

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning ,2014, ending ,20		See separate instructions.
Your first name and initial Gautam Sharma		Last name Your social security number 151-04-1608
If a joint return, spouse's first name and initial		Last name Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 4048 12 Manhattan Beach Blvd 12		Apt. no. ▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Lawndale CA 90260		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

Filing Status Check only one box.	1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.)
	2 <input type="checkbox"/> 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. ▶
	3 <input checked="" type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	5 <input type="checkbox"/> Qualifying widow(er) with dependent child

Exemptions If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b	1	
	b <input type="checkbox"/> Spouse			
	c Dependents:		No. of children on 6c who: <input type="checkbox"/> lived with you 0 <input type="checkbox"/> did not live with you due to divorce or separation (see instructions) 0 Dependents on 6c not entered above 0 Add numbers on lines above ▶ 1	
	(1) First name Last name	(2) Dependent's social security number		(3) Dependent's relationship to you
d Total number of exemptions claimed				

Income Attach Forms(s) W-2 here. Also attach Forms W-2G and 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		
	8a Taxable interest. Attach Schedule B if required	8a		
	b Tax-exempt interest. Do not include on line 8a	8b		
	9a Ordinary dividends. Attach Schedule B if required	9a		
	b Qualified dividends	9b		
	10 Taxable refunds, credits, or offsets of state and local income taxes	10		
	11 Alimony received	11		
	12 Business income or (loss). Attach Schedule C or C-EZ	12		
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13		
	14 Other gains or (losses). Attach Form 4797	14		
	15a IRA distributions	15a	b Taxable amount	15b
	16a Pensions and annuities	16a	b Taxable amount	16b
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	267,570.	
	18 Farm income or (loss). Attach Schedule F	18		
	19 Unemployment compensation	19		
20a Social security benefits	20a	b Taxable amount	20b	
21 Other income. List type and amount	Other Income From K-	21	30,000.	
22 Combine the amounts in the far right col for lines 7 through 21. This is your total income ▶	22	297,570.		

Adjusted Gross Income	23 Educator expenses	23	
	24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ	24	
	25 Health savings account deduction. Attach Form 8889	25	
	26 Moving expenses. Attach Form 3903	26	
	27 Deductible part of self-employment tax. Attach Schedule SE	27	1,272.
	28 Self-employed SEP, SIMPLE, and qualified plans	28	
	29 Self-employed health insurance deduction	29	
	30 Penalty on early withdrawal of savings	30	
	31a Alimony paid b Recipient's SSN ▶	31a	
	32 IRA deduction	32	
	33 Student loan interest deduction	33	
	34 Tuition and fees. Attach Form 8917	34	
	35 Domestic production activities deduction. Attach Form 8903	35	
	36 Add lines 23 through 35	36	1,272.
	37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37	296,298.

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	296,298.
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1950, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked 39a <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before Jan. 2, 1950, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,200.
41	Subtract line 40 from line 38	41	290,098.
42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	290,098.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	88,255.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	88,255.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	88,255.

Standard Deduction for-

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

• All others:
Single or Married filing separately, \$6,200
Married filing jointly or Qualifying widow(er), \$12,400
Head of household, \$9,100

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	2,543.
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	2,448.
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	93,246.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2014 estimated tax payments and amount applied from 2013 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Form 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Re-served c <input type="checkbox"/> Re-served d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	

Refund

Direct deposit? ☐
See instructions ☐

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <input type="text"/>		
77	Amount of line 75 you want applied to your 2015 estimated tax	77	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	94,876.
79	Estimated tax penalty (see instructions)	79	1,630.

Third Party Designee

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

Designee's name <input type="text"/>	Phone no. <input type="text"/>	Personal identification number (PIN) <input type="text"/>
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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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature <input type="text"/>	Date <input type="text"/>	Your occupation <input type="text"/>	Daytime phone number <input type="text"/>
Spouse's signature. If a joint return, both must sign. <input type="text"/>	Date <input type="text"/>	Spouse's occupation <input type="text"/>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Paid Preparer Use Only

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

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Gautam Sharma

Your social security no.

