

**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. **A**

Your first name and middle initial Last name Your social security number  
**ZHI MI AN ZHOU** **552-83-6149**

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. Apt. no. **Presidential Election Campaign**

**587 HUNTINGTON DRIVE** 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.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). ☐ You ☐ Spouse

**SAN MARI NO, CA 91108**

Foreign country name Foreign province/state/county Foreign postal code If more than four dependents, see inst. and b here **A**

**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) b if qualifies for (see inst.):	
(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"/>

Attach Schedule B if required.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	
	<b>2a</b>	Tax-exempt interest	<b>2a</b>	
	<b>3a</b>	Qualified dividends	<b>3a</b>	
	<b>4a</b>	IRA distributions	<b>4a</b>	
	<b>c</b>	Pensions and annuities	<b>4c</b>	
	<b>5a</b>	Social security benefits	<b>5a</b>	11,986.
			<b>b</b>	Taxable amount
			<b>5b</b>	4,616.
	<b>6</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here	<b>6</b>	<b>A</b> <input type="checkbox"/>
	<b>7a</b>	Other income from Schedule 1, line 9	<b>7a</b>	31,576.
	<b>b</b>	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b>	<b>7b</b>	36,192.
	<b>8a</b>	Adjustments to income from Schedule 1, line 22	<b>8a</b>	3,433.
	<b>b</b>	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b>	<b>8b</b>	32,759.
<b>Standard Deduction</b> See Standard Deduction Chart below.	<b>9</b>	Standard deduction or itemized deductions (from Schedule A)	<b>9</b>	29,710.
	<b>10</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A	<b>10</b>	610.
	<b>11a</b>	Add lines 9 and 10	<b>11a</b>	30,320.
	<b>b</b>	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	<b>11b</b>	2,439.

**Standard Deduction Chart\*** Add the number of boxes checked in the "Age/Blindness" section of Standard Deduction. **A 1**

IF your filing status is...	AND the number of boxes checked is...	THEN your standard deduction is...	IF your filing status is...	AND the number of boxes checked is...	THEN your standard deduction is...
Single	1	13,850	Head of household	1	20,000
	2	15,500		2	21,650
Married filing jointly or Qualifying widow(er)	1	25,700	Married filing separately	1	13,500
	2	27,000		2	14,800
	3	28,300		3	16,100
	4	29,600		4	17,400

\*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

**12a Tax** (see instructions). Check if any from:1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ \_\_\_\_\_ **12a** 244.**b** Add Schedule 2, line 3, and line 12a and enter the total ..... **A** **12b** 244.**13a** Child tax credit or credit for other dependents ..... **13a****b** Add Schedule 3, line 7, and line 13a and enter the total ..... **A** **13b****14** Subtract line 13b from line 12b. If zero or less, enter -0- ..... **14** 244.**15** Other taxes, including self-employment tax, from Schedule 2, line 10 ..... **15** 3,614.**16** Add lines 14 and 15. This is your **total tax** ..... **A** **16** 3,858.**17** Federal income tax withheld from Forms W-2 and 1099 ..... **17****18** Other payments and refundable credits:

? If you have a qualifying child, attach Sch. EIC.

? If you have nontaxable combat pay, see instructions.

**a** Earned income credit (EIC) ..... **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** ... **A** **18e****19** Add lines 17 and 18e. These are your **total payments** ..... **A** **19** 0.**Refund****20** If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid** **20****21a** Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here ..... **A** ☐ **21a**Direct deposit?  
See instructions.**A** **b** Routing number \_\_\_\_\_ **A** **c** Type: ☐ Checking ☐ Savings**A** **d** Account number \_\_\_\_\_**22** Amount of line 20 you want **applied to your 2020 estimated tax** **A** **22****Amount You Owe****23** **Amount you owe**. Subtract line 19 from line 16. For details on how to pay, see instructions **A** **23** 3,976.**24** Estimated tax penalty (see instructions) ..... **A** **24** 118.**Third Party Designee**

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**

(Other than paid preparer)

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

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

**A** 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:

PAUL S. LEE, CPA

PAUL S. LEE, CPA

P00043495

☒ 3rd Party Designee☒ Self-employedFirm's name **A** PAUL S. LEE, CPA

Phone no. 6265772727

Firm's address **A** 922 E GREEN STFirm's EIN **A** 95-4182532

PASADENA, CA 91106

Go to [www.irs.gov/Form1040SR](http://www.irs.gov/Form1040SR) for instructions and the latest information.

