Form 8814 _____	
C	Additional tax from Form 4972 _____	
D	Tax from additional Form(s) 4972 _____	
E	Recapture tax from Form 8863 _____	
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____	
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____	
H	Additional tax from Form 8621 _____	
I	Tax. Add lines A through G. Enter the result here and include in tax below. <u>2,683.</u>	

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet	
<p>The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.</p>	
A	Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . <u>0.</u>

SMART WORKSHEET FOR: Federal Information Worksheet

TurboTax for the Web Filing Status Smart Worksheet	
Check this box to override the filing status selected thru Interview . .	<input type="checkbox"/>
Marital Status	_____
Filing Status Selected	_____

SMART WORKSHEET FOR: Federal Information Worksheet

<p>2017 Tax Cuts & Jobs Act Apply 15-year recovery period to qualified improvement property (asset types J2, J3, J4 and J5) placed in service after December 31, 2017? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>IMPORTANT NOTE: The Coronavirus Aid, Relief, and Economic Security (CARES) Act signed into law on March 27, 2020 has retroactively made qualified improvement property 15-year property. Refer to Tax Help</p>
--

SMART WORKSHEET FOR: Personal Worksheet (Seyed) -- Student Info Worksheet

Apprenticeship and Education Loan Smart Worksheet	
A	Enter the amount of qualified expenses for tuition, fees, books, supplies and equipment required for participation of the designated beneficiary in a registered apprenticeship program _____
B	Enter the amount of principal or interest payments on any qualified education loans of the designated beneficiary (or a sibling) not to exceed \$10,000 each
1	Principal. _____
2	Interest _____
3	Is the interest payment on line 2 included in Part I of the Student Loan Interest Deduction Worksheet? <input type="checkbox"/> Yes <input type="checkbox"/> No
	QuickZoom to Student Loan Interest Deduction Worksheet ► _____

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Qualified Business Income Deduction Smart Worksheet	
<i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III line 3).</i>	
A Is this activity a qualified trade or business under Section 199A?	<input type="checkbox"/> <input type="checkbox"/>
B QBI worksheet to report. ►	<input type="checkbox"/> <input type="checkbox"/>
C Specified Service Trade or Business (SSTB)?	<input type="checkbox"/> <input type="checkbox"/>
D I am not a statutory employee	<input type="checkbox"/> <input type="checkbox"/>

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Substitute Form W-2 Smart Worksheet	
A	Treat as substitute W-2 and generate a form 4852 <input style="float: right;" type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 2)

Qualified Business Income Deduction Smart Worksheet	
<i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III line 3).</i>	
A	Is this activity a qualified trade or business under Section 199A? <input style="float: right;" type="checkbox"/> <input style="float: right;" type="checkbox"/>
B	QBI worksheet to report. ▶ <input style="float: right;" type="checkbox"/> <input style="float: right;" type="checkbox"/>
C	Specified Service Trade or Business (SSTB)? <input style="float: right;" type="checkbox"/> <input style="float: right;" type="checkbox"/>
D	I am not a statutory employee <input style="float: right;" type="checkbox"/> <input style="float: right;" type="checkbox"/>

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 2)

Substitute Form W-2 Smart Worksheet	
A	Treat as substitute W-2 and generate a form 4852 <input style="float: right;" type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 3)

Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III line 3).</i>	
A Is this activity a qualified trade or business under Section 199A?	<input type="checkbox"/> <input type="checkbox"/>
B QBI worksheet to report.	<input type="checkbox"/>
C Specified Service Trade or Business (SSTB)?	<input type="checkbox"/> <input type="checkbox"/>
D I am not a statutory employee	<input type="checkbox"/>

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 3)

Substitute Form W-2 Smart Worksheet	
A Treat as substitute W-2 and generate a form 4852	<input type="checkbox"/>
B Linked substitute W-2 Form 4852	<input type="checkbox"/>
C Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" <hr/> <hr/> <hr/>	
D Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" <hr/> <hr/> <hr/>	
E QuickZoom to completed Form 4852 for reference	

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet	
If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines A , B , and C below: — The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or — You had home debt that was not used to buy, build or substantially improve your home that secures the loan	
QuickZoom to Deductible Home Mortgage Interest Worksheet	
Does your mortgage interest need to be limited: Yes . . . <input type="checkbox"/> No . . . <input type="checkbox"/>	
A Home mortgage interest and points reported on Form 1098: 1 Sum of lines 5a through 5d below 2 Limited amount to report on Sch A, line 8a	
B Home mortgage interest not reported on Form 1098: 1 Sum of lines 6a and 6b below 2 Limited amount to report on Sch A, line 8b	
C Points not reported on Form 1098: 1 Sum of lines 7a through 7c below 2 Limited amount to report on Sch A, line 8c.	

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet	
A	Enter Section 179 carryover from prior year _____
B	QuickZoom to the Asset Entry Worksheet ►
C	QuickZoom to the Depreciation/Amortization Reports ►
D	QuickZoom to Form 4562 for Schedule A ►
E	Treat all MACRS assets for activity as qualified Indian reservation property? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F	Treat all assets acquired after Aug. 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input checked="" type="checkbox"/> No
G	Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H	Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet	
QuickZoom to enter nontaxable combat pay on Form W-2 ►	
A Taxpayer:	
1	Taxpayer, nontaxable combat pay _____
1a	Taxpayer, prior year nontaxable combat pay from 2018 _____
2	Election for earned income credit (EIC): Elect taxpayer's nontaxable combat pay as earned income for EIC? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Election for dependent care benefits (DCB): Elect taxpayer's nontaxable combat pay as earned income for DCB? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Election for child and dependent care credit: Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
B Spouse:	
1	Spouse, nontaxable combat pay _____
1a	Spouse, prior year nontaxable combat pay from 2018 _____
2	Election for earned income credit (EIC): Elect spouse's nontaxable combat pay as earned income for EIC? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Election for dependent care benefits (DCB): Elect spouse's nontaxable combat pay as earned income for DCB? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Election for child and dependent care credit: Elect spouse's nontaxable combat pay as earned income for child and dependent care credit? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:	
Overpayment	_____ 1,422. _____ Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Eligible Hurricane and Wildfire Victims Smart Worksheet Election to use 2018 earned income for EIC and Additional Child Tax Credit	
The "Yes" box must be marked on Line A and Line B for 2018 earned income to be used for EIC and Additional Child Tax Credit calculations.	
A Elect to use 2018 earned income for EIC and Additional Child Tax Credit.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B Taxpayer is eligible to elect to use 2018 earned income (see Publication 4492 for details)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C Earned income for EIC from your 2018 return	<u>5,944.</u>
D Current year earned income for EIC	<u>36,186.</u>
If Line D is equal to or greater than Line C the taxpayer is not eligible to use 2018 earned income for EIC and Additional Child Tax Credit calculations.	
E You may compare the tax benefit of electing to use 2019 Earned Income by checking the boxes on line A and B	
Overpayment	<u>1,422.</u>
Amount due _____	

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
A Taxable and tax exempt interest	_____
B Dividend income	_____
C Capital gain net income	_____
D Royalty and rental of personal property net income	_____
E Passive activity net income :	
1 Rental real estate net income or loss	_____
2 Farm rental net income or loss	_____
3 Partnerships and S corporations net income or loss	_____
4 Estates and trusts net income or loss	_____
5 Total of lines 1 through 4	_____
6 Total passive activity net income , line 5 if greater than zero	_____
F Interest and dividends from Forms 8814	_____
G Adjustments	_____
H Total investment income , add lines A through G	<u>0.</u>
Is line H, total investment income over \$3,600? <input checked="" type="checkbox"/> No. You may take the credit. <input type="checkbox"/> Yes. Stop. You cannot take the credit.	

SMART WORKSHEET FOR: Estimated Tax Payment Options

For Residents of Guam or the U.S. Virgin Islands Only	
<input type="checkbox"/>	Permanent resident of Guam or U.S. Virgin Islands
<input type="checkbox"/>	Nonpermanent resident of Guam or U.S. Virgin Islands

Additional information from your 2019 Federal Tax Return

Form 4562 Depreciation Options

State Asset Class Default Statement

Continuation Statement

STATE CALC		Autos & Trucks		STATE CALC	Farm Property	
State	F/S conformity	Start	End	F/S conformity	Start	End
CO	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
CT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
DE	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
DC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
GA	Federal	01/01/2018	PERMANENT	None	N/A	N/A
HI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
ID	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
IL	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
IN	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
IA	State	01/01/2019	PERMANENT	State	01/01/2019	PERMANENT
KS	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
KY	Federal	01/01/2018	PERMANENT	None	N/A	N/A
LA	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
ME	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
MD	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
MA	None	N/A	N/A	None	N/A	N/A
MI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
MN	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
MS	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
MO	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
MT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
NE	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
NH	None	N/A	N/A	None	N/A	N/A
NJ	Federal	01/01/2018	PERMANENT	None	N/A	N/A
NM	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
NY	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
NC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
ND	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
OH	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
OK	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
OR	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
PA	None	N/A	N/A	None	N/A	N/A
RI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
SC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
UT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
VT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
VA	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
WV	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
WI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
XX	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT

Form 4562 Depreciation Options

State 2009 Economic Stimulus Default Statement

Continuation Statement

STATE CALC		STIMULUS BONUS DEPRECIATION			2019 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
CO	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
CT	Federal	Part	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
DE	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
DC	State	N/A	N/A	N/A	Full	25,000.	200,000.

Form 4562 Depreciation Options

State 2009 Economic Stimulus Default Statement

Continuation Statement

STATE CALC		STIMULUS BONUS DEPRECIATION			2019 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
GA	State	N/A	N/A	N/A	Full	1,020,000.	2,550,000.
HI	State	N/A	N/A	N/A	Full	25,000.	200,000.
ID	State	Full	12/31/2007	12/31/2009	Full	1,020,000.	2,550,000.
IL	Federal	Part	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
IN	State	N/A	N/A	N/A	Full	25,000.	2,550,000.
IA	State	N/A	N/A	N/A	Full	100,000.	400,000.
KS	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
KY	State	N/A	N/A	N/A	Full	25,000.	200,000.
LA	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
ME	State	N/A	N/A	N/A	Full	1,020,000.	2,550,000.
MD	State	N/A	N/A	N/A	Full	25,000.	200,000.
MA	State	N/A	N/A	N/A	Full	1,020,000.	2,550,000.
MI	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
MN	Federal	Part	12/31/2007	12/31/2027	Part	1,020,000.	2,550,000.
MS	State	N/A	N/A	N/A	Full	1,020,000.	2,550,000.
MO	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
MT	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
NE	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
NH	State	N/A	N/A	N/A	Full	500,000.	2,000,000.
NJ	State	N/A	N/A	N/A	Full	25,000.	200,000.
NM	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
NY	State	N/A	N/A	N/A	Full	1,020,000.	2,550,000.
NC	Federal	Part	12/31/2007	12/31/2027	Part	1,020,000.	2,550,000.
ND	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
OH	Federal	Part	12/31/2007	12/31/2027	Part	1,020,000.	2,550,000.
OK	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
OR	State	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
PA	State	N/A	N/A	N/A	Full	25,000.	200,000.
RI	State	N/A	N/A	N/A	Full	1,020,000.	2,550,000.
SC	State	N/A	N/A	N/A	Full	1,020,000.	2,550,000.
UT	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
VT	State	N/A	N/A	N/A	Full	1,020,000.	2,550,000.
VA	State	N/A	N/A	N/A	Full	1,020,000.	2,550,000.
WV	State	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
WI	State	Full	12/31/2007	12/31/2013	Full	1,020,000.	2,550,000.
XX	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.

Form 4562 Depreciation Options

State Qualified Disaster Area Default Statement

Continuation Statement

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
CT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
DE	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
DC	None	N/A	N/A	N/A	N/A	0.	0.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	State	Full	12/31/2008	12/31/2013	Full	100,000.	600,000.
IL	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	None	N/A	N/A	N/A	N/A	0.	0.

Form 4562 Depreciation Options**State Qualified Disaster Area Default Statement****Continuation Statement**

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
KS	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
ME	State	N/A	12/31/2010	12/31/2013	Full	100,000.	600,000.
MD	State	Full	12/31/2007	12/31/2013	N/A	0.	0.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
MN	Federal	Part	12/31/2007	12/31/2013	Part	100,000.	600,000.
MS	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
MO	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
MT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NE	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NY	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
NC	Federal	Part	12/31/2007	12/31/2013	Full	100,000.	600,000.
ND	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OH	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OK	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OR	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
UT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
VT	None	N/A	N/A	N/A	N/A	0.	0.
VA	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
WV	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
WI	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
XX	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.

