

| | | |
|---|-------------------------------|---|
| For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 | | See separate instructions. |
| Your first name and initial Xinchi | Last name Gu | Your social security number 697-14-1254 |
| 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. 136 Elderberry Ln | | Apt. no. |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Brisbane CA 94005 | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| Foreign country name | Foreign province/state/county | Foreign postal code |

Filing Status

1 ☒ Single

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

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

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.

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) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions) |
|----------------|-----------|--|-------------------------------------|--|
| | | | | <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

Boxes checked on 6a and 6b **1**

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** **166,650.**

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**

b Qualified dividends **9b**

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**

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

15a IRA distributions **15a** **b Taxable amount** **15b**

16a Pensions and annuities **16a** **b Taxable amount** **16b**

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. List type and amount **21**

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ **22** **166,650.**

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**

37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ **37** **166,650.**

Tax and Credits**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

| | | | |
|------------|---|-----------|----------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 166,650. |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/> | | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/> | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 23,557. |
| 41 | Subtract line 40 from line 38 | 41 | 143,093. |
| 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 | 139,043. |
| 44 | Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | 44 | 31,914. |
| 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 | 31,914. |
| 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 | |
| 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 | 31,914. |

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 | 0. |
| 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 | 31,914. |

Payments

If you have a qualifying child, attach Schedule EIC.

| | | | |
|------------|--|------------|---------|
| 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | 36,988. |
| 65 | 2017 estimated tax payments and amount applied from 2016 return | 65 | |
| 66a | Earned income credit (EIC) <input type="checkbox"/> NO | 66a | |
| b | Nontaxable combat pay election 66b | 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 checked="" 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 | 36,988. |

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 | 5,074. | | | | | | | | | |
| 76a | Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 76a | 5,074. | | | | | | | | | |
| b | Routing number <table border="1"><tr><td>3</td><td>2</td><td>2</td><td>2</td><td>7</td><td>1</td><td>6</td><td>2</td><td>7</td></tr></table> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | 3 | 2 | 2 | 2 | 7 | 1 | 6 | 2 | 7 | | |
| 3 | 2 | 2 | 2 | 7 | 1 | 6 | 2 | 7 | | | | |
| d | Account number <table border="1"><tr><td>7</td><td>0</td><td>3</td><td>7</td><td>6</td><td>3</td><td>7</td><td>2</td><td>7</td></tr></table> | 7 | 0 | 3 | 7 | 6 | 3 | 7 | 2 | 7 | | |
| 7 | 0 | 3 | 7 | 6 | 3 | 7 | 2 | 7 | | | | |

Amount You Owe

| | | | |
|-----------|---|-----------|--|
| 77 | Amount of line 75 you want applied to your 2018 estimated tax ▶ | 77 | |
| 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶ | 78 | |
| 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 Software Engineer | Daytime phone number (858) 900-8908 |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶ | Self-Prepared | | Firm's EIN ▶ | |
| Firm's address ▶ | | | Phone no. | |

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

Itemized Deductions

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

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017

Attachment
Sequence No. **07**

Xinchi Gu

Your social security number

697-14-1254

**Medical
and
Dental
Expenses**

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

- 1** Medical and dental expenses (see instructions) **1**
- 2** Enter amount from Form 1040, line 38 **2** 166,650
- 3** Multiply line 2 by 7.5% (0.075). **3** 12,499 .
- 4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **4**

**Taxes You
Paid**

- 5** State and local (**check only one box**):
- a** ☒ Income taxes, or } **5** 14,447 .
- b** ☐ General sales taxes }
- 6** Real estate taxes (see instructions) **6** 2,879 .
- 7** Personal property taxes **7**
- 8** Other taxes. List type and amount ► **8**
- 9** Add lines 5 through 8 **9** 17,326 .

**Interest
You Paid**

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

- 10** Home mortgage interest and points reported to you on Form 1098 **10** 6,231 .
- 11** Home mortgage interest not reported to you on Form 1098. If paid
to the person from whom you bought the home, see instructions
and show that person's name, identifying no., and address ► **11**
- 12** Points not reported to you on Form 1098. See instructions for
special rules **12**
- 13** Mortgage insurance premiums (see instructions) **13**
- 14** Investment interest. Attach Form 4952 if required. See instructions **14**
- 15** Add lines 10 through 14 **15** 6,231 .

**Gifts to
Charity**

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

- 16** Gifts by cash or check. If you made any gift of \$250 or more,
see instructions. **16**
- 17** Other than by cash or check. If any gift of \$250 or more, see
instructions. You **must** attach Form 8283 if over \$500 **17**
- 18** Carryover from prior year **18**
- 19** Add lines 16 through 18 **19**

**Casualty and
Theft Losses**

- 20** Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and
enter the amount from line 18 of that form. See instructions **20**

**Job Expenses
and Certain
Miscellaneous
Deductions**

- 21** Unreimbursed employee expenses—job travel, union dues,
job education, etc. Attach Form 2106 or 2106-EZ if required.
See instructions. ► **21**
- 22** Tax preparation fees **22**
- 23** Other expenses—investment, safe deposit box, etc. List type
and amount ► **23**
- 24** Add lines 21 through 23 **24**
- 25** Enter amount from Form 1040, line 38 **25**
- 26** Multiply line 25 by 2% (0.02) **26**
- 27** Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- **27**

**Other
Miscellaneous
Deductions**

- 28** Other—from list in instructions. List type and amount ► **28**

**Total
Itemized
Deductions**

- 29** Is Form 1040, line 38, over \$156,900?
- ☐ **No.** Your deduction is not limited. Add the amounts in the far right column
for lines 4 through 28. Also, enter this amount on Form 1040, line 40. **29** 23,557 .
- ☒ **Yes.** Your deduction may be limited. See the Itemized Deductions
Worksheet in the instructions to figure the amount to enter.
- 30** If you elect to itemize deductions even though they are less than your standard
deduction, check here ☐

Health Savings Accounts (HSAs)

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Name(s) shown on Form 1040 or Form 1040NR

Xinchi Gu

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ▶

697-14-1254

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | | |
|----|--|---|---------------------------------|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) ▶ | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family |
| 2 | HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) | 2 | 0. |
| 3 | If you were under age 55 at the end of 2017, and on the first day of every month during 2017, you were, or were considered, an eligible individual with the same coverage, enter \$3,400 (\$6,750 for family coverage). All others , see the instructions for the amount to enter | 3 | 3,400. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs | 4 | 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 3,400. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter | 6 | 3,400. |
| 7 | If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions) | 7 | 0. |
| 8 | Add lines 6 and 7 | 8 | 3,400. |
| 9 | Employer contributions made to your HSAs for 2017 | 9 | 1,000. |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | 1,000. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 2,400. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25 | 13 | 0. |

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | | |
|-----|---|-----|--|
| 14a | Total distributions you received in 2017 from all HSAs (see instructions) | 14a | |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) | 14b | |
| c | Subtract line 14b from line 14a | 14c | |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount | 16 | |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/> | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box | 17b | |

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | | |
|-----------|--|-----------|--|
| 18 | Last-month rule | 18 | |
| 19 | Qualified HSA funding distribution | 19 | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount | 20 | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box | 21 | |

Tax History Report

► Keep for your records

2017

Name(s) Shown on Return

Xinchi Gu

| | Five Year Tax History: | | | | |
|--|------------------------|------|------|----------|----------|
| | 2013 | 2014 | 2015 | 2016 | 2017 |
| Filing status | | | | Single | Single |
| Total income | | | | 142,635. | 166,650. |
| Adjustments to income | | | | | |
| Adjusted gross income | | | | 142,635. | 166,650. |
| Tax expense | | | | 9,522. | 17,326. |
| Interest expense . . . | | | | | 6,231. |
| Contributions | | | | | |
| Miscellaneous deductions. | | | | | |
| Other Itemized Deductions | | | | | |
| Total itemized/standard deduction . . | | | | 9,522. | 23,557. |
| Exemption amount . . | | | | 4,050. | 4,050. |
| Taxable income | | | | 129,063. | 139,043. |
| Tax. | | | | 29,163. | 31,914. |
| Alternative min tax . . | | | | | |
| Total credits | | | | | |
| Other taxes | | | | 0. | 0. |
| Payments | | | | 26,381. | 36,988. |
| Form 2210 penalty . . | | | | | |
| Amount owed | | | | 2,782. | |
| Applied to next year's estimated tax . | | | | | |
| Refund. | | | | | 5,074. |
| Effective tax rate % . . | | | | 20.45 | 19.15 |
| **Tax bracket % . . . | | | | 28.0 | 28.0 |

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

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

You can file your tax return electronically or by paper and obtain your refund directly from Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$34.99 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

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

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

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

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

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

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

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

²You may experience delays with your tax refund if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

Questions? Call 1-877-908-7228

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

Name Xinchi Gu
 Social Security No. 697-14-1254

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Green Dot Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2017 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. **NOTICE:** No Requirement To Use the Refund Processing Service In Order To File Electronically. THE REFUND PROCESSING SERVICE IS A FREE OPTION INCLUDED WITH YOUR PURCHASE OF EITHER TURBOTAX PREMIUM SERVICES OR TURBOTAX MAX. YOU ARE NOT REQUIRED TO USE THE REFUND PROCESSING SERVICE. IF YOU USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2018). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU RECEIVE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2017 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

| | |
|--|--------------------|
| Expected Federal Refund | \$ 5,074.00 |
| Less TurboTax Premium Services or TurboTax MAX Fees | \$ 44.99 |
| Less TurboTax Fees. | \$ 96.98 |
| Less Fees for Additional Products and Services Purchased | \$ 0.00 |
| Expected Proceeds* | \$ 4,932.03 |

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

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2017 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the fees for TurboTax Premium Services or TurboTax MAX; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Bank to deduct twenty dollars (\$20.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$25.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Bank and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees, fees for TurboTax Premium Services or TurboTax MAX, and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Bank and/or Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Bank to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2017 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2017 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$25.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtpg.com>.

7. Disbursement Methods: You agree that the disbursement method selected below will be used by Bank and Processor to disburse funds to you

- a) ☐ Direct Deposit to Turbo(SM) Prepaid Visa(R) Card: If you choose this option, you authorize and request Bank and Processor to transfer the balance of your Deposit Account Bank, which issues the Turbo(SM) Prepaid Visa Card ("Card") you have obtained or are obtaining, so that Bank may deposit the balance of your refund into your Card account. **Additional fees may be charged for the use of the Card. Please review the cardholder agreement associated with the use of your Card to learn of other fees, charges, terms and conditions that will apply. Neither Bank nor Processor will be responsible for your funds once they have been deposited with Bank.**
- b) ☒ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

- ☒ Checking
☐ Savings

RTN # 322271627

Account # 703763727

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$20.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$25.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$45.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax refunds, we will not process any address or account changes. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

You must notify Bank in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford Bank a reasonable opportunity to act on your request. You may notify us in writing at: Green Dot Bank, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

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

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

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

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

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

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

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

10. Arbitration Provision. This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ("AAA") before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction over the dispute. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word "disputes" is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision. You may choose to opt-out of this arbitration provision but *only* by following the process set forth below. If you do not wish to be subject to this arbitration provision, then you must notify us in writing within sixty (60) calendar days of the date of this Agreement at the following address: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037, Attn. Arbitration Opt-Out. Your written notice must include your name, address, Social Security Number, the date of this Agreement, and a statement that you wish to opt out of the arbitration provision. If you choose to opt out, then your choice will apply only to this Agreement.

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

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2017 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2017 TurboTaxfi User Agreement, (iii) You consent to the release of your 2017 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

GREEN DOT BANK'S PRIVACY POLICY

Rev. 09/2017

| FACTS WHAT DOES GREEN DOT BANK DO WITH YOUR PERSONAL INFORMATION? | | |
|--|---|-----------------------------|
| | | |
| Why? | Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do. | |
| What? | <p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none"> • Social Security number and account balances • account transactions and payment history • transaction history and overdraft history <p>When you are no longer our customer, we continue to share your information as described in this notice.</p> | |
| How? | All financial companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share and whether you can limit the sharing. | |
| Reasons we can share your personal information | Does Green Dot Bank Share? | Can you limit this sharing? |
| For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus. | Yes | No |
| For our marketing purposes — to offer our products and services to you. | No | We don't share |
| For joint marketing with other financial companies — | No | We don't share |
| For our affiliates' everyday business purposes — information about your transactions and experiences. | Yes | No |
| For our affiliates' everyday business purposes — information about your creditworthiness. | No | We don't share |
| For our affiliates to market to you. | No | We don't share |
| For nonaffiliates to market to you. | No | We don't share |
| Questions? | Toll Free: 1-866-795-7597 or go to www.greendot.com | |

| Page 2 | |
|---|---|
| What we do | |
| How does Green Dot Bank protect my personal information? | To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. |
| How does Green Dot collect my personal information? | We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us., tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency. |
| Why can't I limit all sharing? | <p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes — information about your creditworthiness, • affiliates from using your information to market to you, • sharing for nonaffiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p> |
| Definitions | |
| Affiliates | <p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation), financial companies such as AccountNow, Inc. and tax processing services companies such as Santa Barbara Tax Products Group, LLC. |
| Nonaffiliates | <p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> • Green Dot Bank does not share with nonaffiliates so they can market to you. |
| Joint marketing | <p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • Green Dot Bank does not jointly market |
| Other important information | |
| <p>Depending on where you live, you may have additional privacy protections under state law. We will comply with applicable state laws before sharing nonpublic personal information about you. We may do this by sending a separate notice of those rights to you. For example, if you are a resident of California or Vermont, we will not share with nonaffiliates except for our everyday business purposes or with your consent.</p> | |

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

Name _____

Social Security No. _____

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Civista Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2017 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. **NOTICE:** No Requirement To Use the Refund Processing Service In Order To File Electronically. THE REFUND PROCESSING SERVICE IS A FREE OPTION INCLUDED WITH YOUR PURCHASE OF EITHER TURBOTAX PREMIUM SERVICES OR TURBOTAX MAX. YOU ARE NOT REQUIRED TO USE THE REFUND PROCESSING SERVICE. IF YOU USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2018). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU RECEIVE THE REFUND PROCESSING SERVICE.

2. **Authorization to Release Personal Information.** You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2017 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. **Summary of Terms**

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

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

4. **Temporary Deposit Account Authorization.** You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2017 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the fees for TurboTax Premium Services or TurboTax MAX; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Bank to deduct twenty dollars (\$20.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$25.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Bank and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees, fees for TurboTax Premium Services or TurboTax MAX, and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Bank and/or Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Bank to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2017 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2017 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$25.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtpg.com>.

7. Disbursement Methods: You agree that the disbursement method selected below will be used by Bank and Processor to disburse funds to you.

- a) ☐ Direct Deposit to Turbo(SM) Prepaid Visa(R) Card: If you choose this option, you authorize and request Processor to transfer the balance of your Deposit Account to Green Dot Bank, which issues the Turbo(SM) Prepaid Visa Card ("Card") you have obtained or are obtaining, so that Green Dot Bank may deposit the balance of your refund into your Card account. **Additional fees may be charged for the use of the Card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. Neither Bank nor Processor will be responsible for your funds once they have been deposited with Green Dot Bank.**
- b) ☐ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

- ☐ Checking
☐ Savings

RTN # _____

Account # _____

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$20.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit are **not** responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$25.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$45.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax refunds, we will not process any address or account changes. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

You must notify Bank in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford Bank a reasonable opportunity to act on your request. You may notify us in writing at: Civista Bank, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

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

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

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

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

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

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

10. Arbitration Provision. This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ("AAA") before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction over the dispute. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word "disputes" is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision. You may choose to opt-out of this arbitration provision but only by following the process set forth below. If you do not wish to be subject to this arbitration provision, then you must notify us in writing within sixty (60) calendar days of the date of this Agreement at the following address: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037, Attn. Arbitration Opt-Out. Your written notice must include your name, address, Social Security Number, the date of this Agreement, and a statement that you wish to opt out of the arbitration provision. If you choose to opt out, then your choice will apply only to this Agreement.

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

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2017 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2017 TurboTaxfi User Agreement, (iii) You consent to the release of your 2017 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Civista Bank's Privacy Policy

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

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

Consent to Use of Tax Return Information

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

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

If you are requesting use of personal information from a joint return, you are representing that we have consent for both parties on the return.

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

The following statements apply:

Sign this agreement by entering your name and the date below.

First Name

Last Name

Date

We need your consent to process with this payment option

This is an IRS requirement

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

IRS regulations require the following statements:

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

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

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

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

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2017 return to determine whether a portion of the refund can be used to pay for tax preparation.

Xinchi
First Name

Gu
Last Name

Please type the date below:

02/10/2018

Date

Read and accept this Disclosure Consent

This is an IRS requirement

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

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

IRS regulations require the following statements:

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

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

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

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

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2017 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Xinchi

Gu

Please type the date below:

02/10/2018

Date

Read and accept this Disclosure Consent

This is an IRS requirement

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

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

IRS regulations require the following statements:

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

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

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

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

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2017 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Please type the date below:

Date

| | |
|--------------------------------------|-------------------------|
| Name(s) Shown on Return Xinchi Gu | Your SSN 697-14-1254 |
|--------------------------------------|-------------------------|

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

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

Line 5b - Adjustment for gain or loss on dispositions

| (a) Activity name | (b) Gain or loss |
|--|--------------------------|
| | |
| | |
| | |
| | |
| Capital loss carryover adjustment from 2016 for net investment tax purposes | |
| Enter additional adjustments not included above and check the box if a capital gain or loss: | |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| Net gain or loss from disposition of property not subject to net investment tax | |

Capital gain/loss not included in net investment income

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

Calculation of line 5b adjustment due to capital loss carryforward

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

Line 7 - Other modifications to investment income

| | | | |
|---|--|---|--|
| 1 | Casualty and theft losses reported on Schedule A, line 20. | 1 | |
| 2 | Amounts reported on Form 8814, line 12 | 2 | |
| 3 | Adjustment for distributions from estates and trusts | 3 | |
| 4 | Schedules C and F income/loss included in net investment income. | 4 | |
| 5 | Substitute interest and dividend payments | 5 | |
| 6 | Recovery of a prior year deduction | 6 | |
| 7 | | 7 | |
| 8 | Total other modifications to investment income | 8 | |

Line 9b - State income tax allocable to net investment income

| | | | |
|---|--|---|----------|
| 1 | State, local, and foreign income taxes | 1 | 14,447. |
| 2 | Investment income. | 2 | |
| 3 | Total adjusted gross income | 3 | 166,650. |
| 4 | Divide line 2 by line 3. Enter result as a decimal amount | 4 | 0.0000 |
| 5 | State, local and foreign income taxes allocable to investment income | 5 | 0. |

Line 10 - Tax preparations fees allocable to net investment income

| | | | |
|---|---|---|--|
| 1 | Tax preparations fees | 1 | |
| 2 | Investment income. | 2 | |
| 3 | Total adjusted gross income | 3 | |
| 4 | Divide line 2 by line 3. Enter result as a decimal amount | 4 | |
| 5 | Tax preparations fees allocable to investment income | 5 | |

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income**

| | | | |
|---|--|---|--|
| 1 | Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deductions limitations: _____ _____ _____ | | |
| 2 | Enter the total of all items listed on line 1 | 2 | |
| 3 | Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27) | 3 | |
| 4 | Enter the lesser of the total reported on line 2 or line 3 | 4 | |

Part II - Application of Section 67 Limitation to Specific Deductions

| (A) | (B) | (C) |
|--|------------------------|---------------------|
| Reenter the amounts and descriptions from Part I, line 1 | Fraction (see Help) | Column A times B |
| _____ x _____ = _____ | | |
| _____ x _____ = _____ | | |
| _____ x _____ = _____ | | |
| _____ x _____ = _____ | | |

Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income

| | | | |
|---|---|---|---------|
| 1 | Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from Column(C) of Part II: _____ _____ _____ | 1 | |
| 2 | Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income | 2 | 0. |
| 3 | Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____ | 3 | |
| 4 | Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3. | 4 | 0. |
| 5 | Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 40 | 5 | 23,557. |
| 6 | Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: | 6 | 0. |
| 7 | Subtract line 6 from line 5 | 7 | 23,557. |
| 8 | Enter the lesser of line 7 or line 4 | 8 | 0. |

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

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

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

| (a) Activity name | (b) Suspended 12/31/2016 | (c) Suspended 12/31/2017 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2) Former Passive Activity Suspended Losses - Schedule D

| (a) Activity name | (b) Suspended 12/31/2016 | (c) Suspended 12/31/2017 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

