

File by Mail Instructions for your 2021 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Leland G & Alta L Cole
8872 Cliffside Dr
Huntington Beach, CA 92646-2620

Balance Due/Refund	Your federal tax return (Form 1040-SR) shows you are due a refund of \$33,144.00.																	
What You Need to Mail	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Mail your return to:</p> <p>Department of the Treasury Internal Revenue Service Ogden, UT 84201-0002</p> <p>Deadline: Postmarked by Monday, April 18, 2022</p> <p>Note: Your state return may be due on a different date. Please review your state filing instructions.</p> <p>Don't forget correct postage on the envelope.</p>																	
What You Need to Keep	Keep these instructions and a copy of your return for your records. You can download or print a copy of your return by logging into your TurboTax account.																	
2021 Federal Tax Return Summary	Adjusted Gross Income	\$	134,008.00															
	Taxable Income	\$	102,022.00															
	Total Tax	\$	13,942.00															
	Total Payments/Credits	\$	47,086.00															
	Amount to be Refunded	\$	33,144.00															
	Effective Tax Rate		10.40%															
Estimated Payments to Make for Next Year's Return	<p>Estimated Payments for 2022 - Do not mail these vouchers with your 2021 income tax return. The estimated vouchers displayed below are used to prepay your 2022 income taxes that will be filed next year. If you expect to owe more than \$1,000 in 2022, you may incur underpayment penalties if you do not make these four estimated tax payments. This printout includes your estimated tax vouchers for your federal estimated taxes (Form 1040-ES).</p> <p>Mail payments according to the schedule below:</p> <table><tr><td>Voucher Number</td><td>Due Date</td><td>Amount</td></tr><tr><td>1</td><td>04/18/2022</td><td>\$ 2,786.00</td></tr><tr><td>2</td><td>06/15/2022</td><td>\$ 2,786.00</td></tr><tr><td>3</td><td>09/15/2022</td><td>\$ 2,786.00</td></tr><tr><td>4</td><td>01/17/2023</td><td>\$ 2,786.00</td></tr></table>			Voucher Number	Due Date	Amount	1	04/18/2022	\$ 2,786.00	2	06/15/2022	\$ 2,786.00	3	09/15/2022	\$ 2,786.00	4	01/17/2023	\$ 2,786.00
Voucher Number	Due Date	Amount																
1	04/18/2022	\$ 2,786.00																
2	06/15/2022	\$ 2,786.00																
3	09/15/2022	\$ 2,786.00																
4	01/17/2023	\$ 2,786.00																

File by Mail Instructions for your 2021 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Leland G & Alta L Cole
8872 Cliffside Dr
Huntington Beach, CA 92646-2620

Estimated Payments to Make for Next Year's Return (Continued)	<p>Include a separate check or money order for each payment, payable to "United States Treasury". Write your social security number and "Form 1040-ES" on each check.</p> <p>Mail payments to: Internal Revenue Service P.O. Box 802502 Cincinnati, OH 45280-2502</p>
Changed Your Mind About e-filing?	<p>You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the Internal Revenue Service.</p>

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/15/2021**

2022 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

2,786.

REV 02/05/22 INTUIT.CG.CFP.SP

1555

543-38-4274 546-42-8163
LELAND G COLE
ALTA L COLE
8872 CLIFFSIDE DR
HUNTINGTON BEACH CA 92646-2620

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

543384274 WL COLE 30 0 202212 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2021**

2022 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

2,786.

REV 02/05/22 INTUIT.CG.CFP.SP

1555

543-38-4274 546-42-8163
LELAND G COLE
ALTA L COLE
8872 CLIFFSIDE DR
HUNTINGTON BEACH CA 92646-2620

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

543384274 WL COLE 30 0 202212 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2021**

2022 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

2,786.

REV 02/05/22 INTUIT.CG.CFP.SP

1555

543-38-4274 546-42-8163
LELAND G COLE
ALTA L COLE
8872 CLIFFSIDE DR
HUNTINGTON BEACH CA 92646-2620

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

543384274 WL COLE 30 0 202212 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **01/18/2022**

2022 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

2,786.

REV 02/05/22 INTUIT.CG.CFP.SP

1555

543-38-4274 546-42-8163
LELAND G COLE
ALTA L COLE
8872 CLIFFSIDE DR
HUNTINGTON BEACH CA 92646-2620

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

543384274 WL COLE 30 0 202212 430

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 your 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 Leland G		Last name Cole		Your social security number 543-38-4274	
If joint return, spouse's first name and middle initial Alta L		Last name Cole		Spouse's social security number 546-42-8163	
Home address (number and street). If you have a P.O. box, see instructions. 8872 Cliffside Dr				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Huntington Beach			State CA	ZIP code 926462620	
Foreign country name		Foreign province/state/county		Foreign postal code	

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

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ▶ ☐ Yes ☒ No

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, 1957 ☐ Are blind
Spouse: ☒ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):		(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
						Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>						<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.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	11,891.
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10	8	94,671.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . ▶	9	134,008.
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income . . ▶	11	134,008.

Standard DeductionSee *Standard Deduction Chart* on the last page of this form.

12a	Standard deduction or itemized deductions (from Schedule A)	12a	27,800.	
b	Charitable contributions if you take the standard deduction (see instructions)	12b	600.	
c	Add lines 12a and 12b	12c		
13	Qualified business income deduction from Form 8995 or Form 8995-A	13		3,586.
14	Add lines 12c and 13	14		31,986.
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15		102,022.
16	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____	16		13,942.
17	Amount from Schedule 2, line 3	17		
18	Add lines 16 and 17	18		13,942.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19		
20	Amount from Schedule 3, line 8	20		
21	Add lines 19 and 20	21		
22	Subtract line 21 from line 18. If zero or less, enter -0-	22		13,942.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23		0.
24	Add lines 22 and 23. This is your total tax ►	24		13,942.
25	Federal income tax withheld from: a Form(s) W-2 25a b Form(s) 1099 25b c Other forms (see instructions) 25c d Add lines 25a through 25c 25d			
26	2021 estimated tax payments and amount applied from 2020 return	26		44,286.
27a	Earned income credit (EIC) 27a Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions ► <input type="checkbox"/>			
b	Nontaxable combat pay election 27b			
c	Prior year (2019) earned income 27c			
28	Refundable child tax credit or additional child tax credit from Schedule 8812 28			
29	American opportunity credit from Form 8863, line 8 29			
30	Recovery rebate credit. See instructions 30		2,800.	
31	Amount from Schedule 3, line 15 31			
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits ►	32		2,800.
33	Add lines 25d, 26, and 32. These are your total payments ►	33		47,086.