Form 4562 Depreciation Options**State Kansas Disaster Zone Default Statement****Continuation Statement**

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
CT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
DE	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
DC	None	N/A	N/A	N/A	N/A	0.	0.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	State	Full	12/31/2008	12/31/2009	Full	100,000.	600,000.
IL	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	None	N/A	N/A	N/A	N/A	0.	0.
KS	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
ME	None	N/A	N/A	N/A	N/A	0.	0.
MD	State	Full	05/04/2007	12/31/2009	N/A	0.	0.
MA	None	N/A	N/A	N/A	N/A	0.	0.

Form 4562 Depreciation Options**State Kansas Disaster Zone Default Statement****Continuation Statement**

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
MI	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
MN	Federal	Part	05/04/2007	12/31/2009	Part	100,000.	600,000.
MS	State	N/A	05/04/2007	12/31/2009	Full	100,000.	600,000.
MO	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
MT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NE	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NY	State	N/A	05/04/2007	12/31/2009	Full	100,000.	600,000.
NC	Federal	Part	05/04/2007	12/31/2009	Full	100,000.	600,000.
ND	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
OH	Federal	Full	05/04/2007	12/31/2009	Part	100,000.	600,000.
OK	State	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
OR	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	None	N/A	N/A	N/A	N/A	0.	0.
UT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
VT	None	N/A	N/A	N/A	N/A	0.	0.
VA	None	N/A	N/A	N/A	N/A	0.	0.
WV	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
WI	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
XX	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.

Form 4562 Depreciation Options**State CBEPP Default Statement****Continuation Statement**

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
CO	Federal	Full	12/20/2006	12/31/2020
CT	Federal	Full	12/20/2006	12/31/2020
DE	Federal	Full	12/20/2006	12/31/2020
DC	None	N/A	N/A	N/A
GA	Federal	Full	12/20/2006	12/31/2020
HI	Federal	Full	12/20/2006	12/31/2020
ID	Federal	Full	12/20/2006	12/31/2020
IL	Federal	Full	12/20/2006	12/31/2020
IN	Federal	Full	12/20/2006	12/31/2020
IA	Federal	Full	12/20/2006	12/31/2020
KS	Federal	Full	12/20/2006	12/31/2020
KY	None	N/A	N/A	N/A
LA	Federal	Full	12/20/2006	12/31/2020
ME	State	Full	12/20/2006	12/31/2007
MD	Federal	Full	12/20/2006	12/31/2020
MA	Federal	Full	12/20/2006	12/31/2020
MI	Federal	Full	12/20/2006	12/31/2020
MN	State	Full	12/20/2006	12/31/2017
MS	None	N/A	N/A	N/A
MO	Federal	Full	12/20/2006	12/31/2020
MT	Federal	Full	12/20/2006	12/31/2020
NE	None	N/A	N/A	N/A

Form 4562 Depreciation Options
State CBEPP Default Statement
Continuation Statement

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
NH	None	N/A	N/A	N/A
NJ	None	N/A	N/A	N/A
NM	Federal	Full	12/20/2006	12/31/2020
NY	None	N/A	N/A	N/A
NC	Federal	Full	12/20/2006	12/31/2020
ND	Federal	Full	12/20/2006	12/31/2020
OH	Federal	Full	12/20/2006	12/31/2020
OK	Federal	Full	12/20/2006	12/31/2020
OR	Federal	Full	12/20/2006	12/31/2020
PA	None	N/A	N/A	N/A
RI	None	N/A	N/A	N/A
SC	None	N/A	N/A	N/A
UT	Federal	Full	12/20/2006	12/31/2020
VT	Federal	Full	12/20/2006	12/31/2020
VA	None	N/A	N/A	N/A
WV	None	N/A	N/A	N/A
WI	State	Full	12/20/2006	12/31/2013
XX	Federal	Full	12/20/2006	12/31/2020

Form 4562 Depreciation Options
State GO Zone Default Statement
Continuation Statement

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
CT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
DE	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
DC	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
IL	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
KS	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
ME	State	Full	08/28/2005	12/31/2007	N/A	0.	0.
MD	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MN	Federal	Part	08/28/2005	03/30/2012	Part	100,000.	600,000.
MS	State	N/A	08/28/2005	03/30/2012	Full	100,000.	600,000.
MO	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NE	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NY	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NC	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
ND	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.

Form 4562 Depreciation Options
State GO Zone Default Statement
Continuation Statement

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
OH	Federal	Full	08/28/2005	03/30/2012	Part	100,000.	600,000.
OK	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
OR	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	State	Full	08/28/2005	05/06/2009	Full	100,000.	600,000.
UT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
VT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
VA	None	N/A	N/A	N/A	N/A	0.	0.
WV	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
WI	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
XX	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.

Form 4562 Depreciation Options
State Pre-2005 SDA Default Statement
Continuation Statement

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
CO	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
CT	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
DE	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
DC	State	None	N/A	N/A	N/A	N/A	N/A	Y
GA	State	None	N/A	N/A	N/A	N/A	N/A	Y
HI	State	None	N/A	N/A	N/A	N/A	N/A	Y
ID	State	None	N/A	N/A	N/A	N/A	N/A	Y
IL	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
IN	State	None	N/A	N/A	N/A	N/A	N/A	Y
IA	Both	50	Full	N/A	N/A	05/06/2003	12/31/2004	Y
KS	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
KY	State	None	N/A	N/A	N/A	N/A	N/A	Y
LA	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
ME	Both	50, 30	Full	09/11/2001	12/31/2001	01/01/2006	12/31/2006	Y
MD	State	None	N/A	N/A	N/A	N/A	N/A	Y
MA	State	None	N/A	N/A	N/A	N/A	N/A	Y
MI	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
MN	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
MS	State	None	N/A	N/A	N/A	N/A	N/A	Y
MO	Both	50, 30	Full	09/11/2001	06/30/2002	05/06/2003	12/31/2006	Y
MT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NE	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NH	State	None	N/A	N/A	N/A	N/A	N/A	N
NJ	Both	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2003	Y
NM	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NY	Both	50, 30	Full	09/11/2001	05/31/2003	05/06/2003	05/31/2003	Y
NC	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
ND	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OH	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OK	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OR	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
PA	State	None	N/A	N/A	N/A	N/A	N/A	Y
RI	State	None	N/A	N/A	N/A	N/A	N/A	Y
SC	State	None	N/A	N/A	N/A	N/A	N/A	Y

Form 4562 Depreciation Options
State Pre-2005 SDA Default Statement
Continuation Statement

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
UT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
VT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
VA	State	None	N/A	N/A	N/A	N/A	N/A	Y
WV	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
WI	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
XX	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y

Form 4562 Depreciation Options
State Software/Real Property Sec 179 Default Statement
Continuation Statement

STATE CALC		COMPUTER SOFTWARE		STATE CALC	& 179 Lodging Property	
State	F/S conformity	Start	End	F/S conformity	Start	End
CO	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
CT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
DE	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
DC	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
GA	Federal	TY2003	PERMANENT	None	N/A	N/A
HI	None	N/A	N/A	None	N/A	N/A
ID	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
IL	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
IN	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
IA	None	N/A	N/A	State	TY2018	PERMANENT
KS	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
KY	None	N/A	N/A	None	N/A	N/A
LA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
ME	State	TY2011	PERMANENT	State	TY2011	PERMANENT
MD	None	N/A	N/A	None	N/A	N/A
MA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MI	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MN	None	N/A	N/A	State	TY2010	PERMANENT
MS	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MO	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NE	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NH	None	N/A	N/A	None	N/A	N/A
NJ	None	N/A	N/A	None	N/A	N/A
NM	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NY	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NC	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
ND	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OH	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OK	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OR	Federal	TY2003	PERMANENT	State	TY2011	PERMANENT
PA	None	N/A	N/A	None	N/A	N/A
RI	State	TY2014	PERMANENT	State	TY2014	PERMANENT
SC	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
UT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
VT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
VA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
WV	Federal	TY2003	PERMANENT	State	TY2010	TY2011
WI	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
XX	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT

Form 4562 Depreciation Options
State Asset Class Default Statement
Continuation Statement

STATE CALC		FARM & RETAIL		STATE CALC	RESTAURANT & LEASEHOLD	
State	F/S conformity	Start	End	F/S conformity	Start	End
CO	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
CT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
DE	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
DC	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
GA	None	N/A	N/A	Federal	10/22/2004	12/31/2017
HI	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
ID	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
IL	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
IN	Federal	12/31/2008	12/31/2017	State	12/31/2011	12/31/2017
IA	None	N/A	N/A	None	N/A	N/A
KS	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
KY	None	N/A	N/A	None	N/A	N/A
LA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
ME	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
MD	None	N/A	N/A	None	N/A	N/A
MA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
MI	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
MN	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
MS	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
MO	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
MT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
NE	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
NH	None	N/A	N/A	None	N/A	N/A
NJ	None	N/A	N/A	None	N/A	N/A
NM	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
NY	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
NC	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
ND	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
OH	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
OK	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
OR	State	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
PA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
RI	State	12/31/2013	12/31/2017	State	12/31/2013	12/31/2017
SC	State	12/31/2008	12/31/2009	State	12/31/2014	12/31/2017
UT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
VT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
VA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
WV	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
WI	State	12/31/2008	12/31/2013	State	10/22/2004	12/31/2013
XX	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017

Form 4562 Depreciation Options
Fruit/Nut Tree/Vine SDA in Year Planted/Grafted
Continuation Statement

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
CO	Federal	Full	12/31/15	12/30/27
CT	Federal	Part	12/31/15	12/30/27
DE	Federal	Full	12/31/15	12/30/27
DC	State	N/A	N/A	N/A
GA	State	N/A	N/A	N/A
HI	State	N/A	N/A	N/A

Form 4562 Depreciation Options**Fruit/Nut Tree/Vine SDA in Year Planted/Grafted****Continuation Statement**

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
ID	State	N/A	N/A	N/A
IL	Federal	Part	12/31/15	12/30/27
IN	State	N/A	N/A	N/A
IA	State	N/A	N/A	N/A
KS	Federal	Full	12/31/15	12/30/27
KY	State	N/A	N/A	N/A
LA	Federal	Full	12/31/15	12/30/27
ME	State	N/A	N/A	N/A
MD	State	N/A	N/A	N/A
MA	State	N/A	N/A	N/A
MI	Federal	N/A	12/31/15	12/30/27
MN	Federal	Part	12/31/15	12/30/27
MS	State	N/A	N/A	N/A
MO	Federal	Full	12/31/15	12/30/27
MT	Federal	Full	12/31/15	12/30/27
NE	Federal	Full	12/31/15	12/30/27
NH	State	N/A	N/A	N/A
NJ	State	N/A	N/A	N/A
NM	Federal	Full	12/31/15	12/30/27
NY	State	N/A	N/A	N/A
NC	Federal	Part	12/31/15	12/30/27
ND	Federal	Full	12/31/15	12/30/27
OH	Federal	Part	12/31/15	12/30/27
OK	Federal	Full	12/31/15	12/30/27
OR	Federal	Full	12/31/15	12/30/27
PA	State	N/A	N/A	N/A
RI	State	N/A	N/A	N/A
SC	State	N/A	N/A	N/A
UT	Federal	Full	12/31/15	12/30/27
VT	State	N/A	N/A	N/A
VA	State	N/A	N/A	N/A
WV	Federal	Full	12/31/15	12/30/27
WI	State	Full	12/31/15	12/31/13
XX	Federal	Full	12/31/15	12/30/27

TAXABLE YEAR	California Online e-file Return Authorization for Individuals	FORM
2019		8453-OL

Your first name and initial SEYED H		Last name RAZAVI	Suffix	Your SSN or ITIN 618-69-2705
If filing jointly, spouse's/RDP's first name		Last name	Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 7240 EL CAJON BLVD		Apt. no. APT 19	PMB/private mailbox	Daytime telephone number (858) 531-4256
City SAN DIEGO			State CA	ZIP code 92115-1800
Foreign country name		Foreign province/state/country		Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions	1	35,378.
2 Refund or no amount due. See instructions.	2	1,179.
3 Amount you owe. See instructions.	3	

Part II Settle Your Account Electronically for Taxable Year 2019 (Payment due 4/15/2020)

4 ☒ Direct deposit of refund

5 ☐ Electronic funds withdrawal 5a Amount _____ 5b Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2020 These are not installment payments for the current amount you owe.

