

----- ▼ Detach Here and Mail With Your Payment ▼ -----

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/15/2019**

2019 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2019 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

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

3,507.

REV 10/17/18 INTUIT.CG.CFP.SP

1555

697-14-1254
XINCHI GU

3865 CARTER DR APT 302
SOUTH SAN FRANCISCO CA 94080

INTERNAL REVENUE SERVICE
PO BOX 510000
SAN FRANCISCO CA 94151-5100

697141254 DC GU 30 0 201912 430

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Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **06/17/2019**

2019 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2019 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

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

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REV 10/17/18 INTUIT.CG.CFP.SP

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Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **09/16/2019**

2019 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2019 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

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

3,507.

REV 10/17/18 INTUIT.CS.CFP.SP

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SAN FRANCISCO CA 94151-5100

697141254 DC GU 30 0 201912 430

----- ▼ **Detach Here and Mail With Your Payment** ▼ -----

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due 01/15/2020

2019 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2019 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

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

3,507.

REV 10/17/18 INTUIT.CS.CFP.SP

1555

697-14-1254
XINCHI GU

3865 CARTER DR APT 302
SOUTH SAN FRANCISCO CA 94080

INTERNAL REVENUE SERVICE
PO BOX 510000
SAN FRANCISCO CA 94151-5100

697141254 DC GU 30 0 201912 430

Filing status: ☒ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial: **Xinchi** Last name: **Gu** Your social security number: **697-14-1254**

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

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

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **3865 Carter Dr** Apt. no. **302** Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **South San Francisco CA 94080** If more than four dependents, see inst. and ✓ here ☐

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Preparer's name Preparer's signature PTIN Firm's EIN Check if:

Firm's name ▶ **Self-Prepared** Phone no. ☐ 3rd Party Designee ☐ Self-employed

Firm's address ▶

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1 299,905.
2a Tax-exempt interest	2b
3a Qualified dividends	3b
4a IRAs, pensions, and annuities	4b
5a Social security benefits	5b
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 -3,000.	6 296,905.
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7 296,905.
8 Standard deduction or itemized deductions (from Schedule A)	8 30,958.
9 Qualified business income deduction (see instructions)	9
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10 265,947.
11 a Tax (see inst.) 68,771. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11 68,771.
b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13 68,771.
13 Subtract line 12 from line 11. If zero or less, enter -0-	14 1,066.
14 Other taxes. Attach Schedule 4	15 69,837.
15 Total tax. Add lines 13 and 14	16 62,795.
16 Federal income tax withheld from Forms W-2 and 1099	17
17 Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863	18 62,795.
18 Add lines 16 and 17. These are your total payments	19
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	20a
20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	
▶ b Routing number X X X X X X X X X X ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
▶ d Account number X X X X X X X X X X X X X X X X X X	
21 Amount of line 19 you want applied to your 2019 estimated tax 21	
Amount You Owe 22 Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions 22 7,042.	
23 Estimated tax penalty (see instructions) 23	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► **Attach to Form 1040.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

Xinchi Gu

Your social security number

697-14-1254

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	0.
	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 ► <input type="checkbox"/>	13	-3,000.
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	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	Reserved	20b	
	21	Other income. List type and amount ►	21	
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	-3,000.
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. 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	Reserved	34	
	35	Reserved	35	
	36	Add lines 23 through 35	36	

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

Schedule 1 (Form 1040) 2018

SCHEDULE 4
(Form 1040)

Department of the Treasury
Internal Revenue Service

Other Taxes

► **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **04**

Name(s) shown on Form 1040

Xinchi Gu

Your social security number

697-14-1254

**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, and other tax-favored accounts. Attach Form 5329 if required	59	
60a	Household employment taxes. Attach Schedule H	60a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions)	61	0.
62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	62	1,066.
63	Section 965 net tax liability installment from Form 965-A 63		
64	Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14	64	1,066.

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

REV 12/21/18 Intuit.cg.cfp.sp

Schedule 4 (Form 1040) 2018

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

► Attach to Form 1040.