151-04-1608

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations** **Note.** If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach **Form 6198**. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☐ Yes ☐ No
If you answered "Yes," see instructions before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corp.	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	WEBSITE DEVELOPMENT SERVICES LLC	P		20-3971405	
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				267,570.
B				
C				
D				
29a Totals				267,570.
b Totals				
30 Add columns (g) and (j) of line 29a				267,570.
31 Add columns (f), (h), and (i) of line 29b				()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				267,570.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A		
B		
34a Totals		
b Totals		
35 Add columns (d) and (f) of line 34a		
36 Add columns (c) and (e) of line 34b		()
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification no.	(c) Excess inclusion from Schedules Q , line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q , line 1b	(e) Income from Schedules Q , line 3b
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below					

Part V Summary

40 Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	267,570.
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)

Gautam Sharma

Social security number of person

with **self-employment** income ▶

151-04-1608

Section B - Long Schedule SE**Part I Self-Employment Tax**

Note. If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ▶ ☐

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b ()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions)	2	18,000.
3 Combine lines 1a, 1b, and 2	3	18,000.
4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	16,623.
Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income , enter -0- and continue ▶	4c	16,623.
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	
6 Add lines 4c and 5b	6	16,623.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2014	7	117,000 00
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$117,000 or more, skip lines 8b through 10, and go to line 11	8a	
b Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c Wages subject to social security tax (from Form 8919, line 10)	8c	
d Add lines 8a, 8b, and 8c	8d	
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶	9	117,000.
10 Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	2,061.
11 Multiply line 6 by 2.9% (.029)	11	482.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55	12	2,543.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13	1,272.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ was not more than \$7,200, or **(b)** your net farm profits² were less than \$5,198.

14 Maximum income for optional methods	14	4,800 00
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,800. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$5,198 and also less than 72.189% of your gross nonfarm income,⁴ and **(b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.

Caution. You may use this method no more than five times.

16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

2014 Form 1040-V

Department of the Treasury
Internal Revenue Service

What Is Form 1040-V

It is a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2014 Form 1040, Form 1040A, or Form 1040EZ.

TIP

You can also pay your taxes online or by phone either by a direct transfer from your bank account or by credit or debit card. Paying online or by phone is convenient and secure and helps make sure we get your payments on time. For more information, go to www.irs.gov/e-pay.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to **"United States Treasury."** Do not send cash.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2014 Form 1040," "2014 Form 1040A," or "2014 Form 1040EZ," whichever is appropriate.
- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX-" or "\$ XXX xx/100").

How To Send In Your 2014 Tax Return, Payment, and Form 1040-V

- Detach Form 1040-V along the dotted line.
- Do not staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2014 tax return, payment, and Form 1040-V to the address shown on page 2 that applies to you.

BCA Form **1040-V** (2014)

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2014

Form 1040-V Payment Voucher

- Use this voucher when making a payment with Form 1040
 - Do not staple this voucher or your payment to Form 1040
 - Make your check or money order payable to the "United States Treasury"
 - Write your Social Security Number (SSN) on your check or money order
- 151-04-1608

Amount you are paying
by check or money order

Dollars

1045

Gautam Sharma
4048 12 Manhattan Beach Blvd 12
Lawndale CA 90260

PO BOX 7704
San Francisco CA 94120-7704

151041608 SY SHAR 30 0 201412 610

Installment Agreement Request

► Information about Form 9465 and its separate instructions is at www.irs.gov/form9465.
► If you are filing this form with your tax return, attach it to the front of the return.
► See separate instructions.

OMB No. 1545-0074

Tip: If you owe \$50,000 or less, you may be able to establish an installment agreement online, even if you have not yet received a bill for your taxes. Go to IRS.gov to apply to pay online. **Caution:** Do not file this form if you are currently making payments on an installment agreement or can pay your balance in full within 120 days. Instead, call 1-800-829-1040. Do not file if your business is still operating and owes employment or unemployment taxes. Instead, call the telephone number on your most recent notice. If you are in bankruptcy or we have accepted your offer-in-compromise, see **Bankruptcy or offer-in-compromise**, in the instructions.

Part I

This request is for Form(s) (for example, Form 1040 or Form 941) ► **FORM 1040** and for tax year(s) (for example, 2012 and 2013) ► **2014**

1a Your first name and initial Gautam	Last name Sharma	Your social security number 151-04-1608
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Current address (number and street). If you have a P.O. box and no home delivery, enter your box number.

