



Prepared For:
ALEX K. SHUNG

04/11/2016

Today's Savings

- * There are many education tax breaks available, including two credits, a deduction, and even three ways to exclude funds from being taxed in the first place. Using one or more of your options enabled you to reduce your taxes this year by: \$2,500.00
- * In simple terms, the Marginal Tax Rate is the tax rate that you pay on your last dollar of taxable income. It is the highest federal tax bracket that affects your tax calculation. The Effective Tax Rate is the percentage of your total income that you paid in taxes. For 2015, your Marginal Tax Rate is 15% and your Effective Tax Rate is 3%.

Total Savings..... \$2,500.00

Filing, Refund and Balance Due Information

Tax Return	efile	Refund / (Balance Due)	Summary		Message
Federal	Yes	\$5,423.00	Refund	\$5,423.00	See the Filing Checklist for instructions.
California	Yes	\$1,253.00	Refund	\$1,253.00	See the Filing Checklist for mailing instructions.

H&R Block ADVANTAGE[®]

2015 Tax Return Summary

Federal Year over Year Comparison

INCOME	Year 2015	Year 2014	Change(\$)
Wages, salaries, tips	\$28,777	\$0	\$28,777
Total income	\$28,777	\$0	\$28,777
ADJUSTED GROSS INCOME			
Total income less total adjustments	\$28,777	\$0	\$28,777
TAXABLE INCOME			
Standard deductions	\$6,300	\$0	\$6,300
Exemptions	\$4,000	\$0	\$4,000
Taxable income	\$18,477	\$0	\$18,477
TAX COMPUTATION			
Income tax	\$2,310	\$0	\$2,310
Tax before credits	\$2,310	\$0	\$2,310
CREDITS			
Education credits	\$1,500	\$0	\$1,500
Total credits	\$1,500	\$0	\$1,500
Tax after credits	\$810	\$0	\$810
OTHER TAXES			
Total tax	\$810	\$0	\$810
PAYMENTS			
Federal withholding	\$5,233	\$0	\$5,233
American opportunity credit	\$1,000	\$0	\$1,000
Total payments	\$6,233	\$0	\$6,233
REFUND			
Overpayment	\$5,423	\$0	\$5,423
Refund due	\$5,423	\$0	\$5,423
OTHER COMPUTATIONS			
Alternative minimum taxable income	\$28,777	\$0	\$28,777
Marginal tax bracket	15%		
Effective tax bracket	3%		
Filing status	Single		

ACA Tax Impact Analysis: Your Personalized Review



The Affordable Care Act (ACA) is a federal law that says almost everyone must have health insurance or pay a tax penalty.

Your 2015 Status:

You and all members in your household had qualified health insurance for all 12 months in 2015. Therefore, you were not assessed an ACA tax penalty. ACA tax penalties will increase next year for individuals without qualified coverage.

If you or members of your household purchased insurance through the Marketplace, your ACA Premium Tax Credit reconciliation details can be found on your Block Advantage 2015 Tax Return Summary.

2015 ACA Tax Penalty:

\$ 0 . 00

based on your 2015
tax return.

Your 2016 Eligibility:

Based on your 2015 tax return, **you may be eligible for the Advance Premium Tax Credit** to help pay part of the cost of your health insurance premiums. The Marketplace Open Enrollment Period ended 1/31/16. Outside of Open Enrollment you can enroll only if you qualify for a Special Enrollment Period due to life events such as marriage, birth of child or job changes.

For your Marketplace application, you will need to know:

Household Income: **\$ 28 , 777 . 00**

Household Size: **1**

Remember to update your information if anything changes.

Potential 2016 ACA Tax Penalty:

\$ 695 . 00

if you and members of
your household do not
have qualified health
insurance for the year
and don't qualify for
an exemption.

For more information about ACA and your taxes,
visit hrblock.com/acataximpact.

View your personalized ACA Tax Impact
Analysis in your MyBlock account.
Visit hrblock.com/myblock to log in.



Need help getting health insurance?

H&R Block offers free, unbiased help enrolling
in health insurance. Call (855) 487-7026 or visit
healthcare.hrblock.com

We're Open All Year! Call 800-HRBLOCK (800-472-5625) or visit hrblock.com to schedule an appointment.