	First Payment Due 4/15/2020	Second Payment Due 6/15/2020	Third Payment Due 9/15/2020	Fourth Payment Due 1/15/2021
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below <u>1,179.</u>	12 The remaining amount of my refund for direct deposit _____
9 Routing number <u>121000358</u>	13 Routing number _____
10 Account number <u>325135616866</u>	14 Account number _____
11 Type of account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	15 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2019 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. 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 authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Your signature

Date

Spouse's/RDP's signature. If filing jointly, both must sign.

Date

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

2019 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

618-69-2705 RAZA
SEYED H RAZAVI

19 PBA 485990

7240 EL CAJON BLVD APT 19
SAN DIEGO CA 92115-1800

07-10-1985

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 number you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

Exemptions

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 1 X \$122 = ☒ \$ 1228 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. ☒ 8 X \$122 = ☒ \$ 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☒ 9 X \$122 = ☒ \$ 10 **Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name <input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name <input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN <input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you <input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ☒ 10 X \$378 = ☒ \$

Your name: RAZAVI

Your SSN or ITIN: 618-69-2705

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32● **11 \$** 122

Taxable Income

- 12** State wages from your federal Form(s) W-2, box 16 ● **12** 41048 .00
- 13** Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b ● **13** 36186 .00
- 14** California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. ● **14** 808 .00
- 15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions **15** 35378 .00
- 16** California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. ● **16** .00
- 17** California adjusted gross income. Combine line 15 and line 16 ● **17** 35378 .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. \$4,537
• Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,074
If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . . ● **18** 4537 .00
- 19** Subtract line 18 from line 17. This is your **taxable income**.
If less than zero, enter -0- ● **19** 30841 .00

Tax

- 31** Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule
● ☐ FTB 3800 ● ☐ FTB 3803 ● **31** 726 .00
- 32** Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$200,534, see instructions. ● **32** 122 .00
- 33** Subtract line 32 from line 31. If less than zero, enter -0- ● **33** 604 .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** 604 .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** 60 .00
- 47** Add line 40 through line 46. These are your total credits ● **47** 60 .00
- 48** Subtract line 47 from line 35. If less than zero, enter -0- ● **48** 544 .00

Your name: RAZAVI

Your SSN or ITIN: 618-69-2705

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. ● 64 544 .00

Payments

- 71 California income tax withheld. See instructions ● 71 1723 .00
- 72 2019 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 .00
- 76 Young Child Tax Credit (YCTC). See instructions ● 76 .00
- 77 Add lines 71 through 76. These are your total payments.
See instructions ● 77 1723 .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 77 is more than line 91, subtract line 91 from line 77 ● 92 1723 .00
- 93 **Use Tax balance.** If line 91 is more than line 77, subtract line 77 from line 91 ● 93 .00
- 94 Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92. ● 94 1179 .00
- 95 Amount of line 94 you want applied to your **2020** estimated tax ● 95 .00
- 96 Overpaid tax available this year. Subtract line 95 from line 94 ● 96 1179 .00
- 97 Tax due. If line 92 is less than line 64, subtract line 92 from line 64 ● 97 .00

Your name: RAZAVI

Your SSN or ITIN: 618-69-2705

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	<input type="text"/> .00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	<input type="text"/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	<input type="text"/> .00
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
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	● 431	<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 Kit Backlog 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
Suicide Prevention Voluntary Tax Contribution Fund	● 444	<input type="text"/> .00
110 Add code 400 through code 444. This is your total contribution	● 110	<input type="text"/> .00

Your name: RAZAVI

Your SSN or ITIN: 618-69-2705

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

112 Interest, late return penalties, and late payment penalties 112

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● 113114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of 110, line 112 and line 113 from line 96. See instructions.Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● 115Fill 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:

Refund and Direct Deposit● Routing number ☐ Type
☒ Checking
☐ Savings

121000358

● Account number

325135616866

● 116 Direct deposit amount

1179

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

● Routing number ☐ Type
☐ Checking
☐ Savings

● Account number

● 117 Direct deposit amount

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)

● Your email address. Enter only one email address.

● Preferred phone number

Sign Here

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

Joint tax return? (See instructions)

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

SELF-PREPARED

Firm's name (or yours, if self-employed)

● PTIN

Firm's address

● Firm's FEIN

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

2019 California Adjustments — Residents

CA (540)

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

Name(s) as shown on tax return

SEYED H RAZAVI

SSN or ITIN

618692705

Part I Income Adjustment Schedule

Section A — Income from federal Form 1040 or 1040-SR

		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 41,048.		
2	Taxable interest. a	2b		
3	Ordinary dividends. See instructions. a	3b		
4	IRA distributions. See instructions. a	4b		
	c Pensions and annuities. See instructions. c	4d		
5	Social security benefits. a	5b		
6	Capital gain or (loss). See instructions.	6		

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

1	Taxable refunds, credits, or offsets of state and local income taxes	1		
2a	Alimony received	2a		
3	Business income or (loss)	3	-4,862.	
4	Other gains or (losses)	4		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc	5		
6	Farm income or (loss)	6		
7	Unemployment compensation	7		
8	Other income.			
	a California lottery winnings		a	
	b Disaster loss deduction from FTB 3805V		b	
	c Federal NOL (federal Schedule 1 (Form 1040 or 1040-SR), line 8)		c	
	d NOL deduction from FTB 3805V		d	
	e NOL from FTB 3805Z, 3806, 3807, or 3809		e	
	f Other (describe):		f	
	g Student loan discharged due to closure of a for-profit school		g	
9	Total. Combine Section A, line 1 through line 6, and Section B, line 1 through line 8 in column A. Add Section A, line 1 through line 6, and Section B, line 1 through line 8g in column B and column C. Go to Section C.	9	36,186.	

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

10	Educator expenses	10		
11	Certain business expenses of reservists, performing artists, and fee-basis government officials	11		
12	Health savings account deduction	12		
13	Moving expenses. Attach federal Form 3903. See instructions	13		808.
14	Deductible part of self-employment tax	14		
15	Self-employed SEP, SIMPLE, and qualified plans	15		
16	Self-employed health insurance deduction	16		
17	Penalty on early withdrawal of savings	17		
18a	Alimony paid. b Recipient's: SSN — — — — — Last name	18a		
19	IRA deduction	19		
20	Student loan interest deduction	20		
21	Tuition and fees	21		
22	Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions	22		808.
23	Total. Subtract line 22 from line 9 in columns A, B, and C. See instructions	23	36,186.	-808.

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 or 1040-SR))**B Subtractions**
See instructions**C Additions**
See instructions**Medical and Dental Expenses** See instructions.

1	Medical and dental expenses	<input checked="" type="radio"/>		1			
2	Enter amount from federal Form 1040 or 1040-SR, line 8b	<input checked="" type="radio"/>	36,186.	2			
3	Multiply line 2 by 7.5% (0.075)	<input checked="" type="radio"/>	2,714.	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.	<input checked="" type="radio"/>		4	<input checked="" type="radio"/>		<input checked="" type="radio"/>

Taxes You Paid

5a	State and local income tax or general sales taxes	5a	<input checked="" type="radio"/> 2,070.	<input checked="" type="radio"/> 2,070.	
5b	State and local real estate taxes	5b	<input checked="" type="radio"/>		
5c	State and local personal property taxes	5c	<input checked="" type="radio"/> 0.		
5d	Add lines 5a through 5c	5d	<input checked="" type="radio"/> 2,070.		
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.	5e	<input checked="" type="radio"/> 2,070.	<input checked="" type="radio"/> 2,070.	<input checked="" type="radio"/> 0.
6	Other taxes. List type <input checked="" type="radio"/>	6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7	Add lines 5e and 6	7	<input checked="" type="radio"/> 2,070.	<input checked="" type="radio"/> 2,070.	<input checked="" type="radio"/> 0.

Interest You Paid

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

Gifts to Charity

11	Gifts by cash or check	11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12	Other than by cash or check	12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13	Carryover from prior year	13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14	Add lines 11 through 13	14	<input checked="" type="radio"/>	<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.	15	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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Other Itemized Deductions

16	Other—from list in federal instructions	16	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	17	<input checked="" type="radio"/> 2,070.	<input checked="" type="radio"/> 2,070.	<input checked="" type="radio"/> 0.

18 Total. Combine line 17 column A less column B plus column C ☒ **18** 0.

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" value="500."/>
20	Tax preparation fees.	<input checked="" type="radio"/> 20	<input type="text" value=""/>
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="500."/>
23	Enter amount from federal Form 1040 or 1040-SR, line 8b <input checked="" type="radio"/> 36,186.		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.	<input checked="" type="radio"/> 24	<input type="text" value="724."/>
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="0."/>
27	Other adjustments. See instructions. Specify. <input checked="" type="radio"/>	<input checked="" type="radio"/> 27	<input type="text" value=""/>
28	Combine line 26 and line 27.	<input checked="" type="radio"/> 28	<input type="text" value="0."/>
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		\$200,534
	Head of household		\$300,805
	Married/RDP filing jointly or qualifying widow(er)		\$401,072
	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="0."/>
30	Enter the larger of the amount on line 29 or your standard deduction listed below		
	Single or married/RDP filing separately. See instructions.		\$4,537
	Married/RDP filing jointly, head of household, or qualifying widow(er)		\$9,074
	Transfer the amount on line 30 to Form 540, line 18.	<input checked="" type="radio"/> 30	<input type="text" value="4,537."/>

Moving Expenses

► Go to www.irs.gov/Form3903 for instructions and the latest information.
► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2019
Attachment
Sequence No. **170**

Name(s) shown on return

SEYED H RAZAVI

Your social security number

618-69-2705

Before you begin: You can deduct moving expenses only if you are a **Member of the Armed Forces** and meet certain other requirements. See the instructions to find out if you qualify.

1	Transportation and storage of household goods and personal effects (see instructions)	1	318.
2	Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	490.
3	Add lines 1 and 2	3	808.
4	Enter the total amount the government paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	
5	Is line 3 more than line 4? <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 8. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 13; or Form 1040-NR, line 26. This is your moving expense deduction	5	808.

For Paperwork Reduction Act Notice, see your tax return instructions. 175

Cat. No. 12490K

Form **3903** (2019)

Nonrefundable Renter's Credit Qualification Record

175



e-file and skip this page! The tax software product you use to e-file will help you find out if you qualify for this credit and will figure the correct amount of the credit automatically. Go to ftb.ca.gov to check your e-file options. You can claim the nonrefundable renter's credit using CalFile.

If you were a resident of California and paid rent on property in California, which was your principal residence, you may qualify for a credit that you can use to reduce your tax. Answer the questions below to see if you qualify. For purposes of California income tax, references to a spouse, husband, or wife also refer to a California Registered Domestic Partner (RDP), unless otherwise specified. When we use the initials RDP they refer to both a California registered domestic "partner" and a California registered domestic "partnership," as applicable. For more information on RDPs, get FTB Pub. 737. **Do not mail this record. Keep with your tax records.**

1. Were you a resident of California for the entire year in 2019?

Military personnel. If you are not a legal resident of California, you do not qualify for this credit. However, your spouse/RDP may claim this credit if he or she was a resident during 2019, and is otherwise qualified.

YES. Go to question 2. ☒

NO. Stop. File Form 540NR. See "Order Forms and Publications."

2. Is your California adjusted gross income the amount on line 17:

- \$42,932 or less if single or married/RDP filing separately; or
- \$85,864 or less if married/RDP filing jointly, head of household, or qualifying widow(er)?

YES. Go to question 3. ☒

NO. Stop here. You do not qualify for this credit.

3. Did you pay rent, for at least half of 2019, on property (including a mobile home that you owned on rented land) in California, which was your principal residence?

YES. Go to question 4. ☒

NO. Stop here. You do not qualify for this credit.

4. Can you be claimed as a dependent by a parent, foster parent, legal guardian, or any other person in 2019?

NO. Go to question 6. ☒

YES. Go to question 5.

5. For more than half the year in 2019, did you live in the home of the person who can claim you as a dependent?

NO. Go to question 6. ☒

YES. Stop here. You do not qualify for this credit.

6. Was the property you rented exempt from property tax in 2019?

You do not qualify for this credit if, for more than half of the year, you rented property that was exempt from property taxes. Exempt property includes most government-owned buildings, church-owned parsonages, college dormitories, and military barracks. However, if you or your landlord paid possessory interest taxes for the property you rented, then you may claim this credit.

NO. Go to question 7. ☒

YES. Stop here. You do not qualify for this credit.

7. Did you claim the homeowner's property tax exemption anytime during 2019?

You do not qualify for this credit if you or your spouse/RDP received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse/RDP for the entire year and your spouse/RDP received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified.

NO. Go to question 8. ☒

YES. If your filing status is single or married/RDP filing separately, stop here, you do not qualify for this credit. If your filing status is married/RDP filing jointly, go to question 9.