4048 12 Manhattan Beach Blvd 12

Apt. number

City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions)

Lawndale CA 90260

Foreign country name

Foreign province/state/county

Foreign postal code

1b If this address is new since you filed your last tax return, check here ☐

2 Name of your business (must be no longer operating) Employer identification number (EIN)

3 310-567-6686 6:00 PM Your home phone number Best time for us to call	4 310-567-6686 10:00 AM Your work phone number Ext. Best time for us to call
--	--

5 Name of your bank or other financial institution: Address City, state, and ZIP code	6 Your employer's name: Address City, state, and ZIP code
--	--

7 Enter the total amount you owe as shown on your tax return(s) (or notice(s))	7 94,876.
8 Enter the amount of any payment you are making with your tax return(s) (or notice(s)). See instructions	8
9 Subtract line 8 from line 7 and enter the result	9 94,876.
10 Enter the amount you can pay each month. Make your payments as large as possible to limit interest and penalty charges. The charges will continue until you pay in full. If no payment amount is listed on line 10, a payment will be determined for you by dividing the balance due by 72 months	10
11 Divide the amount on line 9 by 72 and enter the result	11 1,318.

- If the amount on line 10 is less than the amount on line 11 and you are unable to increase your payment to the amount on line 11, complete and attach Form 433-F, Collection Information Statement.
- If the amount on line 10 is equal to or greater than the amount on line 11 but the amount you owe is greater than \$25,000 but not more than \$50,000, you must complete either line 13 or 14, if you do not wish to complete Form 433-F.
- If the amount on line 9 is greater than \$50,000, complete and attach Form 433-F, Collection Information Statement.

12 Enter the date you want to make your payment each month. **Do not** enter a date later than the 28th ► 01

13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

- **a** Routing number
- **b** Account number

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my Federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at 1-800-829-1040 no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

14 If you want to make your payments by payroll deduction, check this box and attach a completed Form 2159, Payroll Deduction Agreement ☐

Your signature	Date	Spouse's signature. If a joint return, both must sign.	Date
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US 1040

Main Information Sheet

2014

PRINTED 11/18/2019

Gautam Sharma
 4048 12 Manhattan Beach Blvd 12
 Lawndale CA 90260

	Taxpayer	Spouse
SSN	151-04-1608	
Birth	06/01/1972	
Death		
Day Phone	310-567-6686	
Evening	310-567-6686	
Cell or Fax		
PIN		

Email g@terrawire.com
 Taxpayer Occupation Self Employed Spouse Occupation
 Filing Status MARRIED FILING SEPARATE

Preparer ID: Preparation Fee: 79.95 Date:
 Preparer: Time in return 1 min.

Recap of 2014 Income Tax Return

Earned Income	16,728.	Federal Tax	93,246.
Federal AGI	296,298.	Withholding	
Taxable Income	290,098.	Refund/(Due)	(94,876.)
EIC		Tax Bracket	39.6 %

State	CA				
Tax	25,018.				
Withholding					
Refund/Due	(25,250.)				
State					
Tax					
Withholding					
Refund/Due					

Bank Product Information	Check	Direct Deposit	Debit Card
Qualifying refund			
Fees			
Net refund			
Federal disbursement			
State disbursement			
Check one			

2014 K-1 DETAIL REPORT

					Short	Long									
		Current	Loss	Allowed		Term	Term	Sect.		Rental		Passive		PTP	
		Gain/	Carry	Gain/	Sch. B	Capital	Capital	1231	Sect.	Carryover		Carryover		Carryover	
Entity	P/S	Loss	Forward	Loss	Interest	Gains	Gains	Gain	179	Sch E	4797	Sch E	4797	Sch E	4797

WEBSITE DEVELOP	P	267570		267570											
		-----		-----											
		267570		267570											

Gautam Sharma

4048 12 Manhattan Beach Blvd 12
Lawndale CA 90260

INVOICE DATE: 11/18/2019
SS NUMBER: 151-04-1608
TELEPHONE: 310-567-6686
INVOICE NO.: 8321

2014 INVOICE

Description

1 Form 1040
1 Form 1040V, Payment Voucher for Balance Due Returns
1 Schedule E, Supplemental Income and Loss
1 Schedule SE, Self-Employment Tax
1 Form 2210, Underpayment of Estimated Tax
1 Form 9465, Installment Agreement Request
1 Form 1040, Other Income Worksheet
1 Affordable Care Act Worksheet
1 K-1 Worksheet
1 CA State Resident Return
1 State Return

Remarks:

