

Department of the Treasury
Internal Revenue Service

► Return completed Form 8879 to your ERO. (Do not send to IRS.)

► Go to www.irs.gov/Form8879 for the latest information.**2017**

Submission Identification Number (SID) ►

Taxpayer's name

SHICHENG GUO

Social security number

727-25-5836

Spouse's name

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2017 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	51,162
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	5,894
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	5,757
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	137

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize Success Tax Services to enter or generate my PIN 33907
ERO firm name Enter five digits, but
as my signature on my tax year 2017 electronically filed income tax return. don't enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►



Date ►

14/10/2018

Spouse's PIN: check one box only

- ☐ I authorize _____ to enter or generate my PIN _____
ERO firm name Enter five digits, but
as my signature on my tax year 2017 electronically filed income tax return. don't enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Date ►

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

944479-87938

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►

Isabel Fong EA

Date ►

10-11-2018

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

Success Tax Services

275 6th Ave Suite 105
San Francisco, CA 94118
isabelfong@yahoo.com
Phone: (415)335-8312 | Fax:

October 11, 2018

Shicheng Guo
619 Laurel Ct Apt 202
Marshfield, WI 54449

Subject: Preparation of Your 2017 Tax Returns

Shicheng Guo:

Thank you for choosing Success Tax Services to assist you with your 2017 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2017 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your 2017 tax returns will conclude with the delivery of the completed returns to you (if paper-filing) or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (415)335-8312.

Sincerely,

Isabel Fong EA
Success Tax Services

(Both spouses must sign for preparation of joint returns.)

Accepted By:



Taxpayer

Spouse

Date

10/14/2018

Refund or Amount You Owe

77 If line 76 is more than line 64, subtract line 64 from line 76. This is the **AMOUNT OVERPAID** **77** .00

78 Amount of line 77 you want **REFUNDED TO YOU** **78** .00

79 Amount of line 77 to be **APPLIED TO YOUR 2018 ESTIMATED TAX** **79** .00

80 If line 76 is less than line 64, subtract line 76 from line 64 This is the **AMOUNT YOU OWE** **80** 482 .00

81 Underpayment interest. Fill in exception code - see Sch. U → **81** .00

Also include on line 80 (see page 51).

Third
Party
Designee

Do you want to allow another person to discuss this return with the department (see page 51)?

☐ Yes Complete the following. ☒ NoDesignee's
name ▶Phone
no. ▶ ()Personal
identification
number (PIN) ▶

--	--	--	--	--

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign
here ▶

Your signature

Spouse's signature (if filing jointly, BOTH must sign)

Date



10/14/2018

Mail your return to: Wisconsin Department of Revenue

(if tax is due)

PO Box 268
Madison WI 53790-0001

(if refund or no tax due)

PO Box 59
Madison WI 53785-0001

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 41 instructions)

1 Medical and dental expenses from line 4, federal Schedule A. See instructions for exceptions **1** .00

2 Interest paid from lines 10 -12 and 14, federal Schedule A. See instructions for exceptions **2** .00

3 Gifts to charity from line 19, federal Schedule A. See instructions for exceptions **3** .00

4 Casualty losses from line 28, federal Schedule A only if the loss is directly related to a federally-declared disaster **4** .00

5 Add lines 1 through 4 **5** .00

6 Wisconsin standard deduction from Form 1NPR, line 36c **6** .00

7 Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero) **7** .00

8 Rate of credit is .05 (5%) **8** x .05

9 Multiply line 7 by line 8. Fill in here and on line 41 of Form 1NPR **9** 0 .00

Schedule 2 - Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

(A) YOURSELF (B) YOUR SPOUSE

1 Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR.
Do not include deferred compensation (even though reported on a W -2) or taxable scholarships or fellowships not reported on a W -2 **1** .00 .00

2 Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income included in column B on Form 1NPR **2** .00 .00

3 Combine lines 1 and 2. This is your total Wisconsin earned income **3** .00 .00

4 Add amounts on Form 1NPR, lines 18, 22, 26, and 30, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income **4** .00 .00

5 Subtract line 4 from line 3. This is your qualified earned income **5** .00 .00

6 Compare the amount in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000 **6** .00

7 Rate of credit is .03 (3%) **7** x .03

8 Multiply line 6 by line 7. Round the result and fill in here and on line 55 of Form 1NPR. Do not fill in more than \$480 **8** 0 .00



1NPR

2017

Nonresident & part-year resident

For the year Jan. 1-Dec. 31, 2017, or other tax year

Wisconsin income tax

beginning _____, 2017 ending _____, 20____.