8. Were you single in 2019?

YES. Go to question 11. ☒

NO. Go to question 9.

9. Did your spouse/RDP claim the homeowner's property tax exemption anytime during 2019?

You do not qualify for this credit if you or your spouse/RDP received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse/RDP for the entire year and your spouse/RDP received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified.

NO. Go to question 11.

YES. If both you and your spouse/RDP claimed the homeowner's property tax exemption, stop here, you do not qualify for this credit. Otherwise, go to question 10.

10. Did you and your spouse/RDP maintain separate residences for the entire year in 2019?

YES. Go to question 11.

NO. Stop here. You do not qualify for this credit.

11. If you are:

- Single, enter \$60 on line 46.
- Head of household or qualifying widow(er), enter \$120 on line 46.
- Married/RDP filing separately: if you and your spouse/RDP lived in the same rental property and both qualify for this credit, one spouse/RDP may claim the full amount of the credit (\$120), or each spouse/RDP may claim half the amount (\$60 each). If you and your spouse/RDP lived apart for the entire year and you qualify for this credit, you may claim half the amount of the credit (\$60). Enter your credit amount on line 46.
- Married/RDP filing jointly, enter \$120 on line 46. (Exception: If one spouse/RDP claimed the homeowner's tax exemption and you lived apart from your spouse/RDP for the entire year, enter \$60 on line 46.)

60.

Fill in the street address(es) and landlord information below for the residence(s) you rented in California during 2019, which qualified you for this credit.

Street Address	City, State, and ZIP Code	Dates Rented in 2019 (From _____ to _____)
a _____		
b _____		

Enter the name, address, and telephone number of your landlord(s) or the person(s) to whom you paid rent for the residence(s) listed above.

Name	Street Address	City, State, ZIP Code, and Telephone Number
a _____		
b _____		

Taxable Year

2019

Date Accepted _____

**California e-file Return Authorization
for Limited Liability Companies**

Form

8453-LLC

Limited liability company name _____

CA SOS file No. or FEIN _____

Part I Tax Return Information (whole dollars only)

- | | | |
|----------|--|-------|
| 1 | Total income (Form 568, Schedule B, line 12 or Form 568, line 1 for Single Member LLCs) | _____ |
| 2 | Ordinary income (Form 568, Schedule B, line 23 or Form 568, Line 1 for Single Member LLCs) | _____ |
| 3 | Tax and fee due (Form 568, line 14) | _____ |
| 4 | Overpayment (Form 568, line 15) | _____ |
| 5 | Total amount due (Form 568, line 19) | _____ |

Part II Settle Your Account Electronically for Taxable Year 2019.

- | | | |
|------------|--|--------------------------|
| 6 | Electronic funds withdrawal | <input type="checkbox"/> |
| 6 a | Amount | _____ |
| 6 b | Withdrawal date (mm/dd/yyyy) | _____ |

Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2020This is **NOT** an installment payment for the current amount the LLC owes.

- | | | |
|----------|---------------------------|-----------------------|
| | Annual Tax Payment | Estimated Fee Payment |
| 7 | Amount | _____ |
| 8 | Withdrawal date | _____ |

Part IV Banking Information

(Have you verified the LLC's banking information?)

- | | | | | |
|-----------|--------------------------|--|-----------|---|
| 9 | Routing number | | 11 | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 10 | Account number | | | |

Part V Declaration of Authorized Member or Manager

I authorize the limited liability company account to be settled as designated in Parts II, III, and IV. If I check Box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and for the 2020 annual tax or estimated fee payment amount listed on line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an authorized member or manager of the above limited liability company and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the limited liability company's 2019 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not

receive full and timely payment of the limited liability company's tax liability, the limited liability company will remain liable for the tax liability and all applicable interest and penalties. I authorize the limited liability company return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of the limited liability company's return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider, the reason(s) for the delay or the date when the refund was sent.**

Sign Here

Signature of authorized member or manager

Date

Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above limited liability company's return and that the entries on form FTB 8453-LLC are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the limited liability company's return. I declare, however, that form FTB 8453-LLC accurately reflects the data on the return.) I have obtained the signature from the limited liability company authorized member or manager on form FTB 8453-LLC before transmitting this return to the FTB; I have provided the limited liability company authorized member or manager with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-LLC on file for **four** years from the due date of the return or **four** years from the date the limited liability company return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature

Date

Check if also
paid preparer ☐

ERO's PTIN

Firm's name (or yours, if self-employed) and address

FEIN.

Check if self-
employed. ☐

Paid Preparer Must Sign

Under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid preparer's signature

Date

Check if self-
employed. ☐

Paid preparer's PTIN

Firm's name (or yours if self-employed) and address

FEIN

Name Seyed H Razavi		Social Security Number 618-69-2705		
	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
I Schedule P/P(540NR), Part III, Section A, line 5, column (c)			604.	
II Credits that reduce excess tax and have carryover provisions.				
Code Credit Name				
205 Disabled Access			604.	
204 Donated Agricultural Products Transportation			604.	
190 Employer Childcare Contribution . . .			604.	
189 Employer Child Care Program			604.	
203 Enhanced Oil Recovery			604.	
207 Farmworker Housing			604.	
198 Local Agency Military Base Recovery Area Hiring			604.	
198 Local Agency Military Base Recovery Area Sales or Use Tax			604.	
220 New Jobs			604.	
237 New Motion Picture & Television			604.	
238 New Donated Fresh Fruits or Vegetables			604.	
234 New Employment			604.	
175 Agricultural Products			604.	
223 Motion Picture and Television Production			604.	
209 Community Development Financial Institution Deposits Credit			604.	
224 Donated Fresh Fruits or Vegetables Credit			604.	
194 Employee Ridesharing			604.	
191 Employer Ridesharing (Large)			604.	
192 Employer Ridesharing (Small)			604.	
193 Employer Ridesharing (Transit Passes)			604.	
182 Energy Conservation			604.	
218 Environmental Tax			604.	
160 Low Emission Vehicles			604.	
211 Manufacturing Enhancement Area Hiring			604.	
184 Political Contributions			604.	
174 Recycling Equipment			604.	
186 Residential Rental and Farm Sales . .			604.	
206 Rice Straw			604.	
171 Ridesharing			604.	
200 Salmon and Steelhead Trout Habitat Restoration			604.	
179 Solar Pump			604.	
178 Water Conservation			604.	
161 Young Infant			604.	

	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
III Schedule P/P(540NR), Part III, Section B, line 15, column (c)			544 .	
IV Credits that reduce net tax and have carryover provisions.				
Code Credit Name				
233 California Competes			544 .	
235 College Access			544 .	
197 Child Adoption			544 .	
176 Enterprise Zone Hiring			544 .	
176 Enterprise Zone Sales or Use Tax . .			544 .	
172 Low-Income Housing			544 .	
213 Natural Heritage Preservation			544 .	
183 Research			544 .	
210 Targeted Tax Area Hiring			544 .	
210 Targeted Tax Area Sales or Use Tax .			544 .	
196 Commercial Solar Electric System . .			544 .	
181 Commercial Solar Energy			544 .	
185 Orphan Drug			544 .	
180 Solar Energy			544 .	

California Information Worksheet

2019

► Keep for your records

Part I — Personal Information

Taxpayer:

First Name Syed
 Middle Initial H Suffix
 Last Name Razavi
 Social Security No. 618-69-2705
 Date of Birth 07/10/1985 (mm/dd/yyyy)
 or age as of 1-1-2020 34
 Date of Death (mm/dd/yyyy)
 Legally blind ☐
 Daytime Phone (858) 531-4256 Ext
 Home phone

Spouse/RDP:

First Name
 Middle Initial Suffix
 Last Name
 Social Security No.
 Date of Birth (mm/dd/yyyy)
 or age as of 1-1-2020
 Date of Death (mm/dd/yyyy)
 Legally blind ☐
 Daytime Phone Ext

Your email address to print on Form 540, 540NR or 540X (optional)

Check to print phone number on Form 540. ☒ Taxpayer daytime ☐ Spouse/RDP day ☐ Home

c/o Address

Street Address 7240 El Cajon Blvd

Unit Description APT

Unit Number 19

Private Mailbox (PMB)

City San Diego

State CA

ZIP Code 92115-1800

Foreign province/county

Foreign postal code

Foreign country

Military Filers:

☐ APO ☐ FPO

For Military Extension:

Military indicator ► Taxpayer Spouse/RDP

Part II — Main Form

☒ Form 540: Resident Income Tax Return ►

☐ Form 540NR: Nonresident or Part-Year Resident Income Tax Return ►

Enter your state of residence as of December 31, 2019 CA

☒ Resident entire year

☐ Resident part of year

Date you established residence in state above

In which state (or foreign country) did you reside before this change?

QuickZoom to enter Part-Year and Nonresident income allocations on Schedule CA(NR) ►

Part III — Filing Status

☒ Single

☐ Married/RDP filing joint return

☐ Married/RDP filing separate return

☐ You **did not** live with spouse at any time during the year

Yes No

☐ If filing electronically, is spouse a CA Nonresident?

☐ If filing electronically, is spouse Active Duty Military?

☐ Head of household (with qualifying person) **Stop**. See instructions.

If the 'qualifying person' is your child but **not** your dependent:

Child's name

Child's social security number

☐ Qualifying widow(er)

Year spouse/RDP died ☐ 2017 ☐ 2018

If the 'qualifying person' is your child but **not** your dependent:

Child's First name Last Name

☐ Check the box if your California filing status is different from your federal filing status.

Part IV — Dependent Information

First Name	I	Last Name	Social Security Number	Relationship

Part V – Standard Deduction/Itemized Deductions

- ☐ Calculate California itemized deductions even if itemized deductions are less than the standard deduction
- ☐ You are married filing separately and your spouse itemized deductions
- ☐ Take the standard deduction even if less than itemized deductions

Part VI – Other Information**Prior Name:**

If you filed your 2018 return under a different last name, enter the last name **only** from the 2018 return ▶ Taxpayer . _____ Spouse/RDP _____

Dependent of Someone Else:

Taxpayer **Spouse**

- ☐ ☐ Can someone (such as a parent) claim you and/or your spouse/RDP as a dependent?

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties _____

Farmers and Fishermen:

- ☐ At least two-thirds of your 2018 or 2019 gross income is from farming or fishing
- ☐ Return will be filed and tax due will be paid by March 1, 2020

Mandatory Electronic Payments

- ☐ You are required to make California tax payments electronically
- ☐ A waiver is or will be in effect for the current year
- ☐ Force print all payment vouchers even if required to pay electronically

Schedule W-2:

- ☐ You do **not** want to complete Schedule W-2

Executor/Guardian Information:

First Name

MI

Last Name

Suf.

Executor/Guardian _____

Surviving Spouse Indicator ☐ Check this box instead of entering the Spouse/RDP name above

Executor type (if filing electronically) . _____

Third Party Designee:

Yes **No**

- ☐ ☐ Do you want to allow another person to discuss your return with the Franchise Tax Board?

If yes, enter the person's name Telephone

First . _____ Middle init . _____ Last Name _____ Suffix _____

Disasters:

- ☐ Claiming a disaster loss (see FTB Publication 1034)

QuickZoom to enter disaster explanation ▶ _____

Outside of the USA:

- ☐ You were living or traveling outside the United States on July 15, 2020

Special Condition Text (prints at the top of Form 540 or 540NR)**Part VII – Direct Deposit Information or Direct Debit Information**

Yes **No**

- ☒ ☐ Do you want to elect direct deposit of state tax refund?
- ☐ ☐ Do you want direct debit of state tax payment (Electronic Filing Only)?

Bank Information:

Enter the following information if you want to directly deposit any state tax refund or direct debit of state tax payment:

Name of Financial Institution (optional) Bank of America

Account type Checking ☒ Savings ☐

Routing number 121000358

Account number 325135616866

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to debit the account above _____

State balance-due amount from this return _____

International ACH Transactions**Yes No**☐ ☒ Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?**Part VIII – California Contributions**

1	California Seniors Special Fund (Taxpayer)	1	
2	California Seniors Special Fund (Spouse/RDP)	2	
3	Alzheimer's Disease and Related Dementia Fund	3	
4	Rare and Endangered Species Preservation Program	4	
5	California Breast Cancer Research Fund	5	
6	California Firefighters' Memorial Fund	6	
7	Emergency Food For Families Fund	7	
8	California Peace Officer Memorial Foundation Fund	8	
9	California Sea Otter Fund	9	
10	California Cancer Research Fund	10	
11	School Supplies for Homeless Children Fund	11	
12	State Parks Protection Fund/Parks Pass Purchase	12	
13	Protect Our Coast and Oceans Fund	13	
14	Keep Arts in Schools Fund	14	
15	Prevention of Animal Homelessness & Cruelty Voluntary Tax Contribution Fund . .	15	
16	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	16	
17	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	17	
18	Rape Kit Backlog Voluntary Tax Contribution Fund	18	
19	Organ and Tissue Donor Registry Voluntary Tax Contribution	19	
20	National Alliance on Mental Illness California Voluntary Tax Contribution Fund	20	
21	Schools Not Prisons Voluntary Tax Contribution Fund	21	
22	Suicide Prevention Voluntary Tax Contribution Fund	22	

Part IX – Extension Status**Yes No**☐ ☒ Have you filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return?

