

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning ,2013, 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 555-55-5555
Home address (number and street). If you have a P.O. box, see instructions. 4048 12 Manhattan Beach Blvd		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		<b>Presidential Election Campaign</b> 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/county	

1 ☐ Single

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

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

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

If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Exemptions

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

6b ☐ Spouse

Boxes checked on 6a and 6b

1

c Dependents:		(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.)	No. of children on 6c who:
(1) First name	Last name				lived with you
					did not live with you due to divorce or separation (see instructions)
					Dependents on 6c not entered above
d Total number of exemptions claimed					Add numbers on lines above ▶ 1

Income	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	
Attach Forms(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	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	387,030.
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits	20a	
If you did not get a W-2, see instructions.	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	357,030.

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	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Tuition and fees. Attach Form 8917	34	
	35	Domestic production activities deduction. Attach Form 8903	35	
	36	Add lines 23 through 35	36	
	37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	357,030.

**Tax and Credits**

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	357,030.
<b>39a</b>	Check <input type="checkbox"/> You were born before Jan. 2, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <b>39a</b> <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before Jan. 2, 1949, <input type="checkbox"/> Blind.		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b> <input type="checkbox"/>		
<b>40</b>	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	<b>40</b>	6,100.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	350,930.
<b>42</b>	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	<b>42</b>	
<b>43</b>	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	350,930.
<b>44</b>	Tax (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	112,791.
<b>45</b>	Alternative minimum tax (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Add lines 44 and 45	<b>46</b>	112,791.
<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	
<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	
<b>49</b>	Education credits from Form 8863, line 19	<b>49</b>	
<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
<b>51</b>	Child tax credit. Attach Schedule 8812, if required	<b>51</b>	
<b>52</b>	Residential energy credits. Attach Form 5695	<b>52</b>	
<b>53</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>53</b>	
<b>54</b>	Add lines 47 through 53. These are your total credits	<b>54</b>	
<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>55</b>	112,791.

**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, \$6,100  
Married filing jointly or Qualifying widow(er), \$12,200  
Head of household, \$8,950

**Other Taxes**

<b>56</b>	Self-employment tax. Attach Schedule SE	<b>56</b>	
<b>57</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>57</b>	
<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>58</b>	
<b>59a</b>	Household employment taxes from Schedule H	<b>59a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>59b</b>	
<b>60</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>60</b>	
<b>61</b>	Add lines 55 through 60. This is your total tax	<b>61</b>	112,791.

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>62</b>	Federal income tax withheld from Forms W-2 and 1099	<b>62</b>	
<b>63</b>	2013 estimated tax payments and amount applied from 2012 return	<b>63</b>	
<b>64a</b>	Earned income credit (EIC)	<b>64a</b>	
<b>b</b>	Nontaxable combat pay election <b>64b</b>		
<b>65</b>	Additional child tax credit. Attach Form 8812	<b>65</b>	
<b>66</b>	American opportunity credit from Form 8863, line 8	<b>66</b>	
<b>67</b>	Reserved	<b>67</b>	
<b>68</b>	Amount paid with request for extension to file	<b>68</b>	
<b>69</b>	Excess social security and tier 1 RRTA tax withheld	<b>69</b>	
<b>70</b>	Credit for federal tax on fuels. Attach Form 4136	<b>70</b>	
<b>71</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Re-served <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>71</b>	
<b>72</b>	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	<b>72</b>	

**Refund**

<b>73</b>	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	<b>73</b>	
<b>74a</b>	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	<b>74a</b>	
<b>b</b>	Routing number <input type="text"/> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <input type="text"/>		
<b>75</b>	Amount of line 73 you want applied to your 2014 estimated tax	<b>75</b>	

**Amount You Owe**

<b>76</b>	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	<b>76</b>	114,816.
<b>77</b>	Estimated tax penalty (see instructions)	<b>77</b>	2,025.

**Third Party Designee**

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

Designee's name  Phone no.  Personal identification number (PIN)

**Sign Here**

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and 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 Self Employed	Daytime phone number 310-567-6686
Spouse's signature. If a joint return, both must sign. <input type="text"/>	Date <input type="text"/>	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Print/Type preparer's name Self Prepared	Preparer's signature <input type="text"/>	Date 11/19/2019	Check <input type="checkbox"/> if self-employed	PTIN
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 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.