Total Charges
Discount
Sales Tax
Payments
Amount Due

79.95

79.95

US

Form 1040 and 1040NR, Line 21: Other Income Worksheet

2014

Name: Gautam Sharma

SSN: 151-04-1608

	TSJ	Amount
1		Gambling winnings from Form W-2G
2		Form 1099-MISC, lines 3, 7, and 8
3		Taxable distributions from education savings accounts (ESAs) and QTPs
4		Recovery of itemized deductions
5		Foreign income exclusion from Form 2555, line 45
6		Foreign income exclusion from Form 2555-EZ, line 18
7		Income addition from Form 6478, line 2
8		Income addition from Form 8814, line 12
9		Taxable Archer MSA distributions from Form 8853, line 8
10		Taxable Medicare Advantage MSA distributions from Form 8853, line 12
11		Taxable long-term care insurance contract payments from Form 8853, line 26
12		Taxable HSA distributions from Form 8889, line 16
13		Income for failure to maintain HDHP coverage from Form 8889, line 20
14		Jury duty pay
15		NOL carried forward - enter as a negative amount
16	T	Describe - Other Income From K-1 30,000.
17		Describe -
18		Describe -
19		Describe -
20		Describe -
21		Describe -
22		Describe -
23		Describe -
24		Describe -
25		Describe -
26		Describe -
27		Describe -
28		Describe -
29		Describe -
30		Describe -
31		Total other income 30,000.

Name: Gautam Sharma

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If you or another member of your tax household had neither minimum essential coverage nor a coverage exemption for any month during 2014, use the Shared Responsibility Payment Worksheet, below, to figure your shared responsibility payment. For each individual, check the box in the column labeled "Full" if the individual had minimum essential coverage for the entire year, check the box labeled "None" if the individual did not have insurance all year, or check the box for each month that the individual did not have minimum essential coverage. If you are applying for an exemption or have been granted a full or partial exemption for an individual, check the box in the column labeled "Exm" and only check those months that are not covered by the exemption, if any. If you received insurance through the Marketplace, check the box labeled "Mkt".

	Full	None	Mkt	Exm	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Gautam Sharma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1 Total number of boxes checked per month, maximum of 5.....	1	1	1	1	1	1	1	1	1	1	1	1
2 Total number of boxes checked per month for individuals 18 or over	1	1	1	1	1	1	1	1	1	1	1	1
3 One-half the number of boxes checked per month for individuals under 18 ..												
4 Add lines 3 and 4 for each month	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
5 Multiply line 4 by \$95 for each month, maximum of \$285	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0
6 Sum of the number of boxes checked on line 1 above for the year												12
7 Household income												296,298.
Enter the total modified AGI for any dependent included in this return who is required to file a tax return - F3 if zero												
8 Filing threshold												3,950.
9 Subtract line 8 from line 7												292,348.
10 Multiply line 9 by 1%												2,923.
11 Is line 10 more than \$285?												
<input checked="" type="checkbox"/> Yes. Multiply line 10 by the number of months for which line 1 is more than zero.												
<input type="checkbox"/> No. Amount calculated based on the flat dollar amount worksheet												35,076.
12 Divide line 11 by 12												2,923.
13 Multiply line 6 by \$204.....												2,448.
14 Smaller of line 12 or line 13												2,448.

2014 California Resident Income Tax Return

540

APE

ATTACH FED RETURN

151-04-1608 SHAR
GAUTAM SHARMA

14

A
R
RP4048 12 MANHATTAN BEACH BLVD 12
LAWNDALE CA 90260

06-01-1972

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

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

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

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

Exemptions	7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions . . .	<input checked="" type="radio"/> 7 <input type="text" value="1"/> X \$108 = <input checked="" type="radio"/> \$ <input type="text" value="108"/>
	8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2	<input checked="" type="radio"/> 8 <input type="text"/> X \$108 = <input checked="" type="radio"/> \$ <input type="text"/>
	9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2	<input type="radio"/> 9 <input type="text"/> X \$108 = <input checked="" type="radio"/> \$ <input type="text"/>
	10 Dependents: Do not include yourself or your spouse/RDP.	