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

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 | 0. |
| 2 | Enter amount from Form 1040, line 7 2 296,905. | | |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 22,268. |
| 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 taxes.
a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> 5a 27,660.
b State and local real estate taxes (see instructions) 5b 6,999.
c State and local personal property taxes 5c 800.
d Add lines 5a through 5c 5d 35,459.
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) 5e 10,000.
6 Other taxes. List type and amount ► 6
7 Add lines 5e and 6 7 10,000. |
|----------|---|

**Interest You
Paid**

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

- | | |
|----------|--|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>
a Home mortgage interest and points reported to you on Form 1098 8a 20,958.
b 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 ► 8b
c Points not reported to you on Form 1098. See instructions for special rules 8c
d Reserved 8d
e Add lines 8a through 8c 8e 20,958.
9 Investment interest. Attach Form 4952 if required. See instructions 9
10 Add lines 8e and 9 10 20,958. |
|----------|--|

**Gifts to
Charity**

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

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

**Casualty and
Theft Losses**

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

**Other
Itemized
Deductions**

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

**Total
Itemized
Deductions**

- | | |
|-----------|--|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8 17 30,958. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/> 18 |

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

▶ Attach to Form 1040 or Form 1040NR.

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

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2018Attachment
Sequence No. **12**

Name(s) shown on return

Xinchi Gu

Your social security number

697-14-1254

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	174,213.	188,223.		-14,010.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -14,010.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

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

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

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

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-14,010.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ►	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ►	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> </div> </div>	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

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

2018
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 2018 (see instructions)	▶ <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. 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 2018, and on the first day of every month during 2018, you were, or were considered, an eligible individual with the same coverage, enter \$3,450 (\$6,900 for family coverage). All others , see the instructions for the amount to enter	3 3,450.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, 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 3,450.
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 2018, see the instructions for the amount to enter	6 3,450.
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions)	7 0.
8	Add lines 6 and 7	8 3,450.
9	Employer contributions made to your HSAs for 2018	9 3,450.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 3,450.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (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 2018 from all HSAs (see instructions)	14a 1,217.
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 1,217.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15 1,217.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16 0.
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 Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (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 12/21/18 Intuit.cdp.sp Form **8889** (2018)

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 Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to Schedule 1 (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 Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (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	

Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions.
► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
► Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2018
Attachment
Sequence No. **71**

Name(s) shown on return

Xinchi Gu

Your social security number

697-14-1254

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	318,405.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	318,405.	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	200,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		118,405.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		1,066.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 4 (Form 1040), line 62 (check box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Part V	18		1,066.
----	---	----	--	--------

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	5,683.	
20	Enter the amount from line 1	20	318,405.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,617.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		1,066.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 16 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24		1,066.

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2018Attachment
Sequence No. **72**

Name(s) shown on your tax return

Xinchi Gu

Your social security number or EIN

697-14-1254

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b		4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	-3,000.	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	-3,000.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	-3,000.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-	12	0.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	296,905.
14	Threshold based on filing status (see instructions)	14	200,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	96,905.
16	Enter the smaller of line 12 or line 15	16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	0.
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

TAXABLE YEAR

2018**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 3865 CARTER DR		Apt. no. UN 302	PMB/private mailbox		Daytime telephone number (858) 900-8908
City SOUTH SAN FRANCISCO				State CA	ZIP code 94080
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** 300,355.

2 Refund or no amount due. See instructions **2** 4,577.

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

Part II Settle Your Account Electronically for Taxable Year 2018 (Payment due 4/15/2019)

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 2019 These are not installment payments for the current amount you owe.

	First Payment Due 4/15/2019	Second Payment Due 6/17/2019	Third Payment Due 9/16/2019	Fourth Payment Due 1/15/2020
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 4,577. 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 bank 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 2018 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

2018 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

697-14-1254 GU
XINCHI GU

18

3865 CARTER DR
SOUTH SAN FRANCISCO CA 94080

UN 302

02-21-1990

If your California filing status is different from your federal filing status, check the box here ☐Filing
Status1 ☒

Single

4 ☐

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

2 ☐

Married/RDP filing jointly. See inst.

