



**2022 Federal Tax Return Filing
Instructions
FOR THE YEAR ENDING
December 31, 2022**

| | | | | | | | | | | | | | | | | | |
|------------------------------|---|-------------------|----------|----------------------------|----------|-----------------------|---------|---------------------------|---------|----------------|---------|---------------------|---------|--------------------|--------|---------------------|-----|
| Prepared for | JORDAN A ULVES | | | | | | | | | | | | | | | | |
| Tax Summary | <table><tr><td>Gross Income.....</td><td>\$102002</td></tr><tr><td>Adjusted Gross Income.....</td><td>\$102002</td></tr><tr><td>Total Deductions.....</td><td>\$12951</td></tr><tr><td>Total Taxable Income.....</td><td>\$89051</td></tr><tr><td>Total Tax.....</td><td>\$15202</td></tr><tr><td>Total Payments.....</td><td>\$16409</td></tr><tr><td>Refund Amount.....</td><td>\$1207</td></tr><tr><td>Amount You Owe.....</td><td>\$0</td></tr></table> | Gross Income..... | \$102002 | Adjusted Gross Income..... | \$102002 | Total Deductions..... | \$12951 | Total Taxable Income..... | \$89051 | Total Tax..... | \$15202 | Total Payments..... | \$16409 | Refund Amount..... | \$1207 | Amount You Owe..... | \$0 |
| Gross Income..... | \$102002 | | | | | | | | | | | | | | | | |
| Adjusted Gross Income..... | \$102002 | | | | | | | | | | | | | | | | |
| Total Deductions..... | \$12951 | | | | | | | | | | | | | | | | |
| Total Taxable Income..... | \$89051 | | | | | | | | | | | | | | | | |
| Total Tax..... | \$15202 | | | | | | | | | | | | | | | | |
| Total Payments..... | \$16409 | | | | | | | | | | | | | | | | |
| Refund Amount..... | \$1207 | | | | | | | | | | | | | | | | |
| Amount You Owe..... | \$0 | | | | | | | | | | | | | | | | |
| Make check payable to | | | | | | | | | | | | | | | | | |
| Mailing Address | <div>Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.</div> | | | | | | | | | | | | | | | | |

Instructions

If you e-filed your return and it has been accepted, you will get notified via text or email if you opted for that option.



**2022 STATE TAX RETURN FILING
INSTRUCTIONS
CALIFORNIA
FOR THE YEAR ENDING
December 31, 2022**

| | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|---|----------------------------|----|--------|-----------------------|----|-------|---------------------------|----|--------|----------------|----|-------|---------------------|----|-------|--------------------|----|-----|---------------------|----|---|
| Prepared for | JORDAN A ULVES | | | | | | | | | | | | | | | | | | | | | |
| Tax Summary | <table border="1"><tr><td>Adjusted Gross Income.....</td><td>\$</td><td>97,052</td></tr><tr><td>Total Deductions.....</td><td>\$</td><td>5,202</td></tr><tr><td>Total Taxable Income.....</td><td>\$</td><td>91,850</td></tr><tr><td>Total Tax.....</td><td>\$</td><td>5,151</td></tr><tr><td>Total Payments.....</td><td>\$</td><td>6,049</td></tr><tr><td>Refund Amount.....</td><td>\$</td><td>898</td></tr><tr><td>Amount You Owe.....</td><td>\$</td><td>0</td></tr></table> | Adjusted Gross Income..... | \$ | 97,052 | Total Deductions..... | \$ | 5,202 | Total Taxable Income..... | \$ | 91,850 | Total Tax..... | \$ | 5,151 | Total Payments..... | \$ | 6,049 | Refund Amount..... | \$ | 898 | Amount You Owe..... | \$ | 0 |
| Adjusted Gross Income..... | \$ | 97,052 | | | | | | | | | | | | | | | | | | | | |
| Total Deductions..... | \$ | 5,202 | | | | | | | | | | | | | | | | | | | | |
| Total Taxable Income..... | \$ | 91,850 | | | | | | | | | | | | | | | | | | | | |
| Total Tax..... | \$ | 5,151 | | | | | | | | | | | | | | | | | | | | |
| Total Payments..... | \$ | 6,049 | | | | | | | | | | | | | | | | | | | | |
| Refund Amount..... | \$ | 898 | | | | | | | | | | | | | | | | | | | | |
| Amount You Owe..... | \$ | 0 | | | | | | | | | | | | | | | | | | | | |
| Make check payable to | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | <div>Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.</div> | | | | | | | | | | | | | | | | | | | | | |

Special Instructions

Keep A Copy

Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.