The information provided herein is only an estimate for informational purposes only and does not constitute tax or legal advice or an official calculation of your potential ACA tax penalty. Your situation could differ based on other factors.

ALEX K SHUNG

**Tax Return Signature/Consent to Disclosure
On-Line Self Select PIN without Direct Debit**

Perjury Statement

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

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgement of receipt or reason for rejection of transmission; b) an indication of any refund offset; c) the reason for any delay in processing or refund; and, d) the date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self Select PIN below.

Taxpayer's PIN: 54268 Date: 03/24/2016
Taxpayer's Date of Birth: 05/13/1993
Taxpayer's Prior Year Adjusted Gross Income: 0.
Taxpayer's Prior year PIN
Taxpayer's Electronic Filing PIN
Spouse's PIN:
Spouse's Date of Birth:
Spouse's Prior Year Adjusted Gross Income:
Spouse's Prior year PIN
Spouse's Electronic Filing PIN

FILE

2015 Federal Tax Return Filing Instructions

FOR THE YEAR ENDING

December 31, 2015

Prepared for	ALEX K SHUNG																								
Tax Summary	<table> <tr> <td>Gross Income</td> <td>\$</td> <td>28,777</td> </tr> <tr> <td>Adjusted Gross Income</td> <td>\$</td> <td>28,777</td> </tr> <tr> <td>Total Deductions</td> <td>\$</td> <td>10,300</td> </tr> <tr> <td>Total Taxable Income</td> <td>\$</td> <td>18,477</td> </tr> <tr> <td>Total Tax</td> <td>\$</td> <td>810</td> </tr> <tr> <td>Total Payments</td> <td>\$</td> <td>6,233</td> </tr> <tr> <td>Refund Amount</td> <td>\$</td> <td>5,423</td> </tr> <tr> <td>Amount You Owe</td> <td>\$</td> <td>0</td> </tr> </table>	Gross Income	\$	28,777	Adjusted Gross Income	\$	28,777	Total Deductions	\$	10,300	Total Taxable Income	\$	18,477	Total Tax	\$	810	Total Payments	\$	6,233	Refund Amount	\$	5,423	Amount You Owe	\$	0
Gross Income	\$	28,777																							
Adjusted Gross Income	\$	28,777																							
Total Deductions	\$	10,300																							
Total Taxable Income	\$	18,477																							
Total Tax	\$	810																							
Total Payments	\$	6,233																							
Refund Amount	\$	5,423																							
Amount You Owe	\$	0																							
Make check payable to	United States Treasury																								
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																								

Instructions

STEP 1 - Once your e-filed return has been accepted, you will receive an e-mail

STEP 2 - Keep a copy

Print a copy of the return for your records.

Please attach a copy of each W-2, W-2G, 1099G and 1099R to your return.

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2015**California Online e-file Return Authorization
for Individuals**

FORM

8453-OL

Your first name and initial ALEX K SHUNG		Last name		Suffix	Your SSN or ITIN 620-72-7525
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 7465 PLUM BLOSSOM DRIVE		Apt. no.	PMB/Private mailbox		Daytime telephone number (408) 605-4201
City CUPERTINO			State CA		ZIP code 95014
Foreign country name		Foreign province/state/country			Foreign postal code

Part I Tax Return Information (whole dollars only)

- 1 California adjusted gross income. (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32). **1 28,777.**
- 2 Refund or no amount due. (Form 540, line 115; Form 540 2EZ, line 32; Long Form 540NR, line 125; or Short Form 540NR, line 125). **2 1,253.**
- 3 Amount you owe. (Form 540, line 111; Form 540 2EZ, line 31; Long Form 540NR, line 121; or Short Form 540NR, line 121). **3 0.**

Part II Settle Your Account Electronically for Taxable Year 2015 (Payment due 4/18/2016)

- 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 2016 These are not installment payments for the current amount you owe.

	First Payment Due 4/18/2016	Second Payment Due 6/15/2016	Third Payment Due 9/15/2016	Fourth Payment Due 1/17/2017
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 **1,253.** 12 The remaining amount of my refund for direct deposit _____
- 9 Routing number **121000358** 13 Routing number _____
- 10 Account number **000972570723** 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 2015 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.