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

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	33,144.																
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	33,144.																
Direct deposit? See instructions.	b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X								
	X	X	X	X	X	X	X	X	X	X										
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
	36	Amount of line 34 you want applied to your 2022 estimated tax 36																		
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions 37	37																	
	38	Estimated tax penalty (see instructions) 38																		

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No							
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>					

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.) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Joint return? See instructions. Keep a copy for your records.	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.) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Phone no. (714) 318-0465	Email address									

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

Standard Deduction Chart*

Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* on page 1 ►

IF your filing status is. . .	AND the number of boxes checked is. . .	THEN your standard deduction is. . .
Single	1	\$14,250
	2	15,950
Married filing jointly	1	\$26,450
	2	27,800
	3	29,150
	4	30,500
Qualifying widow(er)	1	\$26,450
	2	27,800
Head of household	1	\$20,500
	2	22,200
Married filing separately**	1	\$13,900
	2	15,250
	3	16,600
	4	17,950

* 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.

** You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Leland G & Alta L Cole

Your social security number
543-38-4274

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	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	94,671.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ► _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	94,671.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount ▶	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

SCHEDULE E
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **13**

Name(s) shown on return

Leland G & Alta L Cole

Your social security number

543-38-4274

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.**A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ☒ **Yes** ☐ **No****B** If "Yes," did you or will you file required Form(s) 1099? ☐ **Yes** ☒ **No**

1a	Physical address of each property (street, city, state, ZIP code)					
A	1143 Shawnee Drive Santa Ana CA 92704					
B	19889 Sheffield Lane Huntington Beach CA 92646					
C	18286 Santa Stephana Fountain Valley CA 92708					
1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1	A		365	0	<input type="checkbox"/>
B	1	B		365	0	<input type="checkbox"/>
C	1	C		365	0	<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	33,600.	28,800.	39,600.
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions.	8			
9 Insurance	9	1,426.	745.	2,872.
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest.	13			
14 Repairs.	14	8,323.	5,967.	
15 Supplies	15			
16 Taxes	16	1,297.	2,497.	1,623.
17 Utilities.	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶ See Line 19 Other Expenses	19	1,680.	1,661.	2,376.
20 Total expenses. Add lines 5 through 19	20	12,726.	10,870.	6,871.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	20,874.	17,930.	32,729.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a	129,600.		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e	34,929.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			94,671.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			94,671.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

**SCHEDULE E
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **13**

Name(s) shown on return

Leland G & Alta L Cole

Your social security number

543-38-4274

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.**A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ☐ **Yes** ☐ **No****B** If "Yes," did you or will you file required Form(s) 1099? ☐ **Yes** ☐ **No**

1a	Physical address of each property (street, city, state, ZIP code)				
A	9348 Danbury Street Cypress CA 90630				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1	A	365	0	<input type="checkbox"/>
B		B			<input type="checkbox"/>
C		C			<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	27,600.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions.	8			
9 Insurance	9	1,611.		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest.	13			
14 Repairs.	14			
15 Supplies	15			
16 Taxes	16	1,195.		
17 Utilities.	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶ <u>Manager Fee</u>	19	1,656.		
20 Total expenses. Add lines 5 through 19	20	4,462.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	23,138.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

**Qualified Business Income Deduction
Simplified Computation**► **Attach to your tax return.**► **Go to www.irs.gov/Form8995 for instructions and the latest information.****2021**Attachment
Sequence No. **55**

Name(s) shown on return

Leland G & Alta L Cole

Your taxpayer identification number

543-38-4274

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Leland G Cole	543-38-4274	17,930.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	17,930.	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	17,930.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		3,586.
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	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		3,586.
11	Taxable income before qualified business income deduction (see instructions)	11	105,608.	
12	Net capital gain (see instructions)	12	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	105,608.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		21,122.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) ►	15		3,586.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)	

Additional information from your 2021 Federal Tax Return**Schedule E: Supplemental Income and Loss -- Page 1 (Copy 1)****Line 19 Other Expenses: Property (1)****Continuation Statement**

Expense Description	Amount
Rental Managemen	1,680.
Total	1,680.

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 1)**Line 19 Other Expenses: Property (2)****Continuation Statement**

Expense Description	Amount
Manager Fee	1,661.
Total	1,661.

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 1)**Line 19 Other Expenses: Property (3)****Continuation Statement**

Expense Description	Amount
Manager Fee	2,376.
Total	2,376.

File by Mail Instructions for your 2021 California Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Leland G & Alta L Cole
8872 Cliffside Dr
Huntington Beach, CA 92646-2620

Balance Due/Refund	Your California state tax return (Form 540) shows you are due a refund of \$1,843.00.														
What You Need to Mail	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Attach the following to your California tax return:</p> <ul style="list-style-type: none">- a copy of your federal return- all Form(s) W-2 and W-2G. Also attach any 592-B, 593, and 1099s that have California withholding to the front of your return. <p>Mail your return and attachments to:</p> <p>Franchise Tax Board PO Box 942840 Sacramento, CA 94240-0001</p> <p>Deadline: Postmarked by April 18, 2022</p> <p>Don't forget correct postage on the envelope.</p>														
What You Need to Keep	Keep these instructions and a copy of your return for your records. You can download or print a copy of your return by logging into your TurboTax account.														
2021 California Tax Return Summary	Taxable Income	\$	112,805.00												
	Total Tax	\$	4,105.00												
	Total Payments/Credits	\$	6,000.00												
	Amount to be Refunded	\$	1,895.00												
	Penalty/Interest	\$	52.00												
	Refund With Penalty/Interest	\$	1,843.00												
	Effective Tax Rate		3.31%												
Estimated Payments to Make for Next Year's Return	<p>California Estimated Payment Vouchers for 2022 - Do not mail the following vouchers (Form CA 540-ES) with your 2021 income tax return. These vouchers are used to prepay your 2022 income taxes that will be filed next year.</p> <p>Mail payments according to the schedule below:</p> <table><tr><td>Voucher Number</td><td>Due Date</td><td>Amount</td></tr><tr><td>1</td><td>04/18/2022</td><td>\$ 1,232.00</td></tr><tr><td>2</td><td>06/15/2022</td><td>\$ 1,642.00</td></tr><tr><td>4</td><td>01/17/2023</td><td>\$ 1,232.00</td></tr></table>			Voucher Number	Due Date	Amount	1	04/18/2022	\$ 1,232.00	2	06/15/2022	\$ 1,642.00	4	01/17/2023	\$ 1,232.00
Voucher Number	Due Date	Amount													
1	04/18/2022	\$ 1,232.00													
2	06/15/2022	\$ 1,642.00													
4	01/17/2023	\$ 1,232.00													

