

2021 Tax Return(s)

Prepared for MARK & JANICE GOLDSTEIN
CLIENT CODE: 35054100.000:V1

Account Number 721252
Release Number 2021.06020

Prepared by EISNER ADVISORY GROUP LLC
733 THIRD AVENUE
NEW YORK, NY
10017-2703

212-949-8700

Processing Date: 11/25/2024
Time: 12:28:41

**Special
Instructions**

Messages

****RETURN CONTAINS A WARNING DIAGNOSTIC****

Return Information

WARNING

- . California. The California FTB has mandated electronic funds transfer when an extension or estimated tax payment exceeds \$20,000, or CA tax liability exceeds \$80,000. This mandate began with 2009 estimated tax payments. For more information, please visit the following website:

<https://www.ftb.ca.gov/pay/mandatory-e-pay.html>

Once the threshold has been met, all subsequent tax payments must be made electronically. This can be done using electronic withdrawal through e-file on the General, Basic Data worksheet, Direct Deposit/Electronic Funds Withdrawal section, or taxpayers can use the WebPay feature on the FTB website. The WebPay paragraph in the transmittal letter can be activated on the California General worksheet, Options section, Web Pay paragraph option field. It can also be suppressed on the Letters and Filing Instructions worksheet, Paragraphs section, Suppress Miscellaneous State Paragraphs fields. (17177)

CAUTION

- . Form 1040. The Recovery Rebate Credit Worksheet for Form 1040, line 30 has been prepared. The economic impact payment used on line 13 has been calculated based on information within the return. The third economic impact payment is \$2,800. Since the economic impact payment may have been calculated by the IRS under a different set of assumptions, review this amount. Enter revisions and other information on the Recovery Rebate Credit worksheet, Recovery Rebate Credit section. (28547)
- . Form 1040. The return due date and/or date filed are after April 18th and the return has a balance due. No late payment interest or penalties have been requested. If living in Maine or Massachusetts, the return due date is April 19th. Please review your input and make corrections if necessary. (26376)
- . Form 1040-ES. Estimates are currently being calculated from 2021 tax. To force the recalculation of estimates using 2022 rates, check the Force recalculation of estimate worksheet using next year's rates field on the federal Estimates and Application of Overpayment worksheet, Estimate Options section. By default, 2021 tax is used for the 2022 estimates. Due to 2022 legislative changes, it may be necessary to adjust this amount. To adjust amounts used on the estimates, make entries on the federal Estimates and Application of Overpayment worksheet, Estimate Overrides section. (29851)

Return Information

- . Form 2210. Prior year tax and/or prior year adjusted gross income has not been entered on the Penalties worksheet, Federal Underpayment Penalty section. The exception for prior year tax has not been calculated on Form 2210. If this exception applies, please enter both amounts on the Penalties worksheet, Federal Underpayment Penalty section and recalculate the return. (21219)
- . California. The return due date and/or date filed are after April 15th and the return has a balance due. No late payment interest or penalties have been requested. Please review your input and make corrections if necessary. (20921)
- . California. Use tax on Form 540, line 91 is zero, and the 'No use tax is owed' box has been checked. If use tax was paid directly to the CDTFA, this can be selected on the California General worksheet, Options section. If use tax applies to this return, it can be entered on the California Taxes worksheet, Other Taxes section, Use tax worksheet amount field or Use tax - override field. For an automatic calculation of use tax from the Estimated Use Tax table make an entry on the California General worksheet, Options section, Use estimated use tax table field. (20783)

INFORMATIONAL

- . Schedule A. The state and local income tax deduction is greater than the general sales tax deduction calculation of \$2,533. To force the general sales tax deduction, enter "Force sales tax deduction" on the Itemized Deductions worksheet, State and Local Sales Tax Information section, State and local taxes or sales taxes option field. (32549)
- . Form 1040. The Wages, Salaries and Tips worksheet, IRS-W2 section contains entries in the Box 12 amount with a code of C, J, L, V, Y, Z or DD. None of these codes are used in the calculation of the income tax return but are for electronic filing purposes only. Please review the tax return, make any changes and recalculate the return, if necessary. (32887)
- . Schedule A. The state and local income taxes are being limited on Schedule A, line 5e. It may be more beneficial at the state level to use the general sales tax deduction. To force the general sales tax deduction, enter "Force sales tax deduction" on the Itemized Deductions worksheet, State and Local Sales Tax Information section, State and local taxes or sales taxes option field. (33663)

Return Information

- . Electronic Filing. Electronic filing has been requested for this return. The IRS requires all negative numbers to print with minus signs when filing electronically. In this return, a request was made to print with parenthesis either on the Processing Options section of the Return Options worksheet or in Office Manager. This option was not used in this return. (30853)
- . Form 6251. Alternative minimum taxable income is \$ 1,236,254. (33201)
- . Form 8283. Due to changes to the IRS form, rekeying of data may be required when multiple Forms 8283, page 2 are present. Please review the Form 8283 presentation and if necessary, delete and rekey the data. (39271)
- . Form 1040. The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit IRS.gov to retrieve it or apply. (32265)
- . Form 1040. The filing status of married filing joint produced a tax liability that was lower than the estimated tax liability under the alternative filing status of married filing separate by \$ 24. (31606)
- . Form 1040-ES. Taxpayers with 2021 adjusted gross income over \$150,000 (\$75,000 if married filing separate) are required to pay 110% of their 2021 tax or 90% of their 2022 tax to prevent an underpayment penalty in 2022. A protective estimate has been prepared using 110% of the 2021 tax before withholding. (32800)
- . Form 1040-ES. Form 1040-ES is currently available. However, Publication 505 has not been posted and federal legislation may be passed that would change values on this form. The worksheet calculations have been updated based on the current law as we know it, but the actual IRS worksheet and amounts should be verified. Adjustments or overrides can be entered on the Estimates and Application of Overpayment worksheet, Estimate Overrides section. (39320)
- . Form 1116. A foreign tax excess limit has been calculated in the amount of \$279 for the Passive Income category. Any excess foreign tax from the subsequent tax year may be carried back to absorb this amount. (32785)
- . Form 1116 AMT. A foreign tax excess limit has been calculated in the amount of \$318 for the Passive Income category. Any excess foreign tax from the subsequent tax year may be carried back to absorb this amount. (32788)

Return Information

- Form 2210. The filing date hasn't been entered on the Penalties worksheet, Federal Late Payment Penalty and Interest section and the processing date of the return is after April 18th. The amount of 2210 penalty calculated may be understated. Please review return and recalculate if necessary. (37240)
- Filing Status Comparison. The Form 2210 penalty has not been included in the calculation of the tax underpayment on the Filing Status Comparison Worksheet. (36333)
- Form 1040. The following electronic funds withdrawal information has been selected for this return on the Basic Data worksheet > Direct Deposit/Electronic Funds Withdrawal section > FS through "Other" type of document used as proof of account fields:

Routing Number: 321171184
Account Number: 42007244777
Account Type: Checking
Payment Date: 11/25/2024
Payment Amount: \$174,841

****Note:** Amount does include late payment interest and penalty as applicable. If the return is not exported and released to the IRS within 5 days of the date shown above, the return will need to be recalculated or it will get rejected.** (31007)

- Electronic Filing. This return has qualified for electronic filing and the Practitioner PIN program has been elected to allow for paperless filing. Please review the return with the taxpayer, secure required signatures on Form 8879, and authorize the return to be released for transmission to the IRS. The Electronic Return Originator (ERO) should retain Form 8879. Do not submit unless requested to do so by the Internal Revenue Service. (31404)
- Electronic Filing. Preparer e-mail notification has been selected for the return and will be sent to the following email address: taxprocessing-ny@eisneramper.com. (37643)
- California. The California legislature has enacted a budget that accelerates the payment of quarterly estimated taxes for tax year 2022. The quarterly estimated tax payment percentages are: First Quarter - 30%, Second Quarter - 40%, Third Quarter - 0%, Fourth Quarter - 30%. Payment amounts may be overridden on the California Estimates / Underpayments worksheet, Estimate Preparation section. (33114)