3) Former Passive Activity Suspended Losses - Form 4797

| (a) Activity name | (b) Suspended 12/31/2016 | (c) Suspended 12/31/2017 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Name(s) Shown on Return
Xinchi GuSocial Security Number
697-14-1254

| | (a) Taxpayer | (b) Spouse |
|--|-----------------|---------------|
| 1 Child's investment income, from Form 8814. | | |
| 2 Gambling winnings: | | |
| a From Form W-2G | | |
| b Winnings (prizes, etc.) from Form 1099-MISC, box 3. | | |
| c Not reported on Form W-2G or Form 1099-MISC. | | |
| 3 Taxable income from Form 1099-MISC: | | |
| a Substitute payments in lieu of interest or dividends | | |
| b Other income from box 3 | | |
| c Alaska Permanent Fund. | | |
| d Tribal Gaming | | |
| e Non-Employee Compensation from Form 1099-MISC box 7 | | |
| f Rent from personal property from Form 1099-MISC box 1. | | |
| 4 Taxable income from Form 1099-Q or 1099-QA: | | |
| a Qualified tuition program distributions | | |
| b Coverdell ESA distributions | | |
| c ABLE account distributions | | |
| 5 Taxable income from Form 1099-G: | | |
| a Grants | | |
| b RTAA payments | | |
| 6 Foreign earned income and housing exclusion, from Form 2555 . | | |
| 7 Net operating loss carryover from a prior year | | |
| 8 Other income, from Schedule(s) K-1 | | |
| 9 Taxable distribution from: | | |
| a Form 8853: | | |
| 1 Taxable Archer MSA distributions MSA | | |
| 2 Taxable Medicare Advantage distributions Med MSA . . . | | |
| 3 Taxable long term care distributions LTC | | |
| 4 Total Form 8853 | | |
| b Form 8889, Health Savings Accounts | | |
| 10 Refunds or reimbursements of deductions claimed | | |
| in a prior year: | | |
| a Reimbursement for deducted medical expenses | | |
| b Refunds of deducted taxes (not state or local income taxes) | | |
| Type of Tax | State or | |
| | Local ID | |
| c Recapture of deducted moving expenses | | |
| d Reimbursement for deducted casualty or theft loss | | |
| e Reimbursement for deducted employee business expenses. . . | | |
| f Other refunds or reimbursements | | |
| 11 Recoveries of bad debts deducted in a prior year. | | |
| 12 Jury duty pay | | |
| 13 Bartering income not reported elsewhere | | |
| 14 Income from the rental of personal property | | |
| 15 Income from the Cancellation of Debt: | | |
| a From Form 1099-C: | | |
| 1 Amount of debt canceled from box 2 | | |
| 2 Amount of canceled debt excluded from income | | |
| 3 Taxable amount of canceled debt. | | |
| b From Schedule(s) K-1 | | |
| 16 Taxable income from Form 1099-K: | | |
| a Payment Card/Third Party Network Transactions | | |
| 17 Income from "not for profit" activities (hobbies): | | |
| 18 Other taxable income: | | |
| a Union unemployment benefits | | |
| b Private fund unemployment benefits | | |
| c State employee unemployment benefits | | |
| d | | |
| 19 Income from Community Property: | | |
| a Positive community property adjustment. | | |
| b Negative community property adjustment (enter as positive) . . . | | |
| 20 Total. Add lines 1 through 14, 15a(3), 15b, 16 through 19. | | |
| Enter here and on Form 1040 or Form 1040NR, line 21 | | |

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

First name Xinchi
 Middle initial _____ Suffix _____
 Last name Gu
 Social security no. 697-14-1254
 Occupation Software Engineer
 Date of birth 02/21/1990 (mm/dd/yyyy)
 Age as of 1-1-2018 27
 Daytime phone (858) 900-8908 Ext _____
 Legally blind ☐
 Date of death _____

Dependent of Someone Else:

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

Credit for the Elderly or Disabled (Schedule R):

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

Presidential Election Campaign Fund:

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

Spouse:

First name _____
 Middle initial _____ Suffix _____
 Last name _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2018 _____
 Daytime phone _____ Ext _____
 Legally blind ☐
 Date of death _____

Dependent of Someone Else:

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

Credit for the Elderly or Disabled (Schedule R):

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

Presidential Election Campaign Fund:

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

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

Address 136 Elderberry Ln Apt no. _____
 City Brisbane State CA ZIP code 94005

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

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

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

Home phone _____

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

Federal filing status:

☒ **1** Single
☐ **2** Married filing jointly
☐ **3** Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year ☐
 Check this box if you are eligible to claim your spouse's exemption (see Help) ☐
☐ **4** Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name _____ MI _____ Last Name _____ Suffix _____
 Child's social security number _____
☐ **5** Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2015 ☐ 2016 ☐
 Are you a dependent with a qualifying child Yes ☐ No ☐
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name _____ MI _____ Last Name _____ Suffix _____
 Child's social security number _____

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit InformationInformation in Part III is **completely calculated** from entries on Dependent/Nondependent Info Worksheets.

| First name Last name | MI Suff | Social security number Relationship | Date of birth (mm/dd/yyyy) | | | Date of death (mm/dd/yyyy) | E I C | Lived with taxpyr in U.S. | Educ Tuitn and Fees | * D e p |
|-------------------------|------------|---|-------------------------------|------------------|---------------------------------------|---|-------------|---------------------------------------|------------------------------|------------------|
| | | | Age | C o d e | Not qual for child tax cr | Qualified child/dep care exps incurred and paid 2017 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

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

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

Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2017? ☐ Yes ☐ No

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

Check if you are filing head of household **and** your spouse is a nonresident alien **and** you lived with your spouse during the last six months of 2017 ☐

Check if you were notified by the IRS that EIC cannot be claimed in 2017 or if you are ineligible to claim the EIC in 2017 for any other reason ☐

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

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

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

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

Name of Financial Institution (optional) ☐ Chase

Check the appropriate box ☒ Checking ☐ Savings

Routing number ☐ 322271627 Account number ☐ 703763727

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

Enter the payment date to withdraw from the account above ☐

Balance-due amount from this return ☐

Part VI – Additional Information for Your Federal Return**Standard Deduction/Itemized Deductions:**

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

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

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

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. ☐

Real Estate Professionals:

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

Credit for Qualified Retirement Savings Contributions (Form 8880):

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

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

American Opportunity and Lifetime Learning Credit, and Tuition and Fees Deduction (Form 8863 and 8917)

For 2017, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

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

Resident country ☐ USA

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

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands ☐

Excludable income from Puerto Rico ☐

Dual Status Alien Return:

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

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

Third Party Designee:

Caution: Review transferred information for accuracy.

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

If Yes, complete the following:

Third party designee name ☐

Third party designee phone number . . . ☐

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

IRS Disaster Tax Relief:

Check if you were affected by a natural disaster in 2017 ☐

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

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

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

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

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

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2017 ▶ CA

Check the appropriate box:

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

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

Date the taxpayer established residence in state above ▶ _____

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

Spouse:

Enter the spouse's state of residence as of December 31, 2017 ▶ _____

Check the appropriate box:

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

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

Date the spouse established residence in state above ▶ _____

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

Nonresident states:

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

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

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

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

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

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

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

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

Taxpayer's PIN used to sign the return 93010

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number F6994371

Issued by what state

CA

License or ID

license . ▶

☒

ID . ▶

☐

neither . ▶

☐

decline. ▶

☐

Spouse

Drivers license or state ID number _____

Issued by what state

License or ID

license . ▶

☐

ID . ▶

☐

neither . ▶

☐

decline. ▶

☐

2017

- Keep for your records

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

Part I – Taxpayer's Personal Information

First name . . . Xinchi Middle initial . Last name . . Gu
Suffix

Social security no. . . 697-14-1254 Member of U.S. Armed Forces in 2017? . . ☐ Yes ☒ No

Date of birth 02/21/1990 (mm/dd/yyyy) age as of 1-1-2018 27

Occupation . . . Software Engineer Daytime phone . . . (858) 900-8908 Ext

Marital status . . .Single

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

After 2017 ▶ ☐ 2017 . ▶ ☐ 2016 . ▶ ☐ 2015 . ▶ ☐ Before 2015 . ▶ ☐

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

Check if this person is legally blind ☐ Yes ☒ No

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

Were you under the age of 16 as of 1-1-2018 and this is the first year you are filing a tax return? ☐ Yes ☐ No

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

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

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

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent ☐ Yes ☒ No

on that person's tax return? ☐ Yes ☒ No

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

3 Were you a full-time student during any part of five months during 2017? ☐ Yes ☐ No

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

5 Was at least one of your parents alive on December 31, 2017? ▶ ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2017 CA

Check the appropriate box:

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

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

Date this person established residence in state above ▶

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

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2017

| | |
|--|-------|
| Unreimbursed medical expenses paid for qualifying person in 2017 | _____ |
|--|-------|

Employment taxes paid for dependent care providers in 2017

Full-time student for 5 calendar months during 2017? ☐ Yes ☐ No

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

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

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. ☒ Yes ☐ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November ☒ X

| | |
|---|---|
| Check if covered or exempt (other than short gap) for prior year November | X |
| Check if covered or exempt (other than short gap) for prior year December | X |

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Enter any Marketplace-granted coverage exemption for this person below:

| Exemption Certificate Number | Exemption Start Month | Exemption End Month |
|------------------------------|-----------------------|---------------------|
| | | |
| | | |

Enter any other insurance coverage exemption requested for this person below:

| Exemption Type | | | | | | | | | | Check Full Year or Months Exempt for Each Type | | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-------------------|-----|-----|--|-----|-----|--|--|--|--|--|--|--|--|--|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | | | | | | | | |
| | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

Healthcare coverage information has been completed for this person.. . . . ☐

2017

- Keep for your records

Part I – Spouse's Personal Information

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

5 Was at least one of your parents alive on December 31, 2017? ☐ Yes ☐ No

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

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

12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Enter any Marketplace-granted coverage exemption for this person below:

| Exemption Certificate Number | Exemption Start Month | Exemption End Month |
|------------------------------|-----------------------|---------------------|
| | | |
| | | |

Enter any other insurance coverage exemption requested for this person below:

| Exemption Type | | | | | | | | | | Check Full Year or Months Exempt for Each Type | | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-------------------|-----|-----|--|-----|-----|--|--|--|--|--|--|--|--|--|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | | | | | | | | |
| | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

Healthcare coverage information has been completed for this person.. . . . ☐

► Keep for your records

Name(s) Shown on Return
Xinchi GuSocial Security Number
697-14-1254

Form W-2 Summary

| Box No. | Description | Taxpayer | Spouse | Total |
|------------------|--|----------|--------|----------|
| 1 | Total wages, tips and compensation: | | | |
| | Non-statutory & statutory wages not on Sch C . . . | 166,650. | | 166,650. |
| | Statutory wages reported on Schedule C | | | |
| | Foreign wages included in total wages. | | | |
| | Unreported tips. | 0. | | 0. |
| 2 | Total federal tax withheld | 36,988. | | 36,988. |
| 3 & 7 | Total social security wages/tips | 38,461. | | 38,461. |
| 4 | Total social security tax withheld | 2,385. | | 2,385. |
| 5 | Total Medicare wages and tips | 38,461. | | 38,461. |
| 6 | Total Medicare tax withheld | 558. | | 558. |
| 8 | Total allocated tips | | | |
| 9 | Not used | | | |
| 10 a | Total dependent care benefits | | | |
| b | Offsite dependent care benefits | | | |
| c | Onsite dependent care benefits | | | |
| 11 | Total distributions from nonqualified plans . . . | | | |
| 12 a | Total from Box 12 | 26,063. | | 26,063. |
| b | Elective deferrals to qualified plans | 17,100. | | 17,100. |
| c | Roth contrib. to 401(k), 403(b), 457(b) plans. . | | | |
| d | Deferrals to government 457 plans | | | |
| e | Deferrals to non-government 457 plans | | | |
| f | Deferrals 409A nonqual deferred comp plan. . | | | |
| g | Income 409A nonqual deferred comp plan. . . | | | |
| h | Uncollected Medicare tax | | | |
| i | Uncollected social security and RRTA tier 1 . . | | | |
| j | Uncollected RRTA tier 2 | | | |
| k | Income from nonstatutory stock options | | | |
| l | Non-taxable combat pay | | | |
| m | QSEHRA benefits | | | |
| n | Total other items from box 12 | 8,963. | | 8,963. |
| 14 a | Total deductible mandatory state tax | | | |
| b | Total deductible charitable contributions | | | |
| c | This line does not apply to TurboTax | | | |
| d | Total RR Compensation | | | |
| e | Total RR Tier 1 tax | | | |
| f | Total RR Tier 2 tax | | | |
| g | Total RR Medicare tax | | | |
| h | Total RR Additional Medicare tax | | | |
| i | Total RRTA tips. | | | |
| j | Total other items from box 14 | 1,271. | | 1,271. |
| 16 | Total state wages and tips. | 167,650. | | 167,650. |
| 17 | Total state tax withheld | 13,775. | | 13,775. |
| 19 | Total local tax withheld. | | | |

Name
Xinchi GuSocial Security Number
697-14-1254**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

a Employee's social security No . 697-14-1254
b Employer's ID number 26-3607129
c Employer's name, address, and ZIP code
PINTEREST INC
 Street 572 7TH ST
 City SAN FRANCISCO
 State CA ZIP Code 94103
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

d Control number 010761SANF/AH0**Transfer employee information from
the Federal Information Worksheet**

e Employee's name
 First XINCHI M.I. _____
 Last GU Suff. _____
f Employee's address and ZIP code
 Street 136 ELDERBERRY LN
 City BRISBANE
 State CA ZIP Code 94005
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation
30,334.69
3 Social security wages

5 Medicare wages and tips

7 Social security tips

► Enter unreported tips in Part VII on Page 2 below.

Verification Code
35E2-AFD0-1EEF-7F44
11 Nonqualified plans

12 Enter box 12 below

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

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

2 Federal income tax withheld
6,297.91
4 Social security tax withheld

6 Medicare tax withheld

8 Allocated tips

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

| Box 12 Code | Box 12 Amount |
|----------------|------------------|
| C | 37.78 |
| DD | 1,713.84 |
| | |
| | |
| | |
| | |

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____
 M: Enter amount attributable to RRTA Tier 2 tax _____
 P: Double click to link to Form 3903, line 4. . . _____
 R: Enter MSA contribution for Taxpayer . . . _____
 Spouse _____
 W: Enter HSA contribution for Taxpayer . . . _____
 Spouse _____
 G: ☐ Employer is **not** a state or local government

| Box 15 State | Employer's state I.D. no. | Box 16 State wages, tips, etc. | Box 17 State income tax |
|-----------------|---------------------------|-----------------------------------|----------------------------|
| CA | 29915956 | 30,334.69 | 2,254.72 |
| | | | |
| | | | |

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

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

| Box 14 Description or Code on Actual Form W-2 | Amount | TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other). |
|---|--------|--|
| CAVPDI | 272.68 | California VPDI tax |
| | | |
| | | |
| | | |

- Keep for your records

Name
Xinchi Gu

Social Security Number
697-14-1254

| | |
|--|--|
| | Spouse's W-2 |
| | Do not transfer this W-2 to next year |

Military: Complete **Part VI** on Page 2 below

a Employee's social security No . 697-14-1254
b Employer's ID number 77-0493581
c Employer's name, address, and ZIP code
Google LLC

Street 1600 Amphitheatre Parkway
City Mountain View
State CA ZIP Code 94043

Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

d Control number

☐ **Transfer employee information from the Federal Information Worksheet**

e Employee's name
First Xinchi M.I. _____
Last Gu Suff. _____

f Employee's address and ZIP code
Street 136 Elderberry Ln
City Brisbane
State CA ZIP Code 94005
Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

| | | |
|---|---------------------------------|------------|
| 1 | Wages, tips, other compensation | 136,314.51 |
| 3 | Social security wages | 38,461.08 |
| 5 | Medicare wages and tips | 38,461.08 |
| 7 | Social security tips | |

▶ Enter unreported tips in Part VII on Page 2 below.

| | |
|---------------------|------|
| Verification Code | |
| 946F-E084-959E-3D31 | |
| Nonqualified plans | 0.00 |

12 Enter box 12 below

| | | |
|----|---|----------------------|
| 13 | | Statutory employee |
| | X | Retirement plan |
| | | Third-party sick pay |

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

| | | |
|---|------------------------------|-----------|
| 2 | Federal income tax withheld | 30,689.98 |
| 4 | Social security tax withheld | 2,384.59 |
| 6 | Medicare tax withheld | 557.69 |
| 8 | Allocated tips | |

10 Dependent care benefits

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

| | | |
|---------------|---------------|--|
| Box 12 | Box 12 | If Box 12 code is: |
| Code | Amount | A: Enter amount attributable to RRTA Tier 2 tax |
| C | 186.77 | M: Enter amount attributable to RRTA Tier 2 tax |
| D | 17,100.00 | P: Double click to link to Form 3903, line 4. . . |
| W | 1,000.00 | R: Enter MSA contribution for Taxpayer . . . |
| DD | 6,023.91 | Spouse |
| | | W: Enter HSA contribution for Taxpayer . . . 1,000.00 |
| | | Spouse |
| | | G: <input type="checkbox"/> Employer is not a state or local government |

| Box 15 State | Employer's state I.D. no. | Box 16 State wages, tips, etc. | Box 17 State income tax |
|------------------------|---------------------------|--|-----------------------------------|
| CA | 44367720 | 137,314.51 | 11,520.04 |
| | | | |
| | | | |

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

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

| Box 14 Description or Code on Actual Form W-2 | Amount | TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other). |
|--|--------|--|
| VPDI | 998.12 | California VPDI tax |
| | | |
| | | |
| | | |

Healthcare Entry Sheet

► Keep for your records

2017

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

☐ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

Short Gap
Eligible*
Yes No

| a. Name of covered individual(s) | b. SSN | c. DOB | Covered all 12 months | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|----------------------------------|-------------|----------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1 Xinchu Gu | 697-14-1254 | 02/21/90 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ►

Completion checkbox:

☒

Check this box once you are finished with all the healthcare related entries.

Wages, Salaries, & Tips Worksheet

2017

► Keep for your records

Name(s) Shown on Return

Xinchi Gu

Social Security Number

697-14-1254

The following amounts are included in the total entered on line 7 of Form 1040 (or Form 1040A), on line 1 of Form 1040EZ, on line 8 of Form 1040NR:

| | Taxpayer | Spouse | Total |
|---|--------------------------|--------------------------|----------|
| 1 Wages, from Form W-2 | 166,650. | | 166,650. |
| 2 Miscellaneous income, from Form 8919 | | | |
| 3 Items from Form 1099-R: | | | |
| a Disability before minimum retirement age | | | |
| b Return of contributions | | | |
| 4 Excess reimbursement, from Form 2106 | | | |
| 5 a Taxable tips, from Form 4137 | | | |
| b Noncash tips | | | |
| 6 Excess moving expense reimbursement, from Form 3903 | | | |
| 7 Wages earned as a household employee (if less than \$2,000 and without a Form W-2) | | | |
| 8 Items not on Form W-2 or Form 1099-R: | | | |
| a Sick pay or disability payments | | | |
| b Total foreign source income | | | |
| c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ► | <input type="checkbox"/> | <input type="checkbox"/> | |
| d Ordinary income from employer stock transactions not reported on Form W-2 | | | |
| 9 Other earned income: | | | |
| a Non-gov unemployment received/repaid 2017 | | | |
| b _____ | | | |
| _____ | | | |
| _____ | | | |
| 10 Subtotal. | | | |
| Add lines 1 through 9 | 166,650. | | 166,650. |
| 11 Taxable employer-provided dependent care benefits, from Form 2441 | | | |
| 12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 | | | |
| 13 Scholarship/fellowship income not on Form W-2 | | | |
| 14 Other non-earned income: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| 15 Total of lines 10 through 14 | 166,650. | | 166,650. |

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2017

► Keep for your records

Name(s) Shown on Return
Xinchi Gu

Social Security Number
697-14-1254

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

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2017

Name(s) Shown on Return
Xinchi Gu

Social Security Number
697-14-1254

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

Name(s) Shown on Return
Xinchi GuSocial Security Number
697-14-1254

| | | | |
|--|--|------|----------|
| 1 a | Enter your taxable income from Form 1040, line 43 | 1 a | 139,043. |
| b | Enter the amount from your (and your spouse's) Form 2555, line 45 | b | |
| c | Add lines 1a and 1b | 1 c | 139,043. |
| 2 a | Enter your qualified dividends from Form 1040, line 9b | 2 a | |
| b | Enter any capital gain excess attributable to qualified dividends | b | |
| c | Subtract line 2b from line 2a | 2 c | |
| 3 | Amount from Form 4952, line 4g | 3 | |
| 4 a | Amount from Form 4952, line 4e | 4 a | |
| b | Amount from the dotted line next to Form 4952, line 4e | b | |
| c | Line 4b, if applicable, 4a, if not | c | |
| 5 | Subtract line 4c from line 3 | 5 | 0. |
| 6 | Subtract line 5 from line 2c. If zero or less, enter -0- | 6 | 0. |
| 7 a | Enter line 15 of Schedule D | 7 a | |
| b | Enter line 16 of Schedule D | b | |
| c | Enter the smaller of line 7a or line 7b | 7 c | 0. |
| 8 | Enter the smaller of line 3 or line 4c | 8 | |
| 9 a | Subtract line 8 from line 7 | 9 a | 0. |
| b | Enter any capital gain excess attributable to capital gains | b | |
| c | Subtract line 9b from line 9a | 9 c | 0. |
| 10 | Add lines 6 and 9c | 10 | 0. |
| 11 a | Enter the amount from Schedule D, line 18 | 11 a | 0. |
| b | Enter the amount from Schedule D, line 19 | b | |
| c | Add lines 11a and 11b | 11 c | 0. |
| 12 | Enter the smaller of line 9c or line 11c | 12 | 0. |
| 13 | Subtract line 12 from line 10 | 13 | 0. |
| 14 | Subtract line 13 from line 1c. If zero or less, enter -0- | 14 | 139,043. |
| 15 | Enter: • \$37,950 if single or married filing separately; • \$75,900 if married filing jointly or qualifying widow(er); or • \$50,800 if head of household. | 15 | 37,950. |
| 16 | Enter the smaller of line 1c or line 15 | 16 | 37,950. |
| 17 | Enter the smaller of line 14 or line 16 | 17 | 37,950. |
| 18 | Subtr in 10 from in 1c. If zero or less, enter -0- | 18 | 139,043. |
| 19 | Enter the larger of line 17 or line 18 | 19 | 139,043. |
| 20 | Subtract line 17 from line 16. This amount is taxed at 0% If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21. | 20 | 0. |
| 21 | Enter the smaller of line 1c or line 13 | 21 | 0. |
| 22 | Enter the amount from line 20 (if line 20 is blank, enter -0-) | 22 | 0. |
| 23 | Subtract line 22 from line 21. If zero or less, enter -0- | 23 | 0. |
| 24 | Enter: • \$418,400 if single, • \$235,350 if married filing separately, • \$470,700 if married filing jointly or qualifying widow(er), • \$444,550 if head of household. | 24 | 418,400. |
| 25 | Enter the smaller of line 1c or line 24 | 25 | 139,043. |
| 26 | Add lines 19 and 20 | 26 | 139,043. |
| 27 | Subtract line 26 from line 25. If zero or less, enter -0- | 27 | 0. |
| 28 | Enter the smaller of line 23 or line 27 | 28 | 0. |
| 29 | Multiply line 28 by 15% (.15) | 29 | 0. |
| 30 | Add lines 22 and 28 | 30 | 0. |
| 31 | Subtract line 30 from line 21 | 31 | 0. |
| 32 | Multiply line 31 by 20% (.20) | 32 | 0. |
| If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33. | | | |
| 33 | Enter the smaller of line 9c above or Schedule D, line 19 | 33 | |
| 34 | Add lines 10 and 19 | 34 | |
| 35 | Enter the amount from line 1c above | 35 | |
| 36 | Subtract line 35 from line 34. If zero or less, enter -0- | 36 | |
| 37 | Subtract line 36 from line 33. If zero or less, enter -0- | 37 | |
| 38 | Multiply line 37 by 25% (.25) | 38 | |