First name	Last name	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions. ☐ 10 X \$333 = ☒ \$

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 ☒ 11 \$

Your name: GAUTAM SHARMA

Your SSN or ITIN: 151-04-1608

Taxable Income	12	State wages from your Form(s) W-2, box 16.	12		00
	13	Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4	13	296,298	00
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B	14		00
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	296,298	00
	16	California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C	16		00
	17	California adjusted gross income. Combine line 15 and line 16	17	296,298	00
	18	Enter the larger of: Your California itemized deductions from Schedule CA (540), line 44; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately \$3,992 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . \$7,984 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions	18	3,992	00
	19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	19	292,306	00

Tax	31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	25,018	00
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$176,413, see instructions	32		00
	33	Subtract line 32 from line 31. If less than zero, enter -0-	33	25,018	00
	34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	34		00
	35	Add line 33 and line 34	35	25,018	00

Special Credits	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	40		00
	43	Enter credit name <input type="text"/> code <input type="text"/> and amount	43		00
	44	Enter credit name <input type="text"/> code <input type="text"/> 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 and line 43 through line 46. These are your total credits	47		00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	48	25,018	00



Your name: GAUTAM SHARMA

Your SSN or ITIN: 151-04-1608

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	25,018	.00
Payments	71	California income tax withheld. See instructions	● 71		.00
	72	2014 CA estimated tax and other payments. See instructions	● 72		.00
	73	Real estate and other withholding. See instructions	● 73		.00
	74	Excess SDI (or VPD) withheld. See instructions	● 74		.00
	75	Add line 71, line 72, line 73, and line 74. These are your total payments. See instructions	⊙ 75		.00
Overpaid Tax/ Tax Due	91	Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75	⊙ 91		.00
	92	Amount of line 91 you want applied to your 2015 estimated tax	● 92		.00
	93	Overpaid tax available this year. Subtract line 92 from line 91	● 93		.00
	94	Tax due. If line 75 is less than line 64, subtract line 75 from line 64	⊙ 94	25,018	.00





Your name: GAUTAM SHARMA

Your SSN or ITIN: 151-04-1608

Use Tax 95 Use Tax. This is not a total line. See instructions 95 .00

Contributions	Code	Amount
	400	
	401	
	403	
	405	
	406	
	407	
	408	
	410	
	413	
	419	
	422	
	423	
	424	
	425	
	426	
	427	
	428	
	429	
110	Add code 400 through code 429. This is your total contribution	

Your name:

GAUTAM SHARMA

Your SSN or ITIN:

151-04-1608

111 AMOUNT YOU OWE. Add line 94, line 95, and line 110. See instructions. **Do not send cash.**Amount
You OweMail to: **FRANCHISE TAX BOARD****PO BOX 942867****SACRAMENTO CA 94267-0001**

● 111

25,018.00

Pay online – Go to **ftb.ca.gov** for more information.Interest and
Penalties**112** Interest, late return penalties, and late payment penalties **112**

.00

113 Underpayment of estimated tax. Check the box: ● ☒ **FTB 5805 attached** ● ☐ **FTB 5805F attached** **113**

232.00

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

25,250.00

115 REFUND OR NO AMOUNT DUE. Subtract line 95 and line 110 from line 93. See instructions.Mail to: **FRANCHISE TAX BOARD****PO BOX 942840****SACRAMENTO CA 94240-0001**

● 115

.00

Refund and Direct Deposit

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

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Type

● Routing number ☐ Checking ● Account number ☐ Savings

● 116 Direct deposit amount

.00

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

● Type

● Routing number ☐ Checking ● Account number ☐ Savings

● 117 Direct deposit amount

.00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

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

X

Date

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

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.

G@TERRAWIRE.COM

Daytime phone number (optional)

310-567-6686

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

2014 California Adjustments - Residents

CA (540)

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

Name(s) as shown on return

GAUTAM SHARMA

SSN or ITIN

151-04-1608

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

A	B	C
Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions	Additions See instructions

7	Wages, salaries, tips, etc. See instructions before making an entry in column B or C	7	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
8	Taxable interest (b) _____	8 (a)	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
9	Ordinary dividends. See instructions.(b) _____	9 (a)	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
10	Taxable refunds, credits, offsets of state and local income taxes	10	<input type="radio"/>		<input type="radio"/>	
11	Alimony received	11	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
12	Business income or (loss)	12	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
13	Capital gain or (loss). See instructions	13	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
14	Other gains or (losses)	14	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
15	IRA distributions. See instructions. (a) _____	15(b)	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
16	Pensions and annuities. See instructions. (a) _____	16(b)	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	17	<input type="radio"/>	267,570.	<input type="radio"/>	<input type="radio"/>
18	Farm income or (loss)	18	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
19	Unemployment compensation	19	<input type="radio"/>		<input type="radio"/>	
20	Social security benefits (a) <input type="radio"/>	20(b)	<input type="radio"/>		<input type="radio"/>	
21	Other income.					
	a California lottery winnings e NOL from FTB 3805D, 3805Z,				a <input type="radio"/>	a _____
	b Disaster loss carryover from FTB 3805V 3806, 3807, or 3809				b <input type="radio"/>	b _____
	c Federal NOL (Form 1040, line 21) f Other (describe):				c <input type="radio"/>	c <input type="radio"/>
	d NOL carryover from FTB 3805V <input type="radio"/>				d <input type="radio"/>	d _____
					e <input type="radio"/>	e _____
					f <input type="radio"/>	f <input type="radio"/>
22	Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B	22	<input type="radio"/>	297,570.	<input type="radio"/>	•