Return Information

- California. For taxpayers with adjusted gross income over \$1,000,000 (\$500,000 if married filing separate), the underpayment penalty is based solely on 90% of current year tax (Form 5805, Line 6). Therefore, if the taxpayer anticipates that their AGI will increase substantially from 2021 to 2022, they may not be protected from an underpayment penalty in 2022 if estimated tax is based on 110% of 2021 tax. If this is the case, please enter the amount of the increase on the California Estimates / Underpayments worksheet, Estimate Preparation section, Change in AGI field so that the estimated tax worksheet is prepared using 90% of 2022 estimated tax. (33446)
- California Electronic Filing. The following electronic funds withdrawal information has been selected for this return on the federal Basic Data worksheet, Direct Deposit/Electronic Funds Withdrawal section:

Routing Number: 321171184
Account Number: 42007244777
Account Type: CHECKING
Payment Date: 11/25/24
Payment Amount: \$60,505

(31057)

- California. The "If your address above is the same as your principal/physical residence address at the time of filing, check this box" box has been checked on Form 540 in the principal residence section. If this is not the case, enter the principal residence, if different, information on California General, Residency. (39286)
- California. The full-year health care coverage box has been checked on this return. If this is not the case, entries must be made on 8962 - Health Insurance Marketplace (1095-A) or 8965 - Health Coverage (1095-B) or 8965 - Employer Provided Health Insurance Offer and Coverage (1095-C) to calculate an individual shared responsibility (ISR) penalty or claim an exemption. (39281)
- California. Pursuant to the California Franchise Tax Board, the alternative minimum tax and/or mental health services tax have been included in the calculation of the Form 5805 penalty. If using the annualized income installment method, amounts for Part III, line 14b can be adjusted with entries on the Estimates/Underpayments worksheet, Underpayment Penalty Preparation section, AMT & Mental Health Tax fields. (32702)
- California Electronic Filing. Per California Publication 1345, Form 8879 must be signed by the taxpayer prior to the tax return being transmitted to the FTB. The ERO SHOULD RETAIN California Form 8879 for no less than four years from the due date of the tax return. (32541)

Federal Tax Comparison for Married Filing Joint and Separate

| | Taxpayer | Spouse | Married Filing Separate | Married Filing Joint |
|---------------------------------------|----------|----------|-------------------------|----------------------|
| Total Income | 793,594. | 466,461. | 1,260,055. | 1,260,055. |
| Less: Adjustments | | | | |
| Adjusted Gross Income | 793,594. | 466,461. | 1,260,055. | 1,260,055. |
| Standard/Itemized Deductions ... | 18,401. | 15,400. | 33,801. | 33,801. |
| Qualified business inc deduction | | | | |
| Taxable Income | 775,193. | 451,061. | 1,226,254. | 1,226,254. |
| Total Tax (regular & AMT) | 206,864. | 89,799. | 296,663. | 296,638. |
| Less: Credits | | | | |
| Add: Other Taxes | 14,491. | 10,718. | 25,209. | 25,209. |
| Less: Earned Income Credit | | | | |
| Less: Additional child tax credit ... | | | | |
| Less: Payments (excludes ext.) | 109,942. | 39,856. | 149,798. | 149,797. |
| Tax Underpayment/(Overpayment) | 111,413. | 60,661. | 172,074. | 172,050. |

MARRIED FILING JOINT PRODUCED AN ESTIMATED SAVINGS OF 24.

Tax Return Carryovers to 2022

NAME: **MARK & JANICE GOLDSTEIN**

ID Number: 055-01-7777

[illegible]

Direct Deposit/Debit Report

Name: **MARK & JANICE GOLDSTEIN**

ID Number: 055-01-7777

[illegible]

Worksheet: Consolidated 1099

Section: Investment Interest

To Whom Paid - Override.....Margin Interest

2021 Return Summary

MARK & JANICE GOLDSTEIN

055-01-7777

| | FEDERAL | CALIFORNIA |
|--------------------------------|------------|------------|
| ADJUSTED GROSS INCOME | 1,260,055. | 1,260,055. |
| ITEMIZED OR STANDARD DEDUCTION | -33,801. | -9,606. |
| TAXABLE INCOME | 1,226,254. | 1,250,449. |
| TAX | 296,638. | 121,547. |
| ADDITIONAL MEDICARE TAX | 4,314. | |
| NET INVESTMENT INCOME TAX | 20,895. | |
| OTHER TAXES | 0. | 2,504. |
| INCOME TAX WITHHELD | -149,797. | -64,545. |
| UNDERPAYMENT PENALTY | 2,791. | 999. |
| AMOUNT DUE <REFUND> | 174,841. | 60,505. |

ADDITIONAL INFORMATION:

FEDERAL TAX BRACKET

AVERAGE TAX RATE - 24.19%

MARGINAL RATE OF ORDINARY INCOME - 37%

MARGINAL RATE OF LT CAPITAL GAIN - 20%

CALIFORNIA TAX BRACKET - 11.30%

2021 Return Summary

MARK & JANICE GOLDSTEIN

055-01-7777

| | FEDERAL | CALIFORNIA |
|-----------------------|---------------|---------------|
| RESIDENCY | FULL YEAR | FULL YEAR |
| FILING STATUS | MARRIED-JOINT | MARRIED-JOINT |
| NUMBER OF DEPENDENTS | 0 | 0 |
| E-FILE REQUESTED | YES | YES |
| DUE DATE | 04/18/2022 | 04/18/2022 |
| EXTENDED DUE DATE | | |
| DIRECT DEPOSIT | NO | NO |
| ELECTRONIC WITHDRAWAL | YES | YES |
| DATE CALCULATED | 11/25/2024 | 11/25/2024 |
| TIME CALCULATED | 12:16:16 | 12:16:16 |
| RELEASE VERSION | 2021.06020 | 2021.06020 |
| DATE EXPORTED | 03/10/2022 | 03/10/2022 |
| TIME EXPORTED | 11:46:56 | 11:46:56 |
| EXPORT VERSION | 2021.03000 | 2021.03000 |

ELECTRONIC FILING STATUS REPORT

[illegible]

Electronic Filing History and Return Results

| Taxing Authority | FEDERAL | Prior Export | Current Export |
|-----------------------------|---------|--------------|----------------|
| Date | | 03/10/2022 | 03/10/2022 |
| Time | | 11:38:28 | 11:46:56 |
| Release Number | | 2021.03000 | 2021.03000 |
| Adjusted Gross Income | | 1,260,055. | 1,260,055. |
| Taxable Income | | 1,226,254. | 1,226,254. |
| Tax | | 296,638. | 296,638. |
| Refund / Balance Due | | 172,719. | 172,719. |

| Taxing Authority | CALIFORNIA | Prior Export | Current Export |
|-----------------------------|------------|--------------|----------------|
| Date | | 03/10/2022 | 03/10/2022 |
| Time | | 11:38:28 | 11:46:56 |
| Release Number | | 2021.03000 | 2021.03000 |
| Adjusted Gross Income | | 1,260,055. | 1,260,055. |
| Taxable Income | | 1,250,449. | 1,250,449. |
| Tax | | 121,547. | 121,547. |
| Refund / Balance Due | | 60,505. | 60,505. |

| Taxing Authority | | Prior Export | Current Export |
|-----------------------------|--|--------------|----------------|
| Date | | | |
| Time | | | |
| Release Number | | | |
| Adjusted Gross Income | | | |
| Taxable Income | | | |
| Tax | | | |
| Refund / Balance Due | | | |

| Taxing Authority | | Prior Export | Current Export |
|-----------------------------|--|--------------|----------------|
| Date | | | |
| Time | | | |
| Release Number | | | |
| Adjusted Gross Income | | | |
| Taxable Income | | | |
| Tax | | | |
| Refund / Balance Due | | | |

| Taxing Authority | | Prior Export | Current Export |
|-----------------------------|--|--------------|----------------|
| Date | | | |
| Time | | | |
| Release Number | | | |
| Adjusted Gross Income | | | |
| Taxable Income | | | |
| Tax | | | |
| Refund / Balance Due | | | |



Eisner Advisory Group LLC
733 Third Avenue
New York, NY 10017
T 212.949.8700
F 212.891.4100
www.eisneramper.com

MARK & JANICE GOLDSTEIN
88 ORCHARD AVENUE
SAN MATEO, CA 94061

DEAR MR. AND MRS. GOLDSTEIN:

ENCLOSED ARE YOUR 2021 INCOME TAX RETURNS AND 2022 ESTIMATED TAX VOUCHERS, AS
FOLLOWS...