5 ☐Qualifying widow(er). Enter year spouse/RDP died See instructions. 3 ☐Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. ☐► 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 \$118 = ☐ \$ 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☐ 8 X \$118 = ☐ \$ 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☐ 9 X \$118 = ☐ \$

Exemptions

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

	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 \$367 = ☐ \$ 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 303355.00
- 13 Enter federal adjusted gross income from Form 1040, line 7. • 13 296905.00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B • 14 0.00
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions • 15 296905.00
- 16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. • 16 3450.00
- 17 California adjusted gross income. Combine line 15 and line 16. • 17 300355.00
- 18 Enter the **larger of** {

 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$4,401
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,802
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . .

}
• 18 22613.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- • 19 277742.00

Tax

- 31 Tax. Check the box if from: ☐ Tax Table ☒ Tax Rate Schedule
☐ FTB 3800 ☐ FTB 3803 • 31 23083.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504, see instructions • 32 0.00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- • 33 23083.00
- 34 Tax. See instructions. Check the box if from: • ☐ Schedule G-1 • ☐ FTB 5870A • 34 .00
- 35 Add line 33 and line 34 • 35 23083.00

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 23083.00

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 23083.00

Your name:

G U

Your SSN or ITIN:

697-14-1254

Payments

71	California income tax withheld. See instructions	● 71	27660	.00
72	2018 CA estimated tax and other payments. See instructions	● 72		.00
73	Withholding (Form 592-B and/or 593). See instructions	● 73		.00
74	Excess SDI (or VPD) withheld. See instructions	● 74		.00
75	Earned Income Tax Credit (EITC)	● 75		.00
76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	27660	.00

Use Tax

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

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	27660	.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	4577	.00
95	Amount of line 94 you want applied to your 2019 estimated tax	● 95	0	.00
96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	4577	.00
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97		.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	

Your name:

G U

Your SSN or ITIN:

697-14-1254

Contributions

	Code	Amount
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
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	<input type="text"/> .00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	<input type="text"/> .00
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/> .00
110 Add code 400 through code 443. 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

4 5 7 7

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

● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . ● ☐ Yes ● ☒ No

Print Third Party Designee's Name

Telephone Number

()

2018 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 from federal Form 1040**

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 1	<input checked="" type="radio"/> 299,905.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 3,450.
2 Taxable interest. (a) <input checked="" type="radio"/> 2(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Ordinary dividends. See instructions. (a) <input checked="" type="radio"/> 3(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 IRAs, pensions, and annuities. See instructions. (a) <input checked="" type="radio"/> 4(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Social security benefits. (a) <input checked="" type="radio"/> 5(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	

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

10 Taxable refunds, credits, or offsets of state and local income taxes 10	<input checked="" type="radio"/> 0.	<input checked="" type="radio"/> 0.	
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"/> -3,000.	<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"/>
15a Reserved. 15(b)			
16a Reserved. 16(b)			
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"/>	
20a Reserved. 20(b)			
21 Other income.			
a California lottery winnings		<input checked="" type="radio"/>	a
b Disaster loss deduction from FTB 3805V		<input checked="" type="radio"/>	b
c Federal NOL (federal Schedule 1 (Form 1040), line 21)		<input checked="" type="radio"/>	c <input checked="" type="radio"/>
d NOL deduction from FTB 3805V		<input checked="" type="radio"/>	d
e NOL from FTB 3805Z, 3806, 3807, or 3809		<input checked="" type="radio"/>	e
f Other (describe): <input checked="" type="radio"/>		<input checked="" type="radio"/>	f <input checked="" type="radio"/>
22 Total. Combine line 1 through line 21 in column A. Add line 1 through line 21f in column B and column C. Go to Section C. 22	<input checked="" type="radio"/> 296,905.	<input checked="" type="radio"/> 0.	<input checked="" type="radio"/> 3,450.

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

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. Attach federal Form 3903. See instructions 26	<input checked="" type="radio"/>		<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 Reserved. 34			
35 Reserved 35			
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"/> 296,905.	<input checked="" type="radio"/> 0.	<input checked="" type="radio"/> 3,450.