File by Mail Instructions for your 2021 California Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Leland G & Alta L Cole
8872 Cliffside Dr
Huntington Beach, CA 92646-2620

Estimated Payments to Make for Next Year's Return (Continued)	<p>Include a separate check or money order for each payment, payable to "Franchise Tax Board". Write your social security number and "Form 540-ES 2022" on each check.</p> <p>Mail payments to: Franchise Tax Board PO Box 942867 Sacramento, CA 94267-0008</p>
Special Formatting	<p>Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.</p>
Changed Your Mind About e-filing?	<p>You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency.</p>

Form at bottom of page.

Payment Form 1 – File and Pay by April 18, 2022. **If amount of payment is zero, do not mail this form.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the taxpayer’s social security number (SSN) or individual taxpayer identification number (ITIN) and “2022 Form 540-ES” on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

— — — DETACH HERE — — — — IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM — — — — DETACH HERE — — —

CAUTION: You may be required to pay electronically. See instructions.

File and Pay by April 18, 2022

TAXABLE YEAR

CALIFORNIA FORM

2022 Estimated Tax for Individuals

540-ES

543-38-4274 COLE 546-42-8163
LELAND G COLE
ALTA L COLE

22 APE 0

8872 CLIFFSIDE DR
HUNTINGTON BEACH CA 92646-2620

Amount of Payment 1232.

Form at bottom of page.

Payment Form 2 – File and Pay by June 15, 2022. **If amount of payment is zero, do not mail this form.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2022 Form 540-ES" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

— — — DETACH HERE — — — — — IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM — — — — — DETACH HERE — — —

CAUTION: You may be required to pay electronically. See instructions.

File and Pay by June 15, 2022

TAXABLE YEAR

CALIFORNIA FORM

2022 Estimated Tax for Individuals

540-ES

543-38-4274 COLE 546-42-8163
LELAND G COLE
ALTA L COLE

22 APE 0

8872 CLIFFSIDE DR
HUNTINGTON BEACH CA 92646-2620

Amount of Payment 1642.

Form at bottom of page.

Payment Form 4 – File and Pay by Jan. 17, 2023. **If amount of payment is zero, do not mail this form.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2022 Form 540-ES" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

— — — DETACH HERE — — — — IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM — — — — DETACH HERE — — —

CAUTION: You may be required to pay electronically. See instructions.

File and Pay by Jan. 17, 2023

TAXABLE YEAR

CALIFORNIA FORM

2022 Estimated Tax for Individuals

540-ES

543-38-4274 COLE 546-42-8163
LELAND G COLE
ALTA L COLE

22 APE 0

8872 CLIFFSIDE DR
HUNTINGTON BEACH CA 92646-2620

Amount of Payment 1232.

2021 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

543-38-4274 COLE 546-42-8163
 LELAND G COLE
 ALTA L COLE

21

8872 CLIFFSIDE DR
 HUNTINGTON BEACH CA 92646-2620

06-29-1930 12-05-1934

Principal Residence

Enter your county at time of filing (see instructions)

☒ ORANGE
If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . ☒ ☐

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

☒
☒

City

State

ZIP code

☒
☒
☒
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 ☒ 6 ☐

Exemptions

► 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

2

X \$129 = ☒ \$

258

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

8

X \$129 = ☒ \$9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1;if both are 65 or older, enter 2. See instructions. ☒ 9

9

X \$129 = ☒ \$

258

Your name:

COLE

Your SSN or ITIN:

543-38-4274

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

Exemptions

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

Total dependent exemptions ☐ 10 X \$400 = ☐ \$ **11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 ☐ 11 \$ 516

Taxable Income

12	State wages from your federal Form(s) W-2, box 16	<input type="radio"/> 12 <input type="text"/>	<input type="text"/>	<input type="text"/>
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	<input type="radio"/> 13	<input type="text"/>	<input type="text"/>
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B.	<input type="radio"/> 14	<input type="text"/>	<input type="text"/>
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	<input type="radio"/> 15	<input type="text"/>	<input type="text"/>
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C.	<input type="radio"/> 16	<input type="text"/>	<input type="text"/>
17	California adjusted gross income. Combine line 15 and line 16	<input type="radio"/> 17	<input type="text"/>	<input type="text"/>
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. \$4,803 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,606 If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions	<input type="radio"/> 18	<input type="text"/>	<input type="text"/>
19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	<input type="radio"/> 19	<input type="text"/>	<input type="text"/>

Tax

31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule	<input type="radio"/> 31	<input type="text"/>	<input type="text"/>
	<input type="radio"/> FTB 3800 <input type="radio"/> FTB 3803	<input type="radio"/> 31	<input type="text"/>	<input type="text"/>
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions.	<input type="radio"/> 32	<input type="text"/>	<input type="text"/>
33	Subtract line 32 from line 31. If less than zero, enter -0-	<input type="radio"/> 33	<input type="text"/>	<input type="text"/>
34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	<input type="radio"/> 34	<input type="text"/>	<input type="text"/>
35	Add line 33 and line 34	<input type="radio"/> 35	<input type="text"/>	<input type="text"/>

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	<input type="radio"/> 40	<input type="text"/>	<input type="text"/>
43	Enter credit name <input type="text"/> code <input type="text"/> and amount. . .	<input type="radio"/> 43	<input type="text"/>	<input type="text"/>
44	Enter credit name <input type="text"/> code <input type="text"/> and amount. . .	<input type="radio"/> 44	<input type="text"/>	<input type="text"/>

Your name:

COLE

Your SSN or ITIN:

543-38-4274

Special Credits

- 45 To claim more than two credits. See instructions. Attach Schedule P (540). ● 45 .00
- 46 Nonrefundable Renter's Credit. See instructions ● 46 .00
- 47 Add line 40 through line 46. These are your total credits ● 47 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 .00

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) ● 61 .00
- 62 Mental Health Services Tax. See instructions ● 62 .00
- 63 Other taxes and credit recapture. See instructions ● 63 .00
- 64 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions. ● 64 .00
- 65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax ● 65 .00

Payments

- 71 California income tax withheld. See instructions ● 71 .00
- 72 2021 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 Net Premium Assistance Subsidy (PAS). See instructions ● 77 .00
- 78 Add line 71 through line 77. These are your total payments.
See instructions ● 78 .00

Use Tax

- 91 **Use Tax.** Do not leave blank. See instructions. ● 91 .00
- If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.