2021 U.S. INDIVIDUAL INCOME TAX RETURN

2022 FEDERAL ESTIMATED TAX VOUCHERS

2021 CALIFORNIA INDIVIDUAL INCOME TAX RETURN

2022 CALIFORNIA ESTIMATED TAX VOUCHERS

YOUR COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

SAMUEL ENDE



2021 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

MARK & JANICE GOLDSTEIN
88 ORCHARD AVENUE
SAN MATEO, CA 94061

PREPARED BY:

EISNER ADVISORY GROUP LLC
733 THIRD AVENUE
NEW YORK, NY 10017-2703

AMOUNT OF TAX:

| | | |
|------------------------------|----|---------|
| TOTAL TAX | \$ | 321,847 |
| LESS: PAYMENTS AND CREDITS | \$ | 149,797 |
| PLUS: INTEREST AND PENALTIES | \$ | 2,791 |
| BALANCE DUE | \$ | 174,841 |

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING AND THE PRACTITIONER PIN PROGRAM HAS BEEN ELECTED. PLEASE SIGN AND RETURN FORM 8879 TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS.

RETURN MUST BE MAILED ON OR BEFORE:

RETURN FEDERAL FORM 8879 TO US AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

YOUR BALANCE DUE OF \$174,841 WILL BE AUTOMATICALLY WITHDRAWN FROM YOUR ACCOUNT ENDING IN 4777 ON OR AFTER NOVEMBER 25, 2024. REFER TO FORM 1040 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

2022 ESTIMATED TAX FILING INSTRUCTIONS

U.S. ESTIMATED INDIVIDUAL INCOME TAX

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

MARK & JANICE GOLDSTEIN
88 ORCHARD AVENUE
SAN MATEO, CA 94061

PREPARED BY:

EISNER ADVISORY GROUP LLC
733 THIRD AVENUE
NEW YORK, NY 10017-2703

AMOUNT OF TAX:

| | | |
|-----------------------------------|----|---------|
| TOTAL ESTIMATED TAX | \$ | 204,236 |
| LESS CREDIT FROM PRIOR YEAR | \$ | 0 |
| LESS AMOUNT PAID ON 2022 ESTIMATE | \$ | 0 |
| BALANCE DUE | \$ | 204,236 |

PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:

| VOUCHER | AMOUNT | DUE DATE |
|---------|-----------|--------------------|
| NO 1 | \$ 51,059 | APRIL 18, 2022 |
| NO 2 | \$ 51,059 | JUNE 15, 2022 |
| NO 3 | \$ 51,059 | SEPTEMBER 15, 2022 |
| NO 4 | \$ 51,059 | JANUARY 17, 2023 |

MAKE CHECK PAYABLE TO:

UNITED STATES TREASURY

MAIL VOUCHER AND CHECK (IF APPLICABLE) TO:

INTERNAL REVENUE SERVICE CENTER
P.O. BOX 802502
CINCINNATI, OH 45280-2502

SPECIAL INSTRUCTIONS:

INCLUDE YOUR SOCIAL SECURITY NUMBER AND THE WORDS "2022 FORM 1040-ES" ON YOUR CHECK.

VOUCHERS NEED NOT BE SIGNED.

FEDERAL BANKING INFORMATION

Form Name: **FORM 1040**

Informational Only. Do Not Key On These Forms. Electronic Filing errors could result.

Electronic Funds Withdrawal Information

| | |
|--|-------------|
| Routing Transit Number (RTN) | 321171184 |
| Depositor Account Number (DAN) | 42007244777 |
| Type of Depositor Account (1 = Checking 2 = Savings) | 1 |
| Payment Amount | 174,841. |
| Requested Payment Date | 11/25/2024 |
| Daytime Phone Number | 2129444433 |

Direct Deposit Information

| | |
|--|--|
| Routing Transit Number (RTN) | |
| Depositor Account Number (DAN) | |
| Type of Depositor Account (1 = Checking 2 = Savings) | |
| Refund amount | |
| Daytime Phone Number | |

Estimated Tax Payments Information

| | |
|--|--|
| Routing Transit Number (RTN) | |
| Depositor Account Number (DAN) | |
| Type of Depositor Account (1 = Checking 2 = Savings) | |
| Payment Amount | |
| Requested Payment Date | |
| Daytime Phone Number | |

Form 965 Payment Information

| | |
|--|--|
| Routing Transit Number (RTN) | |
| Depositor Account Number (DAN) | |
| Type of Depositor Account (1 = Checking 2 = Savings) | |
| Payment Amount | |
| Requested Payment Date | |
| Daytime Phone Number | |

Note: All fields may not be applicable to all systems.

IRS e-file Signature Authorization

OMB No. 1545-0074

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name

MARK GOLDSTEIN

Social security number

055 01 7777

Spouse's name

JANICE GOLDSTEIN

Spouse's social security number

055 02 4554

Part I Tax Return Information - Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | | |
|---|---|---|------------|
| 1 | Adjusted gross income | 1 | 1,260,055. |
| 2 | Total tax | 2 | 321,847. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 149,797. |
| 4 | Amount you want refunded to you | 4 | |
| 5 | Amount you owe | 5 | 174,841. |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, 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 (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize EISNER ADVISORY GROUP LLC to enter or generate my PIN 07777 as my ERO firm name signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature Date

Spouse's PIN: check one box only

☒ I authorize EISNER ADVISORY GROUP LLC to enter or generate my PIN 44554 as my ERO firm name signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

☐ will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature Date

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 13973397483 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature Date

**Tax Year 2021 e-file Jurat/Disclosure
for Form 1040 or 1040NR
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)**

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN 13973397483
(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

Perjury Statement (1040 and 1040NR)

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 the taxpayer) is based on all information of which the preparer has any knowledge.

Perjury Statement (104X)

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

Consent to Disclosure

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

Electronic Funds Withdrawal Consent

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or payment of estimated tax, 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 (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

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

Taxpayer's PIN: 07777 Date 11252024

Spouse's PIN: 44554

2022 Estimated Tax Worksheet

Keep for Your Records

| | | | |
|------------|--|------------|----------|
| 1 | Adjusted gross income you expect in 2022 (see instructions) | 1 | |
| 2a | Deductions | 2a | |
| | <ul style="list-style-type: none"> • If you plan to itemize deductions, enter the estimated total of your itemized deductions. • If you don't plan to itemize deductions, enter your standard deduction. | | |
| b | If you can take the qualified business income deduction, enter the estimated amount of the deduction | 2b | |
| c | Add lines 2a and 2b | 2c | |
| 3 | Subtract line 2c from line 1 | 3 | |
| 4 | Tax. Figure your tax on the amount on line 3 by using the 2022 Tax Rate Schedules . Caution: If you will have qualified dividends or a net capital gain, or expect to exclude or deduct foreign earned income or housing, see Worksheets 2-5 and 2-6 in Pub. 505 to figure the tax | 4 | |
| 5 | Alternative minimum tax from Form 6251 | 5 | |
| 6 | Add lines 4 and 5. Add to this amount any other taxes you expect to include in the total on Form 1040 or 1040-SR, line 16 | 6 | |
| 7 | Credits (see instructions). Do not include any income tax withholding on this line | 7 | |
| 8 | Subtract line 7 from line 6. If zero or less, enter -0- | 8 | |
| 9 | Self-employment tax (see instructions) | 9 | |
| 10 | Other taxes (see instructions) | 10 | |
| 11a | Add lines 8 through 10 | 11a | |
| b | Earned income credit, refundable child tax credit* or additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, section 1341 credit and refundable credit from Form 8885 | 11b | |
| c | Total 2022 estimated tax. Subtract line 11b from line 11a. If zero or less, enter -0- | 11c | |
| 12a | Multiply line 11c by 90% (66 2/3% for farmers and fishermen) | 12a | |
| b | Required annual payment based on prior year's tax (see instructions) | 12b | |
| c | Required annual payment to avoid a penalty. Enter the smaller of line 12a or 12b Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 12c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 11c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you can pay the amount shown on line 11c. For details, see chapter 2 of Pub. 505. | 12c | |
| 13 | Income tax withheld and estimated to be withheld during 2022 (including income tax withholding on pensions, annuities, certain deferred income, etc.) | 13 | |
| 14a | Subtract line 13 from line 12c ADJUSTED TO: | 14a | 204,236. |
| | Is the result zero or less? <input type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments. <input type="checkbox"/> No. Go to line 14b. | | |
| b | Subtract line 13 from line 11c Is the result less than \$1,000? <input type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments. <input type="checkbox"/> No. Go to line 15 to figure your required payment. | 14b | |
| 15 | If the first payment you are required to make is due April 18, 2022, enter 1/4 of line 14a (minus any 2021 overpayment that you are applying to this installment) here, and on your estimated tax payment voucher(s) if you are paying by check or money order | 15 | 51,059. |

* If applicable.