Part II Adjustments to Federal Itemized DeductionsCheck the box if you did NOT itemize for federal but will itemize for California ☒ ☐**A Federal Amounts**
(from federal Schedule A
(Form 1040))**B Subtractions**
See instructions**C Additions**
See instructions**Medical and Dental Expenses**

1	Medical and dental expenses <input checked="" type="radio"/> 0.	1			
2	Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/> 296,905.	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 22,268.	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0. <input checked="" type="radio"/>	4			

Taxes You Paid

5a	State and local income tax or general sales taxes.	5a	<input checked="" type="radio"/> 27,660.	<input checked="" type="radio"/> 27,660.	
5b	State and local real estate taxes	5b	<input checked="" type="radio"/> 6,999.		
5c	State and local personal property taxes	5c	<input checked="" type="radio"/> 800.		
5d	Add lines 5a through 5c	5d	<input checked="" type="radio"/> 35,459.		
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C.	5e	<input checked="" type="radio"/> 10,000.	<input checked="" type="radio"/> 27,660.	<input checked="" type="radio"/> 25,459.
6	Other taxes. List type <input checked="" type="radio"/>	6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
7	Add lines 5e and 6	7	<input checked="" type="radio"/> 10,000.	<input checked="" type="radio"/> 27,660.	<input checked="" type="radio"/> 25,459.

Interest You Paid

8a	Home mortgage interest and points reported to you on Form 1098	8a	<input checked="" type="radio"/> 20,958.		<input checked="" type="radio"/>
8b	Home mortgage interest not reported to you on Form 1098	8b	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8c	Points not reported to you on Form 1098	8c	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8d	Reserved	8d			
8e	Add lines 8a through 8c	8e	<input checked="" type="radio"/> 20,958.		<input checked="" type="radio"/>
9	Investment interest	9	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10	Add lines 8e and 9	10	<input checked="" type="radio"/> 20,958.	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Gifts to Charity

11	Gifts by cash or check	11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12	Other than by cash or check	12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13	Carryover from prior year	13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14	Add lines 11 through 13	14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Casualty and Theft Losses

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions.	15	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
-----------	--	-----------	----------------------------------	----------------------------------	----------------------------------

Other Itemized Deductions

16	Other—from list in federal instructions	16	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	17	<input checked="" type="radio"/> 30,958.	<input checked="" type="radio"/> 27,660.	<input checked="" type="radio"/> 25,459.

18 Total Adjustments to Federal Itemized Deductions. Combine line 17 column A less column B plus column C ☒ **18** 28,757.

Job Expenses and Certain Miscellaneous Deductions

19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.	<input checked="" type="radio"/> 19	<input type="text"/>
20	Tax preparation fees.	<input checked="" type="radio"/> 20	<input type="text"/>
21	Other expenses - investment, safe deposit box, etc. List type <input checked="" type="radio"/>	<input checked="" type="radio"/> 21	<input type="text"/>
22	Add lines 19 through 21.	<input checked="" type="radio"/> 22	<input type="text"/>
23	Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/> 296,905.		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.	<input checked="" type="radio"/> 24	<input type="text" value="5,938."/>
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	<input checked="" type="radio"/> 25	<input type="text" value="0."/>
26	Total Itemized Deductions. Add line 18 and line 25.	<input checked="" type="radio"/> 26	<input type="text" value="28,757."/>
27	Other adjustments. See instructions. Specify. <input checked="" type="radio"/>	<input checked="" type="radio"/> 27	<input type="text"/>
28	Combine line 26 and line 27.	<input checked="" type="radio"/> 28	<input type="text" value="28,757."/>
29	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?		
	Single or married/RDP filing separately		\$194,504
	Head of household		\$291,760
	Married/RDP filing jointly or qualifying widow(er)		\$389,013
	No. Transfer the amount on line 28 to line 29.		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29.	<input checked="" type="radio"/> 29	<input type="text" value="22,613."/>
30	Enter the larger of the amount on line 29 or your standard deduction listed below		
	Single or married/RDP filing separately. See instructions.		\$4,401
	Married/RDP filing jointly, head of household, or qualifying widow(er)		\$8,802
	Transfer the amount on line 30 to Form 540, line 18	<input checked="" type="radio"/> 30	<input type="text" value="22,613."/>

2018**California Capital Gain or Loss Adjustment**

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

D (540)