2022 TWO YEAR COMPARISON

JORDAN A ULVES
620-82-8946

Keep for Your Records

| | 2022 | 2021 | Difference |
|---|---------|--------|------------|
| Filing status | Single | Single | |
| INCOME: | | | |
| Wages, salaries, tips, etc. | 96,725 | | 96,725 |
| Interest income | 258 | | 258 |
| Ordinary dividend income | 69 | | 69 |
| IRA distributions and pension income | | | |
| Taxable social security income | | | |
| Capital gain or (loss) (Schedule D) | | | |
| Schedule 1 - Income | | | |
| Refunds of state and local taxes | | | |
| Alimony received | | | |
| Business income or (loss) (Schedule C) | | | |
| Other gains or (losses) (Form 4797) | | | |
| Rental real estate, partnerships, estates, etc. (Schedule E) | | | |
| Farm income or (loss) (Schedule F) | | | |
| Unemployment compensation | 4,950 | | 4,950 |
| Other income | | | |
| Total income | 102,002 | | 102,002 |
| ADJUSTMENTS: | | | |
| Schedule 1 - Adjustments | | | |
| Educator expenses | | | |
| Busn expenses for reserviists, performing artists, etc | | | |
| Health savings account deduction | | | |
| Moving expenses | | | |
| Deductible part of self-employment tax | | | |
| Self-employed SEP, SIMPLE and qualified plans deduction. ... | | | |
| Self-employed health insurance | | | |
| Penalty on early withdrawal of savings | | | |
| Alimony paid | | | |
| IRA contributions | | | |
| Student loan interest deduction | | | |
| Archer MSA deduction | | | |
| Other adjustments | | | |
| Total adjustments | | | |
| ADJUSTED GROSS INCOME: | 102,002 | | 102,002 |
| DEDUCTIONS: | | | |
| Standard deduction or Itemized deductions | 12,950 | | 12,950 |
| Charitable contributions if taking standard deduction, | N/A | | |
| If itemized, Schedule A deductions: | | | |
| Medical and dental expenses | | | |
| Sales, income, and other taxes paid | 7,197 | | 7,197 |
| Interest paid | | | |
| Gifts to charity | | | |
| Casualty and theft losses | | | |
| Other miscellaneous deductions | | | |
| Qualified business income deduction | 1 | | 1 |
| TAXABLE INCOME: | 89,051 | | 89,051 |

2022 TWO YEAR COMPARISON

JORDAN A ULVES

620-82-8946

Keep for Your Records

| | 2022 | 2021 | Difference |
|--|--------|------|------------|
| TAX COMPUTATION (BEFORE CREDITS): | | | |
| Tax..... | 15,202 | | 15,202 |
| Tax calculation method | QDCGTW | | |
| Schedule 2 – Taxes | | | |
| Alternative minimum tax | | | |
| Excess advance premium tax credit repayment | | | |
| Total taxes | 15,202 | | 15,202 |
| Tax rate | 22% | | |
| CREDITS: | | | |
| Child and other dependents tax credit | | | |
| Schedule 3 – Non-Refundable Credits | | | |
| Foreign tax credit | | | |
| Child care credit | | | |
| Education credit | | | |
| Retirement savings contribution credit | | | |
| Other credits | | | |
| Total credits | | | |
| OTHER TAXES: | | | |
| Schedule 2 – Other Taxes | | | |
| Self-employment tax | | | |
| Additional tax on IRAs | | | |
| Other taxes | | | |
| TOTAL TAXES: | 15,202 | | 15,202 |
| PAYMENTS: | | | |
| Federal income tax withheld | 16,409 | | 16,409 |
| Estimated payments made | | | |
| Earned income credit | | | |
| Refundable child tax credit or additional child tax credit | | | |
| American opportunity credit | | | |
| Recovery rebate credit | | | |
| Schedule 3 – Refundable Credits & Payments | | | |
| ACA premium tax credit | | | |
| Qualified sick and family leave credit | | | |
| Deferral for certain Schedule H or Schedule SE filers | | N/A | |
| Other payments | | | |
| Total payments | 16,409 | | 16,409 |
| AMOUNT DUE / REFUND: | | | |
| Amount overpaid | 1,207 | | 1,207 |
| Overpayment applied to next year | | | |
| Refund | 1,207 | | 1,207 |
| Amount due | | | |
| Penalty | | | |

Tax Calculation Methods:

Sch D = Sch D tax worksheet

Sch J = Inc Aver for Farmer/Fisherman

FEITW = Foreign Earned Income Tax WS

QDCGTW = Qual Div Cap Gain Tax WS
F8615 = Child with unearned income

TCW = Tax Comp Worksheet (rates)
TABLE = Tax Table

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

| | | | | | |
|---|--|-------------------------------|--|--|--|
| Your first name and middle initial JORDAN A | | Last name ULVES | | Your social security number 620-82-8946 | |
| If joint return, spouse's first name and middle initial | | Last name | | Spouse's social security number | |
| Home address (number and street). If you have a P.O. box, see instructions. 3409 S PLAZA DRIVE | | | | Apt. no. N | |
| City, town, or post office. If you have a foreign address, also complete spaces below. SANTA ANA | | | | State CA | |
| | | | | ZIP code 92704 | |
| 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse | | | | | |

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ 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, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see inst.): | |
|--|-----------|----------------------------|-------------------------|---|-----------------------------|
| (1) First name | Last name | | | Child tax credit | Credit for other dependents |
| If more than four dependents, see instructions and check here <input type="checkbox"/> | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | |
|--|--|---|
| Income | 1a Total amount from Form(s) W-2, box 1 (see instructions) | 1a 96,725 |
| | b Household employee wages not reported on Form(s) W-2 | 1b |
| | c Tip income not reported on line 1a (see instructions) | 1c |
| | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | 1d |
| | e Taxable dependent care benefits from Form 2441, line 26 | 1e |
| | f Employer-provided adoption benefits from Form 8839, line 29 | 1f |
| | g Wages from Form 8919, line 6 | 1g |
| | h Other earned income (see instructions) | 1h |
| | i Nontaxable combat pay election (see instructions) 1i | |
| | z Add lines 1a through 1h | 1z 96,725 |
| Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. | 2a Tax-exempt interest 2a | 2b Taxable interest 258 |
| | 3a Qualified dividends 65 3a | 3b Ordinary dividends 69 |
| | 4a IRA distributions 4a | 4b Taxable amount |
| | 5a Pensions and annuities 5a | 5b Taxable amount |
| | 6a Social security benefits 6a | 6b Taxable amount |
| | c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/> | |
| | 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 4,950 |
| | 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | 9 102,002 |
| | 10 Adjustments to income from Schedule 1, line 26 | 10 |
| | 11 Subtract line 10 from line 9. This is your adjusted gross income | 11 102,002 |
| | 12 Standard deduction or itemized deductions (from Schedule A) | 12 12,950 |
| | 13 Qualified business income deduction from Form 8995 or Form 8995-A | 13 1 |
| | 14 Add lines 12 and 13 | 14 12,951 |
| | 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | 15 89,051 |

| | | | |
|--|---|-----------|--------|
| Tax and Credits | 16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | 16 | 15,202 |
| | 17 Amount from Schedule 2, line 3 | 17 | |
| | 18 Add lines 16 and 17 | 18 | 15,202 |
| | 19 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 | 15,202 |
| | 23 Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | |
| 24 Add lines 22 and 23. This is your total tax | 24 | 15,202 | |

| | | | | |
|---|---|------------|--------|--|
| Payments | 25 Federal income tax withheld from: | | | |
| | a Form(s) W-2 | 25a | 15,914 | |
| | b Form(s) 1099 | 25b | 495 | |
| | c Other forms (see instructions) | 25c | | |
| | d Add lines 25a through 25c | 25d | 16,409 | |
| | 26 2022 estimated tax payments and amount applied from 2021 return | 26 | | |
| | 27 Earned income credit (EIC) | 27 | | |
| | 28 Additional child tax credit from Schedule 8812 | 28 | | |
| | 29 American opportunity credit from Form 8863, line 8 | 29 | | |
| | 30 Reserved for future use | 30 | | |
| 31 Amount from Schedule 3, line 15 | 31 | | | |
| 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | | | |
| 33 Add lines 25d, 26, and 32. These are your total payments | 33 | 16,409 | | |

| | | | |
|--|--|------------|-------|
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 1,207 |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 1,207 |
| | b Routing number 121042882 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 1299084440 | | |
| 36 Amount of line 34 you want applied to your 2023 estimated tax | 36 | | |

| | | | |
|-----------------------|---|-----------|--|
| Amount You Owe | 37 Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or 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) |
| | | | |

| | | | | |
|------------------|--|-------------------------------------|---------------------|---|
| 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.) |
| | Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| | Phone no. 714-403-7340 | Email address jordanulves@gmail.com | | |

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

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2022)

SCHEDULE 1

(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022Attachment
Sequence No. **01**Department of the Treasury
Internal Revenue Service

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

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

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

JORDAN A ULVES

Your social security number

620-82-8946

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 | |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | 4,950 |
| 8 | Other income: | | |
| a | Net operating loss | 8a | () |
| b | Gambling | 8b | |
| c | Cancellation of debt | 8c | |
| d | Foreign earned income exclusion from Form 2555 | 8d | () |
| e | Income from Form 8853 | 8e | |
| f | Income from Form 8889 | 8f | |
| g | Alaska Permanent Fund dividends | 8g | |
| h | Jury duty pay | 8h | |
| i | Prizes and awards | 8i | |
| j | Activity not engaged in for profit income | 8j | |
| k | Stock options | 8k | |
| l | 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 | 8l | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | |
| n | Section 951(a) inclusion (see instructions) | 8n | |
| o | Section 951A(a) inclusion (see instructions) | 8o | |
| p | Section 461(l) excess business loss adjustment | 8p | |
| q | Taxable distributions from an ABL account (see instructions) | 8q | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s | () |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | |
| u | Wages earned while incarcerated | 8u | |
| z | Other income. List type and amount: | 8z | 0 |
| 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 | 4,950 |

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

Schedule 1 (Form 1040) 2022

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service
 Attach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.