Form 1040-ES (2022)

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2022 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due April 18, 2022

Amount of estimated tax you are paying
by check or
money order.\$ **51,059.**Pay online at
www.irs.gov/
etpaySimple.
Fast.
Secure.

| | | | | |
|---------------|--|-------------------------|---------------------------------|---------------------|
| Print or type | Your first name and middle initial | Your last name | Your social security number | |
| | MARK | GOLDSTEIN | 055-01-7777 | |
| | If joint payment, complete for spouse | | | |
| | Spouse's first name and middle initial | Spouse's last name | Spouse's social security number | |
| | JANICE | GOLDSTEIN | 055-02-4554 | |
| | Address (number, street, and apt. no.) | | | |
| | 88 ORCHARD AVENUE | | | |
| | City, town, or post office. If you have a foreign address, also complete spaces below. | | State | ZIP code |
| | SAN MATEO | | CA | 94061 |
| | Foreign country name | Foreign province/county | | Foreign postal code |
| | | | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 1040-ES (2022)

CUT HERE

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2022 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due June 15, 2022

Amount of estimated tax you are paying
by check or
money order.\$ **51,059.**Pay online at
www.irs.gov/
etpaySimple.
Fast.
Secure.

| | | | | |
|---------------|--|-------------------------|---------------------------------|---------------------|
| Print or type | Your first name and middle initial | Your last name | Your social security number | |
| | MARK | GOLDSTEIN | 055-01-7777 | |
| | If joint payment, complete for spouse | | | |
| | Spouse's first name and middle initial | Spouse's last name | Spouse's social security number | |
| | JANICE | GOLDSTEIN | 055-02-4554 | |
| | Address (number, street, and apt. no.) | | | |
| | 88 ORCHARD AVENUE | | | |
| | City, town, or post office. If you have a foreign address, also complete spaces below. | | State | ZIP code |
| | SAN MATEO | | CA | 94061 |
| | Foreign country name | Foreign province/county | | Foreign postal code |
| | | | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 1040-ES (2022)

CUT HERE

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2022 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Sept. 15, 2022Amount of estimated tax you are paying
by check or
money order.\$ **51,059.**Pay online at
www.irs.gov/etpay**Simple.
Fast.
Secure.**

| | | | | |
|----------------------|--|-------------------------|---------------------------------|---------------------|
| Print or type | Your first name and middle initial | Your last name | Your social security number | |
| | MARK | GOLDSTEIN | 055-01-7777 | |
| | If joint payment, complete for spouse | | | |
| | Spouse's first name and middle initial | Spouse's last name | Spouse's social security number | |
| | JANICE | GOLDSTEIN | 055-02-4554 | |
| | Address (number, street, and apt. no.) | | | |
| | 88 ORCHARD AVENUE | | | |
| | City, town, or post office. If you have a foreign address, also complete spaces below. | | State | ZIP code |
| | SAN MATEO | | CA | 94061 |
| | Foreign country name | Foreign province/county | | Foreign postal code |
| | | | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 1040-ES (2022)

CUT HERE

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2022 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Jan. 17, 2023

Amount of estimated tax you are paying
by check or
money order.\$ **51,059.**Pay online at
www.irs.gov/
etpaySimple.
Fast.
Secure.

| | | | | |
|---------------|--|-------------------------|---------------------------------|---------------------|
| Print or type | Your first name and middle initial | Your last name | Your social security number | |
| | MARK | GOLDSTEIN | 055-01-7777 | |
| | If joint payment, complete for spouse | | | |
| | Spouse's first name and middle initial | Spouse's last name | Spouse's social security number | |
| | JANICE | GOLDSTEIN | 055-02-4554 | |
| | Address (number, street, and apt. no.) | | | |
| | 88 ORCHARD AVENUE | | | |
| | City, town, or post office. If you have a foreign address, also complete spaces below. | | State | ZIP code |
| | SAN MATEO | | CA | 94061 |
| | Foreign country name | Foreign province/county | | Foreign postal code |
| | | | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 1040-ES (2022)

CUT HERE

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

| | | | | | |
|--|--|-------------------------------|--|---|--|
| Your first name and middle initial MARK | | Last name GOLDSTEIN | | Your social security number 055 01 7777 | |
| If joint return, spouse's first name and middle initial JANICE | | Last name GOLDSTEIN | | Spouse's social security number 055 02 4554 | |
| Home address (number and street). If you have a P.O. box, see instructions. 88 ORCHARD AVENUE | | | | Apt. no. | |
| City, town, or post office. If you have a foreign address, also complete spaces below. SAN MATEO | | | | State ZIP code CA 94061 | |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1957 ☐ Are blind Spouse: ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):

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

| | | | | |
|---|---|---------------------------|------------------------------|-------------------------|
| Attach Sch. B if required. Standard Deduction for - • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions. | 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | STMT 1 | 1 | 700,175. |
| | 2a Tax-exempt interest | 2a | 2b Taxable interest | 2b |
| | 3a Qualified dividends | 3a 9,650. | 3b Ordinary dividends | 3b 9,657. |
| | 4a IRA distributions | 4a | 4b Taxable amount | 4b |
| | 5a Pensions and annuities | 5a | 5b Taxable amount | 5b |
| | 6a Social security benefits | 6a | 6b Taxable amount | 6b |
| | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here | | 7 | 550,192. |
| | 8 Other income from Schedule 1, line 10 | | 8 | |
| | 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | 9 | 1,260,055. |
| | 10 Adjustments to income from Schedule 1, line 26 | | 10 | |
| | 11 Subtract line 10 from line 9. This is your adjusted gross income | | 11 | 1,260,055. |
| | 12a Standard deduction or itemized deductions (from Schedule A) | 12a 33,801. | | |
| | b Charitable contributions if you take the standard deduction (see instr.) | 12b | 12c | 33,801. |
| | 13 Qualified business income deduction from Form 8995 or Form 8995-A | | 13 | |
| | 14 Add lines 12c and 13 | | 14 | 33,801. |
| 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | 15 | 1,226,254. | |

| | | | | |
|--------------------------------------|------------|--|------------|--|
| STMT 3 | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | 16 | 296,638. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 296,638. |
| | 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 296,638. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 25,209. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 321,847. |
| | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 SEE STATEMENT 4 | 25a | 146,833. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) SEE STATEMENT 5 | 25c | 2,964. |
| | d | Add lines 25a through 25c | 25d | 149,797. |
| | 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| | 27a | Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instr. <input type="checkbox"/> | 27a | |
| | b | Nontaxable combat pay election 27b | | |
| | c | Prior year (2019) earned income 27c | | |
| | 28 | Refundable child tax credit or additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Recovery rebate credit. See instructions | 30 | |
| | 31 | Amount from Schedule 3, line 15 | 31 | |
| | 32 | Add lines 27a and 28 through 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 149,797. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | |
| Direct deposit? See instructions. | b | Routing number <input type="text"/> | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | d | Account number <input type="text"/> | | |
| | 36 | Amount of line 34 you want applied to your 2022 estimated tax | 36 | |
| Amount You Owe | 37 | Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions | 37 | 174,841. |
| | 38 | Estimated tax penalty (see instructions) | 38 | 2,791. |

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes. Complete below.** ☐ **No**Designee's name **SAMUEL ENDE** Phone no. **212-949-8700** Personal identification number (PIN) **97483**

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.

| | | | | |
|---|---|---------------|---------------------|---|
| Sign Here | Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| | | | EMPLOYEE | <input type="text"/> |
| Joint return? See instructions. Keep a copy for your records. | Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| | | | EMPLOYEE | <input type="text"/> |
| | Phone no. | Email address | | |

| | | | | | |
|-------------------------------|---------------------------------------|----------------------|------|--------------------------|---|
| Paid Preparer Use Only | Preparer's name SAMUEL ENDE | Preparer's signature | Date | PTIN P01297483 | Check if: <input type="checkbox"/> Self-employed |
|-------------------------------|---------------------------------------|----------------------|------|--------------------------|---|

| | |
|---|----------------------------------|
| Firm's name EISNER ADVISORY GROUP LLC | Phone no. 212-949-8700 |
| Firm's address 733 THIRD AVENUE NEW YORK, NY 10017-2703 | Firm's EIN 87-1353108 |