Date

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

ALEX K SHUNG
% SHIH SHUNG
7465 PLUM BLOSSOM DRIVE
CUPERTINO, CA 95014

OMB No. 1545-0074

Your social security number
620-72-7525

Spouse's social security number

▲ Make sure the SSN(s) above and on line 6c are correct.

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

Foreign country name

Foreign province/state/county

Foreign postal code

Filing status **1** ☒ **Single** **4** ☐ **Head of household** (with qualifying person). (See instructions.)
2 ☐ **Married filing jointly** (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 Check only one box. **3** ☐ **Married filing separately**. Enter spouse's SSN above & full name here. ▶
5 ☐ **Qualifying widow(er) with dependent child** (see instructions)

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

b ☐ **Spouse**

c Dependents:

If more than six dependents, see instructions.

(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 instr.)

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 inst)** _____
Dependents on 6c not entered above _____

Add numbers on lines above **1**

d Total number of exemptions claimed.

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7	28,777.
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 (see instructions).	9b	
10 Capital gain distributions (see instructions).	10	
11a IRA distributions.	11a	
	11b Taxable amount (see instructions).	11b
12a Pensions and annuities.	12a	
	12b Taxable amount (see instructions).	12b
13 Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a Social security benefits.	14a	
	14b Taxable amount (see instructions).	14b
15 Add lines 7 through 14b (far right column). This is your total income .	15	28,777.

Adjusted gross income

16 Educator expenses (see instructions).	16	
17 IRA deduction (see instructions).	17	
18 Student loan interest deduction (see instructions).	18	
19 Tuition and fees. Attach Form 8917.	19	
20 Add lines 16 through 19. These are your total adjustments .	20	
21 Subtract line 20 from line 15. This is your adjusted gross income .	21	28,777.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040A** (2015)

Tax, credits, and payments22 Enter the amount from line 21 (adjusted gross income). 22 **28,777.**23a Check ☐ You were born before January 2, 1951, ☐ Blind ☐ Total boxes checked ☐ 23a ☐
if: ☐ Spouse was born before January 2, 1951, ☐ Blindb If you are married filing separately and your spouse itemizes deductions, check here ☐ 23b ☐**Standard Deduction for -**

• People who check any box on line 23a or 23b or who can be claimed as a dependent, see instr.

• All others:
Single or Married filing separately, \$6,300
Married filing jointly or Qualifying widow(er), \$12,600
Head of household, \$9,25024 Enter your **standard deduction**. 24 **6,300.**25 Subtract line 24 from line 22. If line 24 is more than line 22, enter - 0- . 25 **22,477.**26 **Exemptions.** Multiply \$4,000 by the number on line 6d. 26 **4,000.**27 Subtract line 26 from line 25. If line 26 is more than line 25, enter - 0- . This is your **taxable income**. ☐ 27 **18,477.**28 **Tax**, including any alternative minimum tax (see instructions). 28 **2,310.**29 Excess advance premium tax credit repayment. Attach Form 8962. 29 **0.**30 Add lines 28 and 29. 30 **2,310.**

31 Credit for child and dependent care expenses. Attach Form 2441. 31

32 Credit for the elderly or the disabled. Attach Schedule R. 32

33 Education credits from Form 8863, line 19. 33 **1,500.**

34 Retirement savings contributions credit. Attach Form 8880. 34

35 Child tax credit. Attach Sch 8812, if required. 35

36 Add lines 31 through 35. These are your **total credits**. 36 **1,500.**37 Subtract line 36 from line 30. If line 36 is more than line 30, enter - 0- . 37 **810.**38 Health care: individual responsibility (see instructions). Full-year coverage ☒ 3839 Add line 37 and line 38. This is your **total tax**. 39 **810.**40 Federal income tax withheld from Forms W-2 and 1099. 40 **5,233.**

41 2015 estimated tax payments and amount applied from 2014 return. 41

42a **Earned income credit (EIC).** 42a

b Nontaxable combat pay election. 42b

43 Additional child tax credit. Attach Schedule 8812. 43

44 American opportunity credit from Form 8863, line 8. 44 **1,000.**

45 Net premium tax credit. Attach Form 8962. 45

46 Add lines 40, 41, 42a, 43, 44, and 45. These are your **total payments**. ☐ 46 **6,233.****Refund**47 If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you **overpaid**. 47 **5,423.**48a Amount of line 47 you want **refunded to you**. If Form 8888 is attached, check here ☐ 48a **5,423.**

Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.

b Routing number **121000358** ☒ c Type: ☒ Checking ☐ Savingsd Account number **000972570723**49 Amount of line 47 you want **applied to your 2016 estimated tax**. 49**Amount you owe**50 **Amount you owe.** Subtract line 46 from line 39. For details on how to pay, see instructions. ☐ 50

51 Estimated tax penalty (see instructions). 51

Third party designeeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete the following. ☒ **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 the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature _____ Date _____ Your occupation **DEVELOPER** Daytime phone number _____
Spouse's signature. If a joint return, **both** must sign. _____ Date _____ Spouse's occupation _____ If the IRS sent you an ID Protection PIN, enter it here (see inst.) _____**Paid preparer use only**Print/type preparer's name _____ Preparer's signature _____ Date _____ Check ☐ if self-employed PTIN _____
Firm's name ☐ Firm's EIN ☐
Firm's address ☐ Phone no. _____

Education Credits

(American Opportunity and Lifetime Learning Credits)

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

► Attach to Form 1040 or Form 1040A.
► Information about Form 8863 and its separate instructions is at www.irs.gov/form8863.

2015
Attachment
Sequence No. **50**

Name(s) shown on return

ALEX K SHUNG

Your social security number

620-72-7525



Complete a separate Part III on page 2 for each student for whom you are claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	2,500.
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	90,000.
3	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	28,777.
4	Subtract line 3 from line 2. If zero or less, stop ; you cannot take any education credit	4	61,223.
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	10,000.
6	If line 4 is: <ul style="list-style-type: none"> Equal to or more than line 5, enter 1.000 on line 6 Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) 	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you cannot take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	2,500.
8	Refundable American opportunity credit. Multiply line 7 by 40% (.40). Enter the amount here and on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below	8	1,000.

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	1,500.
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter - 0- on line 18, and go to line 19	10	
11	Enter the smaller of line 10 or \$10,000	11	
12	Multiply line 11 by 20% (.20)	12	
13	Enter: \$130,000 if married filing jointly; \$65,000 if single, head of household, or qualifying widow(er)	13	
14	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, and enter - 0- on line 18, and go to line 19	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	
17	If line 15 is: <ul style="list-style-type: none"> Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) 	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	18	0.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 50, or Form 1040A, line 33	19	1,500.

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

Form 8863 (2015)

Name(s) shown on return

ALEX K SHUNG

Your social security number

620-72-7525

Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information

See instructions.

20 Student name (as shown on page 1 of your tax return) ALEX SHUNG	21 Student social security number (as shown on page 1 of your tax return) 620-72-7525
22 Educational institution information (see instructions)	
a. Name of first educational institution REGENTS OF THE UNIVERSITY OF CALIF	b. Name of second educational institution (if any)
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. B303 MURPHY HALL LOS ANGELES CA 90095	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2015? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2015? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2014 with Box 2 filled in and Box 7 checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2014 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you checked "No" in both (2) and (3) , skip (4) .	If you checked "No" in both (2) and (3) , skip (4) .
(4) If you checked "Yes" in (2) or (3) , enter the institution's federal identification number (from Form 1098-T). 95-6006143	(4) If you checked "Yes" in (2) or (3) , enter the institution's federal identification number (from Form 1098-T).
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2015?	<input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Go to line 24.
24 Was the student enrolled at least half- time for at least one academic period that began or is treated as having begun in 2015 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions)	<input checked="" type="checkbox"/> Yes - Go to line 25. <input type="checkbox"/> No - Stop! Go to line 31 for this student.
25 Did the student complete the first 4 years of post-secondary education before 2015 (see instructions)?	<input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Go to line 26.
26 Was the student convicted, before the end of 2015, of a felony for possession or distribution of a controlled substance?	<input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Complete lines 27 through 30 for this student.



You **cannot** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year.