Form 1040-SR (2019)

See Statement 1

4,048.

**SCHEDULE 1**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

A Attach to Form 1040 or 1040-SR.  
A 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

ZHI MI AN ZHOU

Your social security number

552-83-6149

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**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes .....	<b>1</b>	
<b>2a</b>	Alimony received .....	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) G .....		
<b>3</b>	Business income or (loss). Attach Schedule C .....	<b>3</b>	25,576.
<b>4</b>	Other gains or (losses). Attach Form 4797 .....	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. ....	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F .....	<b>6</b>	
<b>7</b>	Unemployment compensation .....	<b>7</b>	
<b>8</b>	Other income. List type and amount G ROOM RENTAL .....	<b>8</b>	6,000.
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a .....	<b>9</b>	31,576.

**Part II** **Adjustments to Income**

<b>10</b>	Educator expenses .....	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 .....	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 .....	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 .....	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE .....	<b>14</b>	1,807.
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans .....	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction .....	<b>16</b>	1,626.
<b>17</b>	Penalty on early withdrawal of savings .....	<b>17</b>	
<b>18a</b>	Alimony paid .....	<b>18a</b>	
<b>b</b>	Recipient's SSN .....		
<b>c</b>	Date of original divorce or separation agreement (see instructions) G .....		
<b>19</b>	IRA deduction .....	<b>19</b>	
<b>20</b>	Student loan interest deduction .....	<b>20</b>	
<b>21</b>	Tuition and fees. Attach Form 8917 .....	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a .....	<b>22</b>	3,433.

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

Schedule 1 (Form 1040 or 1040-SR) 2019

**SCHEDULE 2**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

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

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **02**

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

ZHI MI AN ZHOU

Your social security number

552-83-6149

**Part I** **Tax**

1	Alternative minimum tax. Attach Form 6251.	1	0.
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 1040-SR, line 12b.	3	0.

**Part II** **Other Taxes**

4	Self-employment tax. Attach Schedule SE.	4	3,614.
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919.	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required.	6	
7a	Household employment taxes. Attach Schedule H.	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required.	7b	
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 <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 15.	10	3,614.

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

Schedule 2 (Form 1040 or 1040-SR) 2019

**DO NOT FILE**

**Itemized Deductions**

OMB No. 1545-0074

**G Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.**

**G Attach to Form 1040 or 1040-SR.**

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

**2019**

Attachment  
Sequence No. **07**

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

ZHI MI AN ZHOU

Your social security number

552-83-6149

**Medical  
and  
Dental  
Expenses**

**Caution:** Do not include expenses reimbursed or paid by others.

- |   |   |   |         |
|---|---|---|---------|
| 1 | Medical and dental expenses (see instructions)                        | 1 | 24.     |
| 2 | Enter amount from Form 1040 or 1040-SR, line 8b                       | 2 | 32,759. |
| 3 | Multiply line 2 by 7.5% (0.075)                                       | 3 | 2,457.  |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0.      |

**Taxes You  
Paid**

- |   |  |    |        |
|---|--|----|--------|
| 5 | State and local taxes.   |    |        |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box. <input checked="" type="checkbox"/> G | 5a | 678.   |
| b | State and local real estate taxes (see instructions)   | 5b | 6,106. |
| c | State and local personal property taxes  | 5c | 64.    |
| d | Add lines 5a through 5c  | 5d | 6,848. |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)  | 5e | 6,848. |
| 6 | Other taxes. List type and amount G  | 6  |        |
| 7 | Add lines 5e and 6   | 7  | 6,848. |

**Interest You  
Paid**

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

- |    |   |    |         |
|----|---|----|---------|
| 8  | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box. <input type="checkbox"/> G                             |    |         |
| a  | Home mortgage interest and points reported to you on Form 1098. See instructions if limited   | 8a | 22,862. |
| b  | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address G | 8b |         |
| c  | Points not reported to you on Form 1098. See instructions for special rules   | 8c |         |
| d  | Mortgage insurance premiums (see instructions)  | 8d |         |
| e  | Add lines 8a through 8d   | 8e | 22,862. |
| 9  | Investment interest. Attach Form 4952 if required. See instructions   | 9  |         |
| 10 | Add lines 8e and 9  | 10 | 22,862. |