Section B - Adjustments to Income

23	Educator expenses	23	<input type="radio"/>		<input type="radio"/>	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials	24	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
25	Health savings account deduction	25	<input type="radio"/>		<input type="radio"/>	
26	Moving expenses	26	<input type="radio"/>		<input type="radio"/>	
27	Deductible part of self-employment tax	27	<input type="radio"/>	1,272.		
28	Self-employed SEP, SIMPLE, and qualified plans	28	<input type="radio"/>			
29	Self-employed health insurance deduction	29	<input type="radio"/>			
30	Penalty on early withdrawal of savings	30	<input type="radio"/>			
31a	Alimony (b) Recipient's: SSN <input type="radio"/> paid. Last name <input type="radio"/>	31a	<input type="radio"/>			<input type="radio"/>
32	IRA deduction	32	<input type="radio"/>			
33	Student loan interest deduction	33	<input type="radio"/>			<input type="radio"/>
34	Tuition and fees	34	<input type="radio"/>		<input type="radio"/>	
35	Domestic production activities deduction	35	<input type="radio"/>		<input type="radio"/>	
36	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions	36	<input type="radio"/>	1,272.	<input type="radio"/>	<input type="radio"/>
37	Total. Subtract line 36 from line 22 in columns A, B, and C. See instr.	37	<input type="radio"/>	296,298.	<input type="radio"/>	<input type="radio"/>

**Part II Adjustments to Federal Itemized Deductions**

151-04-1608

38	Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28	<input checked="" type="radio"/> 38	<input type="text"/>
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign income taxes only). See instructions	<input checked="" type="radio"/> 39	<input type="text"/>
40	Subtract line 39 from line 38	<input checked="" type="radio"/> 40	<input type="text"/>
41	Other adjustments including California lottery losses. See instructions. Specify <input type="text"/>	<input checked="" type="radio"/> 41	<input type="text"/>
42	Combine line 40 and line 41	<input checked="" type="radio"/> 42	<input type="text"/>
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?		
	Single or married/RDP filing separately		\$176,413
	Head of household		\$264,623
	Married/RDP filing jointly or qualifying widow(er)		\$352,830
	No. Transfer the amount on line 42 to line 43.		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43	<input checked="" type="radio"/> 43	<input type="text"/>
44	Enter the larger of the amount on line 43 or your standard deduction listed below		
	Single or married/RDP filing separately. See instructions		\$3,992
	Married/RDP filing jointly, head of household, or qualifying widow(er)		\$7,984
	Transfer the amount on line 44 to Form 540, line 18	<input checked="" type="radio"/> 44	<input type="text" value="3,992."/>



CALIFORNIA AMOUNTS

Schedule E (Form 1040) 2014

Attachment Sequence No. **13**

Page **2**

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Gautam Sharma

Your social security no.

151-04-1608

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach **Form 6198**. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☐ **Yes** ☐ **No**
If you answered "Yes," see instructions before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corp.	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	WEBSITE DEVELOPMENT SERVICES LLC	P		20-3971405	
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				267,570.
B				
C				
D				
29a Totals				267,570.
b Totals				
30 Add columns (g) and (j) of line 29a			30	267,570.
31 Add columns (f), (h), and (i) of line 29b			31	()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32	267,570.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A		
B		
34a Totals		
b Totals		
35 Add columns (d) and (f) of line 34a		35
36 Add columns (c) and (e) of line 34b		36
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification no.	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39	

Part V Summary

40 Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	267,570.
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

CA K-1

Partner's and Shareholder's K-1 Worksheet

2014

Name of partnership or S corporation:

WEBSITE DEVELOPMENT SERVICES LLC

FEIN: 20-3971405

CA ID No:

*All at risk

Yes ☐ No ☐

Amount from Federal Form 6198

Nondeductible loss due to at-risk limitation.