If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.

| | | | |
|-----------|--|-----------|----------------|
| 39 | Add lines 19, 20, 28, 31, and 37 | 39 | _____ |
| 40 | Subtract line 39 from line 1c | 40 | _____ |
| 41 | Multiply line 40 by 28% (.28) | 41 | _____ |
| 42 | Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet | 42 | <u>31,914.</u> |
| 43 | Add lines 29, 32, 38, 41, and 42 | 43 | <u>31,914.</u> |
| 44 | Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet | 44 | <u>31,914.</u> |
| 45 | Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 44. | 45 | <u>31,914.</u> |

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2017

Line 44

► Keep for your records

Name(s) Shown on Return

Xinchi Gu

Social Security Number

697-14-1254

| | | | |
|----|--|----|-------|
| 1 | Enter the amount from Form 1040, line 43 | 1 | _____ |
| 2 | Enter the amount from Form 1040, line 9b | 2 | _____ |
| 3 | Are you filing Schedule D? | | |
| | <input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- | 3 | _____ |
| | <input type="checkbox"/> No. Enter the amount from Form 1040, line 13. | | |
| 4 | Add lines 2 and 3 | 4 | _____ |
| 5 | If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- | 5 | _____ |
| 6 | Subtract line 5 from line 4. If zero or less, enter -0- | 6 | _____ |
| 7 | Subtract line 6 from line 1. If zero or less, enter -0- | 7 | _____ |
| 8 | Enter: \$37,950 if single or married filing separately, \$75,900 if married filing jointly or qualifying widow(er), \$50,800 if head of household. | 8 | _____ |
| 9 | Enter the smaller of line 1 or line 8 | 9 | _____ |
| 10 | Enter the smaller of line 7 or line 9 | 10 | _____ |
| 11 | Subtract line 10 from line 9 (this amount taxed at 0%) | 11 | _____ |
| 12 | Enter the smaller of line 1 or line 6 | 12 | _____ |
| 13 | Enter the amount from line 11 | 13 | _____ |
| 14 | Subtract line 13 from line 12. | 14 | _____ |
| 15 | Enter: \$418,400 if single, \$235,350 if married filing separately, \$470,700 if married filing jointly or qualifying widow(er), \$444,550 if head of household. | 15 | _____ |
| 16 | Enter the smaller of line 1 or line 15 | 16 | _____ |
| 17 | Add lines 7 and 11 | 17 | _____ |
| 18 | Subtract line 17 from line 16. If zero or less, enter -0- | 18 | _____ |
| 19 | Enter the smaller of line 14 or line 18 | 19 | _____ |
| 20 | Multiply line 19 by 15% (.15) | 20 | _____ |
| 21 | Add lines 11 and 19 | 21 | _____ |
| 22 | Subtract line 21 from line 12 | 22 | _____ |
| 23 | Multiply line 22 by 20% (.20) | 23 | _____ |
| 24 | Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. | 24 | _____ |
| 25 | Add lines 20, 23, and 24 | 25 | _____ |
| 26 | Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. | 26 | _____ |
| 27 | Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 44. | 27 | _____ |

IRA Contributions Worksheet

2017

► Keep for your records

| | |
|--------------------------------------|---------------------------------------|
| Name(s) Shown on Return Xinchi Gu | Social Security Number 697-14-1254 |
|--------------------------------------|---------------------------------------|

Traditional IRA Contributions

| Regular Traditional IRA Contributions | | Taxpayer | Spouse |
|---|---|-------------------------------------|--------------------------|
| 1 | Enter traditional IRA contributions made for 2017, including any made between 1/1/2018 and 4/17/2018, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan | | |
| 2 | Contributions recharacterized from a Roth IRA (from line 24) . . . | | |
| 3 | Traditional IRA contributions, from Schedule(s) K-1 | | |
| 4 | Contributions recharacterized (not converted) to a Roth IRA . . . | | |
| ► | If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return. | | |
| 5 | Traditional IRA contributions. Combine lines 1 through 4 | | |
| 6 | Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i> | | |
| 7 | Excess traditional IRA contribution credit. | | |
| 8 | Repayments of qualified reservist distributions | | |
| 9 | Total traditional IRA contributions. | | |
| Additional Traditional IRA Contribution Information | | Taxpayer | Spouse |
| 10 | Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11 | Enter any contributions included on line 9 that were made during 1/1/2018 to 4/17/2018 (<i>See Help</i>). | | |
| 12 | Age 70-1/2 or older in tax year | | |
| Deductible and Non-deductible Traditional IRA Contributions | | Taxpayer | Spouse |
| 13 | Deductible traditional IRA contributions from worksheet. | | |
| 14 | Nondeductible traditional IRA contributions from worksheet. . . . | | |
| | QuickZoom to worksheet indicated by the check: <input type="checkbox"/> IRA deduction worksheet ► <input type="checkbox"/> Worksheet for social security recipients ► | | |
| 15 | Amount on line 13 you elect to make nondeductible | | |
| 16 | Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 16 before due date of return, including extensions. | | |
| 17 | Deductible traditional IRA contributions, to Form 1040, line 32 . . | | |
| 18 | Qualified reservist repayments | | |
| 19 | Nondeductible traditional IRA contributions, to Form 8606, ln 1. . | | |

IRA Contributions Worksheet

2017

► Keep for your records

Xinchi Gu

697-14-1254 Page 2

Roth IRA Contributions

| Regular Roth IRA Contributions | | Taxpayer | Spouse |
|--------------------------------|--|----------|--------|
| 20 | Enter regular Roth IRA contributions made for 2017, including any made between 1/1/2018 and 4/17/2018, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan. | | |
| 21 | Contributions recharacterized from a traditional IRA, (from In 4). . . | | |
| 22 | Roth IRA contributions, from Schedule(s) K-1 | | |
| 23 | Enter contributions recharacterized to a traditional IRA. | | |
| ► | If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return. | | |
| 24 | Disallowed Roth IRA conversions | | |
| 25 | Roth IRA contributions. Combine lines 20 through 24 | | |
| 26 | Enter any contribution included on line 25 withdrawn before the due date of the tax return. <i>See Help</i> | | |
| 27 | Excess Roth IRA contribution credit | | |
| 28 | Total Roth IRA contributions | | |
| 29 | Repayments of qualified Roth reservist distributions | | |

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

Coverdell Education Savings Account (Education IRA) Contributions

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

2017

Social Security Number

697-14-1254

Estimated Tax Payments for 2017 (If more than 4 payments for any state or locality, see Tax Help)

| | Federal | | State | | | Local | | |
|-------------------------------------|----------|--------|----------|--------|----|----------|--------|----|
| | Date | Amount | Date | Amount | ID | Date | Amount | ID |
| 1 | 04/18/17 | | 04/18/17 | | | 04/18/17 | | |
| 2 | 06/15/17 | | 06/15/17 | | | 06/15/17 | | |
| 3 | 09/15/17 | | 09/15/17 | | | 09/15/17 | | |
| 4 | 01/16/18 | | 01/16/18 | | | 01/16/18 | | |
| 5 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Tot Estimated Payments . . . | | | | | | | | |

| Tax Payments Other Than Withholding (If multiple states, see Tax Help) | | Federal | State | ID | Local | ID |
|---|---|---------|-------|----|-------|----|
| 6 | Overpayments applied to 2017 | | | | | |
| 7 | Credited by estates and trusts | | | | | |
| 8 | Totals Lines 1 through 7 | | | | | |
| 9 | 2017 extensions | | | | | |

| Taxes Withheld From: | | | | | Federal | State | Local |
|----------------------|---|----|-------|-----|---------|---------|-------|
| 10 | Forms W-2 | | | | 36,988. | 13,775. | |
| 11 | Forms W-2G | | | | | | |
| 12 | Forms 1099-R | | | | | | |
| 13 | Forms 1099-MISC, 1099-K and 1099-G | | | | | | |
| 14 | Schedules K-1 | | | | | | |
| 15 | Forms 1099-INT, DIV and OID | | | | | | |
| 16 | Social Security and Railroad Benefits | | | | | | |
| 17 | Form 1099-B | St | _____ | Loc | _____ | | |
| 18 a | Other withholding | St | _____ | Loc | _____ | | |
| b | Other withholding | St | _____ | Loc | _____ | | |
| c | Other withholding | St | _____ | Loc | _____ | | |
| d | Positive Adjustment | St | _____ | Loc | _____ | | |
| e | Negative Adjustment | St | _____ | Loc | _____ | | |
| f | Additional Medicare Tax | | | | | | |
| 19 | Total Withholding Lines 10 through 18f | | | | | | |
| | | | | | 36,988. | 13,775. | |
| 20 | Total Tax Payments for 2017 | | | | 36,988. | 13,775. | |

| Prior Year Taxes Paid In 2017 (If multiple states or localities, see Tax Help) | | State | ID | Local | ID |
|---|--|-------|----|-------|----|
| 21 | Tax paid with 2016 extensions | | | | |
| 22 | 2016 estimated tax paid after 12/31/2016 | | | | |
| 23 | Balance due paid with 2016 return | 672. | CA | | |
| 24 | Other (amended returns, installment payments, etc) . . | | | | |

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2017

► Keep for your records

Name(s) Shown on Return
Xinchi Gu

Social Security Number
697-14-1254

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

| | |
|---|-----------------------------|
| (1) Income from Form 1040, line 38. | <u>166,650.</u> |
| (2) Nontaxable income entered elsewhere on return | <u> </u> |
| (3) Available income: 2016 refundable credits in excess of tax. | <u>0.</u> |
| (4) Enter any additional nontaxable income | <u> </u> |
| (5) Total available income | <u>166,650.</u> |

b Sales Tax Per State of Residence:

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

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

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

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

c Total general sales tax using tables

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

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

e Total sales tax deduction on specific items

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

g Actual State and Local General Sales Tax:

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

h State and Local Income Taxes:

State and Local Income taxes 14,447.00

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

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) 14,447.00

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

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

2 Real estate taxes:

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

| | | |
|----------|---|-------------------------|
| b | Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . . | 2,879.45 |
| c | Real estate taxes paid on additional homes or land | |
| | Personal portion of real estate taxes from Schedule E Worksheet for: | |
| d | Principal residence | |
| e | Vacation home | |
| f | Less real estate taxes deducted on Form 8829 | |
| g | Add lines 2a through 2f (to Schedule A, line 6) | 2,879.45 |
| 3 | Personal property taxes: | |
| a | Auto registration fees based on the value of the vehicle. | |
| | 2016 Amount | Enter 2017 description: |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| b | Non-business portion of personal property taxes from Car & Truck Exp Wks | |
| c | Other personal property taxes | |
| d | Add lines 3a through 3c (to Schedule A, line 7) | |
| 4 | Other taxes: | |
| a | Other taxes from Schedule(s) K-1 | |
| b | Foreign taxes from interest and dividends | |
| c | Foreign taxes from Schedule(s) K-1 | |
| d | Other foreign taxes (not used to claim a foreign tax credit). | |
| e | Other taxes. | |
| | 2016 Amount | Enter 2017 description: |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| f | Add lines 4a through 4e (to Schedule A, line 8) | |

Interest Deductions

| | | |
|----------|---|----------|
| 5 | Home mortgage interest and points reported on Form 1098: | |
| a | Mortgage interest and points from the Home Mortgage Interest Worksheet | 6,230.73 |
| b | Qualified mortgage interest from Schedule E Worksheet | |
| c | Less home mortgage interest/points deducted on Form 8829 | |
| d | Less home mortgage interest from Form 8396, line 3 | |
| e | Add lines 5a through 5d (to Sch A, line 10) or line A2 from above. | 6,230.73 |
| 6 | Home mortgage interest not reported on Form 1098: | |
| a | Mortgage interest from the Home Mortgage Interest Worksheet. | |
| b | Less home mortgage interest deducted on Form 8829 | |
| c | Add lines 6a and 6b (to Sch A, line 11) or line B2 from above | |
| 7 | Points not reported on Form 1098: | |
| a | Amortizable points from the Home Mortgage Interest Worksheet | |
| b | Other points not on Form 1098 from the Home Mortgage Interest Worksheet | |
| c | Less points deducted on Form 8829 | |
| d | Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above | |

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2017

► Keep for your records

Name(s) Shown on Return
Xinchi Gu

Social Security Number
697-14-1254

State and Local Income Taxes

| | | |
|----------------------------|--|---------|
| State income taxes: | | |
| 1 | State income tax withheld | 13,775. |
| 2 | 2017 state estimated taxes paid in 2017 | |
| 3 | 2016 state estimated taxes paid in 2017 | |
| 4 | Amount paid with 2016 state application for extension | |
| 5 | Amount paid with 2016 state income tax return | 672. |
| 6 | Overpayment on 2016 state income tax return applied to 2017 tax | |
| 7 | Other amounts paid in 2017 (amended returns, installment payments, etc.) | |
| 8 | State estimated tax from Schedule(s) K-1 (Form 1041) | |
| Local income taxes: | | |
| 9 | Local income tax withheld | |
| 10 | 2017 local estimated taxes paid in 2017 | |
| 11 | 2016 local estimated taxes paid in 2017 | |
| 12 | Amount paid with 2016 local application for extension | |
| 13 | Amount paid with 2016 local income tax return | |
| 14 | Overpayment on 2016 local income tax return applied to 2017 tax | |
| 15 | Other amounts paid in 2017 (amended returns, installment payments, etc.) | |
| 16 | Local estimated tax from Schedule(s) K-1 (Form 1041) | |
| Other: | | |
| 17 | | |
| 18 | Total Add lines 1 through 17 | 14,447. |
| 19 | State and local refund allocated to 2017 | |
| 20 | Nondeductible state income tax from line 28 | |
| 21 | Total reductions Add lines 19 and 20. | |
| 22 | Total state and local income tax deduction Line 18 less line 21 | 14,447. |

Nondeductible State Income Tax (Hawaii Only)

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

Schedule A
Lines 6 and 10-13

Home Mortgage Interest Worksheet

2017

► Keep for your records

Name(s) Shown on Return
Xinchi Gu

Social Security Number
697-14-1254

Note: Use this worksheet to report home mortgage interest you paid on your main home or second home.
Enter mortgage interest you paid for business property other than a home office on the appropriate
schedule or form for the business activity (Schedule C, Schedule E, etc.).

Mortgage Lender Info:

- 1 Recipient's/lender's name Caliber Home
- 2 a Was the mortgage interest reported to you on Form 1098? Yes ☒ No ☐
b Mortgage interest paid on your main home or second home in 2017 2,515.53
- 3 Outstanding mortgage principal as of 1/1/2017 0.00
- 4 Mortgage origination date 10/26/2017
- 5 a Did your home loan close after December 31, 2006? Yes ☐ No ☐
b Mortgage insurance premiums _____
- 6 a Points paid to buy or improve your **main** home in 2017 3,715.20
b Check if points were reported to you on Form 1098 ☒
c Check if points were reported on the HUD-1 loan closing statement, or
my name is not listed first on Form 1098 ☐
Computed points reported on Form 1098 ☒
Computed points not reported on Form 1098 ☐
- 7 Property taxes 2,879.45
- 8 Check this box if you refinanced your loan with a different lender, paid off this loan,
or sold the property ☐
- 9 Did you pay points to this lender which must be spread over the life of the loan, for example:
points you paid on your second home, on a home equity loan, or when you refinanced,
enter the following Yes ☐ No ☐
a Total points originally paid on a loan for which the points must be amortized _____
b Length of loan (years) _____
c Points deducted in prior years for this loan _____
d Amortized points allowable this year _____
e Amortizable points deducted this year (to Tax and Interest Deduction Wkst., line 7a) _____

Uncommon Situations:

- 10 Were you and someone else liable for this mortgage and the **other person** received the
Form 1098, enter the other person's name and address Yes ☐ No ☐
Name _____
Address _____
City _____ State _____ ZIP _____
- 11 Did you buy your home from the recipient and did **NOT** receive a Form 1098, enter the
recipient's identifying number and address Yes ☐ No ☒
Recipient's SSN _____ -OR- Recipient's EIN _____
Recipient's address _____
City _____ State _____ ZIP _____
- 12 Did you pay more mortgage interest than what is shown on Form 1098 Yes ☐ No ☐
QuickZoom to attach a statement to your return explaining the difference _____

Charitable Deduction Limits Worksheet For Current Year Contributions

2017

► Keep for your records

| | |
|--------------------------------------|---------------------------------------|
| Name(s) Shown on Return Xinchi Gu | Social Security Number 697-14-1254 |
|--------------------------------------|---------------------------------------|

Step 1. List your qualified charitable contributions made during the year.

- 1 Enter contributions for relief efforts in the Hurricanes Harvey, Irma & Maria disaster areas that you elect to treat as qualified contributions. Do not include this amount on line 2 below

Step 2. List your other charitable contributions made during the year.

- 2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1
- 3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value
- 4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations
- 5 Enter your contributions "for the use" of any qualified organization
- 6 Add lines 4 and 5
- 7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2).

Step 3. Figure your deduction for the year and your carryover to the next year.

- 8 Enter your adjusted gross income 166,650.
- 9 Multiply line 8 by 0.5. This is your 50% limit. 83,325.

| | Limits | | | | Deduct this year | Carryover to next year |
|--|----------------|---------|--------------|---------|---------------------|------------------------------|
| | Cash and Other | | Capital gain | | | |
| | 50% Org | Other | 50% Org | Other | | |
| Contributions to 50% limit organizations | | | | | | |
| 10 Enter the smaller of line 2 or line 9 | | | | | 0. | |
| 11 Subtract line 10 from line 2 | | | | | | 0. |
| 12 Subtract line 10 from line 9 | | | 83,325. | | | |
| Contributions not to 50% limit organizations | | | | | | |
| 13 Add lines 2 and 3 | | | | | | |
| 14 Multiply line 8 by 0.3. This is your 30% limit. | | 49,995. | 49,995. | | | |
| 15 Subtract line 13 from line 9 | | 83,325. | | | | |
| 16 Enter the smallest of line 6, 14, or 15 . . | | | | | 0. | |
| 17 Subtract line 16 from line 6 | | | | | | 0. |
| 18 Subtract line 16 from line 14 | | | | 49,995. | | |
| Capital gain property to 50% limit organizations | | | | | | |
| 19 Enter the smallest of line 3, 12, or 14 . . | | | | | 0. | |
| 20 Subtract line 19 from line 3 | | | | | | 0. |
| 21 Subtract line 16 from line 15 | | | | 83,325. | | |
| 22 Subtract line 19 from line 14 | | | | 49,995. | | |
| Capital gain property not to 50% limit organizations | | | | | | |
| 23 Multiply line 8 by 0.2. This is your 20% limit. | | | | 33,330. | | |
| 24 Enter the smaller of line 7, 18, 21, 22, or 23 | | | | | 0. | |
| 25 Subtract line 24 from line 7 | | | | | | 0. |
| 26 Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 | | | | | 0. | |
| 27 Subtract line 26 from line 8 | 166,650. | | | | | |
| 28 Enter the smaller of line 1 or line 27 here on Schedule A, line 19. | | | | | 0. | |
| 29 Subtract line 28 from line 1 | | | | | | 0. |
| 30 Add lines 11, 17, 20, 25 and 29. Carry to next year. | | | | | | 0. |

Charitable Deduction Limits Worksheet For Carryover Contributions

2017

► Keep for your records

| | |
|--------------------------------------|---------------------------------------|
| Name(s) Shown on Return Xinchi Gu | Social Security Number 697-14-1254 |
|--------------------------------------|---------------------------------------|

Step 1. List your qualified charitable contributions made during the year.

- 1 Enter contributions for relief efforts in the Hurricanes Harvey, Irma & Maria disaster areas that you elect to treat as qualified contributions. Do not include this amount on line 2 below

Step 2. List your other charitable contributions made during the year.

- 2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1
- 3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value
- 4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations
- 5 Enter your contributions "for the use" of any qualified organization
- 6 Add lines 4 and 5
- 7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2)

Step 3. Figure your deduction for the year and your carryover to the next year.