**Gifts to  
Charity**

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

- |    |  |    |    |
|----|--|----|----|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions  | 11 |    |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 | 12 |    |
| 13 | Carryover from prior year  | 13 |    |
| 14 | Add lines 11 through 13  | 14 | 0. |

**Casualty and  
Theft Losses**

- |    |   |    |    |
|----|---|----|----|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions. | 15 | 0. |
|----|---|----|----|

**Other  
Itemized  
Deductions**

- |    |   |    |    |
|----|---|----|----|
| 16 | Other from list in instructions. List type and amount G | 16 | 0. |
|----|---|----|----|

**Total  
Itemized  
Deductions**

- |    |   |    |         |
|----|---|----|---------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9               | 17 | 29,710. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box. <input type="checkbox"/> G |    |         |

FDIA0301L 01/15/20

**SCHEDULE C**  
(Form 1040 or 1040-SR)

**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2019**

Department of the Treasury  
Internal Revenue Service (99)

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
G Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment  
Sequence No. **09**

Name of proprietor <b>ZHI MI AN ZHOU</b>		Social security number (SSN) <b>552-83-6149</b>
A Principal business or profession, including product or service (see instructions) <b>ACUPUNCTURE</b>		B Enter code from instructions <b>G 621399</b>
C Business name. If no separate business name, leave blank. <b>G. M. HEALTH CLINIC</b>		D Employer ID number (EIN) (see instr.) <b>33-0947744</b>
E Business address (including suite or room no.) <b>G1008-A E. GARVEY AVENUE</b> City, town or post office, state, and ZIP code <b>MONTEREY PARK CA 91755</b>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) G _____		
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 ..... G <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 ..... G <input type="checkbox"/>	1	77,093.
2 Returns and allowances. ....	2	
3 Subtract line 2 from line 1. ....	3	77,093.
4 Cost of goods sold (from line 42) .....	4	12,774.
5 <b>Gross profit.</b> Subtract line 4 from line 3. ....	5	64,319.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) .....	6	
7 <b>Gross income.</b> Add lines 5 and 6. .... G	7	64,319.

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

8 Advertising. ....	8		18 Office expense (see instructions) .....	18	421.
9 Car and truck expenses (see instructions) .....	9	2,339.	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	23,688.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) .....	13		21 Repairs and maintenance. ....	21	2,300.
14 Employee benefit programs (other than on line 19) .....	14		22 Supplies (not included in Part III) .....	22	937.
15 Insurance (other than health) ...	15	1,929.	23 Taxes and licenses. ....	23	166.
16 Interest (see instr.):			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	3,722.
			26 Wages (less employment credits) .....	26	
			27a Other expenses (from line 48) .....	27a	3,241.
			b Reserved for future use .....	27b	
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a. .... G	28	38,743.			
29 Tentative profit or (loss). Subtract line 28 from line 7. ....	29	25,576.			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> 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 <b>Net profit or (loss).</b> Subtract line 30 from line 29. ? If a profit, enter on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . ? If a loss, you <b>must</b> go to line 32.	31	25,576.			
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 <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . ? If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			32a <input 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.	35 364.
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 13, 256.
39	Other costs	39
40	Add lines 35 through 39.	40 13, 620.
41	Inventory at end of year.	41 846.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.	42 12, 774.

**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) G 1/01/09

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 4, 032 b Commuting (see instructions) 2, 100 c Other 6, 151

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

47 a 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.

Bank Charges	297.
Dues and Subscriptions	267.
Internet Subscription	838.
License	155.
Telephone	1, 684.
48 Total other expenses. Enter here and on line 27a.	48 3, 241.

**SCHEDULE SE**  
(Form 1040 or 1040-SR)

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

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

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040, 1040-SR, or 1040-NR)