If Yes, enter the extended due date

QuickZoom to Form 3519: Payment voucher for automatic extension ►**Automatic extension information for military filers (Electronic Filing Only):**

	Taxpayer	Spouse
Beginning Military Date		
Ending Military Date		
Combat zone/QHDA Operation or Area Served		

Part X – Amended Return☐ Are you filing a California amended return?

Enter the tax year you are amending

Previous California payment made

Previous California refund received

QuickZoom here to Schedule X ►**QuickZoom** to Form 540 ►**QuickZoom** to Form 540NR. ►**Part XI – Mortgage Interest Adjustment**☐ Reviewed Mortgage and Interest Adjustments

Interest and Dividend Adjustments Worksheet

2019

Name as Shown on Return

Seyed H Razavi

Social Security Number

618-69-2705

Interest Income Adjustments

	(B) Subtractions	(C) Additions
1 Bonds or obligations of the United States or any of its territories*		
2 Loans made in an enterprise zone		
3 Interest on obligations of District of Columbia issued after December 27, 1973		
4 Additional interest on state, county, city, town or other local government bonds issued by or in a state other than California		
5 California interest adjustments from K-1's		
6 Interest earned from Health Savings Account		
7 Interest from Ottoman Turkish Empire Settlement Payments		
8 Other interest income subtraction		
9 Tax exempt interest from other states or that do not meet 50% rule		
10 a Canadian RRSP undistributed interest income from Form 8891		
b RRSP total interest income for the year		
11 Interest from Build America Bond		
12 Other adjustments (itemize):		
a -----		
b -----		
c -----		
d -----		
Total adjustments from taxable interest income. Enter here and on Schedule CA (540/540NR), line 2.		

Dividend Income Adjustments

	(B) Subtractions	(C) Additions
13 Controlled foreign corporation dividends		
14 Regulated investment company (RIC) capital gains		
15 Distributions of pre-1987 earnings from S Corporations		
16 U.S. obligations dividends adjustment		
17 California dividend adjustments from K-1's		
18 a Canadian RRSP undistributed dividend income from Form 8891		
b RRSP total interest dividend for the year		
19 Other adjustments (itemize):		
a -----		
b -----		
c -----		
d -----		
e Dividend earned from Health Savings Account		
Total adjustments from taxable dividend income. Enter here and on Schedule CA (540/540NR), line 3.		

* Do not make adjustments in either column B or column C for the amount of interest you earned on Federal National Mortgage Association (Fannie Mae) Bonds, Government National Mortgage Association (Ginnie Mae) Bonds, and Federal Home Loan Mortgage Corporations (FHLMC) securities. California law is the same as federal law for these types of interest income.

Schedule CA
Section B Line 8f

California Other Income Statement

► Attach to return (after all other FTB forms)

2019

Name as Shown on Return
Seyed H Razavi

Social Security Number
618-69-2705

	(B) Subtractions	(C) Additions
1 IRC Section 965 deferred foreign income		
2 Global intangible low-taxed income (GILTI) under IRC Sec 951A . . .		
3 Olympic medals and prize money		
4 Native American income, Form 3504		
5 Reward from a crime hotline		
6 Federal foreign earned income or housing exclusion, from Form 2555		
7 Combat zone foreign earned income exclusion		
8 Beverage container recycling income		
9 Rebates or vouchers from a local water agency, energy agency or energy supplier		
10 Financial incentive for seismic improvement		
11 Original issue discount (OID) for debt instruments issued in 1985 and 1986		
12 Foreign income of nonresident aliens		
13 Cost-share payments received by forest landowners		
14 Coverdell (ESA) distributions		
15 HSA distributions for unqualified medical expense		
16 Distributions rolled over from MSA to HSA account (Form 3805P) . .		
17 Grants paid to low-income individuals		
18 California National Guard Surviving Spouse & Children Relief Act of 2004		
19 Ottoman Turkish Empire Settlement Payments		
20 Qualified equity grants.		
21 Expanded use of 529 account funds		
22 Federal form 8814/California form 3803 adjustment		
23 Other income, from Schedule(s) K-1		
24 Mortgage Forgiveness Debt Relief		
25 a Canadian RRSP undistributed other income from Form 8891		
b RRSP total other income for the year		
Other taxable income:		
26 a		
b		
c		
d		
e		
f		
g		
27 Total. Add lines 1 through 26 Enter here and on Schedule CA or Schedule CA(NR),Section B line 8f		

► Keep for your records

Name(s) Shown on Return
Seyed H RazaviSocial Security Number
618-69-2705**Part 1 - Home Mortgage Loan Information**

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
Interest paid in 2019					
Points paid in 2019					
Months loan outstanding	12	12	12	12	12
Principal paid on loan in 2019					
Mortgage origination date					
Amortized points allow. in 2019					
Is this a home equity loan?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Mortgage interest was reported to you on Form 1098?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Points were reported to you on Form 1098?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Was all proceeds of this loan used to buy, build or substantially improve the taxpayer's home that secures the loan?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>

Home Debt Originating on or after December 15, 2017

Beginning of year balance					
Borrowed in 2019					
Principal applied					
Ending balance					

Home Debt Originating after October 13, 1987 and Before December 15, 2017

Beginning of year balance					
Principal applied					
Ending balance					

Home Debt Originating before October 14, 1987 (Grandfathered Debt)

Beginning of year balance					
Principal applied					
Ending balance					

Above Debt Categorized for pre Tax Cuts and Jobs Act of 2017 rules below:**Home Acquisition Debt**

Beginning of year balance					
Borrowed in 2019					
Principal applied					
Ending balance					
Average balance					
Allocated interest					

Home Equity Debt (if not all used to buy, build or improve the home)

Beginning of year balance					
Borrowed in 2019					
Principal applied					
Ending balance					
Average balance					
Allocated interest					

Grandfathered Debt

Beginning of year balance					
Principal applied					
Ending balance					
Average balance					
Allocated interest					

Additional Information - Home Acquisition Debt exceeding limit or Home Equity Debt

Fair market value of homes on date debt was last secured by home ►

Home acquisition debt and grandfathered debt on date debt was last secured by home ►

Deductible Home Mortgage Interest Worksheet

2019

► Keep for your records

Seyed H Razavi

618-69-2705

Page 2

Part 2 – Qualified Loan Limit

1	Average balance of all grandfathered debt	1	
2	Average balance of all home acquisition debt	2	
3	Enter \$1,000,000 (\$500,000 if married filing separately)	3	1,000,000.
4	Enter the larger of line 1 or line 3	4	1,000,000.
5	Add the amounts on lines 1 and 2	5	
6	Enter the smaller of line 4 or line 5	6	0.
7	For home equity debt, smaller of \$100,000 (\$50,000 if married filing separately) or limited amount	7	0.
8	Qualified loan limit (add lines 6 and 7)	8	0.

Part 3 – Deductible Home Mortgage Interest

9	Average balances of all mortgages on all qualified homes	9	
10	Total amount of interest paid	10	
11	Divide line 8 by line 9	11	
12	Multiply line 10 by line 11. This is deductible home mortgage interest	12	
13	Subtract line 12 from line 10. This is not home mortgage interest	13	

Was the mortgage interest limited on federal return?

Yes . . .

☐

No . . .

☐

Does your mortgage interest need to be limited/adjusted for state:

Yes . . .

☐

No . . .

☐

Total interest above reported on 1098 x line 11
Total points above reported on 1098 x line 11
Qualified mortgage interest (reported on Form 1098) from Schedule E Worksheet
Less home mortgage interest/points (reported on Form 1098) deducted on form 8829
Less home mortgage interest (reported on Form 1098) from Form 8396, line 3
Adjusted total interest/points reported on Form 1098

Total interest above **not** reported on 1098 x line 11
Less home mortgage interest (**not** reported on Form 1098) deducted on Form 8829
Adjusted total interest **not** reported on Form 1098
Total points above **not** reported on 1098 x line 11
Less points (**not** reported on Form 1098) deducted on Form 8829
Adjusted total points **not** reported on Form 1098

Tax Payments Worksheet

2019

► Keep for your records

Name Seyed H Razavi	Social Security Number 618-69-2705
------------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	1,723.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	1,723.
15	Date return will be filed and balance paid	15	

Use Tax Worksheet**2019**

► Keep for your records

Name as Shown on Return

Seyed H Razavi

Social Security Number

618-69-2705

Use the Use Tax Worksheet to calculate use tax liability if any of the following apply:

- You prefer to calculate the amount of use tax due based upon actual purchases subject to use tax.
- Owe use tax on non-business purchases of individual items of property with a sale price \$1,000 or more.
- Owe use tax on any item purchased for use in a trade or business not registered with the California Department of Tax and Fee Administration.

If you have a combination of individual items purchased for \$1,000 or more and individual, non-business items purchased for less than \$1,000 you may either:

- Use the Use Tax Worksheet to compute use tax due on all purchases, or
- Use the Use Tax Worksheet to compute use tax due on all individual items purchases for \$1,000 or more and use the Estimated Use Tax Table to estimate the use tax due on individual, non-business items purchased for less than \$1,000.

Round all amounts to the nearest whole dollar.

Use Tax Worksheet

(a) Purchases from out-of-state	(b) Sales and use tax rate	(c) Sales and use tax rate	(d) (a) x (c)	(e) Use tax paid to other state	(f) Use tax due
_____	_____	_____%	_____	_____	_____
_____	_____	_____%	_____	_____	_____
_____	_____	_____%	_____	_____	_____
_____	_____	_____%	_____	_____	_____

A. Use tax amount based on table above. _____

Estimated Use Tax Table

Use the Estimated Use Tax Table below to estimate and report the use tax due on individual non-business items you purchased for less than \$1,000 each, instead of reporting your use tax liability determined using the Use Tax Worksheet above.

Adjusted Gross Income AGI Range	Use Tax
Less than \$10,000	\$1
\$10,000 - \$19,999	\$3
\$20,000 - \$29,999	\$5
\$30,000 - \$39,999	\$7
\$40,000 - \$49,999	\$9
\$50,000 - \$59,999	\$12
\$60,000 - \$69,999	\$14
\$70,000 - \$79,999	\$16
\$80,000 - \$89,999	\$18
\$90,000 - \$99,999	\$20
\$100,000 - \$124,999	\$24
\$125,000 - \$149,999	\$29
\$150,000 - \$174,999	\$34
\$175,000 - \$199,999	\$39
More than \$199,999	Multiply AGI by 0.021% (0.00021)

To use the Estimated Use Tax Table to calculate Use Tax, check here ☐

B. Use tax based on California adjusted gross income _____

1 Sum of Use Tax Worksheet, line A and Estimated Use Tax Table, line B
This is the total use tax due. If the amount is less than zero, enter -0-

1

California Carryover Worksheet

2019

Use this worksheet to enter information from your 2018 tax return
which will be used on your 2019 tax return

► Keep for your records

Name as Shown on Return Seyed H Razavi	Social Security Number 618-69-2705
---	---------------------------------------

2018 Tax and Income Information

1	Filing status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint	<input type="checkbox"/> Married Filing Separate
		<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widow(er)	
2	Tax liability (Form 540, lines 48, 61, 62; Form 540 2EZ, line 21; or Form 540NR, lines 63, 71 and 72; plus any IRC Section 453A interest from Form 540 line 63 or Form 540NR line 73)	2	0.	
3	Tax on lump-sum distributions (Schedule G-1)	3		
4	California income tax withheld (Form 540, lines 71 and 73; Form 540 2EZ, line 22 or Form 540NR, lines 81 and 83).	4		
5	Excess California SDI withheld (Form 540, line 74; or Form 540NR, line 84).	5		
6	California adjusted gross income (Form 540, line 17; Form 540 2EZ, line 16; or Form 540NR, line 32)	6	12,944.	
7	Refund (Form 540, line 115; Form 540 2EZ, line 28; or Form 540NR, line 125)	7	35.	
8	Balance Due (Form 540, line 114; Form 540 2EZ, line 27; or Form 540NR, line 124)	8		