Lines 1 and 4

Line 2

Line 3

Line 10

Line 12

Public Traded Partnership (PTP)

Check if this K-1 is from a PTP

Check if this activity was sold this year

PTP carryover from last year from: Schedule E: Form 4797:

PTP carryforward to next year to: Schedule E: Form 4797:

Passive Activity Information

Check if line 1, ordinary income, is a passive activity to this partner or shareholder

Check if line 2, income from rental real estate, has active participation by this partner or shareholder.

Check if there is an amount on line 10(9) and it pertains to active participation rental real estate:

or a passive activity:

Check if 100% of the interest of this activity was sold in this tax year

Enter net gain or loss on sale Rental: Passive:

Overall gain or loss on sale Rental: Passive:

AMT overall gain or loss on sale Rental: Passive:

	Active Rental		Passive			
Carryover		Form 4797		Form 4797		
Carryforward		Form 4797		Form 4797		

P	S	Type	Federal amount	California adjustment	Total amount using CA law	California Source
1	1	Ordinary business income or loss	267,570.		267,570.	
2	2	Net rental real estate income or loss				
3	3	Other net rental income or loss				
4		Guaranteed payments to partners				
5	4	Interest income				
6	5	Dividends				
7	6	Royalties				
8	7	Net short term capital gain or loss				
9	8	Net long term capital gain or loss				
10	9	Net Section 1231 gain or loss				
11a	10a	Other portfolio income or loss				
12	11	Expense deduction for recovery property				
13a	12a	Charitable contributions				
b	b	Investment interest expense				
d	d	Deductions - portfolio income				
e	e	Other deductions				
15b	13a	Low-income housing credit				
c	b	Credits related to rental real estate activities other than above				
d	c	Credits related to other rental activities				
f	d	Other credits				
g	e	New jobs credit				
17a	15a	Depreciation adjustment on property placed in service after 1986			See Passive Activity Worksheet	
b	b	Adjusted gain or loss				
f	e	Accelerated depreciation pre-1987				

Passive Activity Worksheet

Split the Federal amount from your California K-1 between the categories listed here.		Ordinary nonpassive	Active rental	Passive activities
a	Depreciation adjustment post-86			
b	Adjusted gain or loss			
e	Accelerated depreciation, pre-87			
	Prior year AMT unallowed loss			
	AMT carryforward to 2014			

2014

Underpayment of Estimated Tax by Individuals and Fiduciaries

5805

Attach this form to the **back** of your Form 540, Long Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 42, whichever applies.

Name(s) as shown on return

GAUTAM SHARMA

SSN, ITIN, or FEIN

151-04-1608

IMPORTANT: In most cases, the Franchise Tax Board (FTB) can figure the penalty for you and you do not have to complete this form. See General Information B.

If you meet **any** of the following conditions, you do not owe a penalty for underpayment of estimated tax. **Do not complete or file this form if:**

- The amount of your tax liability (not including tax on lump-sum distributions) less credits (including the withholding credit) but not including estimated tax payments for either 2013 or 2014 was less than \$500 (or less than \$250 if married/RDP filing a separate return).
- Your 2013 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.
- The amount of your withholding plus your estimated tax payments, **if paid in the required installments**, is at least 90% of the tax shown on your 2014 return or 100% of the tax shown on your 2013 return (110% if California adjusted gross income (AGI) was more than \$150,000 or \$75,000 if married/RDP filing a separate return) **and** you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filing a separate return), must use the tax shown on their 2014 tax return if they do not meet one of the two conditions above.

Part I Questions. All filers must complete this part. Estates and Trusts, see General Information E.

- 1 Are you requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the box on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 42. If you need additional space, attach a statement.
See General Information C 1 ☒ Yes ☐ No

- 2 Did you use the annualized income installment method? If "Yes," see instructions for Part III and be sure to check the box on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 42 2 ☒ Yes ☐ No

- 3 Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld? 3 ☒ Yes ☐ No
☒ N/A

If "Yes," enter the **actual uneven amounts withheld** on the spaces provided below. The total of the four amounts must equal the total withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83, or Form 541, line 29 and line 31.