ZHI MI AN ZHOU

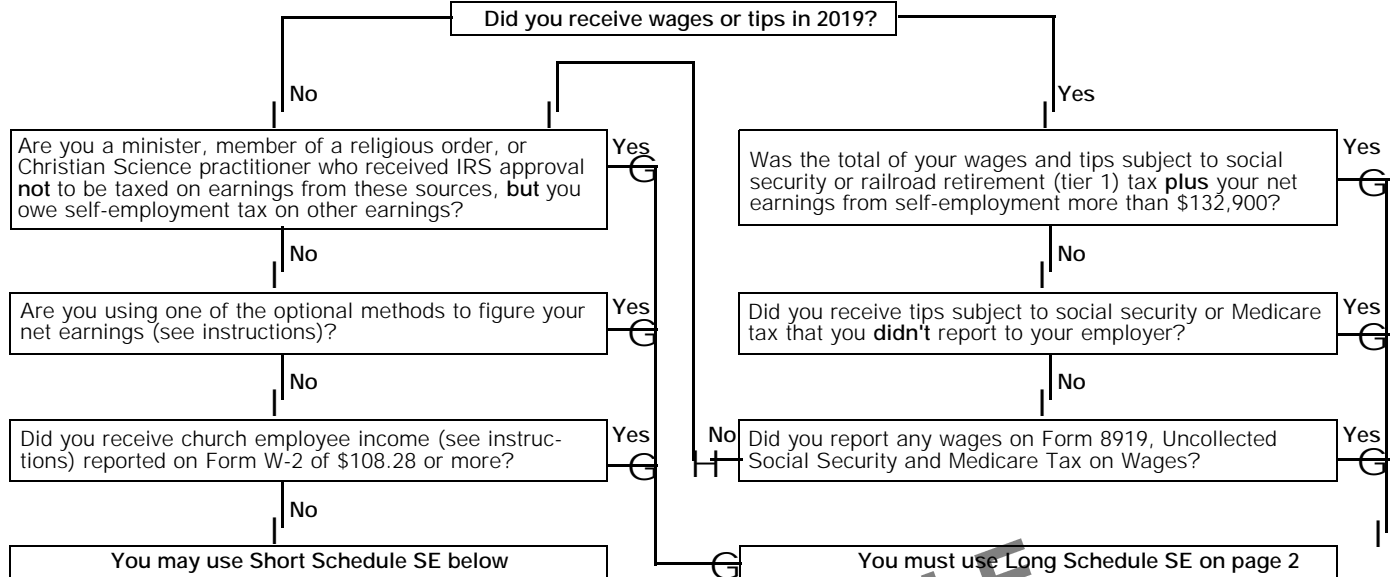
Social security number of person  
with **self-employment** income G

552-83-6149

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note:** Use this flowchart **only** if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



**Section A Short Schedule SE.** Caution: Read above to see if you can use Short Schedule SE.

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1 a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1 b	
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	25,576.
3 Combine lines 1a, 1b, and 2	3	25,576.
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; <b>don't</b> file this schedule unless you have an amount on line 1b	4	23,619.
<b>Note:</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 <b>Self-employment tax.</b> If the amount on line 4 is: ? \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.</b> ? More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on <b>Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.</b>	5	3,614.
6 <b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on <b>Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27.</b>	6	1,807.

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

Schedule SE (Form 1040 or 1040-SR) 2019



Form **8995**Department of the Treasury  
Internal Revenue Service**Qualified Business Income Deduction  
Simplified Computation**

OMB No. 1545-0123

**2019**Attachment  
Sequence No. **55**

G Attach to your tax return.

G Go to **www.irs.gov/Form8995** for instructions and the latest information.

Name(s) shown on return

**ZHI MI AN ZHOU**

Your taxpayer identification number

**552-83-6149**

<b>1</b>	<b>(a) Trade, business, or aggregation name</b>	<b>(b) Taxpayer identification number</b>	<b>(c) Qualified business income or (loss)</b>
<b>i</b>	G. M. HEALTH CLINIC	33-0947744	22,143.
<b>ii</b>			
<b>iii</b>			
<b>iv</b>			
<b>v</b>			

<b>2</b>	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).	<b>2</b>	22,143.	
<b>3</b>	Qualified business net (loss) carryforward from the prior year.	<b>3</b>	0.	
<b>4</b>	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	<b>4</b>	22,143.	
<b>5</b>	Qualified business income component. Multiply line 4 by 20% (0.20).	<b>5</b>		4,429.
<b>6</b>	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions).	<b>6</b>	0.	
<b>7</b>	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year.	<b>7</b>	0.	
<b>8</b>	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	<b>8</b>	0.	
<b>9</b>	REIT and PTP component. Multiply line 8 by 20% (0.20).	<b>9</b>		0.
<b>10</b>	Qualified business income deduction before the income limitation. Add lines 5 and 9.	<b>10</b>		4,429.
<b>11</b>	Taxable income before qualified business income deduction.	<b>11</b>	3,049.	
<b>12</b>	Net capital gain (see instructions).	<b>12</b>	0.	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b>	3,049.	
<b>14</b>	Income limitation. Multiply line 13 by 20% (0.20).	<b>14</b>		610.
<b>15</b>	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return.	<b>15</b>		610.
<b>16</b>	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	<b>16</b>		0.
<b>17</b>	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	<b>17</b>		0.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8995** (2019)