Check here if this is an amended return ☐

Complete form using BLACK INK

DO NOT STAPLE

Your legal last name GUO		Legal first name SHICHENG		M.I.	Your social security number XXX XX XXXX
If a joint return, spouse's legal last name		Spouse's legal first name		M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 12 619 LAUREL CT				Apt. no. 202	
City or post office MARSHFIELD		State WI	Zip code 54449		
Filing status		Special conditions		Tax district	
<input checked="" type="checkbox"/> Single		<input type="checkbox"/>		<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town MARSHFIELD	
<input type="checkbox"/> Married filing joint return (even if only one had income)		Legal last name		County of WOOD	
<input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here		Legal first name		School district number See page 54	
<input type="checkbox"/> Head of household (with qualifying person), (see page 13). Also, check here if married <input type="checkbox"/>		M.I.			

PAPER CLIP withholding statements here

Resident status Check the status that applies

You Spouse

☐ ☐ Full-year resident of Wisconsin☐ ☐ Nonresident of Wisconsin; state of residence _____ (2-letter state abbreviation)☒ ☐ Part-year resident of Wisconsin from 10 10 2017 to 12 31 2017

Note: Complete residence questionnaire, page 63.

PAPER CLIP check or money order here

Income		NO COMMAS NO CENTS	A. Federal column	B. Wisconsin column
1	Wages, salaries, tips, etc. (see page 17)	1	43302 .00	3766 .00
2	Taxable interest (see page 18)	2	.00	.00
3	Ordinary dividends (see page 19)	3	365 .00	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (from federal Form 1040, line 10)	4	.00	Not taxable
5	Alimony received (see page 19)	5	.00	.00
6	Business income or (loss) (see page 20)	6	.00	.00
7	Capital gain or (loss) (see page 20)	7	-3000 .00	-57 .00
8	Other gains or (losses) (see page 20)	8	.00	.00
9	IRA distributions (see page 21)	9	.00	.00
10	Pensions and annuities (see page 21)	10	10441 .00	10441 .00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see page 22)	11	.00	.00
12	Farm income or (loss) (see page 23)	12	.00	.00
13	Unemployment compensation (see page 23)	13	.00	.00
14	Social security benefits (see page 24)	14	.00	Not taxable
15	Other income (see pages 24-31). Enclose Schedule M	15	54 .00	.00
16	Combine lines 1 through 15	16	51162 .00	14150 .00

Your name: SHICHENG GUO Your SSN or ITIN: XXX-XX-XXXX

Amount You Owe	121	AMOUNT YOU OWE. Add line 104 and line 120. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 • 12100 Pay Online - Go to ftb.ca.gov/pay for more information.
	122	Interest, late return penalties, and late payment penalties 12200
	123	Underpayment of estimated tax. Check the box: • <input type="checkbox"/> FTB 5805 attached • <input type="checkbox"/> FTB 5805F attached • 12300
Interest and Penalties	124	Total amount due. See instructions. Enclose, but do not staple, any payment 12400

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** • 125 215 .00

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

All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

<input type="checkbox"/> Checking				
<input type="checkbox"/> Savings				.00
• Routing number	• Type	• Account number	• 126	Direct deposit amount

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

<input type="checkbox"/> Checking				
<input type="checkbox"/> Savings				.00
• Routing number	• Type	• Account number	• 127	Direct deposit amount

IMPORTANT: Attach a copy of your complete federal return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for 1131. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature	Date	Spouse's/RDP's signature (if a joint tax return, both must sign)
X <u>Shicheng Guo</u>	<u>14/10/2018</u>	X
<input checked="" type="radio"/> Your email address. Enter only one email address.		<input checked="" type="radio"/> Preferred phone number

Sign Here

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

Joint tax return? (See instructions)

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

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

Name(s) shown on Form 1NPR
SHICHENG GUOYour social security number
XXX XX XXXX

47	Fill in amount from line 46	47	687 .00
48	Armed forces member credit. (Full-year Wisconsin residents only)	48	.00
49	Working families tax credit. (Full-year Wisconsin residents only)	49	.00
50	Certain nonrefundable credits from line 11 of Schedule CR	50	.00
51	Add lines 48 through 50	51	.00
52	Subtract line 51 from line 47. If line 51 is more than line 47, fill in 0 (zero)	52	687 .00
53	Alternative minimum tax. Enclose Schedule MT	53	.00
54	Add lines 52 and 53	54	687 .00
55	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	55	.00
56	Other credits from Schedule CR, line 35. Enclose Schedule CR	56	.00
57	Net income tax paid to another state. Enclose Schedule OS	57	.00
58	Add lines 55, 56, and 57	58	.00
59	Subtract line 58 from line 54. If line 58 is more than line 54, fill in 0 (zero). This is your net tax	59	687 .00
60	Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 43) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	60	.00
61	Donations (decreases refund or increases amount owed)		
a	Endangered resources .00	e	Military family relief .00
b	Cancer research .00	f	Second Harvest/Feeding Amer. .00
c	Veterans trust fund .00	g	Red Cross WI Disaster Relief .00
d	Multiple sclerosis .00	h	Special Olympics Wisconsin .00
	Total (add lines a through h) ..	61i	.00
62	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 44)	62	.00
63	Other penalties (see page 44)	63	.00
64	Add lines 59 through 63	64	687 .00