If you complete lines 27 through 30 for this student, do not complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Do not enter more than \$4,000	27	4,000
28 Subtract \$2,000 from line 27. If zero or less enter - 0-	28	2,000
29 Multiply line 28 by 25% (.25)	29	500
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1	30	2,500

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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Form **8863** (2015)

2015 STATE TAX RETURN FILING INSTRUCTIONS

CALIFORNIA

FOR THE YEAR ENDING
December 31, 2015

Prepared for	ALEX K SHUNG																								
Tax Summary	<table><tr><td>Gross Income</td><td>\$</td><td>28,777</td></tr><tr><td>Adjusted Gross Income</td><td>\$</td><td>28,777</td></tr><tr><td>Total Deductions</td><td>\$</td><td>4,044</td></tr><tr><td>Total Taxable Income</td><td>\$</td><td>24,733</td></tr><tr><td>Total Tax</td><td>\$</td><td>428</td></tr><tr><td>Total Payments</td><td>\$</td><td>1,621</td></tr><tr><td>Refund Amount</td><td>\$</td><td>1,253</td></tr><tr><td>Amount You Owe</td><td>\$</td><td>0</td></tr></table>	Gross Income	\$	28,777	Adjusted Gross Income	\$	28,777	Total Deductions	\$	4,044	Total Taxable Income	\$	24,733	Total Tax	\$	428	Total Payments	\$	1,621	Refund Amount	\$	1,253	Amount You Owe	\$	0
Gross Income	\$	28,777																							
Adjusted Gross Income	\$	28,777																							
Total Deductions	\$	4,044																							
Total Taxable Income	\$	24,733																							
Total Tax	\$	428																							
Total Payments	\$	1,621																							
Refund Amount	\$	1,253																							
Amount You Owe	\$	0																							
Make check payable to	Not Applicable																								
Mailing Address	Not Applicable																								
Special Instructions	KEEP A COPY Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.																								

2015 California Resident Income Tax Return**540 2EZ**

APE

620-72-7525 SHUN
ALEX K SHUNG

15

SHIH SHUNG
7465 PLUM BLOSSOM DRIVE
CUPERTINO CA 95014A
R
RP

05-13-1993

Filing Status **Filing Status.** Check the box for your filing status. See instructions.

Check only one.

1 ☒ Single2 ☐ Married/RDP filing jointly (even if only one spouse/RDP had income)4 ☐ Head of household. STOP! See instructions.5 ☐ Qualifying widow(er) with dependent child. Enter year spouse/RDP died.

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

Exemptions6 If another person can claim you (or your spouse/RDP) as a dependent on his or her tax return, even if he or she chooses not to, you **must** see the instructions • 6 ☐7 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. • 7 ☐8 **Dependents: (Do not include yourself or your spouse/RDP)** Enter number of dependents here. • 8 ☐

	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"/>

Your name:

ALEX K SHUNG

Your SSN or ITIN:

620-72-7525

Whole dollars only

**Taxable
Income and
Credits**

- 9 Total wages (federal Form W-2, box 16). See instructions. ● 9
- 10 Total interest income (Form 1099-INT, box 1). See instructions ● 10
- 11 Total dividend income (Form 1099-DIV, box 1a). See instructions ● 11
- 12 Total pension income . See instructions. Taxable amount ● 12
- 13 Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a).
See instructions. ● 13
- 16 Add line 9, line 10, line 11, line 12, and line 13 ● 16 .
- 17 Using the 2EZ Table for your filing status, enter the tax for the amount on line 16.
Caution: If you checked the box on line 6, **STOP**. See instructions for completing the
Dependent Tax Worksheet. ○ 17 .
- 18 Senior exemption: See instructions. If you are 65 or older and entered 1 in the
box on line 7, enter \$109. If you entered 2 in the box on line 7, enter \$218 ○ 18
- 19 Nonrefundable renter's credit. See instructions. ● 19 .
- 20 **Credits.** Add line 18 and line 19. 20 .
- 21 **Tax.** Subtract line 20 from line 17. If zero or less, enter - 0- ● 21 .
- 22 Total tax withheld (federal Form W-2, box 17 or Form 1099-R, box 12). ● 22 .
- 23 Earned Income Tax Credit (EITC). See instructions for FTB 3514 ● 23
- 24 **Total payments.** Add line 22 and line 23. ○ 24 .