Name(s) as shown on return

SSN or ITIN

X I N C H I G U

6 9 7 - 1 4 - 1 2 5 4

	(a) Description of property Example: 100 shares of "Z" Co.	(b) Sales price	(c) Cost or other basis	(d) Loss If (c) is more than (b), subtract (b) from (c)	(e) Gain If (b) is more than (c), subtract (c) from (b)
1					
a	1 SHARES OF GOOG	1,253.75	1,019.98		233.77
b	58 SHARES OF GOOG	70,714.65	59,158.84		11,555.81
c	5 SHARES OF GOOG	6,096.09	5,777.40		318.69
d	5 SHARES OF GOOG	6,096.09	6,240.40	144.31	
e	5 SHARES OF GOOG	6,096.09	5,396.20		699.89
f	30303M102 FACEBOOK, INC. CLASS A COMMON STOCK 359	53,041.52	57,728.	4,686.48	
g	852234103 SQUARE, INC. 500	30,914.58	52,902.25	21,987.67	
h					
i					
j					
k					
l					
m					
n					
o					
p					
q					
r					
s					
t					
u					
v					

2 Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568)..... **2** ☐ ☐

3 Capital gain distributions (federal Form 1099-DIV, box 2a) ☐ **3** _____

4 Total 2018 gains from all sources. Add column (e) amounts of line 1, line 2, and line 3 ☐ **4** 12,808.

5 2018 loss. Add column (d) amounts of line 1 and line 2. ☐ **5** (26,818.)

6 California capital loss carryover from 2017, if any. See instructions. ☐ **6** (_____)

7 Total 2018 loss. Add line 5 and line 6 ☐ **7** (26,818.)



- 8** Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10. ☒ **8** -14,010.
- 9** If line 8 is a loss, enter the smaller of: (a) the loss on line 8.
(b) \$3,000 (\$1,500 if married/RDP filing separate). See instructions. . . . ☒ **9** (-3,000.)
- 10** Enter the gain or (loss) from federal Schedule 1 (Form 1040), line 13. ☒ **10** -3,000.
- 11** Enter the California gain from line 8 or (loss) from line 9. ☒ **11** -3,000.
- 12 a** If line 10 is **more** than line 11, enter the difference here and on Schedule CA (540), Part I, line 13, column B. . . . ☒ **12a** _____
- b** If line 10 is **less** than line 11, enter the difference here and on Schedule CA (540), Part I, line 13, column C. . . . ☒ **12b** 0.

Name as Shown on Return

Xinchi Gu

Social Security No.

697-14-1254

Line 1 – 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		3,450.
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 Excess moving reimbursements		
15 Other (itemize):		
a		
b		
c		
d		
Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1.		3,450.

Line 4 – 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 4		

Line 4 – 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 4.		

Filing status: ☒ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial: **Xinchi** Last name: **Gu** Your social security number: **697-14-1254**

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

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

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **3865 Carter Dr** Apt. no. **302** Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **South San Francisco CA 94080** If more than four dependents, see inst. and ✓ here ☐

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Preparer's name Preparer's signature PTIN Firm's EIN Check if: ☐ 3rd Party Designee ☐ Self-employed

Firm's name ▶ **Self-Prepared** Phone no.

Firm's address ▶

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1 299,905.
2a Tax-exempt interest	2b
3a Qualified dividends	3b
4a IRAs, pensions, and annuities	4b
5a Social security benefits	5b
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 -3,000.	6 296,905.
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7 296,905.
8 Standard deduction or itemized deductions (from Schedule A)	8 30,958.
9 Qualified business income deduction (see instructions)	9
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10 265,947.
11 a Tax (see inst.) 68,771. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11 68,771.
b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13 68,771.
13 Subtract line 12 from line 11. If zero or less, enter -0-	14 1,066.
14 Other taxes. Attach Schedule 4	15 69,837.
15 Total tax. Add lines 13 and 14	16 62,795.
16 Federal income tax withheld from Forms W-2 and 1099	17
17 Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863	18 62,795.
18 Add lines 16 and 17. These are your total payments	19
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	20a
20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	
▶ b Routing number X X X X X X X X X X ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
▶ d Account number X X X X X X X X X X X X X X X X X X	
21 Amount of line 19 you want applied to your 2019 estimated tax 21	
Amount You Owe 22 Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions 22 7,042.	
23 Estimated tax penalty (see instructions) 23	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► **Attach to Form 1040.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