Payments and Credits

65	Wisconsin income tax withheld. Enclose readable withholding statements	65	205 .00
66	2017 Wisconsin estimated tax paid and amount applied from 2016 return	66	.00
67	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="text"/> Federal credit <input type="text"/> x <input type="text"/> % =	67	.00
68	Farmland preservation credit. a. Schedule FC, line 17	68a	.00
	b. Schedule FC-A, line 13	68b	.00
69	Repayment credit	69	.00
70	Homestead credit. (Full-year Wisconsin residents only)	70	.00
71	Eligible veterans and surviving spouses property tax credit	71	.00
72	Refundable credits from Schedule CR, line 40	72	.00
73	AMENDED RETURN ONLY - amount previously paid (see page 49)	73	.00
74	Add lines 65 through 73	74	205 .00
75	AMENDED RETURN ONLY - amount previously refunded (see page 49)	75	.00
76	Subtract line 75 from line 74	76	205 .00



Adjustments to Income

	A. Federal column	B. Wisconsin column
17 Educator expenses (see page 32)	17 .00	.00
18 Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 32)	18 .00	.00
19 Health savings account deduction (see page 32)	19 .00	.00
20 Moving expenses (see page 32)	20 .00	.00
21 Deductible part of self-employment tax (see page 32)	21 .00	.00
22 Self-employed SEP, SIMPLE, and qualified plans (see page 32)	22 .00	.00
23 Self-employed health insurance deduction (see page 33)	23 .00	.00
24 Penalty on early withdrawal of savings (see page 33)	24 .00	.00
25 Alimony paid (see page 33)	25 .00	.00
26 IRA deduction (see page 33)	26 .00	.00
27 Student loan interest deduction (see page 33)	27 .00	.00
28 Reserved for future use	28 Not deductible for Wisconsin	
29 Domestic production activities deduction (see page 33)	29 Not deductible for Wisconsin	
30 Other adjustments included in Form 1040, line 36 (see page 34) (list type and amount)	30 .00	.00
31 Total adjustments to income. Add lines 17 through 30	31 .00	.00

Adjusted Gross Income

32 Wisconsin income. Subtract line 31, column B from line 16, column B	32	14150 .00
33 Federal income. Subtract line 31, column A from line 16, column A	33	51162 .00
34 Divide line 32 by line 33. Carry the decimal to four places. If amount on line 32 is more than amount on line 33, fill in 1.0000. (See page 34)	34	0 . 2 7 6 6 SCHED I

Tax Computation

35 Fill in the larger of Wisconsin income from line 32, column B or federal income from line 33, column A. But , if Wisconsin income from line 32 is zero or less, fill in 0 (zero)	35	51162 .00
36a If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 36c on page 35	36a	<input type="checkbox"/>
36b Aliens (see page 34 to determine if you must check line 36b)	36b	<input type="checkbox"/>
36c Find the standard deduction for amount on line 33 using table on page 52	36c	6025 .00
37 Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	37	45137 .00
38 Exemptions (Caution: see page 35)		
a Fill in exemptions from your federal return <u>1</u> x \$700 ..	38a	700 .00
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250 ..	38b	.00
c Add lines 38a and 38b	38c	700 .00
39 Subtract line 38c from line 37. If line 38c is more than line 37, fill in 0 (zero)	39	44437 .00
40 Tax (see table on page 55)	40	2484 .00
41 Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	41	.00
42 School property tax credits (part-year and full-year residents only)		
a Rent paid in 2017-heat included <u>00</u> } Find credit from table page 38	42a	.00
Rent paid in 2017-heat not included <u>00</u> }		
b Property taxes paid on home in 2017 <u>00</u> } Find credit from table page 39	42b	.00
43 Add credits on lines 41, 42a, and 42b	43	.00
44 Subtract line 43 from line 40. If line 43 is more than line 40, fill in 0 (zero)	44	2484 .00
45 Fill in ratio from line 34	45	0 . 2 7 6 6
46 Multiply line 44 by ratio on line 45	46	687 .00



**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

- ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2017Attachment
Sequence No. **12**

Name(s) shown on return

SHICHENG GUO

Your social security number

XXX-XX-XXXX

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	6,885,139	7,089,722	187,414	(17,169)
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	1,052,667	1,048,068	6,343	10,942
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 (6,227)

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15

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

Schedule D (Form 1040) 2017

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	51,162
39a	Check <input type="checkbox"/> You were born before January 2, 1953, if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,350
41	Subtract line 40 from line 38	41	44,812
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	40,762
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	5,894
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	5,894
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	0
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	5,894

Standard Deduction for -

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	5,894

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	5,757
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	5,757

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
77	Amount of line 75 you want applied to your 2018 estimated tax	77	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	137
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

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

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

Sign Here

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

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

Your signature Date Your occupation Daytime phone number

Spouse's signature, if a joint return, both must sign. Date Spouse's occupation Identity Protection PIN (see inst.)