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2021)

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

► **Attach to Form 1040, 1040-SR, or 1040-NR.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

MARK & JANICE GOLDSTEIN

Your social security number

055-01-7777

Part I Tax

| | | | |
|----------|--|----------|-----------|
| 1 | Alternative minimum tax. Attach Form 6251 | 1 | |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | |
| 3 | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 | 3 | 0. |

Part II Other Taxes

| | | | |
|-----------|--|-----------|----------------|
| 4 | Self-employment tax. Attach Schedule SE | 4 | |
| 5 | Social security and Medicare tax on unreported tip income. Attach Form 4137 | 5 | |
| 6 | Uncollected social security and Medicare tax on wages. Attach Form 8919 | 6 | |
| 7 | Total additional social security and Medicare tax. Add lines 5 and 6 | 7 | |
| 8 | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required | 8 | |
| 9 | Household employment taxes. Attach Schedule H | 9 | |
| 10 | Repayment of first-time homebuyer credit. Attach Form 5405 if required | 10 | |
| 11 | Additional Medicare Tax. Attach Form 8959 | 11 | 4,314. |
| 12 | Net investment income tax. Attach Form 8960 | 12 | 20,895. |
| 13 | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 | 13 | |
| 14 | Interest on tax due on installment income from the sale of certain residential lots and timeshares | 14 | |
| 15 | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 | 15 | |
| 16 | Recapture of low-income housing credit. Attach Form 8611 | 16 | |

(continued on page 2)

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

Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

| | | | |
|---|------------|-----------|----------------|
| 17 Other additional taxes: | | | |
| a Recapture of other credits. List type, form number, and amount ▶ | 17a | | |
| b Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions | 17b | | |
| c Additional tax on HSA distributions. Attach Form 8889 | 17c | | |
| d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | 17d | | |
| e Additional tax on Archer MSA distributions. Attach Form 8853 | 17e | | |
| f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 | 17f | | |
| g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property | 17g | | |
| h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A | 17h | | |
| i Compensation you received from a nonqualified deferred compensation plan described in section 457A | 17i | | |
| j Section 72(m)(5) excess benefits tax | 17j | | |
| k Golden parachute payments | 17k | | |
| l Tax on accumulation distribution of trusts | 17l | | |
| m Excise tax on insider stock compensation from an expatriated corporation | 17m | | |
| n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 | 17n | | |
| o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 17o | | |
| p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund | 17p | | |
| q Any interest from Form 8621, line 24 | 17q | | |
| z Any other taxes. List type and amount ▶ | 17z | | |
| 18 Total additional taxes. Add lines 17a through 17z | | 18 | |
| 19 Additional tax from Schedule 8812 | | 19 | |
| 20 Section 965 net tax liability installment from Form 965-A | 20 | | |
| 21 Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | | 21 | 25,209. |

Schedule 2 (Form 1040) 2021

Recovery Rebate Credit Worksheet - Line 30

| | |
|---|--------------------------------|
| Name(s) shown on return MARK & JANICE GOLDSTEIN | Your SSN 055-01-7777 |
|---|--------------------------------|

Before you begin: ✓ See the instructions for line 30 to find out if you can take this credit and for definitions and other information needed to fill out this worksheet.
 ✓ If you received Notice 1444-C, have it available.
 Don't include on line 13 any amount you received but later returned to the IRS.
 If you can't take the recovery rebate credit, you don't have to repay any amount of EIP 3 on Form 1040 or 1040-SR.

1. Can you be claimed as a dependent on another person's 2021 return? If filing a joint return, go to line 2.
☒ **No.** Go to line 2.
☐ **Yes.** Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
2. Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse?
☒ **Yes.** Go to line 6.
☐ **No.** If you are filing a joint return, go to line 3. If you aren't filing a joint return, go to line 5.
3. Was at least one of you a member of the U.S. Armed Forces at any time during 2021, and does at least one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?
☐ **Yes.** Your credit is not limited. Go to line 6.
☐ **No.** Go to line 4.
4. Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?
☐ **Yes.** Your credit is limited. Go to line 6.
☐ **No.** Go to line 5.
5. Do you have any dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number?
☐ **Yes.** Enter zero on line 6 and go to line 7.
☐ **No.** STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
6. Enter:
 • \$1,400 if single, head of household, married filing separately or qualifying widow(er),
 • \$1,400 if married filing jointly and you answered "Yes" to question 4, or
 • \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3 **6.** 2,800.
7. Multiply \$1,400 by the number of dependents listed in the *Dependents* section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number **7.** _____
8. Add lines 6 and 7 **8.** 2,800.
9. Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?
 • Single or Married filing separately - \$75,000
 • Married filing jointly or qualifying widow(er) - \$150,000
 • Head of household - \$112,500
☒ **Yes.** Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10 **9.** 1,260,055.
☐ **No.** Enter the amount from line 8 on line 12 and skip lines 10 and 11.
10. Is line 9 more than the amount shown below for your filing status?
 • Single or married filing separately - \$80,000
 • Married filing jointly or qualifying widow(er) - \$160,000
 • Head of household - \$120,000
☒ **Yes.** STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
☐ **No.** Subtract line 9 from the amount shown above for your filing status **10.** _____
11. Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).
 • Single or married filing separately - \$5,000
 • Married filing jointly or qualifying widow(er) - \$10,000
 • Head of household - \$7,500 **11.** _____
12. Multiply line 8 by line 11 **12.** _____
13. Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at [IRS.gov/Account](https://www.irs.gov/Account) for the amount to enter here **13.** _____
14. **Recovery rebate credit.** Subtract line 13 from line 12. If zero or less, enter -0-. If line 13 is more than line 12, you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR **14.** _____

Form **2210**Department of the Treasury
Internal Revenue Service**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**▶ Go to www.irs.gov/Form2210 for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No.1545-0140

2021
Attachment
Sequence No. **06**

Name(s) shown on tax return

MARK & JANICE GOLDSTEIN

Identifying number

055-01-7777**Do You Have To File Form 2210?**

| | | |
|--|-----|---|
| Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000? | Yes | Don't file Form 2210. You don't owe a penalty. |
| No | | |
| Complete lines 8 and 9 below. Is line 6 equal to or more than line 9? | Yes | You don't owe a penalty. Don't file Form 2210 unless box E in Part II applies, then file page 1 of Form 2210. |
| No | | |
| You may owe a penalty. Does any box in Part II below apply? | Yes | You must file Form 2210. Does box B, C, or D in Part II apply? |
| No | | |
| | No | You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but don't file Form 2210. |
| | Yes | You must figure your penalty. |
| | | You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210. |

Part I Required Annual Payment

| | | | |
|---|--|---|----------|
| 1 | Enter your 2021 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.) | 1 | 296,638. |
| 2 | Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions) | 2 | 25,209. |
| 3 | Other payments and refundable credits (see instructions) | 3 | () |
| 4 | Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210 | 4 | 321,847. |
| 5 | Multiply line 4 by 90% (0.90) | 5 | 289,662. |
| 6 | Withholding taxes. Don't include estimated tax payments. See instructions | 6 | 149,797. |
| 7 | Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210 | 7 | 172,050. |
| 8 | Maximum required annual payment based on prior year's tax (see instructions) | 8 | |
| 9 | Required annual payment. Enter the smaller of line 5 or line 8 | 9 | 289,662. |

Next: Is line 9 more than line 6?

☐ **No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.☒ **Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.

- If box **B, C, or D** applies, you must figure your penalty and file Form 2210.
- If box **A or E** applies (but not **B, C, or D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

- A** ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** ☐ You filed or are filing a joint return for either 2020 or 2021, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C, or D** applies).