2022
Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

JORDAN A ULVES

620-82-8946

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 \$170,050 (\$340,100 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 | | | |
| ii | | | |
| iii | | | |
| iv | | | |
| v | | | |

| | | | | |
|----|--|----|--------|--------|
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) . . . | 2 | | |
| 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 | 0 | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | 5 | | |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 | 3 | |
| 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 | 3 | |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | 9 | | 1 |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 | 10 | | 1 |
| 11 | Taxable income before qualified business income deduction (see instructions) | 11 | 89,052 | |
| 12 | Net capital gain (see instructions) | 12 | 65 | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 | 88,987 | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | 14 | | 17,797 |
| 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 | | 1 |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- | 16 | () | |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- | 17 | () | |

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

Form 8995 (2022)

2022 WAGES AND SALARIES SUMMARY ATTACHMENT

JORDAN A ULVES
620-82-8946

| Employer Name | Employer EIN | T or S | Wages | Federal Withholding | Social Security Tax Withheld | State | State Wages | State Tax Withheld | Local Tax Withheld |
|--------------------------|--------------|--------------|--------|------------------------|---------------------------------|-------|----------------|-----------------------|-----------------------|
| FOUNDATION FOR AFFORDABL | 33-0839356 | T | 96,725 | 15,914 | 6,469 | CA | 96,725 | 6,049 | |

| | | | | | |
|-------|--------|--------|-------|--------|-------|
| Total | 96,725 | 15,914 | 6,469 | 96,725 | 6,049 |
|-------|--------|--------|-------|--------|-------|

2022 FEDERAL TAX WITHHOLDINGS ATTACHMENT

JORDAN A ULVES
620-82-8946

| | | |
|--------|--------------------------|--------|
| 1099-G | Jordan A Ulves | 495 |
| W-2 | FOUNDATION FOR AFFORDABL | 15,914 |

| | |
|-------------------------------------|--------|
| Total to Form 1040/1040-SR line 25d | 16,409 |
|-------------------------------------|--------|

2022 SCHEDULE A – STATE AND LOCAL TAX ATTACHMENT

JORDAN A ULVES
620-82-8946

CA STATE W2 W/H FROM FOUNDATION FOR AFFORDABL
STATE SDI From W2

6,049
1,148

TOTAL TO SCHEDULE A LINE 5A

7,197

2022 QUALIFIED DIVIDENDS and CAPITAL GAIN TAX WORKSHEET – LINE 16

JORDAN A ULVES
620-82-8946

Keep for Your Records

Before you begin: ✓ See the instructions for line 16 in the instructions to see if you can use this worksheet to figure your tax.
✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

| | | |
|--|-----|----------------|
| 1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet | 1. | <u>89,051</u> |
| 2. Enter the amount from Form 1040 or 1040-SR, line 3a* | 2. | <u>65</u> |
| 3. Are you filing Schedule D?* | | |
| Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0- | 3. | <u>0</u> |
| X No. Enter the amt from Fm 1040 or 1040-SR, ln 7. | | |
| 4. Add lines 2 and 3 | 4. | <u>65</u> |
| 5. Subtract line 4 from line 1. If zero or less, enter -0- | 5. | <u>88,986</u> |
| 6. Enter: \$41,675 if single or married filing separately, \$83,350 if married filing jointly or Qualifying surviving spouse, \$55,800 if head of household. | 6. | <u>41,675</u> |
| 7. Enter the smaller of line 1 or line 6 | 7. | <u>41,675</u> |
| 8. Enter the smaller of line 5 or line 7 | 8. | <u>41,675</u> |
| 9. Subtract line 8 from line 7. This amount is taxed at 0% | 9. | <u>0</u> |
| 10. Enter the smaller of line 1 or line 4 | 10. | <u>65</u> |
| 11. Enter the amount from line 9 | 11. | <u>0</u> |
| 12. Subtract line 11 from line 10 | 12. | <u>65</u> |
| 13. Enter: \$459,750 if single, \$258,600 if married filing separately, \$517,200 if married filing jointly or Qualifying surviving spouse, \$488,500 if head of household. | 13. | <u>459,750</u> |
| 14. Enter the smaller of line 1 or line 13 | 14. | <u>89,051</u> |
| 15. Add lines 5 and 9 | 15. | <u>88,986</u> |
| 16. Subtract line 15 from line 14. If zero or less, enter -0- | 16. | <u>65</u> |
| 17. Enter the smaller of line 12 or line 16 | 17. | <u>65</u> |
| 18. Multiply line 17 by 15% (0.15) | 18. | <u>10</u> |
| 19. Add lines 9 and 17 | 19. | <u>65</u> |
| 20. Subtract line 19 from line 10 | 20. | <u>0</u> |
| 21. Multiply line 20 by 20% (0.20) | 21. | <u>0</u> |
| 22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet | 22. | <u>15,192</u> |
| 23. Add lines 18, 21, and 22 | 23. | <u>15,202</u> |
| 24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet | 24. | <u>15,214</u> |
| 25. Tax on all taxable income. Enter the smaller of line 23 or line 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet | 25. | <u>15,202</u> |

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

2022 INVESTMENT INCOME WORKSHEET FOR EIC

JORDAN A ULVES
620-82-8946

Keep for Your Records
Publication 596

Use this worksheet to figure investment income for the earned income credit when you file Form 1040.