Loss Carryovers (Non-passive)

		Regular Tax	AMT
9 a	Capital loss carryover	9 a	
b	Capital loss carryover (nonresidents)	b	
10	Schedule D-1 - Nonrecaptured net section 1231 losses from:		
a	2018	10 a	
b	2017	b	
c	2016	c	
d	2015	d	
e	2014	e	

Other Carryovers

11	Disallowed investment interest expense carryforward (Form 3526, line 7)	11	
12	Disallowed alternative minimum tax investment interest expense carryforward (Form 3526-AMT, line 7)	12	
13	Net operating loss carryforward from Form 3805V	13	
14	Disaster loss carryforward from Form 3805V	14	

Form 3510 (Credit for Prior Year Alternative Minimum Tax)

15 Form 3510 information - 2018 Resident filers		
a Schedule P, Part I, line 15 through line 18	15 a	_____
b Schedule P, Part I, line 1 through line 7, 13b, 13i, and any other exclusions on a line other than those listed	b	_____
c Schedule P, Part II, line 25	c	_____
d Schedule P, Part II, line 26	d	_____
e Schedule P, Part III, Section C, lines 22 and 23, column b	e	_____
16 Form 3510 information - 2018 Nonresident or Part-year residents		
a Schedule P(NR), Part I, line 15 through line 18	16 a	_____
b Schedule P(NR), Part I, line 1 through line 7, 13b, 13i and any other exclusions on a line other than those listed	b	_____
c Schedule P(NR), Part II, line 35	c	_____
d Schedule P(NR), Part II, line 28	d	_____
e Schedule P(NR), Part II, line 29a and 29h	e	_____
f Schedule P(NR), Part II, line 44	f	_____
g Schedule P(NR), Part II, line 45	g	_____
h Schedule P(NR), Part III, Section C, lines 22 and 23, column b	h	_____

Charitable Contribution Carryforward

17 Schedule CA/CA(NR) - Charitable Contribution Carryforward		
a 2019	17 a	_____
b 2018	b	_____
c 2017	c	_____
d 2016	d	_____
e 2015	e	_____

Schedule P/P(NR)
Line 17

AMT Exclusion Worksheet

► Keep for your records

2019

Name as Shown on Return
Seyed H Razavi

Social Security Number
618-69-2705

	(A) Gross Receipts Less Returns and Allowances	(B) AMT Exclusion
1 Schedule C	9,468.	-4,862.
2 Schedule D		
3 Schedule D-1		
4 Schedule E		
5 Schedule F		
6 Schedule K-1 (Partnerships)		
7 Schedule K-1 (S Corporations)		
8 Form 3805E		
9 Form 4684		
10 Form 4835		
11 Form 8824		
12 One-half self-employment tax and Keogh/SEP deduction		
13 Other		
14 Total	9,468.	0.

Credits Worksheet

► Keep for your records

2019

Name Seyed H Razavi	Social Security Number 618-69-2705
------------------------	---------------------------------------

Code	Current Credits	Carryover Amount	Available Credit
233	California Competes, FTB 3531		
197	Child Adoption		
232	Child and Dependent Care Expenses Credit, FTB 3506		
235	College Access, FTB 3592		
173	Dependent Parent		
205	Disabled Access Credit current year amount from Form 3548 line 6		
205	Disabled Access for Eligible Small Businesses, FTB 3548		
204	Donated Agricultural Products Transportation, FTB 3547		
203	Enhanced Oil Recovery, FTB 3546		
170	Joint Custody Head of Household		
172	Low-Income Housing, FTB 3521		
213	Natural Heritage Preservation, FTB 3503		
237	New California Motion Picture and Television Production, FTB 3541		
238	New Donated Fresh Fruits or Vegetables, FTB 3814		
234	New Employment, FTB 3554		
None	Nonrefundable Renter's Credit		60 .
187	Other State Tax, Schedule S		
188	Prior Year Alternative Minimum Tax, FTB 3510		
162	Prison Inmate Labor, FTB 3507		
183	Research, FTB 3523		
163	Senior Head of Household		
Repealed Credits with Carryover Provision — FTB 3540			
175	Agricultural Products		
223	Motion Picture and Television Production, FTB 3541		
196	Commercial Solar Electric System		
181	Commercial Solar Energy		
209	Community Development Financial Institutions Investment		
224	Donated Fresh Fruits or Vegetables Credit		
194	Employee Ridesharing		
190	Employer Childcare Contribution		
189	Employer Childcare Program		
191	Employer Ridesharing (Large Employer)		
192	Employer Ridesharing (Small Employer)		
193	Employer Ridesharing (Public Transit Passes)		
182	Energy Conservation		
176	Enterprise Zone Hiring, FTB 3805Z		
176	Enterprise Zone Sales or Use Tax, FTB 3805Z		
218	Environmental Tax		
207	Farmworker Housing		
198	Local Agency Military Base Recovery Area Hiring, FTB 3807		
198	Local Agency Military Base Recovery Area Sales or Use Tax, 3807		
160	Low-Emission Vehicles		
211	Manufacturing Enhancement Area Hiring, FTB 3808		
220	New Jobs		
185	Orphan Drug		
184	Political Contributions		
174	Recycling Equipment		
186	Residential Rental and Farm Sales		
206	Rice Straw		
171	Ridesharing		
200	Salmon and Steelhead Trout Habitat Restoration		
180	Solar Energy		
179	Solar Pump		
210	Targeted Tax Area Hiring, FTB 3809		
210	Targeted Tax Area Sales or Use Tax, FTB 3809		
178	Water Conservation		
161	Young Infant		

Schedule C

California Profit or Loss from Business Worksheet

2019

► Keep for your records

Name of Proprietor
Seyed H Razavi

Social Security Number
618-69-2705

A Principal business or profession, including product or service:
ridshare driving and food delivery

B Principal business code ► 485990

C Business name. If no separate business name, leave blank.

D If this business was operated by spouse, check this box ☐
E If this business was operated jointly by taxpayer and spouse, check this box ☐
F Check this box if you completely disposed of this business during 2019 ☒
G Did you 'materially participate' in the operation of this business during 2019? Yes ☒ No ☐
H Check this box if all investment is at risk ☒
I Check this box if some of your investment is **not** at risk ☐
J Single member limited liability company ☐
K Federal profit (loss) before passive loss limitation, if any -4,862.
L If this activity is a passive activity, enter the current year net income or the current year net loss recorded on the federal Passive Activities Worksheet 1 **or** Passive Activities Worksheet 3, column A or column B, whichever is applicable
M Gross receipts less returns and allowances 9,468.

1	Federal tentative profit (loss)	1	<u>-4,862.</u>
2	Depreciation:		
a	Federal 2 a		
b	California b		
c	Federal/California adjustment.	2 c	
3	Amortization:		
a	Federal 3 a		
b	California b		
c	Federal/California adjustment.	3 c	
4	Car and truck expenses:		
a	Federal 4 a		<u>13,840.</u>
b	California b		<u>13,840.</u>
c	Federal/California adjustment.	4 c	<u>0.</u>
5	Other federal/California adjustments:		
a	Reduction in federal wages due to work credits	5 a	
b	Reduction in federal qualified pension plan startup costs due to Form 8881 credit	b	
c	Reduction in federal employee benefits due to health insurance credit	c	
d	At-risk suspended loss carryover (Section 465(d))	d	
e		e	
f		f	
g		g	
h		h	
i		i	
6	California tentative profit (loss). Add lines 1, 2c, 3c, 4c and 5a through 5i	6	<u>-4,862.</u>
7	Expenses for business use of your home.	7	
8	At-risk adjustment	8	
9	Prior year suspended loss	9	
10	Current year unallowed passive loss.	10	
11	Net California profit or (loss) allowed. Line 6 minus line 7, plus lines 8 - 10	11	<u>-4,862.</u>
12	Net federal profit or (loss) allowed	12	<u>-4,862.</u>
13	Federal/California adjustment. Subtract line 12 from line 11	13	<u>0.</u>

- Keep for your records

618-69-2705

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

- Keep for your records

618-69-2705

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset H = Home Office

California Car and Truck Expenses Worksheet

2019

► Keep for your records

Name as Shown on Return

Seyed H Razavi

Social Security Number

618-69-2705

Activity: Sch C ridshare driving and food delivery

Part I – Vehicle Information

- 1 Make and model of vehicle Mazda 6 2012 Example: Ford F-150 SVT Raptor
- 2 Date placed in service 01/01/2019 Example: 06/15/2019
- 3 Type of vehicle A1 - Auto
- 4 a Ending mileage reading _____ Enter mileage readings, or
 b Beginning mileage reading _____ enter total miles on line 4c
 c **Total miles** vehicle was driven during 2019. 30,000 Line 4a less line 4b
- 5 Number of miles driven for business 20,000
- 6 Number of miles driven for commuting _____ Travel between home and work
- 7 Number of miles driven for personal purposes 10,000 Line 4c less lines 5 and 6
- 8 Percent of business use 66.67 % Line 5 divided by line 4c
- 9 Months for special allocation. 12 See Tax Help
- 10 Do you have another vehicle available for personal use? ☐ Yes ☒ No
- 11 Was the vehicle available for personal use during off duty hours? ☒ Yes ☐ No
- 12 Was the vehicle used primarily by a more than 5% owner of the business or related person? ☒ Yes ☐ No
- 13 a Do you have evidence to support the business use claimed? ☐ Yes ☒ No
 b If **Yes**, is the evidence written? ☐ Yes ☐ No

Part II – Standard Mileage Rate

- 14 Did you own this vehicle, lease this vehicle, or was it not your vehicle? ☒ Own ☐ Lease
☐ Not my vehicle
 - 15 Did you use this vehicle for hire? ☐ Yes ☒ No Example: taxicab
 - 16 Did you use less than 5 vehicles for business at a time? ☒ Yes ☐ No
 - 17 If you **owned** this vehicle, did you use the standard mileage rate for this vehicle's first year, OR if you **leased** this vehicle, did you use the standard mileage rate for the portion of the lease period after 1997? ☐ Yes ☐ No Only applies to vehicles placed in service in prior years
- If you answered Own or Lease to line 14, No to line 15, and Yes to lines 16 and 17 you can take standard mileage for this vehicle:**
- 18 **Standard mileage deduction** 11,600. line 5 times .58

Part III – Actual Expenses

- 19 a Gasoline _____
 b Oil _____
 c Tires. _____
 d Repairs _____
 e Vehicle insurance _____
 f Vehicle registration, license (excluding property tax) _____
 g Garage rent _____
- h Vehicle lease or rental fees:
 1 30 days or more _____
 2 29 days or less _____
 3 Total vehicle lease/rental fees. _____
- i Leased vehicle inclusion amount:
 1 Year lease began. _____
 2 FMV of leased vehicle _____
 3 Number of lease days in year _____
 4 Inclusion amount _____
- j Other _____
- 20 Expenses subtotal _____ Sum of lines 19a thru 19j
- 21 Expenses applicable to business _____ Line 20 times line 8
- 22 Vehicle depreciation and Section 179 _____ From Part VI
- 23 **Total actual expenses** _____ Line 21 plus line 22

Vehicle: Mazda 6 2012Activity: Sch C ridshare driving and food delivery**Part IV – Standard Mileage versus Actual Expenses**

- 24 ☒ Standard mileage 11,600. The program automatically chooses the method
 25 ☐ Actual expenses _____ that gives you the largest deduction. Check the
 other method if you want to use it instead.

Part V – Total Car and Truck Expenses

- 26 Line 24 or line 25 11,600.
 27 Additional expenses:
 a Parking fees _____
 b Tolls _____
 c Local transportation _____
 d Property taxes (include property tax
 portion of registration) _____
 e Less: personal portion of property taxes (_____)
 f Interest on vehicle 3,360.
 g Less: personal portion of vehicle interest (1,120.)
 28 Total expenses 13,840. Sum of lines 26 & 27a thru 27g.
 29 Less: business portion of lease or rental fees Line 19h - 19i times line 8.
 less inclusion amount (if using actual expenses) (_____) Reported separately.
 30 Less: depreciation and Section 179 (if using From line 22.
 actual expenses) (_____) Reported separately.
 31 **Total car and truck expenses** 13,840.

Part VI – Vehicle Depreciation Information

- 32 Enter the total cost when vehicle Include sales tax. For trade-in or vehicle
 was acquired _____ converted from personal use, see Tax Help.
 33 Enter the amount of Section 179 Cannot be greater than
 expense elected _____ limit shown below.
 34 Depreciation and Section 179 See Tax Help for computation
 limit for luxury cars _____

If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.