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **2210** (2021)

Part III Penalty Computation (See the instructions if you're filing Form 1040-NR.)

| Section A - Figure Your Underpayment | | Payment Due Dates | | | |
|--|-----------|--------------------------|----------------|----------------|----------------|
| | | (a) 4/15/21 | (b) 6/15/21 | (c) 9/15/21 | (d) 1/15/22 |
| 10 Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions | 10 | 72,416. | 72,416. | 72,416. | 72,414. |
| 11 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II | 11 | 37,449. | 37,449. | 37,449. | 37,450. |

Complete lines 12 through 18 of one column before going to line 12 of the next column.

| | | | | | |
|---|-----------|---------|---------|---------|----------|
| 12 Enter the amount, if any, from line 18 in the previous column | 12 | | | | |
| 13 Add lines 11 and 12 | 13 | | 37,449. | 37,449. | 37,450. |
| 14 Add the amounts on lines 16 and 17 in the previous column | 14 | | 34,967. | 69,934. | 104,901. |
| 15 Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11 | 15 | 37,449. | 2,482. | 0. | 0. |
| 16 If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- | 16 | | 0. | 32,485. | |
| 17 Underpayment. If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 | 17 | 34,967. | 69,934. | 72,416. | 72,414. |
| 18 Overpayment. If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column ... | 18 | | | | |

Section B - Figure the Penalty (Use the Worksheet for Form 2210, Part III, Section B - Figure the Penalty in the instructions.)

| | | |
|---|-----------|--------|
| 19 Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B - Figure the Penalty. Also include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II | 19 | 2,791. |
|---|-----------|--------|

Form 2210 (2021)

SEE ATTACHED WORKSHEET

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

| | | | | | | |
|---|---------------|--------------------------------|-----------------------------------|------------------------------|--|--------|
| Name(s) MARK & JANICE GOLDSTEIN | | | | | Identifying Number 055-01-7777 | |
| (A) *Date | (B) Amount | (C) Adjusted Balance Due | (D) Number Days Balance Due | (E) Daily Penalty Rate | (F) Penalty | |
| | | -0- | | | | |
| 04/15/21 | 72,416. | 72,416. | | | | |
| 04/15/21 | -37,449. | 34,967. | 61 | .000082192 | 175. | |
| 06/15/21 | 72,416. | 107,383. | | | | |
| 06/15/21 | -37,449. | 69,934. | 92 | .000082192 | 529. | |
| 09/15/21 | 72,416. | 142,350. | | | | |
| 09/15/21 | -37,449. | 104,901. | 122 | .000082192 | 1,052. | |
| 01/15/22 | 72,414. | 177,315. | | | | |
| 01/15/22 | -37,450. | 139,865. | 90 | .000082192 | 1,035. | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| Penalty Due (Sum of Column F). | | | | | | 2,791. |

* Date of estimated tax payment, withholding credit date or installment due date.

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.
► Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

MARK & JANICE GOLDSTEIN

055 01 7777

Medical and Dental Expenses

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

- | | | | |
|----------|---|----------|--|
| 1 | Medical and dental expenses (see instructions) | 1 | |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2 | |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | |

Taxes You Paid

- | | | | |
|----------|---|-----------|---------|
| 5 | State and local taxes. | | |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 6 ► <input type="checkbox"/> | 5a | 69,619. |
| b | State and local real estate taxes (see instructions) | 5b | 16,329. |
| c | State and local personal property taxes | 5c | |
| d | Add lines 5a through 5c | 5d | 85,948. |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 10,000. |
| 6 | Other taxes. List type and amount ► | 6 | |
| 7 | Add lines 5e and 6 | 7 | 10,000. |

Interest You Paid

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

- | | | | |
|-----------|---|-----------|---------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | 13,350. |
| b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► | 8b | |
| c | Points not reported to you on Form 1098. See instructions for special rules | 8c | |
| d | Mortgage insurance premiums (see instructions) | 8d | |
| e | Add lines 8a through 8d | 8e | 13,350. |
| 9 | Investment interest. Attach Form 4952 if required. See instructions SEE STATEMENT 7 | 9 | 1. |
| 10 | Add lines 8e and 9 | 10 | 13,351. |

Gifts to Charity

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

- | | | | |
|-----------|--|-----------|---------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | 7,450. |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 12 | 3,000. |
| 13 | Carryover from prior year | 13 | |
| 14 | Add lines 11 through 13 | 14 | 10,450. |

Casualty and Theft Losses

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

Other Itemized Deductions

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

Total Itemized Deductions

- | | | | |
|-----------|--|-----------|---------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12a | 17 | 33,801. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR.

Schedule A (Form 1040) 2021

119501 12-21-21

SCHEDULE B

(Form 1040)

 Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Interest and Ordinary Dividends

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

▶ Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2021
Attachment
Sequence No. **08**

Your social security number

MARK & JANICE GOLDSTEIN
055 01 7777
Part I
Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶

CITIBANK
CHARLES SCHWAB
Amount
30.
1.
1

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2 Add the amounts on line 1

2
31.

- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.

3

Attach Form 8815

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶

4
31.

Note: If line 4 is over \$1,500, you must complete Part III.

Amount
Part II
Ordinary Dividends

- 5 List name of payer ▶

CHARLES SCHWAB
MORGAN STANLEY
FIDELITY INVESTMENTS
1,722.
7,928.
7.
5

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶

6
9,657.

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.
127501 11-04-21

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes
No

- 7a At any time during 2021, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

- b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶

- 8 During 2021, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

If "Yes," you may have to file Form 3520. See instructions

X

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

Schedule B (Form 1040) 2021

Interest and Dividend Summary

Name: MARK & JANICE GOLDSTEIN

FEIN/SSN: 055-01-7777

| | Payer | Interest | Interest on U.S. Savings Bonds | Tax-Exempt Interest | Private Activity Interest | Market Discount | Original Issue Discount (OID) | Ordinary Dividends | Qualified Dividends |
|--------|----------------------|----------|-----------------------------------|------------------------|------------------------------|--------------------|----------------------------------|-----------------------|------------------------|
| A | CITIBANK | 30. | | | | | | | |
| B | CHARLES SCHWAB | 1. | | | | | | | |
| C | CHARLES SCHWAB | | | | | | | 1,722. | 1,722. |
| D | MORGAN STANLEY | | | | | | | 7,928. | 7,928. |
| E | FIDELITY INVESTMENTS | | | | | | | 7. | |
| F | | | | | | | | | |
| G | | | | | | | | | |
| H | | | | | | | | | |
| I | | | | | | | | | |
| J | | | | | | | | | |
| K | | | | | | | | | |
| Totals | | 31. | | | | | | 9,657. | 9,650. |

| | Capital Gain Distributions | Unrecaptured Section 1250 Gain | Section 1202 Gain | Collectibles | Section 199A Dividends | Investment Expenses | Federal Tax Withheld | State Tax Withheld | Foreign Tax Paid |
|--------|-------------------------------|-----------------------------------|----------------------|--------------|---------------------------|------------------------|-------------------------|-----------------------|---------------------|
| A | | | | | | | | | |
| B | | | | | | | | | |
| C | | | | | | | | | |
| D | | | | | | | | | |
| E | | | | | | | | | |
| F | | | | | | | | | |
| G | | | | | | | | | |
| H | | | | | | | | | |
| I | | | | | | | | | |
| J | | | | | | | | | |
| K | | | | | | | | | |
| Totals | | | | | | | | | |

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

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

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

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

OMB No. 1545-0074

2021Attachment
Sequence No. **12**

Name(s) shown on return

MARK & JANICE GOLDSTEIN

Your social security number

055 01 7777Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

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

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

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 116,112. | 107,597. | | 8,515. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | 208,414. | 207,666. | | 748. |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 | | | | 7 9,263. |

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

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

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

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 24,592. | 9,622. | | 14,970. |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | 836,176. | 310,217. | | 525,959. |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on page 2 | | | | 15 540,929. |

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

Schedule D (Form 1040) 2021

Part III Summary

| | | |
|---|-----------|-----------------|
| 16 Combine lines 7 and 15 and enter the result <ul style="list-style-type: none"> If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | 16 | 550,192. |
| 17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶ | 18 | |
| 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶ | 19 | |
| 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) } Note: When figuring which amount is smaller, treat both amounts as positive numbers. | 21 | () |
| 22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

Schedule D (Form 1040) 2021

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2021

Attachment Sequence No. **12A**

► Go to www.irs.gov/Form8949 for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification no.