ISR Penalty

- 92 If you and your household had full-year health care coverage, check the box.
See instructions. Medicare Part A or C coverage is qualifying health care coverage. ● ☒
- If you did not check the box, see instructions.
- Individual Shared Responsibility (ISR) Penalty. See instructions ● 92 .00

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 ● 93 .00
- 94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91 ● 94 .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,
subtract line 92 from line 93. ● 95 .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then
subtract line 93 from line 92. ● 96 .00

Your name:

COLE

Your SSN or ITIN:

543-38-4274

Overpaid Tax/Tax Due

97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95.	<input checked="" type="radio"/>	97	<input type="text" value="1895"/>	<input type="text" value=".00"/>
98	Amount of line 97 you want applied to your 2022 estimated tax	<input type="radio"/>	98	<input type="text" value="0"/>	<input type="text" value=".00"/>
99	Overpaid tax available this year. Subtract line 98 from line 97	<input type="radio"/>	99	<input type="text" value="1895"/>	<input type="text" value=".00"/>
100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65	<input checked="" type="radio"/>	100	<input type="text"/>	<input type="text" value=".00"/>

Contributions

	<u>Code</u>	<u>Amount</u>	
California Seniors Special Fund. See instructions	<input type="radio"/> 400	<input type="text"/>	<input type="text" value=".00"/>
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	<input type="radio"/> 401	<input type="text"/>	<input type="text" value=".00"/>
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	<input type="radio"/> 403	<input type="text"/>	<input type="text" value=".00"/>
California Breast Cancer Research Voluntary Tax Contribution Fund.	<input type="radio"/> 405	<input type="text"/>	<input type="text" value=".00"/>
California Firefighters' Memorial Voluntary Tax Contribution Fund	<input type="radio"/> 406	<input type="text"/>	<input type="text" value=".00"/>
Emergency Food for Families Voluntary Tax Contribution Fund	<input type="radio"/> 407	<input type="text"/>	<input type="text" value=".00"/>
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund.	<input type="radio"/> 408	<input type="text"/>	<input type="text" value=".00"/>
California Sea Otter Voluntary Tax Contribution Fund	<input type="radio"/> 410	<input type="text"/>	<input type="text" value=".00"/>
California Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/> 413	<input type="text"/>	<input type="text" value=".00"/>
School Supplies for Homeless Children Voluntary Tax Contribution Fund	<input type="radio"/> 422	<input type="text"/>	<input type="text" value=".00"/>
State Parks Protection Fund/Parks Pass Purchase	<input type="radio"/> 423	<input type="text"/>	<input type="text" value=".00"/>
Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	<input type="radio"/> 424	<input type="text"/>	<input type="text" value=".00"/>
Keep Arts in Schools Voluntary Tax Contribution Fund	<input type="radio"/> 425	<input type="text"/>	<input type="text" value=".00"/>
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	<input type="radio"/> 431	<input type="text"/>	<input type="text" value=".00"/>
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	<input type="radio"/> 438	<input type="text"/>	<input type="text" value=".00"/>
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund.	<input type="radio"/> 439	<input type="text"/>	<input type="text" value=".00"/>
Rape Kit Backlog Voluntary Tax Contribution Fund	<input type="radio"/> 440	<input type="text"/>	<input type="text" value=".00"/>
Schools Not Prisons Voluntary Tax Contribution Fund	<input type="radio"/> 443	<input type="text"/>	<input type="text" value=".00"/>
Suicide Prevention Voluntary Tax Contribution Fund	<input type="radio"/> 444	<input type="text"/>	<input type="text" value=".00"/>
Mental Health Crisis Prevention Voluntary Tax Contribution Fund.	<input type="radio"/> 445	<input type="text"/>	<input type="text" value=".00"/>
California Community and Neighborhood Tree Voluntary Tax Contribution Fund	<input type="radio"/> 446	<input type="text"/>	<input type="text" value=".00"/>
110 Add code 400 through code 446. This is your total contribution	<input type="radio"/> 110	<input type="text"/>	<input type="text" value=".00"/>

Your name:

COLE

Your SSN or ITIN:

543-38-4274

Amount
You
Owe**111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, 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.

.00

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** ● **113**

52

.00

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

.00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **115**

1843

.00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

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

● Routing number

● Type

☐ Checking

● Account number

● **116** Direct deposit amount☐ Savings

.00

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

● Routing number

● Type

☐ Checking

● Account number

● **117** Direct deposit amount☐ Savings

.00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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

7143180465

**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

2021 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

LELAND G & ALTA L COLE

SSN or ITIN

543384274

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**☐☐☐**2** Taxable interest. **a** ☐ **2b**☐

411.

☐☐**3** Ordinary dividends. See instructions. **a** ☐ **3b**☐☐☐**4** IRA distributions. See instructions. **a** ☐ **4b**

7,844.

☐

7,844.

☐☐**5** Pensions and annuities. See instructions. **a** ☐ **5b**

20,975.

☐

20,975.

☐☐**6** Social security benefits. **a** ☐ **6b**

11,891.

☐

10,107.

☐

10,107.

7 Capital gain or (loss). See instructions. **7**☐☐☐**Section B — Additional Income** from federal Schedule 1 (Form 1040)**1** Taxable refunds, credits, or offsets of state and local income taxes **1**☐☐**2a** Alimony received. See instructions. **2a**☐☐**3** Business income or (loss). See instructions. **3**☐☐☐**4** Other gains or (losses) **4**☐☐☐**5** Rental real estate, royalties, partnerships, S corporations, trusts, etc. **5**☐

94,671.