<b>28</b>	(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	<input type="checkbox"/>	20-3971405	<input type="checkbox"/>
B	WEBSITE DEVELOPMENT SERVICES LLC	P	<input type="checkbox"/>	20-3971405	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>

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				89,760.
B				297,270.
C				
D				
<b>29a</b> Totals				387,030.
<b>b</b> Totals				
<b>30</b> Add columns (g) and (j) of line 29a			<b>30</b>	387,030.
<b>31</b> Add columns (f), (h), and (i) of line 29b			<b>31</b>	( )
<b>32</b> 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			<b>32</b>	387,030.

**Part III Income or Loss From Estates and Trusts**

<b>33</b>	(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		
<b>34a</b> Totals		
<b>b</b> Totals		
<b>35</b> Add columns (d) and (f) of line 34a		<b>35</b>
<b>36</b> Add columns (c) and (e) of line 34b		<b>36</b>
<b>37</b> 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		<b>37</b>

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

<b>38</b>	(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
<b>39</b> Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				<b>39</b>	

**Part V Summary**

<b>40</b> Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	<b>40</b>	
<b>41</b> 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	<b>41</b>	387,030.
<b>42</b> 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 U; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	<b>42</b>	
<b>43</b> 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	<b>43</b>	

### 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 2013 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](http://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 "2013 Form 1040," "2013 Form 1040A," or "2013 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 2013 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 2013 tax return, payment, and Form 1040-V to the address shown on page 2 that applies to you.

BCA

Form **1040-V** (2013)

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury  
Internal Revenue Service

**2013**

**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

Cents

1045

Gautam Sharma  
4048 12 Manhattan Beach Blvd  
Lawndale CA 90260

PO BOX 7704  
San Francisco CA 94120-7704

151041608 SY SHAR 30 0 201312 610

# Installment Agreement Request

► Information about Form 9465 and its separate instructions is at [www.irs.gov/form9465](http://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](http://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) ► **2013**

<b>1a</b> 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

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 ☐

<b>2</b> Name of your business (must be no longer operating)	Employer identification number (EIN)
--	--------------------------------------

<b>3</b> 310-567-6686 Your home phone number	6:00 PM Best time for us to call	<b>4</b> 310-567-6686 Your work phone number	Ext.	10:00 AM Best time for us to call
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<b>5</b> Name of your bank or other financial institution:  Address  City, state, and ZIP code	<b>6</b> Your employer's name:  Address  City, state, and ZIP code
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<b>7</b> Enter the total amount you owe as shown on your tax return(s) (or notice(s))	<b>7</b> 114,816.
<b>8</b> Enter the amount of any payment you are making with your tax return(s) (or notice(s)). See instructions	<b>8</b>
<b>9</b> Subtract line 8 from line 7 and enter the result	<b>9</b> 114,816.
<b>10</b> Enter the amount you can pay each month. Make your payments as large as possible to limit interest and penalty charges. <b>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</b>	<b>10</b> 1,595.
<b>11</b> Divide the amount on line 9 by 72 and enter the result	<b>11</b> 1,595.

- 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, <b>both</b> must sign.	Date
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US 1040

## Main Information Sheet

2013

PRINTED 11/19/2019

Gautam Sharma  
 4048 12 Manhattan Beach Blvd  
 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 xtue.web@gmail.com  
 Taxpayer Occupation Self Employed Spouse Occupation  
 Filing Status MARRIED FILING SEPARATE


Preparer ID: Preparation Fee: 88.90 Date: 11/19/2019  
 Preparer: Self Prepared Time in return 14 min.

## Recap of 2013 Income Tax Return

Earned Income		Federal Tax	112,791.
Federal AGI	357,030.	Withholding	
Taxable Income	350,930.	Refund/(Due)	(114,816.)
EIC		Tax Bracket	39.6 %

State	CA				
Tax	31,872.				
Withholding					
Refund/Due	(32,168.)				
State					
Tax					
Withholding					
Refund/Due					

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

## 2013 K-1 DETAIL REPORT

Entity		P/S	Current	Loss	Allowed	Short	Long	Sect.	Sect.	Rental	Passive	PTP
			Gain/ Loss	Carry Forward	Gain/ Loss	Term Capital Gains	Term Capital Gains	1231 Gain		Carryover	Carryover	Carryover
					Sch. B Interest			179		Sch E 4797	Sch E 4797	Sch E 4797
WEBSITE DEVELOP	P		89760		89760							
WEBSITE DEVELOP	P		297270		297270							
			-----		-----							
			387030		387030							

Gautam Sharma

4048 12 Manhattan Beach Blvd  
Lawndale CA 90260

INVOICE DATE: 11/19/2019  
SS NUMBER: 151-04-1608  
TELEPHONE: 310-567-6686  
INVOICE NO.: 4064

## 2013 INVOICE

### Description

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

#### Remarks:

Total Charges  
Discount  
Sales Tax  
Payments  
Amount Due

88.90

88.90



US

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

2013

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. )