4/15/14 ☒ \$; 6/15/14 ☒ \$; 9/15/14 ☒ \$; 1/15/15 ☒ \$

- 4 For estates and trusts: Was the date of death less than two years from the end of the taxable year?
See General Information E 4 ☒ Yes ☐ No



Part II Required Annual Payment. All filers must complete this part.

- 1 Current year tax. Enter your 2014 tax after credits. See instructions 1 .
- 2 Multiply line 1 by 90% (.90) 2 .
- 3 Withholding taxes. **Do not** include any estimated tax payments on this line. See instructions 3 .
- 4 Subtract line 3 from line 1. If less than \$500 (or less than \$250 if married/RDP filing a separate return), stop here.
You do not owe the penalty. **Do not** file form FTB 5805 4 .
- 5 Enter the tax shown on your 2013 tax return. **See instructions.** (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2014, more than \$75,000) .. 5 .
- 6 Required annual payment. Enter the **smaller** of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2) 6 .

Short Method

Caution: See the instructions to find out if you can use the short method. If you answered "Yes" to Question 2 in Part I, skip this part and go to Part III. If you answered "No" to Question 2 in Part I **and** you cannot use the short method, go to Worksheet II in the instructions (page 4).

- 7 Enter the amount, if any, from Part II, line 3 above 7 .
- 8 Enter the total amount, if any, of estimated tax payments you made 8 .
- 9 Add line 7 and line 8 9 .
- 10 **Total underpayment for the year.** Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty.
Do not file form FTB 5805 10 .
- 11 Multiply line 10 by .02121370 11 .
- 12 • If the amount on line 10 was paid **on or after** 4/15/15, enter -0-.
• If the amount on line 10 was paid **before** 4/15/15, enter the result of the following computation:

Amount on		Number of days paid		
line 10	X	before 4/15/15	X	.00008

..... 12 .
- 13 **PENALTY.** Subtract line 12 from line 11. Enter the result here and on Form 540, line 113;
Long Form 540NR, line 123; or Form 541, line 42. Also, check the box for "FTB 5805." ► ☒ 13 .

Name: Gautam Sharma

SSN: 151-04-1608

Figure Your Underpayment

	(a) 04/15/2014	(b) 06/15/2014	(c) 09/15/2014	(d) 01/15/2015
Payment due dates				
1 Required installments	6,755.	6,304.		9,457.
2 Estimated tax paid and tax withheld				
3 Amount, if any, from line 9 of the previous column				
4 Add line 2 and line 3				
5 Add amounts on line 7 and line 8 of the previous column		6,755.	13,059.	13,059.
6 Subtract line 5 from line 4. If zero or less, enter zero				
7 If the amount on line 6 is zero, subtract line 4 from line 5. Otherwise, enter zero		6,755.	13,059.	
8 Underpayment	6,755.	6,304.		9,457.
9 Overpayment				

Rates are: 04/15/2014 to 06/30/2014 - 4%, 07/01/13 to 12/31/13 - 3%, 01/01/2015 to 04/15/2015 - 4%

Figure the Penalty

	Date of payment	Amount of payment	Balance due after payment	Days at 4%	Days at 3%	Days at 4%	Penalty
First quarter							
Required payment			6,755.				
1st quarter payments	04/15/2014		6,755.				
2nd quarter payments	06/15/2014		6,755.				
3rd quarter payments	09/15/2014		6,755.				
4th quarter payments	01/15/2015		6,755.				
Paid with return	04/15/2015	6,755.		76	105		100.
Total penalty due for first quarter							100.
Second quarter							
Required payment			6,304.				
1st quarter payments	04/15/2014		6,304.				
2nd quarter payments	06/15/2014		6,304.				
3rd quarter payments	09/15/2014		6,304.				
4th quarter payments	01/15/2015		6,304.				
Paid with return	04/15/2015	6,304.		15	105		62.
Total penalty due for second quarter							62.
Third quarter							
Required payment							
1st quarter payments	04/15/2014						
2nd quarter payments	06/15/2014						
3rd quarter payments	09/15/2014						
4th quarter payments	01/15/2015						
Paid with return	04/15/2015						
Total penalty due for third quarter							
Fourth quarter							
Required payment			9,457.				
1st quarter payments	04/15/2014		9,457.				
2nd quarter payments	06/15/2014		9,457.				
3rd quarter payments	09/15/2014		9,457.				
4th quarter payments	01/15/2015		9,457.				
Paid with return	04/15/2015	9,457.			90		70.
Total penalty due for fourth quarter							70.
Penalty							232.