055-01-7777

MARK & JANICE GOLDSTEIN

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☒ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

055-01-7777

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☐ (F) Long-term transactions not reported to you on Form 1099-B

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ►

Form **8949** (2021)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

055-01-7777

MARK & JANICE GOLDSTEIN

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☒ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (F) Long-term transactions not reported to you on Form 1099-B

[illegible]

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Qualified Dividends and Capital Gain Tax Worksheet - Line 16

Keep for Your Records

| | |
|---|--------------------------------|
| Name(s) shown on return MARK & JANICE GOLDSTEIN | Your SSN 055-01-7777 |
|---|--------------------------------|

Before you begin:

- ✓ See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

| | |
|---|----------------------|
| 1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet | 1. <u>1,226,254.</u> |
| 2. Enter the amount from Form 1040 or 1040-SR, line 3a* | 2. <u>9,650.</u> |
| 3. Are you filing Schedule D?* | |
| <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-. | 3. <u>540,929.</u> |
| <input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7. | |
| 4. Add lines 2 and 3 | 4. <u>550,579.</u> |
| 5. Subtract line 4 from line 1. If zero or less, enter -0- | 5. <u>675,675.</u> |
| 6. Enter: | |
| \$ 40,400 if single or married filing separately, \$ 80,800 if married filing jointly or qualifying widow(er), \$ 54,100 if head of household. | 6. <u>80,800.</u> |
| 7. Enter the smaller of line 1 or line 6 | 7. <u>80,800.</u> |
| 8. Enter the smaller of line 5 or line 7 | 8. <u>80,800.</u> |
| 9. Subtract line 8 from line 7. This amount is taxed at 0% | 9. <u>0.</u> |
| 10. Enter the smaller of line 1 or line 4 | 10. <u>550,579.</u> |
| 11. Enter the amount from line 9 | 11. <u>0.</u> |
| 12. Subtract line 11 from line 10 | 12. <u>550,579.</u> |
| 13. Enter: | |
| \$ 445,850 if single, \$ 250,800 if married filing separately, \$ 501,600 if married filing jointly or qualifying widow(er), \$ 473,750 if head of household. | 13. <u>501,600.</u> |
| 14. Enter the smaller of line 1 or line 13 | 14. <u>501,600.</u> |
| 15. Add lines 5 and 9 | 15. <u>675,675.</u> |
| 16. Subtract line 15 from line 14. If zero or less, enter -0- | 16. <u>0.</u> |
| 17. Enter the smaller of line 12 or line 16 | 17. <u>0.</u> |
| 18. Multiply line 17 by 15% (0.15) | 18. <u>0.</u> |
| 19. Add lines 9 and 17 | 19. <u>0.</u> |
| 20. Subtract line 19 from line 10 | 20. <u>550,579.</u> |
| 21. Multiply line 20 by 20% (0.20) | 21. <u>110,116.</u> |
| 22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet | 22. <u>186,522.</u> |
| 23. Add lines 18, 21, and 22 | 23. <u>296,638.</u> |
| 24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet | 24. <u>390,236.</u> |
| 25. Tax on all taxable income. Enter the smaller of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet | 25. <u>296,638.</u> |

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Form **1116**Department of the Treasury
Internal Revenue Service (99)**Foreign Tax Credit**

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

2021Attachment
Sequence No. **19**Name **MARK & JANICE GOLDSTEIN** Identifying number as shown on page 1 of your tax return **055-01-7777****MARK & JANICE GOLDSTEIN**Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Section 951A category income c ☒ Passive category income e ☐ Section 901(j) income g ☐ Lump-sum distributions
 b ☐ Foreign branch category income d ☐ General category income f ☐ Certain income re-sourced by treaty

h Resident of (name of country) ▶ **UNITED STATES****Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

| | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|--|------------------------------------|---|---|-----------------------------------|
| | A | B | C | |
| i Enter the name of the foreign country or U.S. possession ▶ OTHER COUNTRIES | | | | |
| 1a Gross income from sources within country shown above and of the type checked above: _____ | 931. | | | 1a 931. |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions ▶ <input type="checkbox"/> | | | | |
| Deductions and losses (Caution: See instructions.): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) _____ | | | | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction _____ | 10,000. | | | |
| b Other deductions (attach statement) _____ | | | | |
| c Add lines 3a and 3b _____ | 10,000. | | | |
| d Gross foreign source income _____ | 1,722. | | | |
| e Gross income from all sources _____ | 1,260,456. | | | |
| f Divide line 3d by line 3e _____ | .001366172 | | | |
| g Multiply line 3c by line 3f _____ | 14. | | | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) _____ | | | | |
| b Other interest expense _____ | | | | |
| 5 Losses from foreign sources _____ | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 _____ | 14. | | | 6 14. |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶ | | | | 7 917. |

Part II Foreign Taxes Paid or Accrued

| Country | Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued | | | | | | | | | |
|---|--|-------------------------------|---------------|-------------------------|--------------|---|---------------|-------------------------|--------------|---|---|
| | | In foreign currency | | | | In U.S. dollars | | | | | |
| | | Taxes withheld at source on: | | | | Taxes withheld at source on: | | | | | |
| | | (l) Date paid or accrued | (m) Dividends | (n) Rents and royalties | (o) Interest | (p) Other foreign taxes paid or accrued | (q) Dividends | (r) Rents and royalties | (s) Interest | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) |
| A | | | | | | | | | | | |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |
| 8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 ▶ | | | | | | | | | | | 8 |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2021)

Part III Figuring the Credit

| | | | |
|---|-----------|----------|----------|
| 9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | | |
| 10 Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year (If your income was section 951A category income (box a above Part I), leave line 10 blank.) | 10 | | |
| 11 Add lines 9 and 10 | 11 | | |
| 12 Reduction in foreign taxes | 12 | | |
| 13 Taxes reclassified under high tax kickout | 13 | | |
| 14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | 14 | | |
| 15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I | 15 | 917. | |
| 16 Adjustments to line 15 | 16 | | |
| 17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | 917. | |
| 18 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption SEE STATEMENT 8 | 18 | 973,263. | |
| Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | | | |
| 19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | 19 | | .00094 |
| 20 Individuals: Enter the total of Form 1040, 1040-SR or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16 | 20 | | 296,638. |
| Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions. | | | |
| 21 Multiply line 20 by line 19 (maximum amount of credit) | 21 | | 279. |
| 22 Increase in limitation (section 960(c)) | 22 | | |
| 23 Add lines 21 and 22 | 23 | | 279. |
| 24 Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV | 24 | | |

Part IV Summary of Credits From Separate Parts III

| | | | |
|--|-----------|--|----|
| 25 Credit for taxes on section 951A category income | 25 | | |
| 26 Credit for taxes on foreign branch category income | 26 | | |
| 27 Credit for taxes on passive category income | 27 | | |
| 28 Credit for taxes on general category income | 28 | | |
| 29 Credit for taxes on section 901(j) income | 29 | | |
| 30 Credit for taxes on certain income re-sourced by treaty | 30 | | |
| 31 Credit for taxes on lump-sum distributions | 31 | | |
| 32 Add lines 25 through 31 | 32 | | |
| 33 Enter the smaller of line 20 or line 32 | 33 | | 0. |
| 34 Reduction of credit for international boycott operations | 34 | | |
| 35 Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a | 35 | | 0. |

Form **1116** (2021)

ALTERNATIVE MINIMUM TAX Foreign Tax Credit

OMB No. 1545-0121

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

2021
Attachment
Sequence No. **19**

Name **MARK & JANICE GOLDSTEIN** Identifying number as shown on page 1 of your tax return **055-01-7777**

MARK & JANICE GOLDSTEIN

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Section 951A category income c ☒ Passive category income e ☐ Section 901(j) income g ☐ Lump-sum distributions
b ☐ Foreign branch category income d ☐ General category income f ☐ Certain income re-sourced by treaty

h Resident of (name of country) ▶ **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

| | | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|---|--|------------------------------------|---|---|-----------------------------------|
| | | A | B | C | |
| i Enter the name of the foreign country or U.S. possession ▶ OTHER COUNTRIES | | | | | |
| 1a Gross income from sources within country shown above and of the type checked above: _____ | | | | | |
| | | 1,230. | | | 1a 1,230. |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions ▶ <input type="checkbox"/> | | | | | |
| Deductions and losses (Caution: See instructions.): | | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) _____ | | | | | |
| 3 Pro rata share of other deductions not definitely related: | | | | | |
| a Certain itemized deductions or standard deduction _____ | | | | | |
| b Other deductions (attach statement) _____ | | | | | |
| c Add lines 3a and 3b _____ | | | | | |
| d Gross foreign source income _____ | | 1,722. | | | |
| e Gross income from all sources _____ | | 1,260,456. | | | |
| f Divide line 3d by line 3e _____ | | .001366172 | | | |
| g Multiply line 3c by line 3f _____ | | | | | |
| 4 Pro rata share of interest expense: | | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) _____ | | | | | |
| b Other interest expense _____ | | | | | |
| 5 Losses from foreign sources _____ | | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 _____ | | | | | 6 |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 _____ ▶ | | | | | 7 1,230. |