**California Resident  
Income Tax Return 2013****540** C 1 Side 1

APE

ATTACH FED RETURN

151-04-1608 SHAR 555-55-5555  
GAUTAM SHARMA

13

A  
R  
RP4048 12 MANHATTAN BEACH BLVD  
LAWNDALE CA 90260

06-01-1972

01	3	45	0	404	0	APE	0
06	0	46	0	405	0	FS	0
09	00	0	0	406	0	3800	0
10	00	0	31872	407	0	3803	0
11	106	61	0	408	0	SCHG1	0
12	0	62	0	410	0	5870A	0
13	357030	63	0	412	0	5805 5805F	1
14	0	64	31872	413	0	DESIGNEE	0
16	0	71	0	419	0	TPID	
17	357030	72	0	420	0	FN	
18	3906	73	0	421	0	CCF	0
19	353124	74	0	422	0	3805P	0
31	31872	75	0	423	0	NQDC	0
32	0	91	0	424	0	3540	0
33	31872	92	0	425	0	3805Z	0
34	0	93	0	426	0	3807	0
35	31872	94	31872	110	0	3808	0
40	0	95	0	111	31872	3809	0
41	0	400	0	112	0	3549A	0
42	0	401	0	113	296	IRC197	0
43	0	402	0	115	0	IRC1341	0
44	0	403	0	116	0		
				117	0		

1	<input type="checkbox"/> Single	4	<input type="checkbox"/> Head of household (with qualifying person). See instructions.
Filing Status	2 <input type="checkbox"/> Married/RDP filing jointly. See instructions	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" value="CHRISTI IGNA"/>		
If your California filing status is different from your federal filing status, check the box here ..... <input type="checkbox"/>			
6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here, See inst. .... 6 <input type="checkbox"/>			



Your name: GAUTAM SHARMA Your SSN or ITIN: 151-04-1608

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

**7 Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions ..... 7 ☒ X \$106= \$ 106

**8 Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ..... 8 ☐ X \$106= \$

**9 Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ..... • 9 ☐ X \$106= ☒ \$

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

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

Total dependent exemptions ..... • 10 ☐ X \$326= ☒ \$

**11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 ..... ☒ 11 \$ 106

**12** State wages from your Form(s) W-2, box 16 ..... • 12 ☐ .00

**13** Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; 1040EZ, line 4 ..... ☒ 13 357,030 .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. .... 15 357,030 .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 ..... • 17 357,030 .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 ..... \$3,906
- Married/RDP filing jointly, Head of household, or Qualifying widow(er) ..... \$7,812

If the box on line 6 is checked, STOP. See instructions .....