Paid Preparer Use Only

Preparer's signature Date Check ☐ if self-employed PTIN

Print/Type preparer's name

Firm's name Firm's EIN

Firm's address Phone no.

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning 2017, ending 20

See separate instructions.

Your first name and initial SHICHENG Last name GUO Your social security number XXX-XX-XXXX

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street), if you have a P.O. box, see instructions. 619 LAUREL CT Apt. no. 202 Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code, if you have a foreign address, also complete spaces below (see instructions). MARSHFIELD WI 54449

Foreign country name Foreign province/state/county Foreign postal code

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

Filing Status

1 ☒ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 ☐ Qualifying widow(er) (see instructions)

Check only one box, and full name here.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

d Total number of exemptions claimed 1

Boxes checked on 6a and 6b No. of children on 6c who: ☒ lived with you ☐ did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above 1

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 43,302

8a Taxable interest. Attach Schedule B if required 8a

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required 9a 365

b Qualified dividends 9b 327

10 Taxable refunds, credits, or offsets of state and local income taxes 10

11 Alimony received 11

12 Business income or (loss). Attach Schedule C or C-EZ 12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13 (3,000)

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a b Taxable amount 15b

16a Pensions and annuities 16a 10,442 b Taxable amount 16b 10,441

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17

18 Farm income or (loss). Attach Schedule F 18

19 Unemployment compensation 19

20a Social security benefits 20a b Taxable amount 20b

21 Other income SUBSTITUTE PMT 21 54

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 51,162

Adjusted Gross Income

23 Educator expenses 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24

25 Health savings account deduction. Attach Form 8889 25

26 Moving expenses. Attach Form 3903 26

27 Deductible part of self-employment tax. Attach Schedule SE 27

28 Self-employed SEP, SIMPLE, and qualified plans 28

29 Self-employed health insurance deduction 29

30 Penalty on early withdrawal of savings 30

31a Alimony paid b Recipient's SSN 31a

32 IRA deduction 32

33 Student loan interest deduction 33

34 Tuition and fees. Attach Form 8917 34

35 Domestic production activities deduction. Attach Form 8903 35

36 Add lines 23 through 35 36 0

37 Subtract line 36 from line 22. This is your adjusted gross income 37 51,162

October 11, 2018

Shicheng Guo
619 Laurel Ct Apt 202
Marshfield, WI 54449

Shicheng Guo:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$137 Balance Due	Mail a check
California Income Tax	\$215 Refund	Receive a check
Wisconsin Income Tax	\$482 Balance Due	Mail a check

The following return(s) will be e-filed and do not need to be mailed to the taxing authority:

Federal Income Tax
California Income Tax
Wisconsin Income Tax

Mail payment on or before due date to the following address:

Federal Income Tax

Internal Revenue Service
P.O. Box 802501
Cincinnati, OH 45280-2501

Wisconsin Income Tax

Wisconsin Department of Revenue
PO Box 930208
Milwaukee, WI 53293-0208

Sincerely,

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	(6,227)
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 	21	(3,000)
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

2017

California Nonresident or Part-Year Resident Income Tax Return

Long Form

FORM

540NR

APE

ATTACH FEDERAL RETURN

A
R
RP
 XXX-XX-XXXX GUO
 SHICHENG GUO

17

 619 LAUREL CT
 MARSHFIELD WI 54449

APT 202

01-01-1987

Filing Status

1 ☒ Single

2 ☐ Married/RDP filing jointly. See inst.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

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

5 ☐ Qualifying widow(er) with dependent child. Enter year spouse/RDP died

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

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. ☐

For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions

7 ☐ X \$114 = \$ 114

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

8 ☐ X \$114 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2

9 ☐ X \$114 = \$

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

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

Total dependent exemptions ☐ X \$353 = \$

11 **Exemption amount:** Add line 7 through line 10 ☐ X \$114 = \$ 114

12 Total California wages from your Form(s) W-2, box 16	12	39536	00
13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10	13	51162	00
14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B	14		00
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	51162	00
16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C	16		00
17 Adjusted gross income from all sources. Combine line 15 and line 16	17	51162	00
18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 44; OR Your California standard deduction . See instructions	18	4236	00
19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0-	19	46926	00