☐☐**6** Farm income or (loss) **6**☐☐☐**7** Unemployment compensation **7**☐☐**8** Other income:
a Federal net operating loss. **8a**☐☐**b** Gambling income. **8b**☐☐**c** Cancellation of debt **8c**☐☐**d** Foreign earned income exclusion from federal Form 2555 **8d**☐☐**e** Taxable Health Savings Account distribution . . **8e**☐☐**f** Alaska Permanent Fund dividends **8f**☐**g** Jury duty pay. **8g**☐**h** Prizes and awards **8h**☐

REV 02/07/22 INTUIT.CG.CFP.SP

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
i Activity not engaged in for profit income 8i	<input type="radio"/>		
j Stock options 8j	<input type="radio"/>		
k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . 8k	<input type="radio"/>		
l Olympic and Paralympic medals and USOC prize money 8l	<input type="radio"/>		
m IRC Section 951(a) inclusion 8m	<input type="radio"/>	<input type="radio"/>	
n IRC Section 951A(a) inclusion. 8n	<input type="radio"/>	<input type="radio"/>	
o IRC Section 461(l) excess business loss adjustment 8o	<input type="radio"/>		<input type="radio"/>
p Taxable distributions from an ABLÉ account . . 8p	<input type="radio"/>		
z Other income. List type and amount. <input type="radio"/> _____ 8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 a Total other income. Add lines 8a through 8z. 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1 Disaster loss deduction from form FTB 3805V . 9b1		<input type="radio"/>	
b2 NOL deduction from form FTB 3805V 9b2		<input type="radio"/>	
b3 NOL from form FTB 3805Z, 3807, or 3809 . . 9b3		<input type="radio"/>	
b4 Student loan discharged due to closure of a for-profit school. 9b4	<input type="radio"/>	<input type="radio"/>	
10 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a, and line 9b4 in column A (as applicable). Add Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 in column B and column C (as applicable). See instructions. 10	<input type="radio"/> 134,008.	<input type="radio"/> 10,107.	<input type="radio"/>

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

11 Educator expenses 11	<input type="radio"/>	<input type="radio"/>	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Health savings account deduction 13	<input type="radio"/>	<input type="radio"/>	
14 Moving expenses. Attach form FTB 3913. See instructions 14	<input type="radio"/>		<input type="radio"/>
15 Deductible part of self-employment tax. See instructions. 15	<input type="radio"/>	<input type="radio"/>	
16 Self-employed SEP, SIMPLE, and qualified plans. . 16	<input type="radio"/>		
17 Self-employed health insurance deduction. See instructions. 17	<input type="radio"/>	<input type="radio"/>	

Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
18 Penalty on early withdrawal of savings. 18	<input type="radio"/>		
19 a Alimony paid. 19a	<input type="radio"/>		<input type="radio"/>
b Recipient's: SSN <input type="radio"/> _____ Last Name <input type="radio"/> _____			
20 IRA deduction. 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Student loan interest deduction 21	<input type="radio"/>		<input type="radio"/>
22 Reserved for future use 22			
23 Archer MSA deduction 23	<input type="radio"/>		
24 Other adjustments:			
a Jury duty pay 24a	<input type="radio"/>		
b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit. 24b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c	<input type="radio"/>	<input type="radio"/>	
d Reforestation amortization and expenses. 24d	<input type="radio"/>	<input type="radio"/>	
e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e	<input type="radio"/>		
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input type="radio"/>		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. 24i	<input type="radio"/>	<input type="radio"/>	
j Housing deduction from federal Form 2555 24j	<input type="radio"/>	<input type="radio"/>	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input type="radio"/>	<input type="radio"/>	
z Other adjustments. List type and amount. <input type="radio"/> _____ 24z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Total other adjustments. Add lines 24a through 24z 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	<input type="radio"/> 134,008.	<input type="radio"/> 10,107.	<input type="radio"/>

REV 02/07/22 INTUIT.CG.CFP.SP

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California ☒ ☐

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses <input checked="" type="radio"/> 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11. <input checked="" type="radio"/> 134,008. 2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 10,051. 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"/>
Taxes You Paid			
5 a State and local income tax or general sales taxes. 5a <input checked="" type="radio"/>		<input checked="" type="radio"/>	
b State and local real estate taxes 5b <input checked="" type="radio"/> 9,253.			
c State and local personal property taxes 5c <input checked="" type="radio"/> 343.			
d Add line 5a through line 5c. 5d <input checked="" type="radio"/> 9,596.			
e 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"/> 9,596. <input checked="" type="radio"/>			<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 line 5e and line 6. 7 <input checked="" type="radio"/> 9,596. <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/> 0.
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a <input checked="" type="radio"/>			<input checked="" type="radio"/>
b Home mortgage interest not reported to you on federal Form 1098. 8b <input checked="" type="radio"/>			<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098. 8c <input checked="" type="radio"/>			<input checked="" type="radio"/>
d Mortgage insurance premiums 8d <input checked="" type="radio"/>		<input checked="" type="radio"/>	
e Add line 8a through line 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 line 8e and line 9. 10 <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>

Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check.....11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Other than by cash or check.....12	<input type="radio"/> 1,500.	<input type="radio"/>	<input type="radio"/>
13 Carryover from prior year.....13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Add line 11 through line 13.....14	<input type="radio"/> 1,500.	<input type="radio"/>	<input 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Itemized Deductions			
16 Other—from list in federal instructions.....16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C.....17	<input type="radio"/> 11,096.	<input type="radio"/>	<input type="radio"/> 0.

18 Total. Combine line 17 column A less column B plus column C.....☐ 18 11,096.

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.....☐ 21 0.

22 Add line 19 through line 21.....☐ 22 0.

23 Enter amount from federal Form 1040 or 1040-SR, line 11.....☐ 134,008.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.....☐ 24 2,680.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.....☐ 25 0.

26 Total Itemized Deductions. Add line 18 and line 25.....☐ 26 11,096.

27 Other adjustments. See instructions. Specify.....☐ 27

28 Combine line 26 and line 27.....☐ 28 11,096.

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.....	\$212,288
Head of household.....	\$318,437
Married/RDP filing jointly or qualifying widow(er).....	\$424,581

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.....☐ 29 11,096.

30 Enter the larger of the amount on line 29 or your standard deduction listed below

Single or married/RDP filing separately. See instructions.....	\$4,803
Married/RDP filing jointly, head of household, or qualifying widow(er).....	\$9,606

Transfer the amount on line 30 to Form 540, line 18.....☐ 30 11,096.