Use Tax

- 25 Use tax. **This is not a total line.** See instructions ● 25

- 26 Payments balance. If line 24 is more than line 25, subtract line 25 from line 24 ○ 26 .
- 27 **Use Tax balance.** If line 25 is more than line 24, subtract line 24 from line 25 ○ 27
- 28 Overpaid tax. If line 26 is more than line 21, subtract line 21 from line 26 ● 28 .
- 29 Tax due. If line 26 is less than line 21, subtract line 26 from line 21.
See instructions. ○ 29

**Overpaid
Tax/
Tax Due.**

Your name: ALEX K SHUNG

Your SSN or ITIN: 620-72-7525

Voluntary Contributions

	Code	Amount
California Seniors Special Fund. See instructions.	• 400	<input type="text"/>
Alzheimer's Disease/Related Disorders Fund.	• 401	<input type="text"/>
Rare and Endangered Species Preservation Program	• 403	<input type="text"/>
California Breast Cancer Research Fund.	• 405	<input type="text"/>
California Firefighters' Memorial Fund	• 406	<input type="text"/>
Emergency Food for Families Fund.	• 407	<input type="text"/>
California Peace Officer Memorial Foundation Fund.	• 408	<input type="text"/>
California Sea Otter Fund	• 410	<input type="text"/>
California Cancer Research Fund	• 413	<input type="text"/>
Child Victims of Human Trafficking Fund	• 419	<input type="text"/>
School Supplies for Homeless Children Fund.	• 422	<input type="text"/>
State Parks Protection Fund/Parks Pass Purchase.	• 423	<input type="text"/>
Protect Our Coast and Oceans Fund	• 424	<input type="text"/>
Keep Arts in Schools Fund	• 425	<input type="text"/>
California Senior Legislature Fund.	• 427	<input type="text"/>
Habitat for Humanity Fund	• 428	<input type="text"/>
California Sexual Violence Victim Services Fund	• 429	<input type="text"/>
State Children's Trust Fund for the Prevention of Child Abuse	• 430	<input type="text"/>
Prevention of Animal Homelessness & Cruelty Fund.	• 431	<input type="text"/>
30 Add amounts in code 400 through code 431. These are your total contributions	• 30	<input type="text"/>

Your name:

ALEX K SHUNG

Your SSN or ITIN:

620-72-7525

**Amount
You Owe**

31 AMOUNT YOU OWE. Add line 27, line 29, and line 30. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942867

SACRAMENTO CA 94267-0001 • 31

Pay online - Go to **ftb.ca.gov** for more information.

**Direct
Deposit
(Refund
Only)**

32 REFUND OR NO AMOUNT DUE. Subtract line 30 from line 28. See instructions.

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942840

SACRAMENTO CA 94240-0001 • 32

1,253.

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. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 32) is authorized for direct deposit into the account shown below:

• Type
☐ Checking • Account number • 33 Direct deposit amount
• Routing number
☐ Savings

The remaining amount of my refund (line 32) is authorized for direct deposit into the account shown below:

• Type
☐ Checking • Account number • 34 Direct deposit amount
• Routing number
☐ Savings

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** and search for **privacy notice**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information on this tax return is true, correct, and complete.

Your signature

Date

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

X

X

**Sign
Here**

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

Joint tax return?
See instructions.

Your email address (optional). Enter only one email address.

Daytime phone number (optional)

(408) 605-4201

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

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

• PTIN

Firm's address

• FEIN

Do you want to allow another person to discuss this tax return with us? See instructions

• ☐ Yes ☒ No

Print Third Party Designee's Name

Telephone Number

2015

Wage and Tax Statement

W-2

Important: Attach this form to the back of your Form 540, 540 2EZ, or Form 540NR (Long or Short).

Name(s) as shown on tax return

SSN or ITIN

ALEX K SHUNG

620-72-7525

Caution: If this form is filled out, **do not** send your Form(s) W-2 to the Franchise Tax Board. If your Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your Form(s) W-2 to the lower front of your tax return.

All fields must be completed. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

*Employee's social security number, name, and address must be the same as the information on the Form(s) W-2.