- 8 Enter your adjusted gross income 166,650.
- 9 Multiply line 8 by 0.5. This is your 50% limit. 83,325. less 0.

| | | Limits | | | | Deduct this year | Carryover to next year |
|---|---|----------------|---------|--------------|-------|---------------------|------------------------------|
| | | Cash and Other | | Capital gain | | | |
| | | 50% Org | Other | 50% Org | Other | | |
| Contributions to 50% limit organizations | | | | | | | |
| 10 | Enter the smaller of line 2 or line 9 | | | | | 0. | |
| 11 | Subtract line 10 from line 2 | | | | | | 0. |
| 12 | Subtract line 10 from line 9 | | | 83,325. | | | |
| Contributions not to 50% limit organizations | | | | | | | |
| 13 | Add lines 2 and 3 | | 0. | | | | |
| 14 | Multiply line 8 by 0.3. This is your 30% limit. | | 49,995. | 49,995. | | | |
| 15 | Subtract line 13 from line 9 | | 83,325. | | | | |
| 16 | Enter the smallest of line 6, 14, or 15 | | | | | 0. | |
| 17 | Subtract line 16 from line 6 | | | | | | 0. |
| 18 | Subtract line 16 from line 14 | | | 49,995. | | | |
| Capital gain property to 50% limit organizations | | | | | | | |
| 19 | Enter the smallest of line 3, 12, or 14 | | | | | 0. | |
| 20 | Subtract line 19 from line 3 | | | | | | 0. |
| 21 | Subtract line 16 from line 15 | | | 83,325. | | | |
| 22 | Subtract line 19 from line 14 | | | 49,995. | | | |
| Capital gain property not to 50% limit organizations | | | | | | | |
| 23 | Multiply line 8 by 0.2. This is your 20% limit. | | | 33,330. | | | |
| 24 | Enter the smaller of line 7, 18, 21, 22, or 23 | | | | | 0. | |
| 25 | Subtract line 24 from line 7 | | | | | | 0. |
| 26 | Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 | | | | | 0. | |
| 27 | Subtract line 26 from line 8 | 166,650. | | | | | |
| 28 | Enter the smaller of line 1 or line 27 here on Schedule A, line 19. | | | | | 0. | |
| 29 | Subtract line 28 from line 1 | | | | | | 0. |
| 30 | Add lines 11, 17, 20, 25 and 29. Carry to next year. | | | | | | 0. |

- Keep for your records

Social Security Number
697-14-1254

- | Part IV Special Situations in Your Return for Current Year Donations | | | | | |
|--|---|-------------------------------------|-----|-------------------------------------|----|
| 1 | Was the entire interest given for all property donated to all charities? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2 | Were restrictions attached to any charities's right to use or dispose of any property donated to any charity? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 3 | Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 4 | Was any charity other than a 50% charity? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

Schedule A
Line 29

Itemized Deductions Worksheet

2017

► Keep for your records

Name(s) Shown on Return
Xinchi Gu

Social Security Number
697-14-1254

| | | | |
|-----------|---|-----------|----------|
| 1 | Add the amounts on Schedule A, lines 4, 9, 15, 19, 20, 27 and 28 | 1 | 23,557. |
| 2 | Add the amounts on Schedule A, lines 4, 14 and 20, plus any gambling and casualty or theft losses included on line 28. Also include in the total any amount included on Schedule A, line 16, that you elected to treat as qualified contributions for the relief efforts in a Hurricane disaster area. CAUTION: Be sure your total gambling and casualty or theft losses are clearly identified on the Miscellaneous Itemized Deductions Statement. | 2 | 0. |
| 3 | Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> No. STOP. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input checked="" type="checkbox"/> Yes. Subtract line 2 from line 1 | 3 | 23,557. |
| 4 | Multiply line 3 by 80% (.80) | 4 | 18,846. |
| 5 | Enter the amount from Form 1040, line 38 | 5 | 166,650. |
| 6 | Enter \$261,500 if single; \$313,800 if married filing jointly or qualifying widow(er); \$287,650 if head of household, \$156,900 if married filing separately | 6 | 261,500. |
| 7 | Is the amount on line 6 less than the amount on line 5? <input checked="" type="checkbox"/> No. STOP. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> Yes. Subtract line 6 from line 5 | 7 | |
| 8 | Multiply line 7 by 3% (.03) | 8 | |
| 9 | Enter the smaller of line 4 or line 8 | 9 | |
| 10 | Total itemized deductions. Subtract line 9 from line 1. (to Schedule A, line 29, or line 15 if filing form 1040NR) | 10 | |

Form 1040
Line 40

Standard Deduction Worksheet for Dependents

2017

► Keep for your records

Name(s) Shown on Return
Xinchi Gu

Social Security Number
697-14-1254

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

| | | | | | |
|------------|---|--|---------|------------|--------|
| 1 | Is your earned income* more than \$700? | | | | |
| | <input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total | | ► . . . | 1 | |
| | <input type="checkbox"/> No. Enter \$1,050 | | | | |
| 2 | Enter the amount shown below for your filing status. | | | | |
| | • Single or married filing separately — \$6,350 | | | | |
| | • Married filing jointly or Qualifying widow(er) — \$12,700 | | ► . . . | 2 | 6,350. |
| | • Head of household — \$9,350 | | | | |
| 3 | Standard deduction. | | | | |
| 3 a | Enter the smaller of line 1 or line 2. If born after January 1, 1953, and not blind, stop here and enter this amount on Form 1040, line 40. Otherwise go to line 3b | | | 3 a | |
| 3 b | If born before January 2, 1953, or blind, multiply the number on Form 1040, line 39a, by \$1,250 (\$1,550 if single or head of household) | | | 3 b | |
| 3 c | Add lines 3a and 3b. Enter the total here and on Form 1040, line 40 | | | 3 c | |

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27; or on Form 1040A, line 7.

Form 1040
Line 42

Deduction for Exemptions Worksheet

2017

► Keep for your records

Name(s) Shown on Return
Xinchi Gu

Social Security Number
697-14-1254

| | | | |
|----------|---|----------|----------|
| 1 | Multiply \$4,050 by the total number of exemptions claimed on Form 1040, line 6d | 1 | 4,050. |
| 2 | Enter the amount from Form 1040, line 38 | 2 | 166,650. |
| 3 | Enter the amount shown below for your filing status: <ul style="list-style-type: none"> • Single, enter \$261,500 • Married filing jointly or qualifying widow(er), enter \$313,800 • Married filing separately, enter \$156,900 • Head of household, enter \$287,650 | 3 | 261,500. |
| 4 | Subtract line 3 from line 2. If zero or less, stop ; enter the amount from line 1 above on Form 1040, line 42. | 4 | -94,850. |
| 5 | Is line 4 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> Yes. You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. Do not complete the rest of this worksheet. <input type="checkbox"/> No. Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next whole number (for example, increase .0004 to 1) | 5 | |
| 6 | Multiply line 5 by 2% (.02) and enter the result as a decimal. | 6 | |
| 7 | Multiply line 1 by line 6 | 7 | |
| 8 | Deduction for exemptions. Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42 | 8 | |

Earned Income Worksheet

2017

► Keep for your records

| | |
|---|--|
| Name(s) Shown on Return <u>Xinchi Gu</u> | Social Security Number <u>697-14-1254</u> |
|---|--|

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

| | | | |
|---|-----------------|--|-----------------|
| 5 Net self-employment earnings (line 4 above) | | | |
| 6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc | <u>166,650.</u> | | <u>166,650.</u> |
| 7 a Taxable employer-provided adoption benefits. | | | |
| b Foreign earned income exclusion | | | |
| 8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 | <u>166,650.</u> | | <u>166,650.</u> |
| 9 a Taxable dependent care benefits. | | | |
| b Nontaxable combat pay | | | |
| 10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 | <u>166,650.</u> | | <u>166,650.</u> |
| 11 Scholarship or fellowship income not on W-2 | | | |
| 12 SE exempt earnings less nontaxable income | | | |
| 13 Distributions from nonqualified/Sec. 457 plans | | | |
| 14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet | <u>166,650.</u> | | <u>166,650.</u> |

Part III – IRA Deduction Worksheet Computation

| | | | |
|--|-----------------|--|-----------------|
| 15 Net self-employment income or (loss) | | | |
| 16 Wages, salaries, tips, etc | <u>166,650.</u> | | <u>166,650.</u> |
| 17 Net self-employment loss | | | |
| 18 Alimony received. | | | |
| 19 Nontaxable combat pay | | | |
| 20 Foreign earned income exclusion | | | |
| 21 Keogh, SEP or SIMPLE deduction | | | |
| 22 Combine lines 15 through 21. To IRA Wks, ln 2. | <u>166,650.</u> | | <u>166,650.</u> |

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

| | | | |
|---|-----------------|--|-----------------|
| 23 Self-employed, church and statutory employees | | | |
| 24 Wages, salaries, tips, etc | <u>166,650.</u> | | <u>166,650.</u> |
| 25 Nontaxable combat pay | | | |
| 26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. | <u>166,650.</u> | | <u>166,650.</u> |

► Keep for your records

Name(s) Shown on Return
Xinchi GuSocial Security Number
697-14-1254**Investment Interest Expense** (Form 4952, line 1)

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

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

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

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

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

Investment Expenses (Form 4952, line 5)

| | | | |
|----|---|------|--|
| 13 | Royalty expenses | 13 | |
| 14 | Investment expenses included as itemized deductions (after the 2% limitation) | 14 | |
| 15 | Investment expenses included as itemized deductions (no 2% limitation) | 15 | |
| 16 | Expenses from nonpassive trade or business without material participation | 16 | |
| 17 | Other investment expenses: | 17 a | |
| a | ----- | b | |
| b | ----- | c | |
| c | ----- | d | |
| d | ----- | | |
| 18 | Total investment expenses. Add lines 13 through 17. | 18 | |

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

| | | Regular Tax | Alt Min Tax |
|----|--|-------------|-------------|
| 19 | Allowed investment interest expense, Form 4952, line 8 | 19 | |
| 20 | Less amount deducted on other forms and schedules: | 20 | |
| a | Deducted on Schedule E, page 2 for passthru entities | a | |
| b | Deducted on Schedule E, page 1 for royalties | b | |
| c | Other amounts deducted on other forms and schedules | c | |
| d | Total amount deducted on other forms and schedules | d | |
| 21 | Investment interest expense. | 21 | |

Form 1040
Line 66

Earned Income Credit Worksheet

2017

► Keep for your records

Name(s) Shown on Return
Xinchi Gu

Social Security Number
697-14-1254

QuickZoom to Schedule EIC ►

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

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

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

| | | | |
|---|--|------------|----------|
| 1 | Enter the amount from Form 1040 or 1040A, line 7, or Form 1040EZ, line 1, less amounts considered not earned for EIC purposes | 1 | 166,650. |
| 2 | Adjustments to line 1 amount: | | |
| a | Income reported as wages and as self-employment income. | 2 a | |
| b | Other income entered as wages that is not considered earned income | b | |
| c | Distributions from section 457 and other nonqualified plans reported on W-2 | c | |
| 3 | Subtract lines 2a, 2b and 2c from line 1 | 3 | 166,650. |
| 4 a | Taxpayer's nontaxable combat pay election for EIC | 4 a | |
| b | Spouse's nontaxable combat pay election for EIC | b | |
| c | Total nontaxable combat pay election | 4 c | |
| 5 | If you were self-employed or used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4 | 5 | |
| 6 | Earned income. Add lines 3, 4, and 5. | 6 | 166,650. |
| 7 | Enter the credit, from the EIC Table , for the amount on line 6. Be sure to use the correct column for filing status and number of children. | 7 | 0. |
| If line 7 is zero, stop . You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 66a. | | | |
| 8 | Enter your AGI from Form 1040, line 38 | 8 | |
| 9 | If you have: <ul style="list-style-type: none"> • No qualifying children, is the amount on line 8 less than \$8,350 (\$13,950 if married filing jointly)? • 1 or more qualifying children, is the amount on line 8 less than \$18,350 (\$23,950 if married filing jointly)? <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">X</div> <div>Yes. Go to line 10 now.</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"></div> <div>No. Enter the credit, from the EIC Table, for the amount on line 8. Be sure to use the correct column for filing status and number of children</div> </div> | 9 | |
| 10 | Earned income credit. <ul style="list-style-type: none"> • If 'Yes' on line 9, enter the amount from line 7 • If 'No' on line 9, enter the smaller of line 7 or line 9 | 10 | |

Enter line 10 amount on Form 1040, line 66a, Form 1040A, line 42a, or Form 1040EZ, line 8a.

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

- 1 The total taxable earned income (line 6 above) is equal to or more than:
- | | |
|--|---|
| <input checked="checked" type="checkbox"/> | \$15,010 (\$20,600 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$39,617 (\$45,207 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$45,007 (\$50,597 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$48,340 (\$53,930 if married filing jointly) with more than two qualifying children. |
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- | | |
|--|---|
| <input checked="checked" type="checkbox"/> | \$15,010 (\$20,600 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$39,617 (\$45,207 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$45,007 (\$50,597 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$48,340 (\$53,930 if married filing jointly) with more than two qualifying children. |
- 3 ☐ Investment income is more than \$3,450.
(Investment Income Smart Worksheet, item H above)
- 4 ☐ The married filing separate return status is checked.
(Information Worksheet, Part II)
- 5 ☐ Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 ☐ Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 ☐ Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.
(Information Worksheet, Part I)
- 8 ☐ Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 ☐ Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- | | | |
|---|--------------------------|---|
| a | <input type="checkbox"/> | qualifying children of another person, or |
| b | <input type="checkbox"/> | invalid social security numbers for EIC purposes. |
- (Information Worksheet, Part III)
- 11 ☐ Disallowed by IRS to claim Earned Income Credit in 2017.
(Information Worksheet, Part IV)
- 12 ☐ Filing Form 2555, Foreign Earned Income.
- 13 ☐ Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 ☐ Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)
-

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2017?

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

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

Is this where you lived with your dependents the longest in 2017?

- 2 ☐ Yes, my dependents lived with me at this address.
- ☐ No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2017.

Compliance and Due Diligence Indicator☒

Disqualified from Earned Income Credit.☒ Yes ☐ No

Potential qualifying child count▶ 0

Non dependent potential qualifying child count▶ 0

Qualifying child count (max 3)▶ 0

Schedule SE Adjustments Worksheet

2017

► Keep for your records

| | |
|--------------------------------------|---------------------------------------|
| Name(s) Shown on Return Xinchi Gu | Social Security Number 697-14-1254 |
|--------------------------------------|---------------------------------------|

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

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2017

► Keep for your records

| | | | |
|--|---|---|--|
| Name(s) Shown on Return Xinchi Gu | | Social Security Number 697-14-1254 | |
| | (a) Before Allocation of Capital Gain Excess * | (b) Allocation of Capital Gain Excess * | (c) After Allocation of Capital Gain Excess |
| 1 Not applicable | | | |
| 2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT): | | | |
| a Total qualified dividends. | | | |
| b Adjustment from Schedules K-1 | | | |
| c Other adjustments to qualified dividends | | | |
| d Total. Combine lines 2a, 2b, and 2c | | 0. | 0. |
| 3 Enter the amount from Form 4952 for AMT, line 4g. | | | |
| 4 Enter the amount from Form 4952 for AMT, line 4e. | | | |
| 5 Subtract line 4 from line 3. If zero or less, enter -0- | 0. | | 0. |
| 6 Subtract line 5 from line 2. If zero or less, enter -0- | 0. | | 0. |
| 7 Net long-term capital gain: | | | |
| a Enter the gain from line 15 of Schedule D as refigured for the AMT | 0. | | |
| b Enter the gain from line 16 of Schedule D as refigured for the AMT | 0. | | |
| c Enter the smaller of line 7a or line 7b | 0. | | 0. |
| 8 Enter the smaller of line 3 or line 4 | | | |
| 9 Subtract line 8 from line 7c. If zero or less, enter -0- | 0. | 0. | 0. |
| 10 Add lines 6 and 9 | 0. | | 0. |
| A Enter the amount from Form 6251, line 30. | 116,049. | | |
| B Capital gain excess. Subtract line A from line 10. * | 0. | | |
| 11 Total 28% rate and unrecaptured section 1250 gain: | | | |
| a Enter the gain from line 18 of Schedule D as refigured for the AMT | 0. | | |
| b Enter the gain from line 19 of Schedule D as refigured for the AMT | | | |
| c Add lines 11a and 11b. | | | 0. |
| 12 Enter the smaller of line 9 or line 11c | | | 0. |
| 13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37. | | | 0. |

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

► Keep for your records

| | |
|--------------------------------------|---------------------------------------|
| Name(s) Shown on Return Xinchi Gu | Social Security Number 697-14-1254 |
|--------------------------------------|---------------------------------------|

Taxable Income – Line 1

| | | | |
|---|---|---|----------|
| 1 | If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.) | 1 | 143,093. |
| 2 | Additions to income | 2 | |
| 3 | Add lines 1 and 2 | 3 | 143,093. |
| 4 | Subtractions from income | 4 | |
| 5 | Subtract line 4 from line 3. Enter on Form 6251, line 1 | 5 | 143,093. |

Taxes – Line 3

| | | | |
|---|---|---|--|
| 1 | Generation skipping transfer taxes included on Schedule A, line 8 | 1 | |
|---|---|---|--|

Home Mortgage Interest Adjustment – Line 4

| | (a) Deductible for AMT Purposes | (b) NOT Deductible for AMT Purposes | (c) Total Home Mortgage Interest |
|---|--|---|--|
| 1 Attributable to mortgage used to purchase, build, or improve: | | | |
| a Main home or second home that is house, apartment, condominium or non-transient mobile home | 6,231. | | |
| b Second home that is transient mobile home or boat | | | |
| c Total | | | 6,231. |
| 2 Attributable to mortgage used to refinance: | | | |
| a To pay off mortgage | | | |
| b For other purposes | | | |
| c Total | | | |
| 3 Attributable to other mortgage deductible for AMT: | | | |
| a Pre-July 1, 1982 mortgage | | | |
| 4 Total column (a) | 6,231. | | |
| 5 Total column (b). Enter result on Form 6251, line 4. | | | |
| 6 Total mortgage interest from Schedule A | | | 6,231. |

Refund of Taxes – Line 7

| | | | |
|---|--|---|--|
| 1 | Taxable refund of state and local income tax | 1 | |
| 2 | Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986 | 2 | |
| 3 | Total tax refund adjustment. Enter on Form 6251, line 7 | 3 | |

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11

| | | | |
|----|---|----|----------|
| 1 | Alternative minimum taxable income (AMTI) without ATNOLD | 1 | 160,419. |
| 2 | Enter adjustments | 2 | |
| 3 | Adjustment for domestic production activities deduction | 3 | |
| 4 | Adjusted AMTI without ATNOLD. Add lines 1-3 | 4 | 160,419. |
| 5 | ATNOLD limitation. Multiply line 4 by 90%. | 5 | 144,377. |
| 6 | Enter ATNOL carried to 2016 from other year(s) | 6 | |
| 7 | Enter ATNOL included above attributable to qualified disaster losses | 7 | |
| 8 | ATNOL above not attributable to qualified disaster losses. Line 6 minus 7 | 8 | |
| 9 | ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8 | 9 | |
| 10 | ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9) | 10 | |
| 11 | ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg. | 11 | |

Incentive Stock Options – Line 14

| | | | |
|---|--|---|--|
| 1 | Incentive stock options adjustment from Schedule K-1 worksheets | 1 | |
| 2 | Incentive stock options from Employer Stock Transaction Worksheets | 2 | |
| 3 | Incentive stock options from Exercise of Stock Options Worksheets | 3 | |
| 4 | Other incentive stock options | 4 | |
| 5 | Total incentive stock options. Enter on Form 6251, line 14 | 5 | |

Alternative Minimum Taxable Income – Line 28

| | | |
|--|---|----------------|
| If married filing separately and Form 6251, line 28, is more than \$249,450: | | |
| 1 | Alternative minimum taxable income, Form 6251 | 1 _____ |
| 2 | Threshold amount | 2 _____ |
| 3 | Subtract line 2 from line 1 | 3 _____ |
| 4 | Multiply line 3 by 25% (.25) | 4 _____ |
| 5 | Smaller of line 4 or \$41,900 | 5 _____ |
| 6 | Add line 1 and line 5. Enter on Form 6251, line 28. | 6 _____ |

Exemption – Line 29

| | | | |
|------------|--|------------|----------|
| 1 | Enter \$54,300 if single or head of household, \$84,500 if married filing jointly or qualifying widow(er), \$42,250 if married filing separately | 1 | 54,300. |
| 2 | Enter your alternative minimum taxable income from Form 6251, line 28. | 2 | 160,419. |
| 3 | Enter \$120,700 if single or head of household, \$160,900 if married filing jointly or qualifying widow(er), \$80,450 if married filing separately | 3 | 120,700. |
| 4 | Subtract line 3 from line 2. If zero or less, enter -0- | 4 | 39,719. |
| 5 | Multiply line 4 by 25% (.25) | 5 | 9,930. |
| 6 | Subtract line 5 from line 1. If zero or less, enter -0- | 6 | 44,370. |
| | If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29. | | |
| 7 | Minimum exemption amount for certain children under age 24 | 7 | _____ |
| 8 a | Enter the child's earned income , if any | 8 a | _____ |
| b | Enter any adjustments. | b | _____ |
| 9 | Add lines 7, 8a and 8b. If zero or less, enter -0-. | 9 | _____ |
| 10 | Enter the smaller of line 6 or line 9 here and on Form 6251, line 29. | 10 | _____ |

Form 6251
Line 31

Foreign Earned Income
Alternative Minimum Tax Worksheet

2017

► Keep for your records

| | | |
|--------------------------------------|---|---------------------------------------|
| Name(s) Shown on Return Xinchi Gu | | Social Security Number 697-14-1254 |
| 1 | Enter amount from Form 6251, line 30. | 1 |
| 2 a | Enter amount from Form(s) 2555, lines 45 and 50 | 2a |
| b | Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income | 2b |
| c | Subtract line 2b from line 2a. If zero or less, enter 0 | 2c |
| 3 | Add line 1 and line 2c. Enter the result here and on Form 6251 line 36 | 3 |
| 4 | Tax on amount on line 3. <ul style="list-style-type: none"> • If you reported capital gain distributions directly on Form 1040, line 13; or you reported qualified dividends on Form 1040, line 9b; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 36. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 64 here. • All Others: If line 3 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result. | 4 |
| 5 | Tax on amount on line 2c. If line 2c is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result | 5 |
| 6 | Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0 | 6 |