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2021Attachment
Sequence No. **07****Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

LELAND G & ALTA L COLE

Your social security number

543-38-4274

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- | | | | |
|---|---|---|----------|
| 1 | Medical and dental expenses (see instructions) | 1 | |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2 | 134,008. |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 10,051. |
| 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 type="checkbox"/> | 5a | |
| b | State and local real estate taxes (see instructions) | 5b | 9,253. |
| c | State and local personal property taxes | 5c | 343. |
| d | Add lines 5a through 5c | 5d | 9,596. |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 9,596. |
| 6 | Other taxes. List type and amount ► | 6 | |
| 7 | Add lines 5e and 6 | 7 | 9,596. |

**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"/> | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | |
| 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
► | 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 | |
| 9 | Investment interest. Attach Form 4952 if required. See instructions. | 9 | |
| 10 | Add lines 8e and 9 | 10 | |

**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 must attach Form 8283 if over \$500. | 12 | 1,500. |
| 13 | Carryover from prior year | 13 | |
| 14 | Add lines 11 through 13 | 14 | 1,500. |

**Casualty and
Theft Losses**

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

**Other
Itemized
Deductions**

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

**Total
Itemized
Deductions**

- | | | | |
|----|--|----|---------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12a | 17 | 11,096. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | | |

2021**Underpayment of Estimated Tax
by Individuals and Fiduciaries****5805**

Attach this form to the **back** of your Form 540, Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44, whichever applies.

Name(s) as shown on return

LELAND G & ALTA L COLE

SSN, ITIN, or FEIN

543384274

IMPORTANT: In most cases, the Franchise Tax Board (FTB) can figure the penalty for you and you do not have to complete this form. See General Information B.

If you meet **any** of the following conditions, you do not owe a penalty for underpayment of estimated tax. **Do not complete or file this form if:**

- The amount of your tax liability (not including tax on lump-sum distributions and accumulation distribution of trusts) less credits (including the withholding credit) but not including estimated tax payments for either 2020 or 2021 was less than \$500 (or less than \$250 if married/RDP filing a separate return).
- Your 2020 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.
- The amount of your withholding plus your estimated tax payments, **if paid in the required installments**, is at least 90% of the tax shown on your 2021 return or 100% of the tax shown on your 2020 return (110% if California adjusted gross income (AGI) was more than \$150,000 or \$75,000 if married/RDP filing a separate return) **and** you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filing a separate return), must use the tax shown on their 2021 tax return if they do not meet one of the two conditions above.

Part I Questions. All filers must complete this part. Estates and Trusts, see General information E.

- 1** Are you requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement. See General Information C **1** ☒ ☐ Yes ☐ No

- 2** Did you use the annualized income installment method? If "Yes," see instructions for Part III and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44 **2** ☒ ☐ Yes ☐ No

- 3** Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld? **3** ☒ ☐ Yes ☐ No
☐ N/A

If "Yes," enter the **actual uneven amounts withheld** on the spaces provided below. The total of the four amounts must equal the total withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83; or Form 541, line 29 and line 31.

4/15/21 ☒ \$; 6/15/21 ☒ \$;
9/15/21 ☒ \$; 1/15/22 ☒ \$.

- 4** For estates and trusts: Was the date of death less than two years from the end of the taxable year? See General Information E. **4** ☒ ☐ Yes ☐ No

Part II Required Annual Payment. All filers must complete this part.

- 1 Current year tax. Enter your 2021 tax after credits. See instructions 1 .00
- 2 Multiply line 1 by 90% (.90). 2 .00
- 3 Withholding taxes. **Do not** include any estimated tax payments on this line. See instructions. 3 .00
- 4 Subtract line 3 from line 1. If less than \$500 (or less than \$250 if married/RDP filing a separate return), stop here. You do not owe the penalty. **Do not** file form FTB 5805 4 .00
- 5 Enter the tax shown on your 2020 tax return. **See instructions.** (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2021, more than \$75,000). 5 .00
- 6 Required annual payment. Enter the **smaller** of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2). 6 .00

Short Method

Caution: See the instructions to find out if you can use the short method. If you answered "Yes" to Question 2 in Part I, skip this part and go to Part III. If you answered "No" to Question 2 in Part I **and** you cannot use the short method, go to Worksheet II in the instructions (page 4).

- 7 Enter the amount, if any, from Part II, line 3 above 7 .00
- 8 Enter the total amount, if any, of estimated tax payments you made. 8 .00
- 9 Add line 7 and line 8 9 .00
- 10 **Total underpayment for the year.** Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. **Do not** file form FTB 5805 10 .00
- 11 Multiply line 10 by .02121370 11 .00
- 12 • If the amount on line 10 was paid **on or after** 4/15/22, enter -0-.
• If the amount on line 10 was paid **before** 4/15/22, enter the result of the following computation:
- | | | | | | |
|-----------|---|---------------------|---|--------|--|
| Amount on | | Number of days paid | | | |
| line 10 | X | before 4/15/22 | X | .00008 | |
- 12 .00
- 13 **PENALTY.** Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. Also, check the box for "FTB 5805." ► ☒ 13 .00

Part III Annualized Income Installment Method Schedule.

Use this schedule ONLY if you earned taxable income at an UNEVEN RATE during 2021 (see Example A). If you earned your income at approximately the same rate each month (see Example B), then you should not complete this schedule. If you choose to figure the penalty, see Worksheet II, Regular Method to Figure Your Underpayment and Penalty, on page 4 of the instructions.

Example A: If you were a commissioned salesperson who earned no income during the first three months of the year, earned most of your income during the following six months, and earned very little during the last three months, you should complete this schedule. You may be able to benefit by using the annualized income installment method. The required installment of estimated tax figured using the annualized method may be less than your required installment figured using the required installment method.

Example B: If you worked all year and earned a monthly salary that did not change much during the year, you should not complete this schedule.

To complete this schedule correctly, you must first complete Side 2, Part II, line 1 through line 6.

Estates and trusts, **do not** use the period ending dates shown to the right. Instead, use the following: 2/28/21, 4/30/21, 7/31/21, and 11/30/21.

Fiscal year filers must adjust dates accordingly.