Interest and Dividends

- | | | |
|--|----|-----------------|
| 1. Enter any amount from Form 1040, line 2b | 1. | <u>258</u> |
| 2. Enter any amount from Form 1040, line 2a, plus any amount on Form 8814, line 1b | 2. | <u> </u> |
| 3. Enter any amount from Form 1040, line 3b | 3. | <u>69</u> |
| 4. Enter the amount from Schedule 1 (Form 1040), line 21, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2 to figure the amount to enter on this line.) | 4. | <u> </u> |

Capital Gain Net Income

- | | | |
|--|----|----------|
| 5. Enter the amount from Schedule 1 (Form 1040), line 13. If the amount on that line is a loss, enter -0- | 5. | <u>0</u> |
| 6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) | 6. | <u>0</u> |
| 7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) | 7. | <u>0</u> |

Royalties and Rental Income from Personal Property

- | | | |
|---|-----|-----------------|
| 8. Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 21 | 8. | <u> </u> |
| 9. Enter any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Schedule 1 (Form 1040), line 36 | 9. | <u> </u> |
| 10. Subtract the amount on line 9 of this worksheet from the amount on line 8. (If the result is less than zero, enter -0-.) | 10. | <u>0</u> |

Passive Activities

- | | | |
|--|-----|-----------------|
| 11. Enter the total of any net income from passive activities (such as income included on Schedule E, lines 26, 29a (col. (g)), 34a (col. (d)), or 40; or an ordinary gain identified as "FPA" on Form 4797, line 10). (See instructions below for lines 11 and 12.) | 11. | <u> </u> |
| 12. Enter the total of any losses from passive activities (such as losses included on Schedule E, lines 26, 29b (col. (f)), 34b (col. (c)), or 40; or an ordinary loss identified as "PAL" on Form 4797, line 10). (See instructions below for lines 11 and 12.) | 12. | <u>0</u> |
| 13. Combine the amounts on lines 11 and 12 of this worksheet. (If the result is less than zero, enter -0-.) | 13. | <u> </u> |
| 14. Add the amounts on lines 1, 2, 3, 4, 7, 10, and 13. Enter the total. This is your investment income. | 14. | <u>327</u> |
| 15. Is the amount on line 14 more than \$10,300 ? | | |
| <input type="checkbox"/> Yes. You cannot take the credit. | | |
| <input checked="" type="checkbox"/> No. Go to Step 3 of the Form 1040 instructions for line 17a to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7, next.) | | |

Instructions for lines 11 and 12. In figuring the amount to enter on lines 11 and 12, do not take into account any royalty income (or loss) included on line 26 of Schedule E or any income (or loss) included in your earned income or on line 1, 2, 3, 4, 7, or 10 of this worksheet. To find out if the income on line 26 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, is not from a passive activity, print "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

2023 CARRYFORWARD INFORMATION

JORDAN A ULVES
620-82-8946

Keep for Your Records

| | |
|--|--------|
| Itemized Returns Only - 2022 state and local tax refund (this amount may not be taxable in 2022) | _____ |
| Charitable contributions carryover to 2023 | _____ |
| Estimated short-term capital loss carryover | _____ |
| Estimated long-term capital loss carryover | _____ |
| 2022 tax liability (for 2023 Form 2210 purposes) | 15,202 |
| Form 8839: 2021 carryover of unqualified expenses | _____ |
| Refund amount applied to 2023 | _____ |
| Disallowed investment interest in 2022 | _____ |
| Additional state taxes paid | _____ |
| Form 8396: Mortgage interest credit from 2020 | _____ |
| Mortgage interest credit from 2021 | _____ |
| Mortgage interest credit from 2022 | _____ |
| Form 8801: Minimum tax credit carryforward | 0 |
| Potential 2023 IRA contribution from 2022 tax refund | _____ |

| NOL carryforward: | | Regular Tax | AMT Tax | | | | |
|------------------------------------|-------|-------------|---------|------------------------------------|-------|-----------|-------|
| from 2002 | _____ | from 2012 | _____ | from 2002 | _____ | from 2012 | _____ |
| from 2003 | _____ | from 2013 | _____ | from 2003 | _____ | from 2013 | _____ |
| from 2004 | _____ | from 2014 | _____ | from 2004 | _____ | from 2014 | _____ |
| from 2005 | _____ | from 2015 | _____ | from 2005 | _____ | from 2015 | _____ |
| from 2006 | _____ | from 2016 | _____ | from 2006 | _____ | from 2016 | _____ |
| from 2007 | _____ | from 2017 | _____ | from 2007 | _____ | from 2017 | _____ |
| from 2008 | _____ | from 2018 | _____ | from 2008 | _____ | from 2018 | _____ |
| from 2009 | _____ | from 2019 | _____ | from 2009 | _____ | from 2019 | _____ |
| from 2010 | _____ | from 2020 | _____ | from 2010 | _____ | from 2020 | _____ |
| from 2011 | _____ | from 2021 | _____ | from 2011 | _____ | from 2021 | _____ |
| Gross NOL generated in 2022 | _____ | | | Gross AMT NOL generated in 2022 | _____ | | |
| To be absorbed in carryback period | _____ | | | To be absorbed in carryback period | _____ | | |
| Net carryforward from 2022 | _____ | | | Net carryforward from 2022 | _____ | | |
| Total carryforward to 2023 | _____ | | | Total carryforward to 2023 | _____ | | |

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2023 _____
- General Business Credit carryforward to 2023 _____
- First-Time Homebuyer Credit Repayment carryforward to 2023 _____
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2023.