W-2 Information	1st W-2	2nd W-2
a. Employee's social security number*	<input type="radio"/> 620-72-7525	<input type="radio"/>
b. Employer identification number (EIN)	<input type="radio"/> 20-5542615	<input type="radio"/>
c. Employer's name	<input type="radio"/> APTTUS CORPORATION	<input type="radio"/>
Address	<input type="radio"/> 1400 FASHION ISLAND BLVD	<input type="radio"/>
City	<input type="radio"/> SAN MATEO	<input type="radio"/>
State	<input type="radio"/> CA	<input type="radio"/>
ZIP code	<input type="radio"/> 94404	<input type="radio"/>
e. Employee's first name*	<input type="radio"/> ALEX	<input type="radio"/>
Middle initial*	<input type="radio"/> K	<input type="radio"/>
Last name*	<input type="radio"/> SHUNG	<input type="radio"/>
Suffix*	<input type="radio"/>	<input type="radio"/>
f. Employee address*	<input type="radio"/> 7465 PLUM BLOSSOM DRIVE	<input type="radio"/>
City*	<input type="radio"/> CUPERTINO	<input type="radio"/>
State*	<input type="radio"/> CA	<input type="radio"/>
ZIP code*	<input type="radio"/> 95014	<input type="radio"/>
1. Wages, tips, other compensation	<input type="radio"/> 28,777.	<input type="radio"/>
2. Federal income tax withheld	<input type="radio"/> 5,233.	<input type="radio"/>
3. Social security wages	<input type="radio"/> 28,777.	<input type="radio"/>
4. Social security tax withheld	<input type="radio"/> 1,784.	<input type="radio"/>
6. Medicare tax withheld	<input type="radio"/> 417.	<input type="radio"/>



W-2 Information		1st W-2	2nd W-2	
7. Social security tips	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	
8. Allocated tips (not included in box 1)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	
10. Dependent care benefits	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	
11. Nonqualified plans	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	
12. Codes and amounts	Codes	Amounts	Codes	Amounts
12a.	<input type="radio"/> AA	<input type="radio"/> 3,471.	<input type="radio"/>	<input type="radio"/>
12b.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12c.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12d.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay	<input type="radio"/> Statutory employee	<input type="radio"/> Statutory employee	<input type="radio"/> Retirement plan	<input type="radio"/> Retirement plan
	<input checked="" type="radio"/> Retirement plan	<input type="radio"/> Third-party sick pay	<input type="radio"/> Third-party sick pay	
14. SDI, VPD, or CA SDI (from box 14 or 19)	Type	Amount	Type	Amount
	<input type="radio"/> CASDI	<input type="radio"/> 259	<input type="radio"/>	<input type="radio"/>
15. State and employer's state ID number	State	Employer's state ID number	State	Employer's state ID number
	<input type="radio"/> CA	<input type="radio"/> 27725217	<input type="radio"/>	<input type="radio"/>
16. State wages, tips, etc.	<input type="radio"/>	<input type="radio"/> 28,777.	<input type="radio"/>	<input type="radio"/>
17. State income tax	<input type="radio"/>	<input type="radio"/> 1,621.	<input type="radio"/>	<input type="radio"/>



Credit Limit Worksheet - Keep For Your Records

Name **ALEX K SHUNG**

SSN **620-72-7525**

Credit Limit Worksheet - Form 8863 - Line 19

Nonrefundable Credit Worksheet

- | | | |
|--|----|---------------|
| 1. Enter the amount from Form 8863, line 18 | 1. | <u>0.</u> |
| 2. Enter the amount from Form 8863, line 9 | 2. | <u>1,500.</u> |
| 3. Add lines 1 and 2 | 3. | <u>1,500.</u> |
| 4. Enter the amount from:
Form 1040, line 47; or
Form 1040A, line 30 | 4. | <u>2,310.</u> |
| 5. Enter the amount from either:
Form 1040, lines 48 and 49, and the amount from Schedule R included on Form 1040, line 54; or
Form 1040A, lines 31 and 32 | 5. | <u>0.</u> |
| 6. Subtract line 5 from line 4 | 6. | <u>2,310.</u> |
| 7. Enter the smaller of line 3 or line 6 here and on Form 8863, line 19 | 7. | <u>1,500.</u> |

Credit Limit Worksheet - Form 8880, line 11

- | | | |
|---|----|-----------------------------|
| 1. Enter the amount from Form 1040, line 47; Form 1040A, line 30 | 1. | <u> </u> |
| 2. Form 1040 filers: Enter the total of your credits from lines 48 through 50 and Schedule R, line 22.
Form 1040A filers: Enter the total of your credits from lines 31 through 33 | 2. | <u> </u> |
| 3. Subtract line 2 from line 1. Also enter this amount on Form 8880, line 11. But if zero or less, stop ; you cannot take this credit | 3. | <u> </u> |