	(a) 1/1/21 to 3/31/21	(b) 1/1/21 to 5/31/21	(c) 1/1/21 to 8/31/21	(d) 1/1/21 to 12/31/21
1 Enter your California adjusted gross income (AGI) for each period. Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions				
2 Annualization amounts. Estates or Trusts, see instructions	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2				
4 Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0- here and on line 6. Estates or Trusts, enter -0- here, skip to line 9, and enter the amount from line 3 on line 9				
5 Annualization amounts.	4	2.4	1.5	1
6 Annualized itemized deductions. Multiply line 4 by line 5. See instructions				
7 Enter your standard deduction from your 2021 Form 540 or Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions				
8 Enter line 6 or line 7, whichever is larger				
9 Subtract line 8 from line 3				
10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates or Trusts, see instructions.				
11 Enter the total amount of exemption credits from your 2021 Form 540, line 32 or Form 541, line 22. If you filed Form 540NR, see instructions				
12 Subtract line 11 from line 10. Form 540NR filers, complete Worksheet I on page 3 of the instructions				
13 Enter the total credit amount from your 2021 Form 540, line 47; or Form 541, line 23. Form 540NR filers, see instructions				

Part III Annualized Income Installment Method Schedule. continued

	(a) 1/1/21 to 3/31/21	(b) 1/1/21 to 5/31/21	(c) 1/1/21 to 8/31/21	(d) 1/1/21 to 12/31/21
14 a Subtract line 13 from line 12. If zero or less, enter -0- 14a				
b Enter the alternative minimum tax and mental health tax. See instructions. 14b				
c Add line 14a and line 14b 14c				
d Enter the excess SDI from Form 540, line 74 or Form 540NR, line 84 14d				
e Subtract line 14d from line 14c. If zero or less, enter -0- 14e				
15 Applicable percentage 15	27%	63%	63%	90%
16 Multiply line 14e by line 15 16				

Complete Line 17 through Line 23 of each column before you go to the next column.

17 Enter the combined amounts shown on line 23 from all preceding columns. 17				
18 Subtract line 17 from line 16. If zero or less, enter -0-. 18				
19 Enter 30% of the amount shown on form FTB 5805, Part II, line 6 in columns (a & d), enter 40% of the amount on line 6 in column b, enter -0- in column c. . . . 19				
20 Enter the amount from line 22 from the preceding column 20				
21 Add line 19 and line 20 21				
22 Subtract line 18 from line 21. If zero or less, enter -0-. 22				

23 Enter line 18 or line 21, whichever is less, for each column. Transfer these amounts to Worksheet II, Regular Method to Figure Your Underpayment and Penalty, line 1.

(a) 1/1/21 to 3/31/21	(b) 1/1/21 to 5/31/21	(c) 1/1/21 to 8/31/21	(d) 1/1/21 to 12/31/21
<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>

**If you use the annualized income installment method for one payment due date, you must use it for all payment due dates.
This schedule automatically selects the smaller of your annualized income installment or your regular installment.**

Use line 10 to figure the number of days the underpayment remained unpaid. Use line 11 to figure the actual penalty amount by applying the rate against the underpayment for the number of days it remained unpaid.

Maximum days in a rate period per quarter:

Installment	Days in Rate Period
1	365
2	304
3	212
4	90

Payment Application. Your payments are applied to any underpayment balance on an earlier installment. It does not matter if you designate a payment for a later period.

Example: You had an underpayment for the April 15th installment of \$500. The June 15th installment required a payment of \$1,200. On June 10th, you sent in a payment of \$1,200 to cover the June 15th installment. However, \$500 of this payment is considered to be for the April 15th installment. The penalty for the April 15th installment is figured to June 10th. The amount

of the payment to be applied to the June 15th installment is \$700.

Subsequent Payments. For purposes of computing the penalty, it may be helpful to make a list of any payments that you made after the timely payments entered in Part I, line 2. If you made no other payments, follow the line-by-line instructions for Part II.

If you made subsequent payments, you may need to make additional computations for the applicable column on the worksheet. However, if the payment reduced the underpayment to zero, there are no further computations to make for that column. In that case, you count the number of days from the installment due date to the date paid.

If a subsequent payment does not reduce the underpayment to zero, you will need to make an additional computation in the column.

- First, count the number of days from the due date to the date paid and use the underpayment amount from Worksheet II, line 8.
- Second, count the number of days from the payment date to the end of the rate period, and subtract the amount of the subsequent

payment from the underpayment amount from Worksheet II, line 8.

- Third, apply the rate for the applicable period.

Note: A year is 365 days, a leap year is 366 days, reflected in the penalty computation on Worksheet II, line 11.

Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Worksheet II Regular Method to Figure Your Underpayment and Penalty.

Part I Figure Your Underpayment.

- 1 Required Installments.** See instructions.
- 2 Estimated tax paid and tax withheld.** See instructions. For column (a) only, also enter the amount from line 2 on line 6. (If line 2 is equal to or more than line 1 for all payment periods, stop here; you do not owe the penalty. **Do not** file form FTB 5805 unless you answer "Yes" to a question in Part I).

COMPLETE LINE 3 THROUGH LINE 9 OF ONE COLUMN BEFORE GOING TO THE NEXT COLUMN.

- 3** Enter amount, if any, from line 9 of previous column
- 4** Add line 2 and line 3
- 5** Add amounts on line 7 and line 8 of the previous column
- 6** Subtract line 5 from line 4. If zero or less, enter -0-. For column (a) only, enter the amount from line 2
- 7** If the amount on line 6 is zero, subtract line 4 from line 5. Otherwise, enter -0-
- 8 Underpayment.** If line 1 is equal to or more than line 6, subtract line 6 from line 1. Then go to line 3 of next column. Otherwise, go to line 9 ▶
- 9** Overpayment. If line 6 is more than line 1, subtract line 1 from line 6. Then go to line 3 of next column

Part II Figure the Penalty. Complete line 10 and line 11 of one column before going to the next column.

Rate Period:

April 15, 2021 - April 15, 2022

- 10** Number of days from the date shown above line 10 to the date the amount on line 8 was paid or 4/15/22, whichever is earlier
- 11** Underpayment on line 8 X Number of days on line 10 X .03 (see instructions) 365 ▶

- 12 PENALTY.** Add amounts on line 11 in all columns. Enter the total here, on form FTB 5805, Side 2, Part II, line 13, and on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44, and check the box on that line. ▶ **12** \$ 52.

SEE STATEMENT

Additional information from your 2021 California Tax Return

Form 5805 Worksheet II - Regular Method Underpayment Statement

Explanation Statement

Line 14 - Underpayment Penalty Statement

[illegible]

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 your 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 Leland G		Last name Cole		Your social security number 543-38-4274	
If joint return, spouse's first name and middle initial Alta L		Last name Cole		Spouse's social security number 546-42-8163	
Home address (number and street). If you have a P.O. box, see instructions. 8872 Cliffside Dr				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Huntington Beach			State CA	ZIP code 926462620	
Foreign country name		Foreign province/state/county		Foreign postal code	

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

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ▶ ☐ Yes ☒ No

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, 1957 ☐ Are blind
Spouse: ☒ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):		(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
						Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>						<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.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	11,891.
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10	8	94,671.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . ▶	9	134,008.
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income . . ▶	11	134,008.