2019

Federal Statements

Page 1

Client 523

ZHI MIAN ZHOU

552-83-6149

7/29/20

12:28PM

Statement 1  
Form 1040-SR, Page 2  
Penalties

Tax Due Before Penalties .....	\$	3,976.
Late Payment.....		39.
Interest.....		33.
Grand Total Tax Due	\$	<u>4,048.</u>

DO NOT FILE

CLIENT 523

**PAUL S. LEE, CPA  
922 E GREEN ST  
PASADENA, CA 91106  
6265772727**

July 29, 2020

ZHI MIAN ZHOU  
587 HUNTINGTON DRIVE  
SAN MARINO, CA 91108

Dear Zhi Mian,

Your 2019 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. There is a balance due of \$4,048.

Make your check payable to the "United States Treasury" and mail your Form 1040-V payment voucher on or before September 15, 2020 to:

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

Your 2019 California Individual Income Tax Return will be electronically filed with the FTB upon receipt of a signed Form 8879 - California e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2020 estimated tax payment schedule is listed below. Mail, if not paying electronically, your payments to the address shown on your estimated tax payment vouchers.

Due Date	Federal
7/15/20	\$ 965
7/15/20	965
9/15/20	965
1/15/21	965
	-----
	\$ 3,860

Please be sure to call if you have any questions.

Sincerely,

PAUL S. LEE, CPA

2019

California Resident  
Income Tax Return

540

APE

ATTACH FEDERAL RETURN

552-83-6149 ZHOU  
ZHI M ZHOU

19 PBA 621399

A  
R  
RP587 HUNTINGTON DR  
SAN MARINO CA 91108

07-21-1947

Filing  
StatusIf your California filing status is different from your federal filing status, check the box here. ☐1 ☒ Single4 ☐ 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 instructions. @ 6 ☐

## Exemptions

G 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

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 = > \$ 122.8 **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 ☐ 1 x \$122 = > \$ 122.10 **Dependents:** Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name >	>	>	>
Last Name >	>	>	>
SSN @	@	@	@
Dependent's relationship to you >	>	>	>

Total dependent exemptions. @ 10 ☐ x \$378 = > \$

Your name: **ZHI MIAN ZHOU**Your SSN or ITIN: **552-83-6149****11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. . . . . > 11 \$ **244.****Taxable Income**