Xinchi Gu

Your social security number

697-14-1254

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	0.
	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 ► <input type="checkbox"/>	13	-3,000.
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	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	Reserved	20b	
	21	Other income. List type and amount ►	21	
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	-3,000.
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. 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	Reserved	34	
	35	Reserved	35	
	36	Add lines 23 through 35	36	

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

Schedule 1 (Form 1040) 2018

SCHEDULE 4
(Form 1040)

Department of the Treasury
Internal Revenue Service

Other Taxes

► **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **04**

Name(s) shown on Form 1040

Xinchi Gu

Your social security number

697-14-1254

**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, and other tax-favored accounts. Attach Form 5329 if required	59	
60a	Household employment taxes. Attach Schedule H	60a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions)	61	0.
62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	62	1,066.
63	Section 965 net tax liability installment from Form 965-A 63		
64	Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14	64	1,066.

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

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Schedule 4 (Form 1040) 2018

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

► Attach to Form 1040.

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

OMB No. 1545-0074

2018Attachment
Sequence No. **07**

Name(s) shown on Form 1040

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** 0.
- 2 Enter amount from Form 1040, line 7 **2** 296,905.
- 3 Multiply line 2 by 7.5% (0.075) **3** 22,268.
- 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 taxes.
- a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ► ☐ **5a** 27,660.
- b State and local real estate taxes (see instructions) **5b** 6,999.
- c State and local personal property taxes **5c** 800.
- d Add lines 5a through 5c **5d** 35,459.
- e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) **5e** 10,000.
- 6 Other taxes. List type and amount ► **6**
- 7 Add lines 5e and 6 **7** 10,000.

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

- 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ► ☐
- a Home mortgage interest and points reported to you on Form 1098 **8a** 20,958.
- b 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 ► **8b**
- c Points not reported to you on Form 1098. See instructions for special rules **8c**
- d Reserved **8d**
- e Add lines 8a through 8c **8e** 20,958.
- 9 Investment interest. Attach Form 4952 if required. See instructions **9**
- 10 Add lines 8e and 9 **10** 20,958.

**Gifts to
Charity**

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

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

**Casualty and
Theft Losses**

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

**Other
Itemized
Deductions**

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

**Total
Itemized
Deductions**

- 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8 **17** 30,958.
- 18 If you elect to itemize deductions even though they are less than your standard deduction, check here ☐

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

- **Attach to Form 1040 or Form 1040NR.**
► **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
► **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

2018Attachment
Sequence No. **12**

Name(s) shown on return

Xinchi Gu

Your social security number

697-14-1254

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	174,213.	188,223.		-14,010.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -14,010.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

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

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

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

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-14,010.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ►	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ►	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> </div> </div>	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

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 2018 (see instructions) ▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. 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 2018, and on the first day of every month during 2018, you were, or were considered, an eligible individual with the same coverage, enter \$3,450 (\$6,900 for family coverage). All others , see the instructions for the amount to enter	3	3,450.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, 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	3,450.
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 2018, see the instructions for the amount to enter	6	3,450.
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions)	7	0.
8	Add lines 6 and 7	8	3,450.
9	Employer contributions made to your HSAs for 2018	9	3,450.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	3,450.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (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 2018 from all HSAs (see instructions)	14a	1,217.
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	1,217.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	1,217.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	0.
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 Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (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 Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to Schedule 1 (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 Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (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	

Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions.
► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
► Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2018
Attachment
Sequence No. **71**

Name(s) shown on return

Xinchi Gu

Your social security number

697-14-1254

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	318,405.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	318,405.	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	200,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		118,405.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		1,066.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 4 (Form 1040), line 62 (check box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Part V	18		1,066.
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	5,683.	
20	Enter the amount from line 1	20	318,405.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,617.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		1,066.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 16 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24		1,066.

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

Xinchi Gu

Your social security number or EIN

697-14-1254

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b		4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	-3,000.	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	-3,000.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	-3,000.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-	12	0.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	296,905.
14	Threshold based on filing status (see instructions)	14	200,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	96,905.
16	Enter the smaller of line 12 or line 15	16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	0.
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	