Standard DeductionSee *Standard Deduction Chart* on the last page of this form.

12a	Standard deduction or itemized deductions (from Schedule A)	12a	27,800.	
b	Charitable contributions if you take the standard deduction (see instructions)	12b	600.	
c	Add lines 12a and 12b	12c		
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	3,586.	
14	Add lines 12c and 13	14	31,986.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	102,022.	
16	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____	16	13,942.	
17	Amount from Schedule 2, line 3	17		
18	Add lines 16 and 17	18	13,942.	
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19		
20	Amount from Schedule 3, line 8	20		
21	Add lines 19 and 20	21		
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	13,942.	
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.	
24	Add lines 22 and 23. This is your total tax ►	24	13,942.	
25	Federal income tax withheld from:			
a	Form(s) W-2	25a		
b	Form(s) 1099	25b		
c	Other forms (see instructions)	25c		
d	Add lines 25a through 25c	25d		
26	2021 estimated tax payments and amount applied from 2020 return	26	44,286.	
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions ► <input type="checkbox"/>	27a		
b	Nontaxable combat pay election	27b		
c	Prior year (2019) earned income	27c		
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28		
29	American opportunity credit from Form 8863, line 8	29		
30	Recovery rebate credit. See instructions	30	2,800.	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits ►	32	2,800.	
33	Add lines 25d, 26, and 32. These are your total payments ►	33	47,086.	

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

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	33,144.															
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	33,144.															
Direct deposit? See instructions.	b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X							
	X	X	X	X	X	X	X	X	X	X									
	d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
	36	Amount of line 34 you want applied to your 2022 estimated tax 36																	
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions 37																	
	38	Estimated tax penalty (see instructions) 38																	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No						
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>				

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.) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
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.) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
Joint return? See instructions. Keep a copy for your records.	Phone no. (714) 318-0465		Email address						

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

Standard Deduction Chart*Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* on page 1 ►

IF your filing status is. . .	AND the number of boxes checked is. . .	THEN your standard deduction is. . .
Single	1	\$14,250
	2	15,950
Married filing jointly	1	\$26,450
	2	27,800
	3	29,150
	4	30,500
Qualifying widow(er)	1	\$26,450
	2	27,800
Head of household	1	\$20,500
	2	22,200
Married filing separately**	1	\$13,900
	2	15,250
	3	16,600
	4	17,950

* 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.

** You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Leland G & Alta L Cole

Your social security number
543-38-4274

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	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	94,671.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ► _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	94,671.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount ▶	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **13**

Name(s) shown on return

Leland G & Alta L Cole

Your social security number

543-38-4274

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ☒ **Yes** ☐ **No**
B If "Yes," did you or will you file required Form(s) 1099? ☐ **Yes** ☒ **No**

1a	Physical address of each property (street, city, state, ZIP code)				
A	1143 Shawnee Drive Santa Ana CA 92704				
B	19889 Sheffield Lane Huntington Beach CA 92646				
C	18286 Santa Stephana Fountain Valley CA 92708				
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		A 365	0	<input type="checkbox"/>
B	1		B 365	0	<input type="checkbox"/>
C	1		C 365	0	<input type="checkbox"/>

Type of Property:

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

Income:		Properties:	A	B	C
3	Rents received	3	33,600.	28,800.	39,600.
4	Royalties received	4			
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7			
8	Commissions.	8			
9	Insurance	9	1,426.	745.	2,872.
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest.	13			
14	Repairs.	14	8,323.	5,967.	
15	Supplies	15			
16	Taxes	16	1,297.	2,497.	1,623.
17	Utilities.	17			
18	Depreciation expense or depletion	18			
19	Other (list) ▶ See Line 19 Other Expenses	19	1,680.	1,661.	2,376.
20	Total expenses. Add lines 5 through 19	20	12,726.	10,870.	6,871.
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	20,874.	17,930.	32,729.
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a	129,600.		
b	Total of all amounts reported on line 4 for all royalty properties	23b			
c	Total of all amounts reported on line 12 for all properties	23c			
d	Total of all amounts reported on line 18 for all properties	23d			
e	Total of all amounts reported on line 20 for all properties	23e	34,929.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24			94,671.
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			94,671.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

**SCHEDULE E
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **13**

Name(s) shown on return

Leland G & Alta L Cole

Your social security number

543-38-4274

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.**A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ☐ **Yes** ☐ **No****B** If "Yes," did you or will you file required Form(s) 1099? ☐ **Yes** ☐ **No**

1a	Physical address of each property (street, city, state, ZIP code)				
A	9348 Danbury Street Cypress CA 90630				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	27,600.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions.	8			
9 Insurance	9	1,611.		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest.	13			
14 Repairs.	14			
15 Supplies	15			
16 Taxes	16	1,195.		
17 Utilities.	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶ <u>Manager Fee</u>	19	1,656.		
20 Total expenses. Add lines 5 through 19	20	4,462.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	23,138.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

**Qualified Business Income Deduction
Simplified Computation**► **Attach to your tax return.**► **Go to www.irs.gov/Form8995 for instructions and the latest information.****2021**Attachment
Sequence No. **55**

Name(s) shown on return

Leland G & Alta L Cole

Your taxpayer identification number

543-38-4274

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Leland G Cole	543-38-4274	17,930.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	17,930.	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	17,930.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		3,586.
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	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		3,586.
11	Taxable income before qualified business income deduction (see instructions)	11	105,608.	
12	Net capital gain (see instructions)	12	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	105,608.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		21,122.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) ►	15		3,586.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)	

Additional information from your 2021 California Tax Return Attachment**Schedule E: Supplemental Income and Loss -- Page 1 (Copy 1)****Line 19 Other Expenses: Property (1)****Continuation Statement**

Expense Description	Amount
Rental Managemen	1,680.
Total	1,680.

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 1)**Line 19 Other Expenses: Property (2)****Continuation Statement**

Expense Description	Amount
Manager Fee	1,661.
Total	1,661.

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 1)**Line 19 Other Expenses: Property (3)****Continuation Statement**

Expense Description	Amount
Manager Fee	2,376.
Total	2,376.