Federal Carryover Worksheet

2017

► Keep for your records

Name(s) Shown on Return

Xinchi Gu

Social Security Number

697-14-1254

2016 State and Local Income Tax Information

| (a) State or Local ID | (b) Paid With Extension | (c) Estimates Pd After 12/31 | (d) Total With- held/Pmts | (e) Paid With Return | (f) Total Over- payment | (g) Applied Amount |
|-----------------------------|-------------------------------|------------------------------------|---------------------------------|----------------------------|-------------------------------|--------------------------|
| CA | | | 9,522. | 672. | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals . . | | | 9,522. | 672. | | |

2016 State Extension Information

| (a) State | (b) Paid With Extension |
|--------------|----------------------------|
| | |
| | |
| | |

2016 Locality Extension Information

| (a) Locality | (b) Paid With Extension |
|-----------------|----------------------------|
| | |
| | |
| | |

2016 State Estimates Information

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

2016 Locality Estimates Information

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

2016 State Taxes Due Information

| (a) State | (e) Paid With Return |
|--------------|-------------------------|
| CA | 672. |
| | |
| | |

2016 Locality Taxes Due Information

| (a) Locality | (e) Paid With Return |
|-----------------|-------------------------|
| | |
| | |
| | |

2016 State Refund Applied Information

| (a) State | (g) Applied Amount |
|--------------|-----------------------|
| | |
| | |
| | |

2016 Locality Refund Applied Information

| (a) Locality | (g) Applied Amount |
|-----------------|-----------------------|
| | |
| | |
| | |

2016 State Tax Refund Information

| (a) State | (d) Total Withheld/Pmts | (f) Total Overpayment |
|--------------|-------------------------------|-----------------------------|
| CA | 9,522. | |
| | | |
| | | |

2016 Locality Tax Refund Information

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

Xinchi Gu

697-14-1254

| Other Tax and Income Information | | | 2016 | 2017 |
|----------------------------------|---|---|--------------------------|--------------------------|
| 1 | Filing status | 1 | 1 Single | 1 Single |
| 2 | Number of exemptions for blind or over 65 (0 - 4). | 2 | | |
| 3 | Itemized deductions | 3 | 9,522. | 23,557. |
| 4 | Check box if required to itemize deductions | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Adjusted gross income | 5 | 142,635. | 166,650. |
| 6 | Tax liability for Form 2210 or Form 2210-F | 6 | 29,163. | 31,914. |
| 7 | Alternative minimum tax. | 7 | | |
| 8 | Federal overpayment applied to next year estimated tax. | 8 | | |

QuickZoom to the IRA Information Worksheet for IRA information ►

| Excess Contributions | | | 2016 | 2017 |
|----------------------|---|------|------|------|
| 9 a | Taxpayer's excess Archer MSA contributions as of 12/31 | 9 a | | |
| b | Spouse's excess Archer MSA contributions as of 12/31 | b | | |
| 10 a | Taxpayer's excess Coverdell ESA contributions as of 12/31 | 10 a | | |
| b | Spouse's excess Coverdell ESA contributions as of 12/31 | b | | |
| 11 a | Taxpayer's excess HSA contributions as of 12/31 | 11 a | | |
| b | Spouse's excess HSA contributions as of 12/31 | b | | |

| Loss and Expense Carryovers | | | 2016 | 2017 |
|--|---|------|------|------|
| Note: Enter all entries as a positive amount | | | | |
| 12 a | Short-term capital loss. | 12 a | | |
| b | AMT Short-term capital loss | b | | |
| 13 a | Long-term capital loss | 13 a | | |
| b | AMT Long-term capital loss | b | | |
| 14 a | Net operating loss available to carry forward | 14 a | | |
| b | AMT Net operating loss available to carry forward | b | | |
| 15 a | Investment interest expense disallowed | 15 a | | |
| b | AMT Investment interest expense disallowed | b | | |
| 16 | Nonrecaptured net Section 1231 losses from: | 16 a | | |
| | a 2017. . . | a | | |
| | b 2016. . . | b | | |
| | c 2015. . . | c | | |
| | d 2014. . . | d | | |
| | e 2013. . . | e | | |
| | f 2012. . . | f | | |
| 17 | AMT Nonrecap'd net Sec 1231 losses from: | 17 a | | |
| | a 2017. . . | a | | |
| | b 2016. . . | b | | |
| | c 2015. . . | c | | |
| | d 2014. . . | d | | |
| | e 2013. . . | e | | |
| | f 2012. . . | f | | |

Xinchi Gu

697-14-1254

| Credit Carryovers | | | | 2016 | 2017 |
|-------------------|--|---|---|------|------|
| 18 | General business credit | | | 18 | |
| 19 | Adoption credit from: | a | 2017 | 19 a | |
| | | b | 2016 | b | |
| | | c | 2015 | c | |
| | | d | 2014 | d | |
| | | e | 2013 | e | |
| | | f | 2012 | f | |
| 20 | Mortgage interest credit from: | a | 2017 | 20 a | |
| | | b | 2016 | b | |
| | | c | 2015 | c | |
| | | d | 2014 | d | |
| 21 | Credit for prior year minimum tax | | | 21 | |
| 22 | District of Columbia first-time homebuyer credit | | | 22 | |
| 23 | Residential energy efficient property credit | | | 23 | |
| Other Carryovers | | | | 2016 | 2017 |
| 24 | Section 179 expense deduction disallowed | | | 24 | |
| 25 | Excess | a | Taxpayer (Form 2555, line 46) | 25 a | |
| | foreign | b | Taxpayer (Form 2555, line 48) | b | |
| | housing | c | Spouse (Form 2555, line 46) | c | |
| | deduction: | d | Spouse (Form 2555, line 48) | d | |

Charitable Contribution Carryovers

| 26 2016 Carryover of charitable contributions from: | | Other Property | | Capital Gain | |
|---|----------------|----------------|---------|--------------|---------|
| | | (a) 50% | (b) 30% | (c) 30% | (d) 20% |
| a | 2016 | | | | |
| b | 2015 | | | | |
| c | 2014 | | | | |
| d | 2013 | | | | |
| e | 2012 | | | | |
| 27 2017 Carryover of charitable contributions from: | | Other Property | | Capital Gain | |
| | | (a) 50% | (b) 30% | (c) 30% | (d) 20% |
| a | 2017 | | | | |
| b | 2016 | | | | |
| c | 2015 | | | | |
| d | 2014 | | | | |
| e | 2013 | | | | |

28 Amount overpaid less earned income credit 0.

2016 State Capital Loss Carryovers (For users not transferring from the prior year)

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

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2017

► Keep for your records

Name(s) Shown on Return
Xinchi Gu

Social Security Number
697-14-1254

| Description | Amount |
|---|-----------------|
| Income | |
| Wages | 166,650. |
| Interest income before Series EE bond exclusion | |
| Dividend income | |
| Tax refund | |
| Alimony received | |
| Nonpassive business income or loss | |
| Royalty and nonpassive rental activities income or loss | |
| Nonpassive partnership income or loss | |
| Nonpassive S corporation income or loss | |
| Nonpassive farm rental income or loss | |
| Nonpassive farm income or loss | |
| Nonpassive estate and trust income or loss | |
| Real estate mortgage investment conduits | |
| Business gains and losses from nonpassive activities | |
| Capital gains and losses | |
| Taxable IRA distributions | |
| Taxable pension distributions | |
| Unemployment compensation | |
| Other income | |
| Total income | 166,650. |
| Adjustments | |
| Educator expenses | |
| Certain business expenses of reservists, performing artists, and government officials | |
| Health savings account deduction | |
| Moving expenses | |
| Self-employed SEP, SIMPLE, and qualified plans | |
| Self-employed health insurance deduction | |
| Penalty on early withdrawals of savings | |
| Alimony paid | |
| Other adjustments | |
| Total adjustments | |
| Modified adjusted gross income | 166,650. |

Two-Year Comparison

2017

| Name(s) Shown on Return Xinchi Gu | | | Social Security Number | |
|---|----------|----------|------------------------|---------|
| Income | 2016 | 2017 | Difference | % |
| Wages, salaries, tips, etc | 125,576. | 166,650. | 41,074. | 32.71 |
| Interest and dividend income | 88. | | -88. | -100.00 |
| State tax refund | | | | |
| Business income (loss) | | | | |
| Capital and other gains (losses) | 16,971. | | -16,971. | -100.00 |
| IRA distributions | | | | |
| Pensions and annuities | | | | |
| Rents and royalties | | | | |
| Partnerships, S Corps, etc | | | | |
| Farm income (loss) | | | | |
| Social security benefits | | | | |
| Income other than the above | | | | |
| Total Income | 142,635. | 166,650. | 24,015. | 16.84 |
| Adjustments to Income | | | | |
| Adjusted Gross Income | 142,635. | 166,650. | 24,015. | 16.84 |
| Itemized Deductions | | | | |
| Medical and dental | | | | |
| Income or sales tax | 9,522. | 14,447. | 4,925. | 51.72 |
| Real estate taxes | | 2,879. | 2,879. | |
| Personal property and other taxes | | | | |
| Interest paid | | 6,231. | 6,231. | |
| Gifts to charity | | | | |
| Casualty and theft losses | | | | |
| Miscellaneous | | | | |
| Phaseout of itemized deductions | | | | |
| Total Itemized Deductions | 9,522. | 23,557. | 14,035. | 147.40 |
| Standard or Itemized Deduction | 9,522. | 23,557. | 14,035. | 147.40 |
| Exemption Amount | 4,050. | 4,050. | 0. | 0.00 |
| Taxable Income | 129,063. | 139,043. | 9,980. | 7.73 |
| Income tax | 29,163. | 31,914. | 2,751. | 9.43 |
| Additional income taxes | | | | |
| Alternative minimum tax | | | | |
| Total Income Taxes | 29,163. | 31,914. | 2,751. | 9.43 |
| Nonbusiness credits | | | | |
| Business credits | | | | |
| Total Credits | | | | |
| Self-employment tax | | | | |
| Other taxes | 0. | 0. | 0. | |
| Total Tax After Credits | 29,163. | 31,914. | 2,751. | 9.43 |
| Withholding | 26,381. | 36,988. | 10,607. | 40.21 |
| Estimated and extension payments | | | | |
| Earned income credit | | | | |
| Additional child tax credit | | | | |
| Other payments | | | | |
| Total Payments | 26,381. | 36,988. | 10,607. | 40.21 |
| Form 2210 penalty | | | | |
| Applied to next year's estimated tax | | | | |
| Refund | | 5,074. | 5,074. | |
| Balance Due | 2,782. | | -2,782. | -100.00 |

Current year effective tax rate 19.15 %

Tax Summary
► Keep for your records

2017

Name (s)
Xinchi Gu

| | |
|--|----------|
| Total income | 166,650. |
| Adjustments to income | |
| Adjusted gross income | 166,650. |
| Itemized/standard deduction | 23,557. |
| Exemption amount | 4,050. |
| Taxable income | 139,043. |
| Tentative tax | 31,914. |
| Additional taxes | |
| Alternative minimum tax | |
| Total credits | |
| Other taxes | 0. |
| Total tax | 31,914. |
| Total payments | 36,988. |
| Estimated tax penalty | |
| Amount Overpaid | 5,074. |
| Refund | 5,074. |
| Amount Applied to Estimate | |
| Balance due | 0. |

Which Form 1040 to file?

You must use Form 1040 because
you have Health Savings Accounts (Form 8889).

Compare to U. S. Averages

► Keep for your records

2017

| | |
|--------------------------------------|-----------------------------------|
| Name(s) Shown on Return Xinchi Gu | Social Security No 697-14-1254 |
|--------------------------------------|-----------------------------------|

Your 2017 adjusted gross income (AGI) 166,650.
National adjusted gross income range used below from 100,000. to 199,999.

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

| Selected Income, Deductions, and Credits | Actual Per Return | National Average |
|--|----------------------|---------------------|
| Salaries and wages | 166,650. | 117,731. |
| Taxable interest | | 1,272. |
| Tax-exempt interest | | 7,245. |
| Dividends | | 6,252. |
| Business net income | | 28,383. |
| Business net loss | | 7,173. |
| Net capital gain | | 13,761. |
| Net capital loss | | 2,241. |
| Taxable IRA | | 27,188. |
| Taxable pensions and annuities | | 41,495. |
| Rent and royalty net income | | 12,782. |
| Rent and royalty net loss | | 8,172. |
| Partnership and S corporation net income | | 40,818. |
| Partnership and S corporation net loss | | 10,623. |
| Taxable social security benefits | | 23,596. |
| Medical and dental expenses deduction | | 11,596. |
| Taxes paid deduction | 17,326. | 11,336. |
| Interest paid deduction | 6,231. | 9,134. |
| Charitable contributions deduction | | 4,262. |
| Total itemized deductions | 23,557. | 25,950. |
| Child care credit | | 610. |
| Education tax credits | | 1,459. |
| Child tax credit | | 1,399. |
| Retirement savings contributions credit | | 0. |
| Earned income credit | | 0. |
| Other Information | Actual Per Return | National Average |
| Adjusted gross income | 166,650. | 138,646. |
| Taxable income | 139,043. | 105,114. |
| Income tax | 31,914. | 17,628. |
| Alternative minimum tax | | 2,377. |
| Total tax liability | 31,914. | 18,398. |

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Xinchi Gu
Primary SSN: 697-14-1254

Federal Return Submitted: February 10, 2018 01:03 PM PST
Federal Return Acceptance Date: _____

Your return was electronically transmitted on 02/10/2018

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

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

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

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 17, 2018. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 17, 2018, your Intuit electronic postmark will indicate April 17, 2018, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 17, 2018, and a corrected return is submitted and accepted before April 22, 2018. If your return is submitted after April 22, 2018, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2018. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2018, and the corrected return is submitted and accepted by October 20, 2018.

2. THE ACCEPTANCE DATE.

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

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

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

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

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

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

| |
|-------------------------|
| <hr/> <hr/> <hr/> <hr/> |
|-------------------------|

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

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

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

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

| |
|--|
| |
|--|

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

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

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

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

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

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

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

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

Sign this agreement by entering your name:

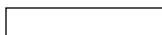
Xinchi

Gu

Please type the date below:

02/10/2018

Date



IMPORTANT DISCLOSURES

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

You can file your tax return electronically or by paper and obtain your refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

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

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

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

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

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

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

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

²The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Agreement on the next page for the cost of the service you have chosen.

³You may experience delays with your tax refund if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

Questions? Call 1-877-908-7228

We need your consent - IRA Eligibility

This is an IRS requirement

TurboTax will use information from your tax return (your age, income, filing status and whether you're already covered by a retirement plan) so you can find IRA contribution options that help you get a tax break.

If you would like Intuit TurboTax to use your tax return information to determine whether these services are relevant to you while we are preparing your tax return, provide the information requested above, and sign and date this consent to the use of your tax return information.

If you are requesting use of personal information from a joint return, we need consent from both you and your spouse on the return.

IRS regulations require the following statements:

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

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

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

To agree, enter your name and date in the boxes below.

Xinchi

First Name

Gu

Last Name

Please type the date below:

02/10/2018

Date

First Name - Spouse

Last Name - Spouse

Please type the date below:

Date

Pro Delegation Worksheet

2017

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

Preparer / Electronic Return Originator (ERO) Information

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

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

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

Select state returns to file electronically:

| State(s) |
|----------|
| |
| |
| |
| |

New! State e-file disclosure consent:

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

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

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

Select state returns to file by mail:

| State(s) |
|----------|
| |
| |
| |
| |

Practitioner PIN Program:

- ☐ Sign return electronically using Practitioner PIN

Choose one:

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

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

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

Date PIN entered. _____

Identity Verification Information

Driver's License and/or State Id:

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

Documents Used to Verify Primary Taxpayer Identity:

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

Finish and File Info:

- ☐ To indicate a client return download in FnF

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

| Tax Smart Worksheet | |
|---------------------|---|
| A | Tax 31,914. |
| Check if from: | |
| 1 | Tax table <div style="float: right; border: 1px solid black; width: 40px; height: 20px;"></div> |
| 2 | Tax Computation Worksheet (see instructions) <div style="float: right; border: 1px solid black; width: 40px; height: 20px; text-align: center;">X</div> |
| 3 | Schedule D Tax Worksheet <div style="float: right; border: 1px solid black; width: 40px; height: 20px;"></div> |
| 4 | Qualified Dividends and Capital Gain Tax Worksheet <div style="float: right; border: 1px solid black; width: 40px; height: 20px;"></div> |
| 5 | Schedule J <div style="float: right; border: 1px solid black; width: 40px; height: 20px;"></div> |
| 6 | Form 8615 <div style="float: right; border: 1px solid black; width: 40px; height: 20px;"></div> |
| 7 | Foreign Earned Income Tax Worksheet <div style="float: right; border: 1px solid black; width: 40px; height: 20px;"></div> |
| B | Additional tax from Form 8814 _____ |
| C | Additional tax from Form 4972 _____ |
| D | Tax from additional Form(s) 4972 _____ |
| E | Recapture tax from Form 8863 _____ |
| F | IRC Section 197(f)(9)(B)(ii) election for an additional tax _____ |
| G | Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____ |
| H | Tax. Add lines A through G. Enter the result here and on line 44 31,914. |

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

| Line 3 Smart Worksheet | | | | | |
|---|--|--|--|--|--------|
| A | Select your coverage for each month below. Select Family for any month you had Self-only coverage and your spouse had family coverage. Select None for any month you were covered by Medicare. | | | | |
| 1 | January | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> None | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Self-only | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Family | 3,400. |
| 2 | February | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> None | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Self-only | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Family | 3,400. |
| 3 | March | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> None | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Self-only | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Family | 3,400. |
| 4 | April | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> None | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Self-only | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Family | 3,400. |
| 5 | May | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> None | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Self-only | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Family | 3,400. |
| 6 | June | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> None | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Self-only | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Family | 3,400. |
| 7 | July | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> None | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Self-only | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Family | 3,400. |
| 8 | August | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> None | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Self-only | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Family | 3,400. |
| 9 | September | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> None | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Self-only | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Family | 3,400. |
| 10 | October | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> None | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Self-only | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Family | 3,400. |
| 11 | November | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> None | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Self-only | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Family | 3,400. |
| 12 | December | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> None | <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">X</div> Self-only | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Family | 3,400. |
| B | Maximum allowable contribution. | | | | 3,400. |
| <i>Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12</i> | | | | | |

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 9 Employer Contribution Smart Worksheet

| | | |
|----------|--|--------|
| A | Enter the employer contributions reported in Box 12 of Form W-2 (code W) | 1,000. |
| B | Enter employer contributions made in 2017 for the tax year 2016 | |
| C | Subtract line B from line A | 1,000. |
| D | Enter employer contributions made in 2018 for the tax year 2017 | |
| E | Other employer contributions for 2017 not reported above | |
| F | Employer contributions for 2017. Add lines C, D and E. Enter on line 9 | 1,000. |

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 18 Smart Worksheet

Check here if failure to maintain HDHP coverage in 2017 was due to death or disability

☐

| | | |
|------------|---|---|
| A 1 | Total HSA contribution in 2016 | |
| 2 | Excess contribution in 2016 | |
| 3 | Net HSA contribution in 2016 | 0. |
| B | Check the box below to indicate the type of coverage you had for each month of 2016. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare. | |
| 1 | January | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 2 | February | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 3 | March | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 4 | April | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 5 | May | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 6 | June | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 7 | July | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 8 | August | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 9 | September | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 10 | October | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 11 | November | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 12 | December | <input checked="" type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| C 1 | Total maximum allowable contribution for 2016 | |
| 2 | Amount allocated to spouse in 2016 | |
| 3 | Net maximum allowable contribution for 2016 | |

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

When mortgage interest is limited because the principal amount of the mortgage is over one million dollars or the home equity debt amount is over one-hundred-thousand dollars, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below.

QuickZoom to Deductible Home Mortgage Interest Worksheet ▶

Does your mortgage interest need to be limited: Yes . . . ☐ No . . . ☐

A Home mortgage interest and points reported on Form 1098:

1 Sum of lines 5a through 5d below 6,230.73

2 Limited amount to report on Sch A, line 10

B Home mortgage interest not reported on Form 1098:

1 Sum of lines 6a and 6b below

2 Limited amount to report on Sch A, line 11

C Points not reported on Form 1098:

1 Sum of lines 7a through 7c below

2 Limited amount to report on Sch A, line 12

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

QuickZoom to enter nontaxable combat pay on Form W-2 ▶

A Taxpayer:

1 Taxpayer, nontaxable combat pay

1a Taxpayer, prior year nontaxable combat pay from 2016

2 Election for earned income credit (EIC):

Elect taxpayer's nontaxable combat pay as earned income for EIC? . . . ▶ ☐ Yes ☐ No

3 Election for dependent care benefits (DCB):

Elect taxpayer's nontaxable combat pay as earned income for DCB? . . . ▶ ☐ Yes ☐ No

4 Election for child and dependent care credit:

Elect taxpayer's nontaxable combat pay as earned income
for child and dependent care credit? ▶ ☐ Yes ☐ No

B Spouse:

1 Spouse, nontaxable combat pay

1a Spouse, prior year nontaxable combat pay from 2016

2 Election for earned income credit (EIC):

Elect spouse's nontaxable combat pay as earned income for EIC? . . . ▶ ☐ Yes ☐ No

3 Election for dependent care benefits (DCB):

Elect spouse's nontaxable combat pay as earned income for DCB? . . . ▶ ☐ Yes ☐ No

4 Election for child and dependent care credit:

Elect spouse's nontaxable combat pay as earned income
for child and dependent care credit? ▶ ☐ Yes ☐ No

C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:

Overpayment 5,074.

Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

| Eligible Hurricane and Wildfire Victims Smart Worksheet Election to use 2016 earned income for EIC and Additional Child Tax Credit | |
|---|--|
| The "Yes" box must be marked on Line A and Line B for 2016 earned income to be used for EIC and Additional Child Tax Credit calculations. | |
| A Elect to use 2016 earned income for EIC and Additional Child Tax Credit. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B Taxpayer is eligible to elect to use 2016 earned income (see Publication 4492 for details) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C Earned income for EIC from your 2016 return | <u>125,576.</u> |
| D Current year earned income for EIC | <u>166,650.</u> |
| If Line D is equal to or greater than Line C the taxpayer is not eligible to use 2016 earned income for EIC and Additional Child Tax Credit calculations. | |
| E You may compare the tax benefit of electing to use 2016 Earned Income by checking the boxes on line A and B | |
| Overpayment | <u>5,074.</u> |
| Amount due _____ | |

SMART WORKSHEET FOR: Earned Income Credit Worksheet

| Investment Income Smart Worksheet | |
|---|-----------|
| A Taxable and tax exempt interest | _____ |
| B Dividend income | _____ |
| C Capital gain net income | _____ |
| D Royalty and rental of personal property net income | _____ |
| E Passive activity net income : | |
| 1 Rental real estate net income or loss | _____ |
| 2 Farm rental net income or loss | _____ |
| 3 Partnerships and S corporations net income or loss | _____ |
| 4 Estates and trusts net income or loss | _____ |
| 5 Total of lines 1 through 4 | _____ |
| 6 Total passive activity net income , line 5 if greater than zero | _____ |
| F Interest and dividends from Forms 8814 | _____ |
| G Adjustments | _____ |
| H Total investment income , add lines A through G | <u>0.</u> |
| Is line H, total investment income over \$3,450? | |
| <input checked="" type="checkbox"/> No. You may take the credit. | |
| <input type="checkbox"/> Yes. Stop. You cannot take the credit. | |

TAXABLE YEAR

2017**California Online e-file Return Authorization
for Individuals**

FORM

8453-OL

| | | | | |
|---|--|-------------------------------|---------------------|--|
| Your first name and initial XINCHI | | Last name GU | Suffix | Your SSN or ITIN 697-14-1254 |
| If filing jointly, spouse's/RDP's first name | | Last name | Suffix | Spouse's/RDP's SSN or ITIN |
| Street address (number and street) or PO box 136 ELDERBERRY LN | | Apt. no. | PMB/private mailbox | Daytime telephone number (858) 900-8908 |
| City BRISBANE | | | State CA | ZIP code 94005 |
| Foreign country name | | Foreign province/state/county | | Foreign postal code |

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions **1** 167,650.

2 Refund or no amount due. See instructions **2** 2,061.

3 Amount you owe. See instructions **3**

Part II Settle Your Account Electronically for Taxable Year 2017 (Payment due 4/17/2018)

4 ☒ Direct deposit of refund

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

Part III Make Estimated Tax Payments for Taxable Year 2018 These are not installment payments for the current amount you owe.

| | First Payment Due 4/17/2018 | Second Payment Due 6/15/2018 | Third Payment Due 9/17/2018 | Fourth Payment Due 1/15/2019 |
|-------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|
| 6 Amount | | | | |
| 7 Withdrawal date | | | | |

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

8 Amount of refund to be directly deposited to account below 2,061. **12** The remaining amount of my refund for direct deposit _____

9 Routing number 322271627 **13** Routing number _____

10 Account number 703763727 **14** Account number _____

11 Type of account: ☒ Checking ☐ Savings **15** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Taxpayer(s)

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

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2017 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Your signature

Date

Spouse's/RDP's signature. If filing jointly, both must sign.
It is unlawful to forge a spouse's/RDP's signature.

Date

2017 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

697-14-1254 GU
XINCHI GU

17

A
R
RP136 ELDERBERRY LN
BRISBANE CA 94005

02-21-1990

| | | | | |
|----------------------|----------|--|----------|---|
| Filing Status | 1 | <input checked="" type="checkbox"/> Single | 4 | <input type="checkbox"/> Head of household (with qualifying person). See instructions. |
| | 2 | <input type="checkbox"/> Married/RDP filing jointly. See inst. | 5 | <input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse/RDP died <input type="text"/> |
| | 3 | <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here <input type="text"/> | | |

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, in the box. If you checked the box on line 6, see instructions. ☒ **7** X \$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.****Exemptions**

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

Total dependent exemptions ☒ **10** X \$353 = ☒ \$ **11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. ☒ **11** \$

Your name:

G U

Your SSN or ITIN:

697-14-1254

Taxable Income

- 12 State wages from your Form(s) W-2, box 16. ● 12 167650.00
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. ● 13 166650.00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), 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 166650.00
- 16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. ● 16 1000.00
- 17 California adjusted gross income. Combine line 15 and line 16. ● 17 167650.00
- 18 Enter the **larger of** {
 Your California **itemized deductions** from Schedule CA (540), line 44; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$4,236
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,472
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . .
 ● 18 9110.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 158540.00

Tax

- 31 Tax. Check the box if from: ☐ Tax Table ☒ Tax Rate Schedule
☐ FTB 3800 ☐ FTB 3803 ● 31 12101.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$187,203, see instructions ● 32 114.00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 11987.00
- 34 Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A ● 34 .00
- 35 Add line 33 and line 34 ● 35 11987.00

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40 .00
- 43 Enter credit name code ● and amount . . . ● 43 .00
- 44 Enter credit name code ● and amount . . . ● 44 .00
- 45 To claim more than two credits, see instructions. Attach Schedule P (540). ● 45 .00
- 46 Nonrefundable renter's credit. See instructions ● 46 .00
- 47 Add line 40 through line 46. These are your total credits. ● 47 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 11987.00

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540) ● 61 .00
- 62 Mental Health Services Tax. See instructions. ● 62 .00
- 63 Other taxes and credit recapture. See instructions. ● 63 .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax ● 64 11987.00

Your name:

G U

Your SSN or ITIN:

697-14-1254

Payments

| | | | | |
|-----------|--|-------------|-------|-----|
| 71 | California income tax withheld. See instructions | ● 71 | 13775 | .00 |
| 72 | 2017 CA estimated tax and other payments. See instructions | ● 72 | | .00 |
| 73 | Withholding (Form 592-B and/or 593). See instructions | ● 73 | | .00 |
| 74 | Excess SDI (or VPD) withheld. See instructions | ● 74 | 273 | .00 |
| 75 | Earned Income Tax Credit (EITC) | ● 75 | | .00 |
| 76 | Add lines 71 through 75. These are your total payments. See instructions | ⊙ 76 | 14048 | .00 |

Use Tax

91 Use Tax. Do not leave blank. See instructions ● **91** 0 .00

If line 91 is zero, check if:



No use tax is owed.



You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due

| | | | | |
|-----------|--|-------------|-------|-----|
| 92 | Payments balance. If line 76 is more than line 91, subtract line 91 from line 76 | ⊙ 92 | 14048 | .00 |
| 93 | Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91 | ⊙ 93 | | .00 |
| 94 | Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 | ⊙ 94 | 2061 | .00 |
| 95 | Amount of line 94 you want applied to your 2018 estimated tax | ● 95 | | .00 |
| 96 | Overpaid tax available this year. Subtract line 95 from line 94 | ● 96 | 2061 | .00 |
| 97 | Tax due. If line 92 is less than line 64, subtract line 92 from line 64 | ⊙ 97 | | .00 |

Your name:

G U

Your SSN or ITIN:

697-14-1254

Contributions

| | <u>Code</u> | <u>Amount</u> |
|---|-------------|--------------------------|
| California Seniors Special Fund. See instructions | ● 400 | <input type="text"/> .00 |
| Alzheimer's Disease/Related Disorders Fund | ● 401 | <input type="text"/> .00 |
| Rare and Endangered Species Preservation Voluntary Tax Contribution Program | ● 403 | <input type="text"/> .00 |
| California Breast Cancer Research Voluntary Tax Contribution Fund | ● 405 | <input type="text"/> .00 |
| California Firefighters' Memorial Fund | ● 406 | <input type="text"/> .00 |
| Emergency Food for Families Voluntary Tax Contribution Fund | ● 407 | <input type="text"/> .00 |
| California Peace Officer Memorial Foundation Fund | ● 408 | <input type="text"/> .00 |
| California Sea Otter Fund | ● 410 | <input type="text"/> .00 |
| California Cancer Research Voluntary Tax Contribution Fund | ● 413 | <input type="text"/> .00 |
| School Supplies for Homeless Children Fund | ● 422 | <input type="text"/> .00 |
| State Parks Protection Fund/Parks Pass Purchase | ● 423 | <input type="text"/> .00 |
| Protect Our Coast and Oceans Voluntary Tax Contribution Fund | ● 424 | <input type="text"/> .00 |
| Keep Arts in Schools Voluntary Tax Contribution Fund | ● 425 | <input type="text"/> .00 |
| State Children's Trust Fund for the Prevention of Child Abuse | ● 430 | <input type="text"/> .00 |
| Prevention of Animal Homelessness and Cruelty Fund | ● 431 | <input type="text"/> .00 |
| Revive the Salton Sea Fund | ● 432 | <input type="text"/> .00 |
| California Domestic Violence Victims Fund | ● 433 | <input type="text"/> .00 |
| Special Olympics Fund | ● 434 | <input type="text"/> .00 |
| Type 1 Diabetes Research Fund | ● 435 | <input type="text"/> .00 |
| California YMCA Youth and Government Voluntary Tax Contribution Fund | ● 436 | <input type="text"/> .00 |
| Habitat for Humanity Voluntary Tax Contribution Fund | ● 437 | <input type="text"/> .00 |
| California Senior Citizen Advocacy Voluntary Tax Contribution Fund | ● 438 | <input type="text"/> .00 |
| Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | ● 439 | <input type="text"/> .00 |
| Rape Backlog Kit Voluntary Tax Contribution Fund | ● 440 | <input type="text"/> .00 |
| 110 Add code 400 through code 440. This is your total contribution | ● 110 | <input type="text"/> .00 |

Your name:

G U

Your SSN or ITIN:

697-14-1254

Amount
You Owe**111 AMOUNT YOU OWE.** If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**Mail to: **FRANCHISE TAX BOARD****PO BOX 942867****SACRAMENTO CA 94267-0001**

● 111

Pay online – Go to **ftb.ca.gov/pay** for more information.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. 114**115 REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.Mail to: **FRANCHISE TAX BOARD****PO BOX 942840****SACRAMENTO CA 94240-0001**

● 115

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:

Refund and Direct Deposit

● Type

● Routing number



Checking

● Account number

● 116 Direct deposit amount

3 2 2 2 7 1 6 2 7



Savings

7 0 3 7 6 3 7 2 7

2 0 6 1

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

● Type

● Routing number



Checking

● Account number

● 117 Direct deposit amount



Savings

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

**Sign
Here**It is unlawful
to forge a
spouse's/RDP's
signature.Joint tax return?
(See instructions)

● Your email address. Enter only one email address.

● Preferred phone number

(8 5 8) 9 0 0 - 8 9 0 8

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

SELF-PREPARED

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

● PTIN

Firm's address

● 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

()

2017 California Adjustments — Residents**CA (540)****Important:** Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Names(s) as shown on tax return

SSN or ITIN

X I N C H I G U

6 9 7 1 4 1 2 5 4

Part I Income Adjustment Schedule**Section A — Income**

| | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|---|--|--|
| 7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 7 | <input checked="" type="radio"/> 166,650. | <input checked="" type="radio"/> | <input checked="" type="radio"/> 1,000. |
| 8 Taxable interest (b) 8(a) | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 9 Ordinary dividends. See instructions. (b) 9(a) | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 10 Taxable refunds, credits, offsets of state and local income taxes 10 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| 11 Alimony received 11 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 12 Business income or (loss) 12 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 13 Capital gain or (loss). See instructions. 13 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 14 Other gains or (losses) 14 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 15 IRA distributions. See instructions. (a) 15(b) | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 16 Pensions and annuities. See instructions. (a) 16(b) | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 18 Farm income or (loss) 18 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 19 Unemployment compensation 19 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| 20 Social security benefits (a) <input checked="" type="radio"/> 20(b) | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| 21 Other income. | | a <input checked="" type="radio"/> b <input checked="" type="radio"/> c <input checked="" type="radio"/> d <input checked="" type="radio"/> e <input checked="" type="radio"/> f <input checked="" type="radio"/> | a <input checked="" type="radio"/> b <input checked="" type="radio"/> c <input checked="" type="radio"/> d <input checked="" type="radio"/> e <input checked="" type="radio"/> f <input checked="" type="radio"/> |
| a California lottery winnings b Disaster loss deduction from FTB 3805V c Federal NOL (Form 1040, line 21) d NOL deduction from FTB 3805V | e NOL from FTB 3805Z, 3806, 3807, or 3809 f Other (describe): <input checked="" type="radio"/> | | |
| 22 Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B. 22 | <input checked="" type="radio"/> 166,650. | <input checked="" type="radio"/> | <input checked="" type="radio"/> 1,000. |

Section B — Adjustments to Income

| | | | |
|---|---|----------------------------------|---|
| 23 Educator expenses 23 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| 24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 25 Health savings account deduction 25 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| 26 Moving expenses 26 | <input checked="" type="radio"/> | | |
| 27 Deductible part of self-employment tax 27 | <input checked="" type="radio"/> | | |
| 28 Self-employed SEP, SIMPLE, and qualified plans 28 | <input checked="" type="radio"/> | | |
| 29 Self-employed health insurance deduction 29 | <input checked="" type="radio"/> | | |
| 30 Penalty on early withdrawal of savings 30 | <input checked="" type="radio"/> | | |
| 31a Alimony paid. (b) Recipient's: SSN <input checked="" type="radio"/> - - - - - | | | |
| Last name <input checked="" type="radio"/> 31a | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 32 IRA deduction 32 | <input checked="" type="radio"/> | | |
| 33 Student loan interest deduction 33 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 34 Tuition and fees 34 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| 35 Domestic production activities deduction 35 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| 36 Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions 36 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 37 Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions 37 | <input checked="" type="radio"/> 166,650. | <input checked="" type="radio"/> | <input checked="" type="radio"/> 1,000. |

Part II Adjustments to Federal Itemized Deductions

| | | | |
|-----------|---|--|--------------------------------------|
| 38 | Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 | <input checked="" type="radio"/> 38 | <input type="text" value="23,557."/> |
| 39 | Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign income taxes only). See instructions | <input checked="" type="radio"/> 39 | <input type="text" value="14,447."/> |
| 40 | Subtract line 39 from line 38 | <input checked="" type="radio"/> 40 | <input type="text" value="9,110."/> |
| 41 | Other adjustments including California lottery losses. See instructions. Specify <input type="text"/> | <input checked="" type="radio"/> 41 | <input type="text"/> |
| 42 | Combine line 40 and line 41 | <input checked="" type="radio"/> 42 | <input type="text" value="9,110."/> |
| 43 | Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? | | |
| | Single or married/RDP filing separately | | \$187,203 |
| | Head of household | | \$280,808 |
| | Married/RDP filing jointly or qualifying widow(er) | | \$374,411 |
| | No. Transfer the amount on line 42 to line 43. | | |
| | Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43 | <input checked="" type="radio"/> 43 | <input type="text" value="9,110."/> |
| 44 | Enter the larger of the amount on line 43 or your standard deduction listed below | | |
| | Single or married/RDP filing separately. See instructions. | | \$4,236 |
| | Married/RDP filing jointly, head of household, or qualifying widow(er) | | \$8,472 |
| | Transfer the amount on line 44 to Form 540, line 18 | <input checked="" type="radio"/> 44 | <input type="text" value="9,110."/> |

Name as Shown on Return

Xinchi Gu

Social Security No.

697-14-1254**Line 7 – Wages, Salaries, Tips, Etc.**

| | (B) Subtractions | (C) Additions |
|---|----------------------------|-------------------------|
| 1 Excess reimbursements from Form 2106 included in wage income | | |
| 2 Active duty military pay | | |
| 3 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act | | |
| 4 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also) | | |
| 5 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO). | | |
| 6 Ridesharing fringe benefit differences | | |
| 7 HSA employer contributions | | 1,000. |
| 8 Paid Family Leave Insurance (PFL) benefits | | |
| 9 Employer-provided adoption benefits income exclusions. | | |
| 10 In-Home Supportive Services (IHSS) supplementary payment . . | | |
| 11 Employer reimbursement for additional federal income taxes on employer-provided health care benefits | | |
| 12 Native American income (Form 3504) | | |
| 13 Clergy housing exclusion. This is the amount entered on W-2s a as smallest of amount spent or fair rental value | | |
| b Enter the amount spent on qual. housing expenses | | |
| 14 Other (itemize): | | |
| a | | |
| b | | |
| c | | |
| d | | |
| Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 7. | | 1,000. |

Line 15 – IRA Distributions

| | (B) Subtractions | (C) Additions |
|---|----------------------------|-------------------------|
| 1 Other (itemize): | | |
| a | | |
| b | | |
| c | | |
| d | | |
| Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 15. | | |

Line 16 – Pensions and Annuities

| | (B) Subtractions | (C) Additions |
|---|----------------------------|-------------------------|
| 1 Form 1099-R, Railroad Retirement Benefits. | | |
| 2 Other (itemize): | | |
| a | | |
| b | | |
| c | | |
| d | | |
| Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 16 | | |

Schedule P

Credits That Reduce Tax Statement

2017

| Name Xinchi Gu | | Social Security Number 697-14-1254 | | |
|--|-------------------------|---------------------------------------|--|----------------------------|
| | (a) Credit amount | (b) Credit used this year | (c) Tax that may be offset by credits | (d) Credit carryover |
| I Schedule P/P(540NR), Part III, Section A, line 5, column (c) | | | 5,507. | |
| II Credits that reduce excess tax and have carryover provisions. | | | | |
| Code Credit Name | | | | |
| 223 Motion Picture and Television Production | | | 5,507. | |
| 205 Disabled Access | | | 5,507. | |
| 204 Donated Agricultural Products Transportation | | | 5,507. | |
| 190 Employer Childcare Contribution | | | 5,507. | |
| 189 Employer Child Care Program | | | 5,507. | |
| 203 Enhanced Oil Recovery | | | 5,507. | |
| 218 Environmental Tax | | | 5,507. | |
| 207 Farmworker Housing | | | 5,507. | |
| 198 Local Agency Military Base Recovery Area Hiring | | | 5,507. | |
| 198 Local Agency Military Base Recovery Area Sales or Use Tax | | | 5,507. | |
| 211 Manufacturing Enhancement Area Hiring | | | 5,507. | |
| 220 New Jobs | | | 5,507. | |
| 237 New Motion Picture & Television | | | 5,507. | |
| 238 New Donated Fresh Fruits or Vegetables | | | 5,507. | |
| 234 New Employment | | | 5,507. | |
| 175 Agricultural Products | | | 5,507. | |
| 209 Community Development Financial Institution Deposits Credit | | | 5,507. | |
| 224 Donated Fresh Fruits or Vegetables Credit | | | 5,507. | |
| 194 Employee Ridesharing | | | 5,507. | |
| 191 Employer Ridesharing (Large) | | | 5,507. | |
| 192 Employer Ridesharing (Small) | | | 5,507. | |
| 193 Employer Ridesharing (Transit Passes) | | | 5,507. | |
| 182 Energy Conservation | | | 5,507. | |
| 160 Low Emission Vehicles | | | 5,507. | |
| 184 Political Contributions | | | 5,507. | |
| 174 Recycling Equipment | | | 5,507. | |
| 186 Residential Rental and Farm Sales | | | 5,507. | |
| 206 Rice Straw | | | 5,507. | |
| 171 Ridesharing | | | 5,507. | |
| 200 Salmon and Steelhead Trout Habitat Restoration | | | 5,507. | |
| 179 Solar Pump | | | 5,507. | |
| 178 Water Conservation | | | 5,507. | |

| | | | | |
|----------------------------|--|--|--------|--|
| 161 Young Infant | | | 5,507. | |
|----------------------------|--|--|--------|--|

| | (a) Credit amount | (b) Credit used this year | (c) Tax that may be offset by credits | (d) Credit carryover |
|--|-------------------------|---------------------------------|--|----------------------------|
| III Schedule P/P(540NR), Part III, Section B, line 15, column (c) | | | 11,987. | |
| IV Credits that reduce net tax and have carryover provisions. | | | | |
| Code Credit Name | | | | |
| 233 California Competes | | | 11,987. | |
| 235 College Access | | | 11,987. | |
| 197 Child Adoption | | | 11,987. | |
| 176 Enterprise Zone Hiring | | | 11,987. | |
| 176 Enterprise Zone Sales or Use Tax . . | | | 11,987. | |
| 172 Low-Income Housing | | | 11,987. | |
| 213 Natural Heritage Preservation | | | 11,987. | |
| 183 Research | | | 11,987. | |
| 210 Targeted Tax Area Hiring | | | 11,987. | |
| 210 Targeted Tax Area Sales or Use Tax . | | | 11,987. | |
| 196 Commercial Solar Electric System . . | | | 11,987. | |
| 181 Commercial Solar Energy | | | 11,987. | |
| 185 Orphan Drug | | | 11,987. | |
| 180 Solar Energy | | | 11,987. | |

California Information Worksheet

2017

► Keep for your records

Part I — Personal Information

Taxpayer:

First Name Xinchi
 Middle Initial _____ Suffix _____
 Last Name Gu
 Social Security No. 697-14-1254
 Date of Birth 02/21/1990 (mm/dd/yyyy)
 or age as of 1-1-2018 27
 Date of Death _____ (mm/dd/yyyy)
 Legally blind ☐
 Daytime Phone (858) 900-8908 Ext _____
 Home phone _____
 Your email address to print on Form 540, 540NR or 540X (optional) _____
 Check to print phone number on Form 540. ☒ Taxpayer daytime ☐ Spouse/RDP day ☐ Home

Spouse/RDP:

First Name _____
 Middle Initial _____ Suffix _____
 Last Name _____
 Social Security No. _____
 Date of Birth _____ (mm/dd/yyyy)
 or age as of 1-1-2018 _____
 Date of Death _____ (mm/dd/yyyy)
 Legally blind ☐
 Daytime Phone _____ Ext _____

c/o Address _____
 Street Address 136 Elderberry Ln
 Unit Description _____ Unit Number _____ Private Mailbox (PMB) _____
 City Brisbane State CA ZIP Code 94005
 Foreign province/county _____ Foreign postal code _____
 Foreign country _____

Military Filers:

☐ APO ☐ FPO
 For Military Extension:
 Military indicator ► Taxpayer _____ Spouse/RDP _____

Part II — Main Form

☒ Form 540: Resident Income Tax Return ►
☐ Form 540NR: Nonresident or Part-Year Resident Income Tax Return ►
 Enter your state of residence as of December 31, 2017 CA
☒ Resident entire year
☐ Resident part of year
 Date you established residence in state above _____
 In which state (or foreign country) did you reside before this change? _____
QuickZoom to enter Part-Year and Nonresident income allocations on Schedule CA(NR) ► _____

Part III — Filing Status

☒ Single
☐ Married/RDP filing joint return
☐ Married/RDP filing separate return
☐ You **did not** live with spouse at any time during the year
Yes No
☐ ☐ If filing electronically, is spouse a CA Nonresident?
☐ ☐ If filing electronically, is spouse Active Duty Military?
☐ Head of household (with qualifying person) **Stop.** See instructions.
 If the 'qualifying person' is your child but **not** your dependent:
 Child's name _____
 Child's social security number _____
☐ Qualifying widow(er)
 Year spouse/RDP died ☐ 2015 ☐ 2016
☐ Check the box if your California filing status is different from your federal filing status.