2022 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

620-82-8946 ULVE
JORDAN A ULVES

22

A
R
RP3409 S PLAZA DRIVE N
SANTA ANA CA 92704

04-04-1993

Enter your county at time of filing (see instructions)

☒ OrangeIf 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.

Principal Residence

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 ☒ Single4 ☐ Head of household (with qualifying person). See instructions.2 ☐ Married/RDP filing jointly. See instr.5 ☐ Qualifying surviving spouse/RDP. 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 instr. ☒ 6 ☐

► 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.

Exemptions

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

Whole dollars only

X \$140 = ☒ \$ 1408 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1;if both are visually impaired, enter 2 ☒ 8 X \$140 = ☒ \$ 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 X \$140 = ☒ \$

Your name: JORDAN A ULVES

Your SSN or ITIN: 620-82-8946

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

| | 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 \$433 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11\$ **12** State wages from your federalForm(s) W-2, box 16 ● 12 **13** Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 **14** California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ● 14 **15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 **16** California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ● 16 **17** California adjusted gross income. Combine line 15 and line 16 ● 17

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 \$5,202
 ● Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP \$10,404

If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions ● 18 **19** Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19

31 Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule
☐ FTB 3800 ☐ FTB 3803 ● 31

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$229,908, see instructions ● 32 **33** Subtract line 32 from line 31. If less than zero, enter -0- ● 33 **34** Tax. See instructions. Check the box if from: ☐ Schedule G-1 ☐ FTB 5870A ● 34 **35** Add line 33 and line 34 ● 35 **40** Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40 **43** Enter credit name code ● and amount ● 43 **44** Enter credit name code ● and amount ● 44

Your name: JORDAN A ULVES

Your SSN or ITIN: 620-82-8946

Special Credits

- 45 To claim more than two credits. See instructions. Attach Schedule P (540) • 45
- 46 Nonrefundable Renter's Credit. See instructions • 46
- 47 Add line 40 through line 46. These are your total credits • 47
- 48 Subtract line 47 from line 35. If less than zero, enter -0- • 48 5,151

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) • 61
- 62 Mental Health Services Tax. See instructions • 62
- 63 Other taxes and credit recapture. See instructions • 63
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax • 64 5,151

Payments

- 71 California income tax withheld. See instructions • 71 6,049
- 72 2022 California estimated tax and other payments. See instructions • 72
- 73 Withholding (Form 592-B and/or Form 593). See instructions • 73
- 74 Excess SDI (or VPD) withheld. See instructions • 74
- 75 Earned Income Tax Credit (EITC). See instructions • 75
- 76 Young Child Tax Credit (YCTC). See instructions • 76
- 77 Foster Youth Tax Credit (FYTC). See instructions • 77
- 78 Add line 71 through line 77. These are your total payments. See instructions • 78 6,049

Use Tax

- 91 Use Tax. Do not leave blank. See instructions • 91 0
- If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.

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

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 • 93 6,049
- 94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 • 94
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93 • 95 6,049
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92 • 96
- 97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95 • 97 898

Your name: JORDAN A ULVES

Your SSN or ITIN: 620-82-8946

| | | | | |
|---------------------------------|------------|---|--------------|----------------------------------|
| Overpaid Tax/Tax Due | 98 | Amount of line 97 you want applied to your 2023 estimated tax | ● 98 | <input type="text"/> |
| | 99 | Overpaid tax available this year. Subtract line 98 from line 97 | ● 99 | <input type="text" value="898"/> |
| | 100 | Tax due. If line 95 is less than line 64, subtract line 95 from line 64 | ● 100 | <input type="text"/> |

| | Code | Amount |
|--|--------------|--------------------------------|
| California Seniors Special Fund. See instructions | ● 400 | <input type="text"/> |
| Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | ● 401 | <input type="text"/> |
| Rare and Endangered Species Preservation Voluntary Tax Contribution Program | ● 403 | <input type="text"/> |
| California Breast Cancer Research Voluntary Tax Contribution Fund | ● 405 | <input type="text"/> |
| California Firefighters' Memorial Voluntary Tax Contribution Fund | ● 406 | <input type="text"/> |
| Emergency Food for Families Voluntary Tax Contribution Fund | ● 407 | <input type="text"/> |
| California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund | ● 408 | <input type="text"/> |
| California Sea Otter Voluntary Tax Contribution Fund | ● 410 | <input type="text"/> |
| California Cancer Research Voluntary Tax Contribution Fund | ● 413 | <input type="text"/> |
| School Supplies for Homeless Children Voluntary Tax Contribution Fund | ● 422 | <input type="text"/> |
| State Parks Protection Fund/Parks Pass Purchase | ● 423 | <input type="text"/> |
| Protect Our Coast and Oceans Voluntary Tax Contribution Fund | ● 424 | <input type="text"/> |
| Keep Arts in Schools Voluntary Tax Contribution Fund | ● 425 | <input type="text"/> |
| Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | ● 431 | <input type="text"/> |
| California Senior Citizen Advocacy Voluntary Tax Contribution Fund | ● 438 | <input type="text"/> |
| Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | ● 439 | <input type="text"/> |
| Rape Kit Backlog Voluntary Tax Contribution Fund | ● 440 | <input type="text"/> |
| Suicide Prevention Voluntary Tax Contribution Fund | ● 444 | <input type="text"/> |
| Mental Health Crisis Prevention Voluntary Tax Contribution Fund | ● 445 | <input type="text"/> |
| California Community and Neighborhood Tree Voluntary Tax Contribution Fund | ● 446 | <input type="text"/> |
| 110 Add amounts in code 400 through code 446. This is your total contribution | ● 110 | <input type="text" value="0"/> |

| | | |
|---------------------------|------------|--|
| 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 inst. 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. |