 ..... • 18 3,906 .00

**19** Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ..... ☒ 19 353,124 .00

**31** Tax. Check the box if from: ☐ Tax Table ☒ Tax Rate Schedule  
• ☐ FTB 3800 • ☐ FTB 3803 ..... • 31 31,872 .00

**32** Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$172,615, see instructions ..... 32 ☐ .00

**33** Subtract line 32 from line 31. If less than zero, enter -0- ..... 33 31,872 .00

**34** Tax. See instr. Check the box if from: • ☐ Schedule G-1 • ☐ FTB 5870A ..... • 34 ☐ .00

**35** Add line 33 and line 34 ..... 35 31,872 .00

Your name: GAUTAM SHARMA Your SSN or ITIN: 151-04-1608

Special Credits	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	• 40		.00
	41	New jobs credit, amount generated. See instructions.	• 41		
	42	New jobs credit, amount claimed. See instructions.	• 42		.00
	43	Enter credit name code • and amount ...	• 43		.00
	44	Enter credit name code • and amount ...	• 44		.00
	45	To claim more than two credits, see instructions. Attach Schedule P (540)	• 45		.00
	46	Nonrefundable renter's credit. See instructions.	• 46		.00
	47	Add line 40 and line 42 through line 46. These are your total credits	• 47		.00
Other Taxes	48	Subtract line 47 from line 35. If less than zero, enter -0-	• 48	31,872	.00
	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
Payments	64	Add line 48, line 61, line 62, and line 63. This is your total tax	• 64	31,872	.00
	71	California income tax withheld. See instructions.	• 71		.00
	72	2013 CA estimated tax and other payments. See instructions.	• 72		.00
	73	Real estate and other withholding. See instructions.	• 73		.00
	74	Excess SDI (or VPDI) withheld. See instructions.	• 74		.00
Overpaid Tax/ Tax Due	75	Add line 71, line 72, line 73, and line 74. These are your total payments. See instructions.	• 75		.00
	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 2014 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	31,872	.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
	California Seniors Special Fund. See instructions. ....	• 400	.00
	Alzheimer's Disease/Related Disorders Fund .....	• 401	.00
	California Fund for Senior Citizens .....	• 402	.00
	Rare and Endangered Species Preservation Program .....	• 403	.00
	State Children's Trust Fund for the Prevention of Child Abuse .....	• 404	.00
	California Breast Cancer Research Fund .....	• 405	.00
	California Firefighters' Memorial Fund .....	• 406	.00
	Emergency Food for Families Fund .....	• 407	.00
	California Peace Officer Memorial Foundation Fund .....	• 408	.00
	California Sea Otter Fund .....	• 410	.00
	Municipal Shelter Spay-Neuter Fund .....	• 412	.00
	California Cancer Research Fund .....	• 413	.00
	Child Victims of Human Trafficking Fund .....	• 419	.00
	California YMCA Youth and Government Fund .....	• 420	.00
	California Youth Leadership Fund .....	• 421	.00
	School Supplies for Homeless Children Fund .....	• 422	.00
	State Parks Protection Fund/Parks Pass Purchase .....	• 423	.00
	Protect our Coast and Oceans Fund .....	• 424	.00
	Keep Arts in Schools Fund .....	• 425	.00
	American Red Cross, California Chapters Fund .....	• 426	.00
	110 Add code 400 through code 426. These are your total contribution .....	• 110	.00



Your name: GAUTAM SHARMA Your SSN or ITIN: 151-04-1608

**Amount You Owe**  
111 **AMOUNT YOU OWE.** Add line 94, line 95, and line 110. See instructions. **Do not send cash.**  
Mail to: **FRANCHISE TAX BOARD**  
**PO BOX 942867**  
**SACRAMENTO CA 94267-0009** ..... • 111 31,872.00  
Pay online - Go to [ftb.ca.gov](http://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** ..... • 113 296.00  
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment ..... 114 32,168.00

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 94240-0009** ..... • 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 inst.  
**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 ..... • 116 Direct deposit amount .....00  
☐ Savings

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

• Type  
• Routing number ☐ Checking • Account number ..... • 117 Direct deposit amount .....00  
☐ Savings

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

**Sign Here**

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

Joint tax return? (See instructions.)

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

XTUE.WEB@GMAIL.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)

GAUTAM SHARMA

• PTIN

Firm's address

4048 12 MANHATTAN BEACH BLVD  
LAWNDALE CA 90260

• 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

**Voucher at bottom of page.**

**IF AMOUNT OF PAYMENT IS ZERO, DO NOT MAIL THIS VOUCHER.**

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2013 Form 540-V" on the check or money order. Detach the voucher below. Enclose, but **do not** staple, your payment and Form 540-V with your computer-generated Form 540 return and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0009**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE: Calendar Year - File and Pay by April 15, 2014.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov** for more information. **Do not mail this voucher if you use Web Pay.**

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---  
**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR

**2013**

**Payment Voucher for  
540 Returns**

CALIFORNIA FORM

**540-V**

151-04-1608 SHAR 555-55-5555  
GAUTAM SHARMA

13

4048 12 MANHATTAN BEACH BLVD  
LAWNDALE CA 90260

Amount of payment 32168.

**CALIFORNIA AMOUNTS**

Schedule E (Form 1040) 2013

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 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

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

<b>Passive Income and Loss</b>		<b>Nonpassive Income and Loss</b>		
<b>(f) Passive loss allowed</b> (attach Form 8582 if required)	<b>(g) Passive income</b> from Schedule K-1	<b>(h) Nonpassive loss</b> from Schedule K-1	<b>(i) Section 179 expense</b> deduction from Form 4562	<b>(j) Nonpassive income</b> from Schedule K-1
<b>A</b>				89,760.
<b>B</b>				297,270.
<b>C</b>				
<b>D</b>				
<b>29a Totals</b>				387,030.
<b>b Totals</b>				
<b>30</b> Add columns (g) and (j) of line 29a				387,030.
<b>31</b> Add columns (f), (h), and (i) of line 29b				( )
<b>32 Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				387,030.