- 35 Prior depreciation _____
 36 **Depreciation deduction** ☐ Limited to luxury car maximum

If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.

- 37 AMT prior depreciation _____
 38 AMT depreciation deduction ☐ Limited to luxury car maximum
 39 AMT adjustment/preference _____ See Tax Help for computation.
 40 **QuickZoom** to Asset Life History ☐

Vehicle: Mazda 6 2012Activity: Sch C ridshare driving and food delivery**Part VII – Disposition of Vehicle** – Complete this part only if you sold, abandoned, or otherwise disposed of this vehicle, or removed it from business use in 2019.

- 41 Date vehicle sold, given away or abandoned in 2019 Example: 10/23/2019
- 42 Date vehicle acquired, if different from line 2 If converted from personal use
- 43 Sales price Click here: ☐ if a like-kind exchange Enter business portion only
- 44 Expense of sale Enter business portion only
- 45 Sec 179 deduction allowed
- 46 Double click to link sale to Form 3805E ▶
- 47 a Double click to link sale to Form 8824 ▶
- b Form 8824: Depreciation at 100% business use
- c Form 8824: AMT depr at 100% business use
- 48 Gain/loss basis, if different from line 32 Enter 100% of basis
- 49 AMT gain/loss basis, if different from line 70 Enter 100% of basis
- 50 Depreciation allowed or allowable
- 51 AMT depreciation allowed or allowable
- 52 Gain or loss
- 53 AMT gain or loss
- 54 Part of Schedule D-1 to which gain/loss carries

Part VIII – Detail Vehicle Depreciation Information – This section is calculated for most vehicles from the data entered above. Use Find Next Error feature to check for any required entries.

- | | | | | | | |
|----|--|-------------------------------------|-----|--------------------------|----|--------------------------------------|
| 55 | Subject to automobile limitations? . . | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 56 | Truck or van? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 57 | Electric passenger vehicle? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 58 | Heavy SUV? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 59 | Listed property? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | See Tax Help. |
| 60 | Eligible Section 179 property? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Applies to current year assets only. |
| 61 | Use IRS tables for MACRS property? . | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |

Regular Depreciation

- 62 Depreciation type
- 63 Asset class
- 64 Depreciation method
- 65 MACRS convention
- 66 **QuickZoom** to set 2019 convention ▶
- 67 Recovery period
- 68 Year of depreciation
- 69 Depreciable basis

Alternative Minimum Tax Depreciation

- 70 AMT basis, if different from line 32
- 71 AMT depreciation method
- 72 AMT recovery period
- 73 AMT depreciable basis

Vehicle:

Activity: Sch C ridshare driving and food delivery**MACRS Property Involved in a Like-Kind Exchange or Involuntary Conversion**

- 74** Elect OUT of regs under Sec 1.168(i)-6T(i) ☐ Yes ☐ N/A Only election out supported
- 75** If asset represents entire basis of replacement property, enter excess basis _____ Excess basis is not eligible for Section 179
Pre-02/28/04 transactions only (See Tax Help):
- 76** Asset ID (Enter same ID on all related assets) . . . _____
- 77** Does asset represent exchanged basis of replacement property ☐ Yes ☐ No "Yes" if exchanged basis,
"No" if excess basis
- 78** Total basis of all related parts. _____ Only required if line 55 is "Yes"

► Keep for your records

Name as Shown on Return

Seyed H Razavi

Social Security Number

618-69-2705

	(a) Amount From Federal Form 4952	(b) California Adjustment, If Any

Investment Interest Expense (Form 3526, line 1)

1	Investment interest expense from Schedule K-1		
2	Investment interest expense from royalties		
3	Other investment interest expense:		
a			
b			
c			
d			
4	Total investment interest expense. Add lines 1 through 3		

Gross Income from Property Held for Investment (Form 3526, line 4a)

5	Taxable investment income from Schedule B, K-1s and Form 3803.		
6	Royalty income from Schedule E		
7	Net passive income from publicly traded partnerships		
8	Income from nonpassive trade or business without material participation		
9	Other investment income:		
a			
b			
c			
d			
10	Total investment income. Add lines 5 through 9		

Net Gain from the Disposition of Property Held for Investment (Form 3526, line 4b)

11 a	Net gains from Schedule D, line 8		
b	Less net gains from property not held for investment		
c	Net gains from property held for investment. Line 11a less line 11b		

Net Capital Gain from the Disposition of Property Held for Investment (Form 3526, line 4c)

12	Net capital gain from the disposition of property held for investment		
-----------	--	--	--

	(a) Amount From Federal Form 4952	(b) California Adjustment, If Any
--	--	--

Investment Expenses (Form 3526, line 5)

13	Royalty expenses		
14 a	Investment expenses included as itemized deductions (subject to the 2% limitation)		
b	Investment expenses included as itemized deductions (not 2% limitation)		
15	Expenses from nonpassive trade or business without material participation		
16	Other investment expenses:		
a	_____		
b	_____		
c	_____		
d	_____		
17	Total investment expenses. Add lines 13 through 16.		
		(a) Regular Tax	(b) Alternative Minimum Tax

Allocation of Investment Interest Expense

18	Allowed investment interest expense, from Form 3526, line 8		
19	Less interest expense deducted on other forms and schedules:		
a	Deducted on Schedule E, page 2 for passthru entities		
b	Deducted on Schedule E, page 1 for royalties		
c	Other amounts deducted on other forms and schedules		
d	Total amount deducted on other forms and schedules		
20	California investment interest expense.		
21	Allowed federal investment interest expense deducted elsewhere . .		
22	Allowed federal Schedule A investment interest expense		
23	Adjustment for interest expense deducted on other forms and schedules. Subtract line 21 from line 19		
24	Adjustment for itemized deductions. Subtract line 22 from line 20. Enter here and on Schedule CA, line 9		

California Depreciation Options

2019

Name as Shown on Return
Seyed H Razavi

Social Security Number
618-69-2705

MACRS Convention

The program uses the half-year convention for all MACRS personal property assets placed in service in 2019 unless you check 'Mid-quarter convention' below.

- 1 ☒ Half-year convention
2 ☐ Mid-quarter convention

MACRS Computation

Use IRS tables for all MACRS property placed in service this year? ☐ Yes ☒ No

Section 179 Limitation

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of the Section 179 Worksheet. This is the copy that appears on the menu as Form 3885A:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited.

If only one business activity is claiming a Section 179 expense deduction, the limitation will be computed on the Section 179 Worksheet for that activity.

Section 179 Information

1 a	Calculated "Total cost of Section 179 property placed in service"	1 a	0.
b	Additions or subtractions to calculated value	b	
2	If Married Filing Separately, enter:		
a	Total cost of eligible property placed in service this year by spouse.	2 a	
b	Allocation percentage elected for your return, if other than 50%.	b	%
3	Taxable Income for the Section 179 Limitation		
a	Federal taxable income for the Section 179 limitation	3 a	36,186.
b	California Adjustments (calculated)	b	0.
c	Other additions or subtractions to taxable income	c	
d	California Taxable Income for the Section 179 Limitation	d	36,186.

Two-Year Comparison

2019

Seyed H Razavi

Income	2018	2019	Difference	%
Federal AGI and California Adjustments:				
Federal adjusted gross income	12,944.	36,186.	23,242.	179.56
California adjustments		-808.	-808.	
Adjusted Gross Income	12,944.	35,378.	22,434.	173.32
Standard or Itemized Deduction . . .	4,401.	4,537.	136.	3.09
Taxable Income	8,543.	30,841.	22,298.	261.01
Tax	85.	726.	641.	754.12
Exemption credits	118.	122.	4.	3.39
Tax less exemption credits	0.	604.	604.	
Schedule G-1 and Form 5870A tax . . .				
Tax before credits	0.	604.	604.	
Credits		60.	60.	
Tax after credits	0.	544.	544.	
Alternative minimum tax				
Other taxes and IRC interest				
Total Tax After Credits	0.	544.	544.	
Withholding		1,723.	1,723.	
Estimated payments				
Other payments	35.		-35.	-100.00
Total Payments	35.	1,723.	1,688.	999.00
Use tax		0.	0.	
Contributions				
Form 5805/5805F penalty				
Other penalties and interest				
Applied to next year's estimated tax . . .				
Amount Refund	35.	1,179.	1,144.	999.00
Amount Due				
Current year effective tax rate				1.54 %

Tax Summary
► Keep for your records

2019

Name(s) Seyed H Razavi	
Federal adjusted gross income	36,186.
Net California adjustments	-808.
California adjusted gross income	35,378.
Itemized/standard deduction	4,537.
California taxable income	30,841.
Tax	726.
Exemption credits	122.
Tax less exemptions	604.
Tax from Schedule G-1/FTB 5870A	
Credits	60.
Other taxes	
Total tax	544.
Total payments	1,723.
Use tax	0.
Contributions	
Underpayment penalty	
Interest, late filing and late payment penalties	
Refund	1,179.
Balance due	
Tax bracket	6.0%

California Electronic Filing Information Worksheet

2019

► Keep for your records

Name as Shown on Return

Seyed H Razavi

Social Security Number

618-69-2705

Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

Firm Name

Social Security Number/Preparer Tax ID Number

Name

Phone Number

Fax Number

Address

Employer Identification Number

City

State

Zip Code

EFIN

Country

E-mail Address

Paid Preparer Information

Firm Name

Social Security Number/Preparer Tax ID Number

Name

Employer Identification Number

Address

Phone Number

Fax Number

City

State

Zip Code

Country

E-mail Address

Electronic Filing Review Check

If any of the questions below are checked yes, the return may not be filed electronically

	Yes	No
1 Are there more than fifty W-2s, or twenty 1099-Rs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Are there more than ten copies of Form 3803 or ten copies of Form 3805E?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Are there more than twenty five copies of Schedule S?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Is this an amended return, or is there an amended Form 3805P attached?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Are any invalid entries made on Form 3805V page 3, part III? (See help)	<input type="checkbox"/>	<input type="checkbox"/>
8 Are there more than 97 detail lines on forms to be filed? (See help)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Is this a fiscal year filer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Is the Federal filing status married filing joint and the California filing status married filing separate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 Is Federal Form 4852 (substitute W2) being used?	<input type="checkbox"/>	<input type="checkbox"/>
13 Check that you have the correct selections for the RDP return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 On the 3506, are there any foreign care providers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Is Direct Debit selected and no balance due on the return?	<input type="checkbox"/>	<input type="checkbox"/>

Smart Worksheets from your 2019 California Tax Return

SMART WORKSHEET FOR: Form 540: California Resident Income Tax Return

Form 540 California Income Tax Withheld Smart Worksheet	
A	California income tax withheld from the Tax Payments Worksheet <u>1,723.</u>
B	Real estate and other withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A _____ Note: Make sure that the amount on line B is reported on the federal Tax Payments Worksheet line(s) 18a-c or you will not get the state income tax deduction on your federal Schedule A.
C	California income tax withheld for line 71. Subtract line B from line A <u>1,723.</u>

SMART WORKSHEET FOR: Form 3903: Moving Expenses

General Information Smart Worksheet	
A	Enter the new principal place of work for this move . . . <u>San Diego</u>
B	Total reimbursements entered on Form W-2 with an amount in Box 12 and code P that are linked to this form _____
C	Other allowance or reimbursements not on Form W-2 _____
D	For foreign moves check here only if all the following apply. <input type="checkbox"/> <ul style="list-style-type: none"> ● You moved in an earlier year as a member of the armed forces due to a PCS ● You are claiming only storage fees while you are away from the United States Enter storage fees applicable to foreign move _____ ● Any amount the govt. paid for storage fees is included as wages in box 1 of Form W-2
FOR STATE USE ONLY:	
E	Enter the number of miles from your old home to your new workplace <u>466 miles</u>
F	Enter the number of miles from your old home to your old workplace <u>0 miles</u>
G	Subtract line F from line E. If zero or less, enter -0- <u>466 miles</u>
Is line G at least 50 miles?	
Yes	▶ You meet this test.
No	▶ You do not meet this test. You cannot deduct your moving expenses. Do Not complete Form 3903.

SMART WORKSHEET FOR: Form 3903: Moving Expenses

Travel Expenses Smart Worksheet	
Enter your travel expenses:	
A	Travel and lodging expenses for this move (excluding auto expenses) <u>250.</u>
B	Parking fees and tolls _____
C	Gasoline and oil <u>240.</u>
D	Miles driven traveling to new home <u>466</u>

SMART WORKSHEET FOR: California Credits Worksheet

Credit Information Smart Worksheet

Review FTB instructions and check the corresponding box if you qualify for any of the following credits:

- A** Credit for Joint Custody Head of Household (**Code: 170**) ☐
- B** Credit for Dependent Parent (**Code: 173**) ☐
- C** Credit for Senior Head of Household (**Code: 163**) ☐
- D** Credit for Adoption Costs (**Code: 197**):

Child's Name	Qualifying Costs for Each Child	Credit	Allowable Credit
Total.			