Your name: JORDAN A ULVES

Your SSN or ITIN: 620-82-8946

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

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114115 **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

898

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

121042882

● Type

☒ Checking

● Account number

1299084440

● 116 Direct deposit amount

898

☐ Savings

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

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions. ☐**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.

jordanulves@gmail.com

● Preferred phone number

714-403-7340

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

● 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

2022

California Adjustments -- Residents

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

Name(s) as shown on tax return

JORDAN A ULVES

SSN or ITIN

620-82-8946

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 a Total amount from federal Form(s) W-2, box 1. See instructions 1a | <input checked="" type="radio"/> 96,725 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| b Household employee wages not reported on federal Form(s) W-2 1b | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| c Tip income not reported on line 1a 1c | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| e Taxable dependent care benefits from federal Form 2441, line 26 1e | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| f Employer-provided adoption benefits from federal Form 8839, line 29 1f | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| g Wages from federal Form 8919, line 6 1g | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| h Other earned income. See instructions 1h | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| i Nontaxable combat pay election. See instructions 1i | | | <input checked="" type="radio"/> |
| z Add line 1a through line 1i 1z | <input checked="" type="radio"/> 96,725 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 2 Taxable interest. a <input checked="" type="radio"/> 2b | <input checked="" type="radio"/> 258 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> 65 3b | <input checked="" type="radio"/> 69 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 4 IRA distributions. See instructions. a <input checked="" type="radio"/> 4b | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 5 Pensions and annuities. See instructions. a <input checked="" type="radio"/> 5b | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 6 Social security benefits. a <input checked="" type="radio"/> 6b | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| 7 Capital gain or (loss). See instructions 7 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

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

| | | | |
|--|--|--|----------------------------------|
| 1 Taxable refunds, credits, or offsets of state and local income taxes 1 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| 2 a Alimony received. See instructions 2a | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 3 Business income or (loss). See instructions 3 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 4 Other gains or (losses) 4 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc 5 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 6 Farm income or (loss) 6 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 Unemployment compensation 7 | <input checked="" type="radio"/> 4,950 | <input checked="" type="radio"/> 4,950 | |

| Section B – Additional Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|--|--|------------------------------------|---------------------------------|
| 8 Other income: | | | |
| a Federal net operating loss 8a | <input type="radio"/> () | | <input type="radio"/> |
| b Gambling 8b | <input type="radio"/> | <input type="radio"/> | |
| c Cancellation of debt 8c | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d Foreign earned income exclusion from federal Form 2555 8d | <input type="radio"/> () | | <input type="radio"/> |
| e Income from federal Form 8853 8e | <input type="radio"/> | | <input type="radio"/> |
| f Income from federal Form 8889 8f | <input type="radio"/> | <input type="radio"/> | |
| g Alaska Permanent Fund dividends 8g | <input type="radio"/> | | |
| h Jury duty pay 8h | <input type="radio"/> | | |
| i Prizes and awards 8i | <input type="radio"/> | | |
| j Activity not engaged in for profit income 8j | <input type="radio"/> | | |
| k Stock options 8k | <input type="radio"/> | | <input type="radio"/> |
| l Inc. from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8l | <input type="radio"/> | | |
| m Olympic and Paralympic medals and USOC prize money 8m | <input type="radio"/> | | |
| n IRC Section 951(a) inclusion 8n | <input type="radio"/> | <input type="radio"/> | |
| o IRC Section 951A(a) inclusion 8o | <input type="radio"/> | <input type="radio"/> | |
| p IRC Section 461(l) excess business loss adjustment 8p | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q Taxable distributions from an ABLE account 8q | <input type="radio"/> | | |
| r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r | <input type="radio"/> | | |
| s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s | <input type="radio"/> () | | |
| t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t | <input type="radio"/> | | |
| u Wages earned while incarcerated 8u | <input type="radio"/> | | |
| z Other income. List type and amount. | | | |
| <input type="radio"/> 8z | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| Section B – Additional Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|--|------------------------------------|---------------------------------|
| 9 a Total other income. Add lines 8a through 8z. 9a | | | |
| b1 Disaster loss deduction from form FTB 3805V. 9b1 | | | |
| b2 NOL deduction from form FTB 3805V 9b2 | | | |
| b3 NOL from form FTB 3805Z, 3807, or 3809 . . . 9b3 | | | |
| 10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10 | 102,002 | 4,950 | |