**Part III Income or Loss From Estates and Trusts**

<b>33</b>	<b>(a) Name</b>	<b>(b) Employer identification number</b>
<b>A</b>		
<b>B</b>		
<b>Passive Income and Loss</b>		<b>Nonpassive Income and Loss</b>
<b>(c) Passive deduction or loss allowed</b> (attach Form 8582 if required)	<b>(d) Passive income</b> from Schedule K-1	<b>(e) Deduction or loss</b> from Schedule K-1
<b>A</b>		
<b>B</b>		
<b>34a Totals</b>		
<b>b Totals</b>		
<b>35</b> Add columns (d) and (f) of line 34a		
<b>36</b> Add columns (c) and (e) of line 34b		( )
<b>37 Total estate and trust income or (loss).</b> 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**

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

**Part V Summary**

<b>40</b> Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	<b>40</b>	
<b>41 Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	<b>41</b>	387,030.
<b>42 Reconciliation of farming and fishing income.</b> 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 U; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	<b>42</b>	
<b>43 Reconciliation for real estate professionals.</b> 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	<b>43</b>	



## CA K-1

## Partner's and Shareholder's K-1 Worksheet

2013

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 .....	89,760.		89,760.	
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 2013 .....			

**2013****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

SSN, ITIN, or FEIN

GAUTAM SHARMA

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 2012 or 2013 was less than \$500 (or less than \$250 if married/RDP filing a separate return).
- Your 2012 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 2013 return or 100% of the tax shown on your 2012 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 2013 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.

4/15/13 ☒ \$  ; 6/15/13 ☒ \$  ; 9/15/13 ☒ \$  ; 1/15/14 ☒ \$

- 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 2013 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 2012 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 2013, 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.

- 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** 4/15/14, enter -0-.  
• If the amount on line 10 was paid **before** 4/15/14, enter the result of the following computation:
- |                      |   |                                       |   |        |  |
|----------------------|---|---------------------------------------|---|--------|--|
| Amount on<br>line 10 | X | Number of days paid<br>before 4/15/14 | X | .00008 | 12 <input type="text" value=""/> <input type="text" value="00"/> |
|----------------------|---|---------------------------------------|---|--------|--|
- 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)	(b)	(c)	(d)
Payment due dates	04/15/2013	06/15/2013	09/15/2013	01/15/2014
<b>1 Required installments</b>	8,606.	8,032.		12,047.
<b>2</b> Estimated tax paid and tax withheld				
<b>3</b> Amount, if any, from line 9 of the previous column				
<b>4</b> Add line 2 and line 3				
<b>5</b> Add amounts on line 7 and line 8 of the previous column		8,606.	16,638.	16,638.
<b>6</b> Subtract line 5 from line 4. If zero or less, enter zero				
<b>7</b> If the amount on line 6 is zero, subtract line 4 from line 5. Otherwise, enter zero		8,606.	16,638.	
<b>8 Underpayment</b>	8,606.	8,032.		12,047.
<b>9</b> Overpayment				

Rates are: 04/15/2013 to 06/30/2013 - 4%, 07/01/13 to 12/31/13 - 3%, 01/01/2014 to 04/15/2014 - 4%

## Figure the Penalty

	Date of payment	Amount of payment	Balance due after payment	Days at 4%	Days at 3%	Days at 4%	Penalty
<b>First quarter</b>							
Required payment			8,606.				
1st quarter payments	04/15/2013		8,606.				
2nd quarter payments	06/15/2013		8,606.				
3rd quarter payments	09/15/2013		8,606.				
4th quarter payments	01/15/2014		8,606.				
Paid with return	04/15/2014	8,606.		76	105		128.
Total penalty due for first quarter							128.
<b>Second quarter</b>							
Required payment			8,032.				
1st quarter payments	04/15/2013		8,032.				
2nd quarter payments	06/15/2013		8,032.				
3rd quarter payments	09/15/2013		8,032.				
4th quarter payments	01/15/2014		8,032.				
Paid with return	04/15/2014	8,032.		15	105		79.
Total penalty due for second quarter							79.
<b>Third quarter</b>							
Required payment							
1st quarter payments	04/15/2013						
2nd quarter payments	06/15/2013						
3rd quarter payments	09/15/2013						
4th quarter payments	01/15/2014						
Paid with return	04/15/2014						
Total penalty due for third quarter							
<b>Fourth quarter</b>							
Required payment			12,047.				
1st quarter payments	04/15/2013		12,047.				
2nd quarter payments	06/15/2013		12,047.				
3rd quarter payments	09/15/2013		12,047.				
4th quarter payments	01/15/2014		12,047.				
Paid with return	04/15/2014	12,047.			90		89.
Total penalty due for fourth quarter							89.
<b>Penalty</b>							296.

## CA K-1

## Partner's and Shareholder's K-1 Worksheet

2013

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	297,270.		297,270.	
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 2013			