SMART WORKSHEET FOR: Sch C Wks (ridshare driving and food delivery): Profit or Loss from Business

Activity Summary Smart Worksheet

Supporting information provided by program. NO ENTRIES ARE NEEDED.

	Regular Tax	Alternative Minimum Tax
A Ownership	<u>Taxpayer</u>	
B At risk status	<u>All</u>	
C Passive status	<u>Nonpassive</u>	
Schedule C		
D Tentative profit (loss)	-4,862.	-4,862.
E Other preferences and adjustments		
F At risk disallowed loss		
G Passive carryover loss.		
H Passive disallowed loss		
I Net profit (loss) allowed	-4,862.	-4,862.
Related Dispositions		
J Tentative profit (loss)		
K At risk disallowed loss		
L Passive carryover loss.		
M Passive disallowed loss		
N Net profit (loss) allowed		
AMT Exclusion		
O Schedule C income/loss.	-4,862.	

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box.
If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial Seyed H		Last name Razavi		Your social security number 618-69-2705	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 7240 El Cajon Blvd				Apt. no. 19	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). San Diego CA 92115-1800				Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/county		Foreign postal code	
				If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>	

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	41,048.
2a	Tax-exempt interest	2a		2b	
3a	Qualified dividends	3a		3b	
4a	IRA distributions	4a		4b	
c	Pensions and annuities	4c		4d	
5a	Social security benefits	5a		5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			6	
7a	Other income from Schedule 1, line 9			7a	-4,862.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶			7b	36,186.
8a	Adjustments to income from Schedule 1, line 22			8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶			8b	36,186.
9	Standard deduction or itemized deductions (from Schedule A)	9	12,200.		
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	0.		
11a	Add lines 9 and 10			11a	12,200.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			11b	23,986.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	2,683.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	2,683.	
13a	Child tax credit or credit for other dependents	13a		
b	Add Schedule 3, line 7, and line 13a and enter the total	13b		
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	2,683.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.	
16	Add lines 14 and 15. This is your total tax	16	2,683.	
17	Federal income tax withheld from Forms W-2 and 1099	17	4,105.	
18	Other payments and refundable credits:			
a	Earned income credit (EIC) No	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e		
19	Add lines 17 and 18e. These are your total payments	19	4,105.	
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	1,422.	
	21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	1,422.	
	b Routing number 1 2 1 0 0 0 3 5 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d Account number 3 2 5 1 3 5 6 1 6 8 6 6			
	22 Amount of line 20 you want applied to your 2020 estimated tax	22		
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23		
	24 Estimated tax penalty (see instructions)	24		

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Direct deposit?
See instructions.

Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes**. Complete below. ☒ **No**

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Joint return?
See instructions.
Keep a copy for your records.

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.

Your signature	Date	Your occupation student	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name Self-Prepared	Phone no.	Firm's EIN <input type="text"/>		

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA

REV 08/2020 Intuit.cq.cfp.sp

Form **1040** (2019)

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

Seyed H Razavi

Your social security number

618-69-2705

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes ☒ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ►		
3	Business income or (loss). Attach Schedule C	3	-4,862.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	-4,862.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ►		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	

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

REV 08/20/20 Intuit.cfp.sp

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE C
(Form 1040 or 1040-SR)Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**
(Sole Proprietorship)▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2019
Attachment
Sequence No. **09**

Name of proprietor Seyed H Razavi		Social security number (SSN) 618-69-2705
A	Principal business or profession, including product or service (see instructions) ridshare driving and food delivery	B Enter code from instructions ▶ 4 8 5 9 9 0
C	Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)
E	Business address (including suite or room no.) ▶ 7240 El Cajon Blvd, Apt. 19 City, town or post office, state, and ZIP code San Diego, CA 92115-1800	
F	Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶	
G	Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
H	If you started or acquired this business during 2019, check here ▶ <input type="checkbox"/>	
I	Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J	If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	9,468.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	9,468.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	9,468.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6 ▶	7	9,468.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions).	9	13,840.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	120.
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	370.
18				26	Wages (less employment credits)	26	
19				27a	Other expenses (from line 48)	27a	
20				b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a ▶			28	14,330.		
29	Tentative profit or (loss). Subtract line 28 from line 7			29	-4,862.		
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30			
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.			31	-4,862.		
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input checked="" type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ► 01/01/2019
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:
a	Business 20,000 b Commuting (see instructions) c Other 10,000
45	Was your vehicle available for personal use during off-duty hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

48	Total other expenses. Enter here and on line 27a 48

**Qualified Business Income Deduction
Simplified Computation**▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.****2019**Attachment
Sequence No. **55**

Name(s) shown on return

Seyed H Razavi

Your taxpayer identification number

618-69-2705

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	ridshare driving and food delivery	618-69-2705	-4,862.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-4,862.	
3	Qualified business net (loss) carryforward from the prior year	3	(0.)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	(0.)	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		0.
11	Taxable income before qualified business income deduction	11	23,986.	
12	Net capital gain (see instructions)	12	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	23,986.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		4,797.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶	15		0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(4,862.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)	

Tax History Report

► Keep for your records

2019

Name(s) Shown on Return

Seyed H Razavi

	Five Year Tax History:				
	2015	2016	2017	2018	2019
Filing status	Single	Single	Single	Single	Single
Total income	9,000.	13,500.	12,000.	13,396.	36,186.
Adjustments to income				452.	
Adjusted gross income	9,000.	13,500.	12,000.	12,944.	36,186.
Tax expense				0.	2,070.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .	6,300.	6,300.	6,350.	12,000.	12,200.
Exemption amount . .	4,000.	4,050.	4,050.	0.	0.
QBI deduction				189.	0.
Taxable income	0.	3,150.	1,600.	755.	23,986.
Tax		318.	161.	76.	2,683.
Alternative min tax . .					
Total credits	0.	318.	161.	76.	
Other taxes		0.	0.	904.	
Payments	1,000.	1,104.	1,000.	179.	4,105.
Form 2210 penalty . .					
Amount owed				725.	
Applied to next year's estimated tax .					
Refund	1,000.	1,104.	1,000.		1,422.
Effective tax rate % . .	-11.11	-8.18	-8.33	-1.38	7.41
**Tax bracket %	10.0	10.0	10.0	10.0	12.0

**Tax bracket % is based on Taxable income.

Smart Worksheets from your 2019 California Tax Return Attachment

SMART WORKSHEET FOR: Schedule C (ridshare driving and food delivery): Profit or Loss from Business

Business Address Information Smart Worksheet

Business street address . 7240 El Cajon Blvd, Apt. 19

City, State and Zip Code (do not enter State and Zip Code if foreign address)

San Diego CA 92115-1800

Or, foreign country information:

SMART WORKSHEET FOR: Schedule C (ridshare driving and food delivery): Profit or Loss from Business

Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet is generally only necessary if Form 8995A must be filed (i.e. taxable income is above threshold amounts or qualified coop payments are present).</i>			
A	QBI worksheet to report (double click to link)	► <u>ridshare driving and food delivery</u>	
B	Trade or Business Name	<u>ridshare driving and food delivery</u>	
C	Trade or Business ID Number		
D 1	Specified Service Trade or Business (SSTB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	If No, is income attributable to SSTB?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	QBI worksheet for SSTB income (this will auto-populate if Yes)		
4	Percentage of qualified income attributable to SSTB		%
E 1	Tentative Sch C profit (loss) from this business		-4,862.
2	Adjustments to qualified business income		0.
3	Tentative Sch C profit (loss) from qualified business		-4,862.
4 a	Calculated QBI allowed after passive/at-risk limits	-4,862.	
b	Adjustments to allowed QBI		
c	Allowable QBI after loss limits		-4,862.
5	Self employed deductions connected to this business		
a	Self employed health insurance for this business	0.	
b	Total deduction for 1/2 self employment tax		
c	Deduction for 1/2 S.E. tax connected to this business	0.	
d	Total deduction for S.E. retirement contributions		
e	S.E. retirement deduction connected to this business	0.	
	Total self employed deductions connected to this business		0.
6	Sch C profit (loss) after S.E. deductions		-4,862.
7	Additional deductions related to this business reported on separate schedules		
8	Net profit (loss) after adjustments, limitations, and deductions		-4,862.
9	Allowable Sch C profit (loss) allocated to SSTB		0.
10	Allowable Sch C profit (loss) from this business		-4,862.
F 1	Ordinary gain (loss) from business assets		0.
2	Ordinary gain (loss) adjustments		
3	Qualified ordinary gain (loss)		0.
4 a	Calculated QBI allowed after passive/at-risk limits	0.	
b	Adjustments to allowed QBI		
c	Allowable short term qualified gain (loss) after passive/at-risk limits		0.
5	Allowable ordinary gain (loss) allocated to SSTB		0.
6	Allowable ordinary gain (loss)/recapture from this business		0.
G 1	Section 1231 gain (loss) from business assets		0.
2	Section 1231 gain (loss) adjustments		
3	Section 1231 gain (loss) from qualified business		0.
4 a	Calculated QBI allowed after passive/at-risk limits	0.	
b	Adjustments to allowed QBI		
c	Allowable ordinary 1231 qualified gain (loss)		0.
5	Allowable ordinary 1231 gain (loss) allocated to SSTB		0.
6	Allowable ordinary 1231 gain (loss) from this business		0.

SMART WORKSHEET FOR: Schedule C (ridshare driving and food delivery): Profit or Loss from Business

Qualified Business Income Deduction Smart Worksheet, Continued	
H 1 Allowable QBI (E10 plus F6 plus G6)	-4,862.
2 Qualified business income allocated to SSTB	0.
3 a Previously disallowed losses freed up in current year	
b Adjustments to previously disallowed losses	
c Previously disallowed QBI losses to be reported as separate business	
d QBI wksht for previously disallowed losses, if present	
I 1 Tentative wages	0.
2 Adjustments	
3 Qualified wages	0.
4 Qualified wages allocated to SSTB	0.
J 1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA)	0.
2 Adjustments	
3 Qualified UBIA	0.
4 Qualified UBIA allocated to SSTB	0.
K 1 Net income allocable to qualified payments from agricultural or horticultural coop . . .	
2 Wages allocable to qualified payments from coop	
3 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting before 1/1/2018 . .	
4 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting after 12/31/17 . . .	

SMART WORKSHEET FOR: Schedule C (ridshare driving and food delivery): Profit or Loss from Business

Activity Summary Smart Worksheet			
Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
A Ownership	Taxpayer		
B At risk status	All		
C Passive status	Nonpassive		
Schedule C			
D Tentative profit (loss)	-4,862.	-4,862.	-4,862.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss			
H Passive disallowed loss			
I Net profit (loss) allowed	-4,862.	-4,862.	-4,862.
Related Dispositions			
J Tentative profit (loss)		0.	
K At risk disallowed loss			
L Passive carryover loss			
M Passive disallowed loss			
N Net profit (loss) allowed		0.	

SMART WORKSHEET FOR: Schedule C (ridshare driving and food delivery): Profit or Loss from Business

QBI (Section 199A) Attributes by Year Smart Worksheet
Supporting information provided by program. *MANUAL ENTRIES NEEDED

Percentage of SSTB income (by category)

	Applicable %	Operating %	Form 4797 ord	Form 4797 l/t
2018	100.00	0.00	0.00	0.00

Section 179 Deduction

Prior Year Carryovers by Year

Before 2018

A Section 179 carryover

2018

B Section 179 carryover

Regular Tax	QBI

Allowed deductions by year

A 2019 Section 179 election

B Total deduction (all years)

C Allowed deduction in 2019

D Freed up deduction from before 2018

E Freed up deduction from 2018

F If SSTB, reduced loss from 2018

Regular Tax	QBI

Carryforwards to 2020

Before 2018

A Section 179 carryforward

2018

B Section 179 carryforward

2019

C Section 179 carryforward

Regular Tax	QBI

At-Risk Limits

**At-Risk Prior Year Carryovers
by Year and Category**

Before 2018

A Operating loss

B Form 4797 ordinary loss

C Form 4797 long-term loss.

2018

D Operating loss

E Form 4797 ordinary loss

F Form 4797 long-term loss.

Suspended Loss Regular Tax	QBI

At-Risk losses allowed by year

Regular Tax	QBI
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