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

| | | | |
|--|--|--|--|
| 11 Educator expenses 11 | | | |
| 12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12 | | | |
| 13 Health savings account deduction 13 | | | |
| 14 Moving expenses. Attach form FTB 3913. See instructions 14 | | | |
| 15 Deductible part of self-employment tax. See instructions 15 | | | |
| 16 Self-employed SEP, SIMPLE, and qualified plans 16 | | | |
| 17 Self-employed health insurance deduction. See instructions 17 | | | |
| 18 Penalty on early withdrawal of savings 18 | | | |
| 19 a Alimony paid. 19a | | | |
| b Recipient's: SSN <input type="radio"/> _____ Last Name <input type="radio"/> _____ | | | |
| 20 IRA deduction 20 | | | |
| 21 Student loan interest deduction 21 | | | |
| 22 Reserved for future use 22 | | | |
| 23 Archer MSA deduction 23 | | | |

| Section C – Adjustments to Income Continued | | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|----------------------------------|--|--|----------------------------------|
| 24 Other adjustments: | | | | |
| a Jury duty pay 24a | <input checked="" type="radio"/> | | | |
| b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24b | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | |
| d Reforestation amortization and expenses 24d | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | |
| e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e | <input checked="" type="radio"/> | | | |
| f Contributions to IRC Section 501(c)(18)(D) pension plans 24f | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| g Contributions by certain chaplains to IRC Section 403(b) plans 24g | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h | <input checked="" type="radio"/> | | | |
| i Attorney fees and court costs you paid in connection with an award from the IRS for info. you provided that helped the IRS detect tax law violations. 24i | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | |
| j Housing deduction from federal Form 2555 24j | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | |
| k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k | <input checked="" type="radio"/> | | | |
| z Other adjustments. List type and amount. | | | | |
| <input checked="" type="radio"/> 24z | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| 25 Total other adjustments. Add line 24a through line 24z. 25 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| 26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| 27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27 | <input checked="" type="radio"/> | 102,002 | <input checked="" type="radio"/> 4,950 | <input checked="" type="radio"/> |

Part II Adjustments to Federal Itemized DeductionsCheck the box if you did NOT itemize for federal but will itemize for California ☒ ☐

| | A Federal Amounts (from federal Sch. 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"/> <u>102,002</u> 2 | | | |
| 3 Multiply line 2 by 7.5% (0.075). <input checked="" type="radio"/> <u>7,650</u> 3 | | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> 0 4 | | | <input checked="" type="radio"/> |
| Taxes You Paid | | | |
| 5 a State and local income tax or general sales taxes 5a <input checked="" type="radio"/> <u>7,197</u> <input checked="" type="radio"/> <u>7,197</u> | | | |
| b State and local real estate taxes 5b <input checked="" type="radio"/> | | | |
| c State and local personal property taxes 5c <input checked="" type="radio"/> | | | |
| d Add line 5a through line 5c. 5d <input checked="" type="radio"/> <u>7,197</u> | | | |
| 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"/> <u>7,197</u> <input checked="" type="radio"/> <u>7,197</u> <input checked="" type="radio"/> | | | |
| 6 Other taxes. List type <input checked="" type="radio"/> _____ 6 <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 7 Add line 5e and line 6. 7 <input checked="" type="radio"/> <u>7,197</u> <input checked="" type="radio"/> <u>7,197</u> <input checked="" type="radio"/> | | | |
| 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 Reserved for future use 8d | | | |
| e Add line 8a through line 8c 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"/> | <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"/> | <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"/> 7,197 | <input type="radio"/> 7,197 | <input type="radio"/> |

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

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

22 Add line 19 through line 21 ☐ 22

23 Enter amount from federal Form 1040
or 1040-SR, line 11 ☐ 102,002

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 ☐ 24 2,040

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 0

27 Other adjustments. See instructions. Specify. ☐ 27

28 Combine line 26 and line 27 ☐ 28

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 | \$229,908 |
| Head of household | \$344,867 |
| Married/RDP filing jointly or qualifying surviving spouse/RDP | \$459,821 |

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

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

| | |
|---|----------|
| Single or married/RDP filing separately. See instructions | \$5,202 |
| Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP | \$10,404 |

Transfer the amount on line 30 to Form 540, line 18 ☐ 30 5,202

TAXABLE YEAR

FORM

2022**California e-file Signature Authorization for Individuals****8879**

Your name

JORDAN A ULVES

Your SSN or ITIN

620-82-8946

Spouse's/RDP's name

Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

| | | | |
|---|--|---|--------|
| 1 | California adjusted gross income (AGI). See instructions | 1 | 97,052 |
| 2 | Amount You Owe. See instructions | 2 | |
| 3 | Refund or No Amount Due. See instructions | 3 | 898 |

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☐ I authorize HRB TAX GROUP INC to enter my PIN 4444
ERO firm name **Do not enter all zeros**

as my signature on my 2022 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's/RDP's PIN: check one box only

☐ I authorize _____ to enter my PIN _____
ERO firm name **Do not enter all zeros**

as my signature on my 2022 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication -- Practitioner PIN Method Only**ERO's Electronic Filer Identification Number (EFIN)/PIN.**

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

210075**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the 2022 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

For Privacy Notice, get FTB 1131 EN-SP.

FTB 8879 2022