Part IV — Dependent Information

| First Name | I | Last Name | Social Security Number | Relationship |
|------------|---|-----------|------------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V – Standard Deduction/Itemized Deductions

- ☐ Calculate California itemized deductions even if itemized deductions are less than the standard deduction
- ☐ You are married filing separately and your spouse itemized deductions
- ☐ Take the standard deduction even if less than itemized deductions

Part VI – Other Information**Prior Name:**

If you filed your 2016 return under a different last name, enter the last name **only** from the 2016 return ▶ Taxpayer . _____ Spouse/RDP _____

Dependent of Someone Else:

Taxpayer **Spouse**

- ☐ ☐ Can someone (such as a parent) claim you and/or your spouse/RDP as a dependent?

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties _____

Farmers and Fishermen:

- ☐ At least two-thirds of your 2016 or 2017 gross income is from farming or fishing
- ☐ Return will be filed and tax due will be paid by March 1, 2018

Mandatory Electronic Payments

- ☐ You are required to make California tax payments electronically
- ☐ A waiver is or will be in effect for the current year
- ☐ Force print all payment vouchers even if required to pay electronically

Schedule W-2:

- ☐ You do **not** want to complete Schedule W-2

Executor/Guardian Information:

| | First Name | MI | Last Name | Suf. |
|--|------------|-------|-----------|-------|
| Executor/Guardian | _____ | _____ | _____ | _____ |
| Executor type (if filing electronically) | _____ | | | |

Third Party Designee:

- Yes** **No**
- ☐ ☐ Do you want to allow another person to discuss your return with the Franchise Tax Board?

If yes, enter the person's name Telephone

First . _____ Middle init . _____ Last Name _____ Suffix _____

Disasters:

- ☐ Claiming a disaster loss (see FTB Publication 1034)

QuickZoom to enter disaster explanation ▶ _____

Outside of the USA:

- ☐ You were living or traveling outside the United States on April 17, 2018

Special Condition Text (prints at the top of Form 540 or 540NR)**Part VII – Direct Deposit Information or Direct Debit Information**

- Yes** **No**
- ☒ ☐ Do you want to elect direct deposit of state tax refund?
- ☐ ☐ Do you want direct debit of state tax payment (Electronic Filing Only)?

Bank Information:

Enter the following information if you want to directly deposit any state tax refund or direct debit of state tax payment:

Name of Financial Institution (optional) Chase

Account type Checking . ☒ Savings . ☐

Routing number 322271627

Account number 703763727

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

Enter the payment date to debit the account above _____

State balance-due amount from this return _____

International ACH Transactions

Yes No

☐☒

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VIII – California Contributions

| | | | |
|----|---|----|--|
| 1 | California Seniors Special Fund (Taxpayer) | 1 | |
| 2 | California Seniors Special Fund (Spouse/RDP) | 2 | |
| 3 | Alzheimer's Disease and Related Disorders Fund | 3 | |
| 4 | Rare and Endangered Species Preservation Program | 4 | |
| 5 | California Breast Cancer Research Fund | 5 | |
| 6 | California Firefighters' Memorial Fund | 6 | |
| 7 | Emergency Food For Families Fund | 7 | |
| 8 | California Peace Officer Memorial Foundation Fund | 8 | |
| 9 | California Sea Otter Fund | 9 | |
| 10 | California Cancer Research Fund | 10 | |
| 11 | School Supplies for Homeless Children Fund | 11 | |
| 12 | State Parks Protection Fund/Parks Pass Purchase | 12 | |
| 13 | Protect Our Coast and Oceans Fund | 13 | |
| 14 | Keep Arts in Schools Fund | 14 | |
| 15 | State Children's Trust Fund for the Prevention of Child Abuse | 15 | |
| 16 | Prevention of Animal Homelessness & Cruelty Fund | 16 | |
| 17 | Revive the Salton Sea Fund | 17 | |
| 18 | California Domestic Violence Victims Fund | 18 | |
| 19 | Special Olympics Fund | 19 | |
| 20 | Type 1 Diabetes Research Fund | 20 | |
| 21 | California YMCA Youth and Government Voluntary Tax Contribution Fund | 21 | |
| 22 | Habitat for Humanity Voluntary Tax Contribution Fund | 22 | |
| 23 | California Senior Citizen Advocacy Voluntary Tax Contribution Fund | 23 | |
| 24 | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | 24 | |
| 25 | Rape Backlog Kit Voluntary Tax Contribution Fund | 25 | |

Part IX – Extension Status

Yes No

☐☒

Have you filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return?

If Yes, enter the extended due date

QuickZoom to Form 3519: Payment voucher for automatic extension ▶**Automatic extension information for military filers (Electronic Filing Only):**

| | Taxpayer | Spouse |
|---|----------|--------|
| Beginning Military Date | | |
| Ending Military Date | | |
| Combat zone/QHDA Operation or Area Served | | |

Part X – Amended Return☐ Are you filing a California amended return?

Enter the tax year you are amending

Previous California payment made

Previous California refund received

QuickZoom here to Schedule X ▶**QuickZoom** to Form 540 ▶**QuickZoom** to Form 540NR. ▶

Interest and Dividend Adjustments Worksheet

2017

Name as Shown on Return

Xinchi Gu

Social Security Number

697-14-1254

Interest Income Adjustments

| | (B) Subtractions | (C) Additions |
|--|---------------------|------------------|
| 1 Bonds or obligations of the United States or any of its territories* | | |
| 2 Loans made in an enterprise zone | | |
| 3 Interest on obligations of District of Columbia issued after December 27, 1973 | | |
| 4 Additional interest on state, county, city, town or other local government bonds issued by or in a state other than California | | |
| 5 California interest adjustments from K-1's | | |
| 6 Interest earned from Health Savings Account | | |
| 7 Interest from Ottoman Turkish Empire Settlement Payments | | |
| 8 Other interest income subtraction | | |
| 9 Tax exempt interest from other states or that do not meet 50% rule | | |
| 10 a Canadian RRSP undistributed interest income from Form 8891 | | |
| b RRSP total interest income for the year | | |
| 11 Interest from Build America Bond | | |
| 12 Other adjustments (itemize): | | |
| a ----- | | |
| b ----- | | |
| c ----- | | |
| d ----- | | |
| Total adjustments from taxable interest income. Enter here and on Schedule CA (540/540NR), line 8. | | |

Dividend Income Adjustments

| | (B) Subtractions | (C) Additions |
|--|---------------------|------------------|
| 13 Controlled foreign corporation dividends | | |
| 14 Regulated investment company (RIC) capital gains | | |
| 15 Distributions of pre-1987 earnings from S Corporations | | |
| 16 U.S. obligations dividends adjustment | | |
| 17 California dividend adjustments from K-1's | | |
| 18 a Canadian RRSP undistributed dividend income from Form 8891 | | |
| b RRSP total interest dividend for the year | | |
| 19 Other adjustments (itemize): | | |
| a ----- | | |
| b ----- | | |
| c ----- | | |
| d ----- | | |
| e Dividend earned from Health Savings Account | | |
| Total adjustments from taxable dividend income. Enter here and on Schedule CA (540/540NR), line 9. | | |

* Do not make adjustments in either column B or column C for the amount of interest you earned on Federal National Mortgage Association (Fannie Mae) Bonds, Government National Mortgage Association (Ginnie Mae) Bonds, and Federal Home Loan Mortgage Corporations (FHLMC) securities. California law is the same as federal law for these types of interest income.

Schedule CA
Line 21

California Other Income Statement

► Attach to return (after all other FTB forms)

2017

Name as Shown on Return
Xinchi Gu

Social Security Number
697-14-1254

| | (B) Subtractions | (C) Additions |
|---|---------------------|------------------|
| 1 Olympic medals and prize money | | |
| 2 Native American income, Form 3504 | | |
| 3 Reward from a crime hotline | | |
| 4 Federal foreign earned income or housing exclusion, from Form 2555 | | |
| 5 Beverage container recycling income | | |
| 6 Rebates or vouchers from a local water agency, energy agency or energy supplier | | |
| 7 Financial incentive for turf removal | | |
| 8 Financial incentive for seismic improvement | | |
| 9 Original issue discount (OID) for debt instruments issued in 1985 and 1986 | | |
| 10 Foreign income of nonresident aliens | | |
| 11 Cost-share payments received by forest landowners | | |
| 12 Coverdell (ESA) distributions | | |
| 13 HSA distributions for unqualified medical expense | | |
| 14 Distributions rolled over from MSA to HSA account (Form 3805P) . . | | |
| 15 Grants paid to low-income individuals | | |
| 16 California National Guard Surviving Spouse & Children Relief Act of 2004 | | |
| 17 Ottoman Turkish Empire Settlement Payments | | |
| 18 Federal form 8814/California form 3803 adjustment | | |
| 19 Other income, from Schedule(s) K-1 | | |
| 20 Canceled debt income. | | |
| 21 a Canadian RRSP undistributed other income from Form 8891 | | |
| b RRSP total other income for the year | | |
| Other taxable income: | | |
| 22 a | | |
| b | | |
| c | | |
| d | | |
| e | | |
| f | | |
| g | | |
| 23 Total. Add lines 1 through 23. Enter here and on Schedule CA or Schedule CA(NR), line 21f. | | |

Tax Payments Worksheet

2017

► Keep for your records

| | |
|--------------------------|--|
| Name <u>Xinchi Gu</u> | Social Security Number <u>697-14-1254</u> |
|--------------------------|--|

Tax Payments for the Current Year

| | | State | |
|----------------------------|--|----------|---------|
| | | Date | Payment |
| 1 | First Payment | | |
| 2 | Second Payment | | |
| 3 | Third Payment | | |
| 4 | Fourth Payment | | |
| Additional Payments | | | |
| 5 | Payment | | |
| | Payment | | |
| | Payment | | |
| | Payment | | |
| | Payment | | |
| 6 | Overpayment from previous year applied to current year | 6 | |
| 7 | Amount paid with current year extension | 7 | |
| 8 | Total tax payments | 8 | |

Income Taxes Withheld for the Current Year

| | | | |
|------|--|-------------|---------|
| 9 | State withholding on Forms W-2 | 9 | 13,775. |
| 10 | State withholding on Forms W-2G | 10 | |
| 11 | State withholding on Forms 1099-R | 11 | |
| 12 a | State withholding on Forms 1099-MISC | 12 a | |
| b | State withholding on Forms 1099-G | b | |
| c | State withholding on Forms 1099-K | c | |
| 13 | Other state tax withholding | 13 | |
| 14 | Total income tax withheld | 14 | 13,775. |
| 15 | Date return will be filed and balance paid | 15 | |

California Excess SDI (or VPDI) Worksheet

► Keep for your records

2017

| | | | |
|--|---|--|--|
| Name as Shown on Return <u>Xinchi Gu</u> | | Social Security No. <u>697-14-1254</u> | |
| | You | Your Spouse/RDP | |
| A Did you have two or more employers during 2017? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| B Did you receive more than \$110,902 in wages? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| C Did the amounts of SDI (or VPDI) withheld appear on your Forms W-2? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

If you answered yes to the questions above, fill out the worksheet below to calculate your excess SDI (or VPDI) credit.

| | | |
|--|------------|--------------------|
| | You | Your Spouse |
| 1 Add amounts of SDI (or VPDI) withheld shown on your Forms W-2 | 1,271. | |
| 1 a Total SDI (or VPDI) withheld shown on Forms W-2 TP: <u>1,271.</u> SP: _____ | | |
| 2 2017 SDI (or VPDI) limit. | 998. | |
| 3 Excess SDI (or VPDI) withheld. Subtract line 2 from line 1. Enter the result here and enter on Form 540, line 74; or Form 540NR, line 84. Note: If zero or less, enter zero | 273. | |

Note: if line 1 and 1a has different amount, it indicates the SDI (or VPDI) was withheld more than 0.9% by a single employer. If SDI (or VPDI) was withheld by a single employer at more than 0.9% of gross wages, you may not claim excess SDI (or VPDI) on your Form 540. Contact the employer for a refund.

Use Tax Worksheet

2017

► Keep for your records

Name as Shown on Return

Xinchi Gu

Social Security Number

697-14-1254

Use the Use Tax Worksheet to calculate use tax liability if any of the following apply:

- You prefer to calculate the amount of use tax due based upon actual purchases subject to use tax.
- Owe use tax on non-business purchases of individual items of property with a sale price \$1,000 or more.
- Owe use tax on any item purchased for use in a trade or business not registered with the Board of Equalization.

If you have a combination of individual items purchased for \$1,000 or more and individual, non-business items purchased for less than \$1,000 you may either:

- Use the Use Tax Worksheet to compute use tax due on all purchases, or
- Use the Use Tax Worksheet to compute use tax due on all individual items purchases for \$1,000 or more and use the Estimated Use Tax Table to estimate the use tax due on individual, non-business items purchased for less than \$1,000.

Round all amounts to the nearest whole dollar.

Use Tax Worksheet

| (a) Purchases from out-of-state | (b) Sales and use tax rate | (c) Sales and use tax rate | (d) (a) x (c) | (e) Use tax paid to other state | (f) Use tax due |
|--|-------------------------------------|-------------------------------------|------------------|--|-----------------------|
| | | % | | | |
| | | % | | | |
| | | % | | | |
| | | % | | | |

A. Use tax amount based on table above.

Estimated Use Tax Table

Use the Estimated Use Tax Table below to estimate and report the use tax due on individual non-business items you purchased for less than \$1,000 each, instead of reporting your use tax liability determined using the Use Tax Worksheet above.

| Adjusted Gross Income AGI Range | Use Tax |
|------------------------------------|----------------------------------|
| Less than \$10,000 | \$2 |
| \$10,000 - \$19,999 | \$6 |
| \$20,000 - \$29,999 | \$10 |
| \$30,000 - \$39,999 | \$14 |
| \$40,000 - \$49,999 | \$18 |
| \$50,000 - \$59,999 | \$23 |
| \$60,000 - \$69,999 | \$27 |
| \$70,000 - \$79,999 | \$31 |
| \$80,000 - \$89,999 | \$35 |
| \$90,000 - \$99,999 | \$39 |
| \$100,000 - \$124,999 | \$46 |
| \$125,000 - \$149,999 | \$56 |
| \$150,000 - \$174,999 | \$67 |
| \$175,000 - \$199,999 | \$77 |
| More than \$199,999 | Multiply AGI by 0.041% (0.00041) |

To use the Estimated Use Tax Table to calculate Use Tax, check here ☐

B. Use tax based on California adjusted gross income

| | | | |
|---|---|---|--|
| 1 | Sum of Use Tax Worksheet, line A and Estimated Use Tax Table, line B This is the total use tax due. If the amount is less than zero, enter -0- | 1 | |
|---|---|---|--|

California Carryover Worksheet

2017

Use this worksheet to enter information from your 2016 tax return
which will be used on your 2017 tax return

► Keep for your records

| | |
|--------------------------------------|---------------------------------------|
| Name as Shown on Return Xinchi Gu | Social Security Number 697-14-1254 |
|--------------------------------------|---------------------------------------|

2016 Tax and Income Information

| | | | | |
|---|---|--|---|--|
| 1 | Filing status: | <input type="checkbox"/> Single | <input type="checkbox"/> Married Filing Joint | <input type="checkbox"/> Married Filing Separate |
| | | <input type="checkbox"/> Head of Household | <input type="checkbox"/> Qualifying Widow(er) | |
| 2 | Tax liability (Form 540, lines 48, 61, 62; Form 540 2EZ, line 21; or Form 540NR, lines 63, 71 and 72; plus any IRC Section 453A interest from Form 540 line 63 or Form 540NR line 73) | 2 | 10,194. | |
| 3 | Tax on lump-sum distributions (Schedule G-1) | 3 | | |
| 4 | California income tax withheld (Form 540, lines 71 and 73; Form 540 2EZ, line 22 or Form 540NR, lines 81 and 83) | 4 | 9,522. | |
| 5 | Excess California SDI withheld (Form 540, line 74; or Form 540NR, line 84) | 5 | | |
| 6 | California adjusted gross income (Form 540, line 17; Form 540 2EZ, line 16; or Form 540NR, line 32) | 6 | 142,636. | |
| 7 | Refund (Form 540, line 115; Form 540 2EZ, line 28; or Form 540NR, line 125) | 7 | | |
| 8 | Balance Due (Form 540, line 114; Form 540 2EZ, line 27; or Form 540NR, line 124) | 8 | 672. | |

Loss Carryovers (Non-passive)

| | | Regular Tax | AMT |
|-----|--|-------------|-----|
| 9 a | Capital loss carryover | 9 a | |
| b | Capital loss carryover (nonresidents) | b | |
| 10 | Schedule D-1 - Nonrecaptured net section 1231 losses from: | | |
| a | 2016 | 10 a | |
| b | 2015 | b | |
| c | 2014 | c | |
| d | 2013 | d | |
| e | 2012 | e | |

Other Carryovers

| | | | |
|----|---|----|--|
| 11 | Disallowed investment interest expense carryforward (Form 3526, line 7) | 11 | |
| 12 | Disallowed alternative minimum tax investment interest expense carryforward (Form 3526-AMT, line 7) | 12 | |
| 13 | Net operating loss carryforward from Form 3805V | 13 | |
| 14 | Disaster loss carryforward from Form 3805V | 14 | |

Form 3510 (Credit for Prior Year Alternative Minimum Tax)

| | | |
|-----------|---|-------------------|
| 15 | Form 3510 information - 2016 Resident filers | |
| a | Schedule P, Part I, line 15 through line 18 | 15 a _____ |
| b | Schedule P, Part I, line 1 through line 7, 13b, 13i, and any other exclusions on a line other than those listed | b _____ |
| c | Schedule P, Part II, line 25 | c _____ |
| d | Schedule P, Part II, line 26 | d _____ |
| e | Schedule P, Part III, Section C, lines 22 and 23, column b. | e _____ |
| 16 | Form 3510 information - 2016 Nonresident or Part-year residents | |
| a | Schedule P(NR), Part I, line 15 through line 18 | 16 a _____ |
| b | Schedule P(NR), Part I, line 1 through line 7, 13b, 13i and any other exclusions on a line other than those listed | b _____ |
| c | Schedule P(NR), Part II, line 35 | c _____ |
| d | Schedule P(NR), Part II, line 28 | d _____ |
| e | Schedule P(NR), Part II, line 29a and 29h | e _____ |
| f | Schedule P(NR), Part II, line 44 | f _____ |
| g | Schedule P(NR), Part II, line 45 | g _____ |
| h | Schedule P(NR), Part III, Section C, lines 22 and 23, column b | h _____ |

Credits Worksheet

► Keep for your records

2017

| Name Xinchi Gu | | Social Security Number 697-14-1254 | |
|---|---|---------------------------------------|------------------|
| Code | Current Credits | Carryover Amount | Available Credit |
| 233 | California Competes, FTB 3531 | | |
| 223 | Motion Picture and Television Production, FTB 3541 | | |
| 197 | Child Adoption | | |
| 232 | Child and Dependent Care Expenses Credit, FTB 3506 | | |
| 235 | College Access, FTB 3592. | | |
| 173 | Dependent Parent | | |
| 205 | Disabled Access Credit current year amount from Form 3548 line 6 | | |
| 205 | Disabled Access for Eligible Small Businesses, FTB 3548 | | |
| 204 | Donated Agricultural Products Transportation, FTB 3547 | | |
| 203 | Enhanced Oil Recovery, FTB 3546 | | |
| 176 | Enterprise Zone Hiring, FTB 3805Z | | |
| 218 | Environmental Tax, FTB 3511 | | |
| 170 | Joint Custody Head of Household | | |
| 198 | Local Agency Military Base Recovery Area Hiring, FTB 3807 | | |
| 172 | Low-Income Housing, FTB 3521 | | |
| 211 | Manufacturing Enhancement Area Hiring, FTB 3808 | | |
| 213 | Natural Heritage Preservation, FTB 3503 | | |
| 237 | New California Motion Picture and Television Production, FTB 3541 | | |
| 238 | New Donated Fresh Fruits or Vegetables, FTB 3814 | | |
| 234 | New Employment, FTB 3554 | | |
| None | Nonrefundable Renter's Credit | | |
| 187 | Other State Tax, Schedule S | | |
| 188 | Prior Year Alternative Minimum Tax, FTB 3510 | | |
| 162 | Prison Inmate Labor, FTB 3507 | | |
| 183 | Research, FTB 3523 | | |
| 163 | Senior Head of Household | | |
| 210 | Targeted Tax Area Hiring, FTB 3809 | | |
| Repealed Credits with Carryover Provision – FTB 3540 | | | |
| 175 | Agricultural Products | | |
| 196 | Commercial Solar Electric System | | |
| 181 | Commercial Solar Energy | | |
| 209 | Community Development Financial Institutions Investment | | |
| 224 | Donated Fresh Fruits or Vegetables Credit, FTB 3811 | | |
| 194 | Employee Ridesharing | | |
| 190 | Employer Childcare Contribution | | |
| 189 | Employer Childcare Program | | |
| 191 | Employer Ridesharing (Large Employer) | | |
| 192 | Employer Ridesharing (Small Employer) | | |
| 193 | Employer Ridesharing (Public Transit Passes) | | |
| 182 | Energy Conservation | | |
| 176 | Enterprise Zone Sales or Use Tax, FTB 3805Z | | |
| 207 | Farmworker Housing | | |
| 198 | Local Agency Military Base Recovery Area Sales or Use Tax, 3807 | | |
| 160 | Low-Emission Vehicles. | | |
| 220 | New Jobs | | |
| 185 | Orphan Drug | | |
| 184 | Political Contributions | | |
| 174 | Recycling Equipment. | | |
| 186 | Residential Rental and Farm Sales | | |
| 206 | Rice Straw. | | |
| 171 | Ridesharing | | |
| 200 | Salmon and Steelhead Trout Habitat Restoration | | |
| 180 | Solar Energy | | |
| 179 | Solar Pump | | |
| 210 | Targeted Tax Area Sales or Use Tax | | |
| 178 | Water Conservation | | |
| 161 | Young Infant | | |