**12** State wages from your federal Form(s) W-2, box 16 . . . . . @ **12** \_\_\_\_\_

**13** Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b. . . . . > **13** **32,759.**

**14** California adjustments ' subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. . . . . @ **14** **4,616.**

**15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. . . . . **15** **28,143.**

**16** California adjustments ' additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. . . . . @ **16** \_\_\_\_\_

**17** California adjusted gross income. Combine line 15 and line 16 . . . . . @ **17** **28,143.**

**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** **29,032.**

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

**Tax**

☐ Tax Table ☐ Tax Rate Schedule

**31** Tax. Check the box if from: @ ☐ FTB 3800 @ ☐ FTB 3803 . . . . . @ **31** **0.**

**32** Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$200,534, see instructions. . . . . > **32** **244.**

**33** Subtract line 32 from line 31. If less than zero, enter -0- . . . . . > **33** **0.**

**34** Tax. See instructions. Check the box if from: @ ☐ Schedule G-1 @ ☐ FTB 5870A . . . . . @ **34** \_\_\_\_\_

**35** Add line 33 and line 34 . . . . . > **35** \_\_\_\_\_

**Special Credits**

**40** Nonrefundable Child and Dependent Care Expenses Credit. See instructions . . . . . @ **40** \_\_\_\_\_

**43** Enter credit name . . . . . code @ \_\_\_\_\_ and amount. . . . . @ **43** \_\_\_\_\_

**44** Enter credit name . . . . . code @ \_\_\_\_\_ and amount. . . . . @ **44** \_\_\_\_\_

**45** To claim more than two credits. See instructions. Attach Schedule P (540). . . . . @ **45** \_\_\_\_\_

**46** Nonrefundable renter's credit. See instructions . . . . . @ **46** \_\_\_\_\_

**47** Add line 40 through line 46. These are your total credits . . . . . > **47** \_\_\_\_\_

**48** Subtract line 47 from line 35. If less than zero, enter -0- . . . . . > **48** **0.**

Your name: **ZHI MIAN ZHOU**

Your SSN or ITIN: **552-83-6149**

**Other Taxes**

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

**Payments**

- 71 California income tax withheld. See instructions. . . . . @ 71 \_\_\_\_\_
- 72 2019 CA estimated tax and other payments. See instructions. . . . . @ 72 \_\_\_\_\_
- 73 Withholding (Form 592-B and/or 593). See instructions. . . . . @ 73 \_\_\_\_\_
- 74 Excess SDI (or VPDI) withheld. See instructions. . . . . @ 74 \_\_\_\_\_ 0.
- 75 Earned Income Tax Credit (EITC). . . . . @ 75 \_\_\_\_\_
- 76 Young Child Tax Credit (YCTC). See instructions. . . . . @ 76 \_\_\_\_\_
- 77 Add lines 71 through 76. These are your total payments.  
See instructions. . . . . > 77 \_\_\_\_\_

**Use Tax**

- 91 **Use Tax.** Do not leave blank. See instructions. . . . . @ 91 \_\_\_\_\_ 0.
- 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 \_\_\_\_\_
- 93 **Use Tax balance.** If line 91 is more than line 77, subtract line 77 from line 91. . . . . > 93 \_\_\_\_\_
- 94 Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92. . . . . > 94 \_\_\_\_\_
- 95 Amount of line 94 you want applied to your **2020** estimated tax. . . . . @ 95 \_\_\_\_\_
- 96 Overpaid tax available this year. Subtract line 95 from line 94. . . . . @ 96 \_\_\_\_\_
- 97 Tax due. If line 92 is less than line 64, subtract line 92 from line 64. . . . . > 97 \_\_\_\_\_

Your name: **ZHI MIAN ZHOU**

Your SSN or ITIN: **552-83-6149**

Contributions	Code	Amount
California Seniors Special Fund. See instructions.....	@ 400	_____
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund.....	@ 401	_____
Rare and Endangered Species Preservation Voluntary Tax Contribution Program.....	@ 403	_____
California Breast Cancer Research Voluntary Tax Contribution Fund.....	@ 405	_____
California Firefighters' Memorial Fund.....	@ 406	_____
Emergency Food for Families Voluntary Tax Contribution Fund.....	@ 407	_____
California Peace Officer Memorial Foundation Fund.....	@ 408	_____
California Sea Otter Fund.....	@ 410	_____
California Cancer Research Voluntary Tax Contribution Fund.....	@ 413	_____
School Supplies for Homeless Children Fund.....	@ 422	_____
State Parks Protection Fund/Parks Pass Purchase.....	@ 423	_____
Protect Our Coast and Oceans Voluntary Tax Contribution Fund.....	@ 424	_____
Keep Arts in Schools Voluntary Tax Contribution Fund.....	@ 425	_____
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund.....	@ 431	_____
California Senior Citizen Advocacy Voluntary Tax Contribution Fund.....	@ 438	_____
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund.....	@ 439	_____
Rape Kit Backlog Voluntary Tax Contribution Fund.....	@ 440	_____
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund.....	@ 441	_____
National Alliance on Mental Illness California Voluntary Tax Contribution Fund.....	@ 442	_____
Schools Not Prisons Voluntary Tax Contribution Fund.....	@ 443	_____
Suicide Prevention Voluntary Tax Contribution Fund.....	@ 444	_____
<b>110</b> Add code 400 through code 444. This is your total contribution.....	@ 110	_____

Your name: **ZHI MIAN ZHOU**

Your SSN or ITIN: **552-83-6149**

**Amount  
You  
Owe**

**111 AMOUNT YOU OWE.** If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** @ **111**

Pay Online ' Go to **ftb.ca.gov/pay** for more information.

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

**Interest  
and  
Penalties**

**113** Underpayment of estimated tax.

Check the box: @ ☐ **FTB 5805 attached** @ ☐ **FTB 5805F attached** @ **113**

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

**Refund  
and  
Direct  
Deposit**

**115 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** @ **115** **0.**

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions.

**Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

@Routing number @Type @Account number @ **116** Direct deposit amount

☐ Checking

☐ Savings

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

@Routing number @Type @Account number @ **117** Direct deposit amount

☐ Checking

☐ Savings

**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**

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

**PAUL S. LEE, CPA**

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

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

@PTIN

**PAUL S. LEE, CPA**

**P00043495**

Joint tax return? (See instructions)

Firm's address

@Firm's FEIN

**922 E GREEN ST  
PASADENA, CA 91106**

**954182532**

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

**PAUL S LEE CPA**

**6265772727**



## 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

SSN or ITIN

ZHI MIAN ZHOU

552-83-6149

**Part I Income Adjustment Schedule****Section A ' Income from federal Form 1040 or 1040-SR**

	<b>A Federal Amounts</b> (taxable amounts from your federal tax return)	<b>B Subtractions</b> See instructions	<b>C Additions</b> See instructions
<b>1</b> Wages, salaries, tips, etc. See instructions before making an entry in column B or C . . . . . <b>1</b>	>	>	>
<b>2</b> Taxable interest. <b>a</b> > . . . . . <b>2b</b>	>	>	>
<b>3</b> Ordinary dividends. See instructions. <b>a</b> > . . . . . <b>3b</b>	>	>	>
<b>4a</b> IRA distributions. See instructions. <b>a</b> > . . . . . <b>4b</b>	>	>	>
<b>c</b> Pensions and annuities. See instr. <b>c</b> > . . . . . <b>4d</b>	>	>	>
<b>5</b> Social security benefits. <b>a</b> > <b>11,986.</b> . . . . . <b>5b</b>	> <b>4,616.</b>	> <b>4,616.</b>	
<b>6</b> Capital gain or (loss). See instructions . . . . . <b>6</b>	>	>	>

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

<b>1</b> Taxable refunds, credits, or offsets of state and local income taxes . . . . . <b>1</b>	>	>	
<b>2a</b> Alimony received . . . . . <b>2a</b>	>		>
<b>3</b> Business income or (loss) . . . . . <b>3</b>	> <b>25,576.</b>	>	>
<b>4</b> Other gains or (losses) . . . . . <b>4</b>	>	>	>
<b>5</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . . <b>5</b>	>	>	>
<b>6</b> Farm income or (loss) . . . . . <b>6</b>	>	>	>
<b>7</b> Unemployment compensation. . . . . <b>7</b>	>	>	
<b>8</b> Other income.			
<b>a</b> California lottery winnings <b>e</b> NOL from FTB 3805Z, 3806,		<b>a</b> >	<b>a</b>
<b>b</b> Disaster loss deduction from FTB 3805V 3807, or 3809 <b>8</b>	> <b>6,000.</b>	<b>b</b> >	<b>b</b>
<b>c</b> Federal NOL (federal Schedule 1 <b>f</b> Other (describe):		<b>c</b> >	<b>c</b>
(Form 1040 or 1040-SR), line 8) >		<b>d</b> >	<b>d</b>
<b>d</b> NOL deduction from FTB 3805V		<b>e</b> >	<b>e</b>
<b>g</b> Student loan discharged due to closure of a for-profit school		<b>f</b> >	<b>f</b>
		<b>g</b> >	<b>g</b>
<b>9 Total.</b> 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 . . . . . <b>9</b>	> <b>36,192.</b>	> <b>4,616.</b>	>

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

<b>10</b> Educator expenses. . . . . <b>10</b>	>	>	
<b>11</b> Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . <b>11</b>	>	>	>
<b>12</b> Health savings account deduction. . . . . <b>12</b>	>	>	
<b>13</b> Moving expenses. Attach federal Form 3903. See instructions. . . . . <b>13</b>	>		>
<b>14</b> Deductible part of self-employment tax. . . . . <b>14</b>	> <b>1,807.</b>		
<b>15</b> Self-employed SEP, SIMPLE, and qualified plans. . . . . <b>15</b>	>		
<b>16</b> Self-employed health insurance deduction. . . . . <b>16</b>	> <b>1,626.</b>		
<b>17</b> Penalty on early withdrawal of savings . . . . . <b>17</b>	>		
<b>18a</b> Alimony paid.			
<b>b</b> Recipient's: SSN >			
Last name >	<b>18a</b>	>	>
<b>19</b> IRA deduction . . . . . <b>19</b>	>		
<b>20</b> Student loan interest deduction . . . . . <b>20</b>	>		>
<b>21</b> Tuition and fees . . . . . <b>21</b>	>	>	
<b>22</b> Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions. . . . . <b>22</b>	> <b>3,433.</b>	>	>
<b>23 Total.</b> Subtract line 22 from line 9 in columns A, B, and C. See instructions. . . . . <b>23</b>	> <b>32,759.</b>	> <b>4,616.</b>	>