► Keep for your records

Name as Shown on Return
Xinchi GuSocial Security Number
697-14-1254

| | (a) Amount From Federal Form 4952 | (b) California Adjustment, If Any |
|--|--|--|
| | | |

Investment Interest Expense (Form 3526, line 1)

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

Gross Income from Property Held for Investment (Form 3526, line 4a)

| | | | |
|----|--|--|--|
| 5 | Taxable investment income from Schedule B, K-1s and Form 3803. | | |
| 6 | Royalty income from Schedule E | | |
| 7 | Net passive income from publicly traded partnerships | | |
| 8 | Income from nonpassive trade or business without material participation | | |
| 9 | Other investment income: | | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| 10 | Total investment income. Add lines 5 through 9 | | |

Net Gain from the Disposition of Property Held for Investment (Form 3526, line 4b)

| | | | |
|------|---|--|--|
| 11 a | Net gains from Schedule D, line 8 | | |
| b | Less net gains from property not held for investment | | |
| c | Net gains from property held for investment. Line 11a less line 11b | | |

Net Capital Gain from the Disposition of Property Held for Investment (Form 3526, line 4c)

| | | | |
|----|--|--|--|
| 12 | Net capital gain from the disposition of property held for investment | | |
|----|--|--|--|

| | (a) Amount From Federal Form 4952 | (b) California Adjustment, If Any |
|--|--|--|
|--|--|--|

Investment Expenses (Form 3526, line 5)

| | | | |
|-------------|--|-----------------------|-----------------------------------|
| 13 | Royalty expenses | | |
| 14 a | Investment expenses included as itemized deductions (after the 2% limitation) | | |
| b | Investment expenses included as itemized deductions (not 2% limitation) | | |
| 15 | Expenses from nonpassive trade or business without material participation | | |
| 16 | Other investment expenses: | | |
| a | _____ | | |
| b | _____ | | |
| c | _____ | | |
| d | _____ | | |
| 17 | Total investment expenses. Add lines 13 through 16. | | |
| | | (a) Regular Tax | (b) Alternative Minimum Tax |

Allocation of Investment Interest Expense

| | | | |
|-----------|--|--|--|
| 18 | Allowed investment interest expense, from Form 3526, line 8 | | |
| 19 | Less interest expense deducted on other forms and schedules: | | |
| a | Deducted on Schedule E, page 2 for passthru entities | | |
| b | Deducted on Schedule E, page 1 for royalties | | |
| c | Other amounts deducted on other forms and schedules | | |
| d | Total amount deducted on other forms and schedules | | |
| 20 | California investment interest expense. | | |
| 21 | Allowed federal investment interest expense deducted elsewhere . . | | |
| 22 | Allowed federal Schedule A investment interest expense | | |
| 23 | Adjustment for interest expense deducted on other forms and schedules. Subtract line 21 from line 19 | | |
| 24 | Adjustment for itemized deductions. Subtract line 22 from line 20. Enter here and on Schedule CA, line 41 | | |

California Depreciation Options

2017

Name as Shown on Return
Xinchi Gu

Social Security Number
697-14-1254

MACRS Convention

The program uses the half-year convention for all MACRS personal property assets placed in service in 2017 unless you check 'Mid-quarter convention' below.

- 1 ☒ Half-year convention
2 ☐ Mid-quarter convention

MACRS Computation

Use IRS tables for all MACRS property placed in service this year? ☐ Yes ☒ No

Section 179 Limitation

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of the Section 179 Worksheet. This is the copy that appears on the menu as Form 3885A:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited.

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

Section 179 Information

| | | | |
|-----|--|-----|---|
| 1 a | Calculated "Total cost of Section 179 property placed in service" | 1 a | |
| b | Additions or subtractions to calculated value | b | |
| 2 | If Married Filing Separately, enter: | | |
| a | Total cost of eligible property placed in service this year by spouse. | 2 a | |
| b | Allocation percentage elected for your return, if other than 50%. | b | % |
| 3 | Taxable Income for the Section 179 Limitation | | |
| a | Federal taxable income for the Section 179 limitation | 3 a | |
| b | California Adjustments (calculated) | b | |
| c | Other additions or subtractions to taxable income | c | |
| d | California Taxable Income for the Section 179 Limitation | d | |

Two-Year Comparison

2017

Xinchi Gu

| Income | 2016 | 2017 | Difference | % |
|--|-----------------|-----------------|----------------|----------------|
| Federal AGI and California Adjustments: | | | | |
| Federal adjusted gross income | 142,635. | 166,650. | 24,015. | 16.84 |
| California adjustments | 1. | 1,000. | 999. | 999.00 |
| Adjusted Gross Income | 142,636. | 167,650. | 25,014. | 17.54 |
| Standard or Itemized Deduction . . . | 4,129. | 9,110. | 4,981. | 120.63 |
| Taxable Income | 138,507. | 158,540. | 20,033. | 14.46 |
| Tax | 10,305. | 12,101. | 1,796. | 17.43 |
| Exemption credits | 111. | 114. | 3. | 2.70 |
| Tax less exemption credits | 10,194. | 11,987. | 1,793. | 17.59 |
| Schedule G-1 and Form 5870A tax . . . | | | | |
| Tax before credits | 10,194. | 11,987. | 1,793. | 17.59 |
| Credits | | | | |
| Tax after credits | 10,194. | 11,987. | 1,793. | 17.59 |
| Alternative minimum tax | 0. | | 0. | |
| Other taxes and IRC interest | 0. | | 0. | |
| Total Tax After Credits | 10,194. | 11,987. | 1,793. | 17.59 |
| Withholding | 9,522. | 13,775. | 4,253. | 44.66 |
| Estimated payments | | | | |
| Other payments | | 273. | 273. | |
| Total Payments | 9,522. | 14,048. | 4,526. | 47.53 |
| Use tax | | 0. | 0. | |
| Contributions | | | | |
| Form 5805/5805F penalty | | | | |
| Other penalties and interest | | | | |
| Applied to next year's estimated tax . . . | | | | |
| Amount Refund | | 2,061. | 2,061. | |
| Amount Due | 672. | | -672. | -100.00 |
| Current year effective tax rate | | | | 7.15 % |

Tax Summary
 ► Keep for your records

2017

| | |
|---|----------|
| Name(s) Xinchi Gu | |
| Federal adjusted gross income | 166,650. |
| Net California adjustments | 1,000. |
| California adjusted gross income | 167,650. |
| Itemized/standard deduction | 9,110. |
| California taxable income | 158,540. |
| Tax | 12,101. |
| Exemption credits | 114. |
| Tax less exemptions | 11,987. |
| Tax from Schedule G-1/FTB 5870A | |
| Credits | |
| Other taxes | |
| Total tax | 11,987. |
| Total payments | 14,048. |
| Use tax | 0. |
| Contributions | |
| Underpayment penalty | |
| Interest, late filing and late payment penalties | |
| Refund | 2,061. |
| Balance due | |
| Tax bracket | 9.3% |

California Electronic Filing Information Worksheet

2017

► Keep for your records

| | |
|---|--|
| Name as Shown on Return <u>Xinchi Gu</u> | Social Security Number <u>697-14-1254</u> |
|---|--|

Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

| | | | | |
|-----------|----------------|----------|---|------------|
| Firm Name | | | Social Security Number/Preparer Tax ID Number | |
| Name | | | Phone Number | Fax Number |
| Address | | | Employer Identification Number | |
| City | State | Zip Code | EFIN | |
| Country | E-mail Address | | | |

Paid Preparer Information

| | | | | |
|-----------|----------------|----------|---|------------|
| Firm Name | | | Social Security Number/Preparer Tax ID Number | |
| Name | | | Employer Identification Number | |
| Address | | | Phone Number | Fax Number |
| City | State | Zip Code | | |
| Country | E-mail Address | | | |

Electronic Filing Review Check

| If any of the questions below are checked yes, the return may not be filed electronically | | Yes | No |
|---|---|--------------------------|-------------------------------------|
| 1 | Are there more than fifty W-2s, or twenty 1099-Rs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 | Are there more than ten copies of Form 3803 or ten copies of Form 3805E? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 | Are there more than twenty five copies of Schedule S? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 | Is this an amended return, or is there an amended Form 3805P attached? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 | Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 | Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 | Are any invalid entries made on Form 3805V page 3, part III? (See help) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Are there more than 97 detail lines on forms to be filed? (See help) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 | Is this a fiscal year filer? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 | Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11 | Is the Federal filing status married filing joint and the California filing status married filing separate? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12 | Is Federal Form 4852 (substitute W2) being used? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Check that you have the correct selections for the RDP return? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14 | On the 3506, are there any foreign care providers? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 | Is Direct Debit selected and no balance due on the return? | <input type="checkbox"/> | <input type="checkbox"/> |

Smart Worksheets from your 2017 California Tax Return

SMART WORKSHEET FOR: Form 540: California Resident Income Tax Return

Form 540 California Income Tax Withheld Smart Worksheet

- A** California income tax withheld from the Tax Payments Worksheet 13,775.
- B** Real estate and other withholding from Form(s) 592-B and 593
entered on the federal Tax Payments Worksheet and included on line A _____
Note: Make sure that the amount on line B is reported on the federal
Tax Payments Worksheet line(s) 18a-c or you will not get the state income tax
deduction on your federal Schedule A.
- C** California income tax withheld for line 71. Subtract line B from line A 13,775.

| | | |
|---|-------------------------------|---|
| For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 | | See separate instructions. |
| Your first name and initial Xinchi | Last name Gu | Your social security number 697-14-1254 |
| 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. 136 Elderberry Ln | | Apt. no. |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Brisbane CA 94005 | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| Foreign country name | Foreign province/state/county | Foreign postal code |

Filing Status

1 ☒ Single

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

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

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.

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) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions) |
|----------------|-----------|--|-------------------------------------|--|
| | | | | <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

Boxes checked on 6a and 6b **1**

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** **166,650.**

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**

b Qualified dividends **9b**

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**

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

15a IRA distributions **15a** **b Taxable amount** **15b**

16a Pensions and annuities **16a** **b Taxable amount** **16b**

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. List type and amount **21**

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ **22** **166,650.**

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**

37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ **37** **166,650.**

Tax and Credits**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

| | | | |
|------------|--|-----------|----------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 166,650. |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked 39a <input type="checkbox"/> | | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/> | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 23,557. |
| 41 | Subtract line 40 from line 38 | 41 | 143,093. |
| 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 | 139,043. |
| 44 | Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | 44 | 31,914. |
| 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 | 31,914. |
| 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 | |
| 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 | 31,914. |

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 | 0. |
| 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 | 31,914. |

Payments

If you have a qualifying child, attach Schedule EIC.

| | | | |
|------------|--|------------|---------|
| 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | 36,988. |
| 65 | 2017 estimated tax payments and amount applied from 2016 return | 65 | |
| 66a | Earned income credit (EIC) <input type="checkbox"/> NO | 66a | |
| b | Nontaxable combat pay election 66b | 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 checked="" 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 | 36,988. |

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 | 5,074. |
| 76a | Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 76a | 5,074. |
| b | Routing number 3 2 2 2 7 1 6 2 7 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 7 0 3 7 6 3 7 2 7 | | |

Amount You Owe

| | | | |
|-----------|---|-----------|--|
| 77 | Amount of line 75 you want applied to your 2018 estimated tax | 77 | |
| 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions | 78 | |
| 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 Software Engineer | Daytime phone number (858) 900-8908 |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------|---|------------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name | Self-Prepared | | | Firm's EIN |
| Firm's address | | | | Phone no. |

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

Itemized Deductions

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

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017

Attachment
Sequence No. **07**

Xinchi Gu

Your social security number

697-14-1254

**Medical
and
Dental
Expenses**

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

- 1** Medical and dental expenses (see instructions) **1**
- 2** Enter amount from Form 1040, line 38 **2** 166,650
- 3** Multiply line 2 by 7.5% (0.075). **3** 12,499 .
- 4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **4**

**Taxes You
Paid**

- 5** State and local (check only one box):
- a** ☒ Income taxes, or } **5** 14,447 .
- b** ☐ General sales taxes }
- 6** Real estate taxes (see instructions) **6** 2,879 .
- 7** Personal property taxes **7**
- 8** Other taxes. List type and amount ► **8**
- 9** Add lines 5 through 8 **9** 17,326 .

**Interest
You Paid**

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

- 10** Home mortgage interest and points reported to you on Form 1098 **10** 6,231 .
- 11** Home mortgage interest not reported to you on Form 1098. If paid
to the person from whom you bought the home, see instructions
and show that person's name, identifying no., and address ► **11**
- 12** Points not reported to you on Form 1098. See instructions for
special rules **12**
- 13** Mortgage insurance premiums (see instructions) **13**
- 14** Investment interest. Attach Form 4952 if required. See instructions **14**
- 15** Add lines 10 through 14 **15** 6,231 .

**Gifts to
Charity**

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

- 16** Gifts by cash or check. If you made any gift of \$250 or more,
see instructions. **16**
- 17** Other than by cash or check. If any gift of \$250 or more, see
instructions. You **must** attach Form 8283 if over \$500 **17**
- 18** Carryover from prior year **18**
- 19** Add lines 16 through 18 **19**

**Casualty and
Theft Losses**

- 20** Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and
enter the amount from line 18 of that form. See instructions **20**

**Job Expenses
and Certain
Miscellaneous
Deductions**

- 21** Unreimbursed employee expenses—job travel, union dues,
job education, etc. Attach Form 2106 or 2106-EZ if required.
See instructions. ► **21**
- 22** Tax preparation fees **22**
- 23** Other expenses—investment, safe deposit box, etc. List type
and amount ► **23**
- 24** Add lines 21 through 23 **24**
- 25** Enter amount from Form 1040, line 38 **25**
- 26** Multiply line 25 by 2% (0.02) **26**
- 27** Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- **27**

**Other
Miscellaneous
Deductions**

- 28** Other—from list in instructions. List type and amount ► **28**

**Total
Itemized
Deductions**

- 29** Is Form 1040, line 38, over \$156,900?
- ☐ **No.** Your deduction is not limited. Add the amounts in the far right column
for lines 4 through 28. Also, enter this amount on Form 1040, line 40. **29** 23,557 .
- ☒ **Yes.** Your deduction may be limited. See the Itemized Deductions
Worksheet in the instructions to figure the amount to enter.
- 30** If you elect to itemize deductions even though they are less than your standard
deduction, check here ☐

Health Savings Accounts (HSAs)

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2017
Attachment
Sequence No. **52**

Name(s) shown on Form 1040 or Form 1040NR

Xinchi Gu

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ▶

697-14-1254

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | | |
|----|--|---|---------------------------------|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) ▶ | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family |
| 2 | HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) | 2 | 0. |
| 3 | If you were under age 55 at the end of 2017, and on the first day of every month during 2017, you were, or were considered, an eligible individual with the same coverage, enter \$3,400 (\$6,750 for family coverage). All others , see the instructions for the amount to enter | 3 | 3,400. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs | 4 | 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 3,400. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter | 6 | 3,400. |
| 7 | If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions) | 7 | 0. |
| 8 | Add lines 6 and 7 | 8 | 3,400. |
| 9 | Employer contributions made to your HSAs for 2017 | 9 | 1,000. |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | 1,000. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 2,400. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25 | 13 | 0. |

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | | |
|-----|---|-----|--|
| 14a | Total distributions you received in 2017 from all HSAs (see instructions) | 14a | |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) | 14b | |
| c | Subtract line 14b from line 14a | 14c | |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount | 16 | |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/> | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box | 17b | |

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

BAA

REV 11/27/17 Intuit.cq.cfp.sp Form **8889** (2017)

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | | |
|-----------|--|-----------|--|
| 18 | Last-month rule | 18 | |
| 19 | Qualified HSA funding distribution | 19 | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount | 20 | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box | 21 | |

Tax History Report

► Keep for your records

2017

Name(s) Shown on Return

Xinchi Gu

| | Five Year Tax History: | | | | |
|--|------------------------|------|------|----------|----------|
| | 2013 | 2014 | 2015 | 2016 | 2017 |
| Filing status | | | | Single | Single |
| Total income | | | | 142,635. | 166,650. |
| Adjustments to income | | | | | |
| Adjusted gross income | | | | 142,635. | 166,650. |
| Tax expense | | | | 9,522. | 17,326. |
| Interest expense . . . | | | | | 6,231. |
| Contributions | | | | | |
| Miscellaneous deductions. | | | | | |
| Other Itemized Deductions | | | | | |
| Total itemized/standard deduction . . | | | | 9,522. | 23,557. |
| Exemption amount . . | | | | 4,050. | 4,050. |
| Taxable income | | | | 129,063. | 139,043. |
| Tax. | | | | 29,163. | 31,914. |
| Alternative min tax . . | | | | | |
| Total credits | | | | | |
| Other taxes | | | | 0. | 0. |
| Payments | | | | 26,381. | 36,988. |
| Form 2210 penalty . . | | | | | |
| Amount owed | | | | 2,782. | |
| Applied to next year's estimated tax . | | | | | |
| Refund. | | | | | 5,074. |
| Effective tax rate % . . | | | | 20.45 | 19.15 |
| **Tax bracket % | | | | 28.0 | 28.0 |

**Tax bracket % is based on Taxable income.

Smart Worksheets from your 2017 California Tax Return Attachment

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

| Tax Smart Worksheet | |
|---------------------|---|
| A | Tax 31,914. |
| Check if from: | |
| 1 | Tax table <input type="checkbox"/> |
| 2 | Tax Computation Worksheet (see instructions) <input checked="" type="checkbox"/> |
| 3 | Schedule D Tax Worksheet <input type="checkbox"/> |
| 4 | Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/> |
| 5 | Schedule J <input type="checkbox"/> |
| 6 | Form 8615 <input type="checkbox"/> |
| 7 | Foreign Earned Income Tax Worksheet <input type="checkbox"/> |
| B | Additional tax from Form 8814 _____ |
| C | Additional tax from Form 4972 _____ |
| D | Tax from additional Form(s) 4972 _____ |
| E | Recapture tax from Form 8863 _____ |
| F | IRC Section 197(f)(9)(B)(ii) election for an additional tax _____ |
| G | Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____ |
| H | Tax. Add lines A through G. Enter the result here and on line 44 31,914. |

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

| Line 3 Smart Worksheet | | | | | |
|---|---|-------------------------------|---|---------------------------------|--------|
| A Select your coverage for each month below. Select Family for any month you had Self-only coverage and your spouse had family coverage. Select None for any month you were covered by Medicare. | | | | | |
| 1 | January ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |
| 2 | February ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |
| 3 | March ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |
| 4 | April ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |
| 5 | May ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |
| 6 | June ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |
| 7 | July ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |
| 8 | August ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |
| 9 | September ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |
| 10 | October ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |
| 11 | November ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |
| 12 | December ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |
| B | Maximum allowable contribution. | | | | 3,400. |
| <i>Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12</i> | | | | | |

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 9 Employer Contribution Smart Worksheet

| | | |
|----------|--|--------|
| A | Enter the employer contributions reported in Box 12 of Form W-2 (code W) | 1,000. |
| B | Enter employer contributions made in 2017 for the tax year 2016 | |
| C | Subtract line B from line A | 1,000. |
| D | Enter employer contributions made in 2018 for the tax year 2017 | |
| E | Other employer contributions for 2017 not reported above | |
| F | Employer contributions for 2017. Add lines C, D and E. Enter on line 9 | 1,000. |

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 18 Smart Worksheet

Check here if failure to maintain HDHP coverage in 2017 was due to death or disability

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| | | |
|------------|---|---|
| A 1 | Total HSA contribution in 2016 | |
| 2 | Excess contribution in 2016 | |
| 3 | Net HSA contribution in 2016 | 0. |
| B | Check the box below to indicate the type of coverage you had for each month of 2016. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare. | |
| 1 | January | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 2 | February | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 3 | March | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 4 | April | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 5 | May | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 6 | June | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 7 | July | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 8 | August | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 9 | September | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 10 | October | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 11 | November | <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 12 | December | <input checked="" type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| C 1 | Total maximum allowable contribution for 2016 | |
| 2 | Amount allocated to spouse in 2016 | |
| 3 | Net maximum allowable contribution for 2016 | |