**Part II Adjustments to Federal Itemized Deductions**Check the box if you did NOT itemize for federal but will itemize for California . . . . > ☐

Part II Adjustments to Federal Itemized Deductions		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 . . . . . > 24. 1			
2	Enter amount from fed. Form 1040 or 1040-SR, ln 8b > 32,759. 2			
3	Multiply line 2 by 7.5% (0.075) . . . . . > 2,457. 3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . 4b >			>
<b>Taxes You Paid</b>				
5a	State and local income tax or general sales taxes . . . . . 5a > 678. > 678.			
5b	State and local real estate taxes . . . . . 5b > 6,106.			
5c	State and local personal property taxes . . . . . 5c > 64.			
5d	Add lines 5a through 5c . . . . . 5d > 6,848.			
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in col. A 5e > 6,848.			
	Enter the amount from line 5a, column B in line 5e, column B . . . . .		> 678.	
	Enter the difference from line 5d and line 5e, column A in line 5e, column C. . . . .			>
6	Other taxes. List type > . . . . . 6 >		>	>
7	Add lines 5e and 6 . . . . . 7 > 6,848. > 678. >			
<b>Interest You Paid</b>				
8a	Home mortgage interest and points reported to you on Form 1098 . . . . . 8a > 22,862.			>
8b	Home mortgage interest not reported to you on Form 1098 . . . . . 8b >			>
8c	Points not reported to you on Form 1098 . . . . . 8c >			>
8d	Mortgage insurance premiums . . . . . 8d >		>	
8e	Add lines 8a through 8d . . . . . 8e > 22,862. >			>
9	Investment interest . . . . . 9 >		>	>
10	Add lines 8e and 9 . . . . . 10 > 22,862. >			>
<b>Gifts to Charity</b>				
11	Gifts by cash or check . . . . . 11 >		>	>
12	Other than by cash or check . . . . . 12 >		>	>
13	Carryover from prior year . . . . . 13 >		>	>
14	Add lines 11 through 13 . . . . . 14 >		>	>
<b>Casualty and Theft Losses</b>				
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . . . . 15 >		>	>
<b>Other Itemized Deductions</b>				
16	Other' from list in federal instructions . . . . . 16 >		>	>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C . . . . . 17 > 29,710. > 678. >			
18	Total. Combine line 17 column A less column B plus column C . . . . . > 18			29,032.

**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.....	> 19		
20	Tax preparation fees .....	> 20		
21	Other expenses - investment, safe deposit box, etc. List type > <b>STATEMENT 1</b> .....	> 21		<b>65.</b>
22	Add lines 19 through 21 .....	> 22		<b>65.</b>
23	Enter amount from federal Form 1040 or 1040-SR, line 8b > <b>32,759.</b> .....			
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0 .....	> 24		<b>655.</b>
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 .....	> 25		<b>0.</b>
26	<b>Total Itemized Deductions.</b> Add line 18 and line 25 .....	> 26		<b>29,032.</b>
27	Other adjustments. See instructions. Specify. > .....	> 27		
28	Combine line 26 and line 27 .....	> 28		<b>29,032.</b>
29	<b>Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?</b>			
	Single or married/RDP filing separately .....		\$200,534	
	Head of household .....		\$300,805	
	Married/RDP filing jointly or qualifying widow(er) .....		\$401,072	
	<b>No.</b> Transfer the amount on line 28 to line 29.			
	<b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 .....	> 29		<b>29,032.</b>
30	<b>Enter the larger of the amount on line 29 or your standard deduction listed below</b>			
	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 .....	> 30		<b>29,032.</b>

DO NOT FILE

2019

California Statements

Page 1

Client 523

ZHI MIAN ZHOU

552-83-6149

7/29/20

12:28PM

Statement 1  
Schedule CA, Part II, Line 21  
Miscellaneous Deductions Subject to 2% AGI Limit

Safe Deposit Box Rental

	\$	65.
Total	\$	<u>65.</u>

DO NOT FILE