Part II Foreign Taxes Paid or Accrued

| Country | | Foreign taxes paid or accrued | | | | | | | | | |
|--|--|-------------------------------|--------------------------------|---------------------|--|------------------------------|--------------------------------|---------------------|--|--|--|
| | | In foreign currency | | | | In U.S. dollars | | | | | |
| | | Taxes withheld at source on: | | | | Taxes withheld at source on: | | | | | |
| (j) <input checked="" type="checkbox"/> Paid | | | | | | | | | | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) |
| (k) <input type="checkbox"/> Accrued | | | | | | | | | | | |
| (l) Date paid or accrued | | (m) Dividends | (n) Rents and royalties | (o) Interest | (p) Other foreign taxes paid or accrued | (q) Dividends | (r) Rents and royalties | (s) Interest | | | |
| A | | | | | | | | | | | |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |
| 8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 _____ ▶ | | | | | | | | | | | 8 |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2021)

ALTERNATIVE MINIMUM TAX

Form 1116 (2021) **MARK & JANICE GOLDSTEIN**

055-01-7777 Page **2**

Part III Figuring the Credit

| | | | |
|---|-----------|------------|----------|
| 9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | | |
| 10 Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year (If your income was section 951A category income (box a above Part I), leave line 10 blank.) | 10 | | |
| 11 Add lines 9 and 10 | 11 | | |
| 12 Reduction in foreign taxes | 12 | | |
| 13 Taxes reclassified under high tax kickout | 13 | | |
| 14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | 14 | | |
| 15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I | 15 | 1,230. | |
| 16 Adjustments to line 15 | 16 | | |
| 17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | 1,230. | |
| 18 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption SEE STATEMENT 9 | 18 | 1,078,954. | |
| Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | | | |
| 19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | 19 | | .00114 |
| 20 Individuals: Enter the total of Form 1040, 1040-SR or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16 | 20 | | 279,253. |
| Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions. | | | |
| 21 Multiply line 20 by line 19 (maximum amount of credit) | 21 | | 318. |
| 22 Increase in limitation (section 960(c)) | 22 | | |
| 23 Add lines 21 and 22 | 23 | | 318. |
| 24 Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV | 24 | | |

Part IV Summary of Credits From Separate Parts III

| | | | |
|--|-----------|--|----|
| 25 Credit for taxes on section 951A category income | 25 | | |
| 26 Credit for taxes on foreign branch category income | 26 | | |
| 27 Credit for taxes on passive category income | 27 | | |
| 28 Credit for taxes on general category income | 28 | | |
| 29 Credit for taxes on section 901(j) income | 29 | | |
| 30 Credit for taxes on certain income re-sourced by treaty | 30 | | |
| 31 Credit for taxes on lump-sum distributions | 31 | | |
| 32 Add lines 25 through 31 | 32 | | |
| 33 Enter the smaller of line 20 or line 32 | 33 | | 0. |
| 34 Reduction of credit for international boycott operations | 34 | | |
| 35 Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a | 35 | | 0. |

Form **1116** (2021)

Investment Interest Expense Deduction

► Go to www.irs.gov/Form4952 for the latest information.
► Attach to your tax return.

OMB No. 1545-0191

2021
Attachment
Sequence No. **51**

Name(s) shown on return

MARK & JANICE GOLDSTEIN

Identifying number

055-01-7777

Part I Total Investment Interest Expense

| | | | |
|----------|--|----------|-----------|
| 1 | Investment interest expense paid or accrued in 2021 (see instructions) SEE STATEMENT 10 | 1 | 1. |
| 2 | Disallowed investment interest expense from 2020 Form 4952, line 7 | 2 | |
| 3 | Total investment interest expense. Add lines 1 and 2 | 3 | 1. |

Part II Net Investment Income

| | | | | | |
|-----------|--|-----------|-----------------|---------------|--|
| 4a | Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) STMT 11 | 4a | 9,688. | | |
| b | Qualified dividends included on line 4a | 4b | 9,650. | | |
| c | Subtract line 4b from line 4a | 4c | | 38. | |
| d | Net gain from the disposition of property held for investment | 4d | 550,192. | | |
| e | Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions STMT 12 | 4e | 540,929. | | |
| f | Subtract line 4e from line 4d | 4f | | 9,263. | |
| g | Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions | 4g | | | |
| h | Investment income. Add lines 4c, 4f, and 4g | 4h | | 9,301. | |
| 5 | Investment expenses (see instructions) | 5 | | | |
| 6 | Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0- | 6 | | 9,301. | |

Part III Investment Interest Expense Deduction

| | | | |
|----------|---|----------|-----------|
| 7 | Disallowed investment interest expense to be carried forward to 2022. Subtract line 6 from line 3. If zero or less, enter -0- | 7 | 0. |
| 8 | Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions STMT 13 | 8 | 1. |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4952** (2021)

Form **8959**Department of the Treasury
Internal Revenue Service**Additional Medicare Tax**

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

OMB No. 1545-0074

2021Attachment
Sequence No. 71

Name(s) shown on return

MARK & JANICE GOLDSTEIN

Your social security number

055-01-7777**Part I Additional Medicare Tax on Medicare Wages**

| | | | |
|---|---|----------|----------|
| 1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 | 1 | 729,377. | |
| 2 Unreported tips from Form 4137, line 6 | 2 | | |
| 3 Wages from Form 8919, line 6 | 3 | | |
| 4 Add lines 1 through 3 | 4 | 729,377. | |
| 5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 | 5 | 250,000. | |
| 6 Subtract line 5 from line 4. If zero or less, enter -0- | 6 | | 479,377. |
| 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II | 7 | | 4,314. |

Part II Additional Medicare Tax on Self-Employment Income

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

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

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

Part IV Total Additional Medicare Tax

| | | | |
|--|----|--|--------|
| 18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V | 18 | | 4,314. |
|--|----|--|--------|

Part V Withholding Reconciliation

| | | | |
|--|----|----------|--------|
| 19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 | 19 | 13,540. | |
| 20 Enter the amount from line 1 | 20 | 729,377. | |
| 21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages | 21 | 10,576. | |
| 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages | 22 | | 2,964. |
| 23 Additional Medicare Tax withholding on railroad retirement (RTTA) compensation from Form W-2, box 14 (see instructions) | 23 | | |
| 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) | 24 | | 2,964. |

**Net Investment Income Tax -
Individuals, Estates, and Trusts**▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8960 for instructions and the latest information.**

OMB No. 1545-2227

2021Attachment
Sequence No. **72**

Name(s) shown on your tax return

MARK & JANICE GOLDSTEIN

Your social security number or EIN

055-01-7777**Part I Investment Income**

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

| | | | |
|-----------|--|-----------|-----------------|
| 1 | Taxable interest (see instructions) | 1 | 31. |
| 2 | Ordinary dividends (see instructions) | 2 | 9,657. |
| 3 | Annuities (see instructions) | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) | 4a | |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | 4b | |
| c | Combine lines 4a and 4b | 4c | |
| 5a | Net gain or loss from disposition of property (see instructions) | 5a | 550,192. |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) | 5b | |
| c | Adjustment from disposition of partnership interest or S corporation stock (see instructions) | 5c | |
| d | Combine lines 5a through 5c | 5d | 550,192. |
| 6 | Adjustments to investment income for certain CFCs and PFICs (see instructions) | 6 | |
| 7 | Other modifications to investment income (see instructions) | 7 | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | 8 | 559,880. |

Part II Investment Expenses Allocable to Investment Income and Modifications

| | | | |
|-----------|---|-----------|----------------|
| 9a | Investment interest expenses (see instructions) | 9a | 1. |
| b | State, local, and foreign income tax (see instructions) | 9b | 10,000. |
| c | Miscellaneous investment expenses (see instructions) | 9c | |
| d | Add lines 9a, 9b, and 9c | 9d | 10,001. |
| 10 | Additional modifications (see instructions) | 10 | |
| 11 | Total deductions and modifications. Add lines 9d and 10 | 11 | 10,001. |

Part III Tax Computation

| | | | |
|------------|--|------------|-------------------|
| 12 | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0- | 12 | 549,879. |
| 13 | Modified adjusted gross income (see instructions) | 13 | 1,260,055. |
| 14 | Threshold based on filing status (see instructions) | 14 | 250,000. |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 1,010,055. |
| 16 | Enter the smaller of line 12 or line 15 | 16 | 549,879. |
| 17 | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions) | 17 | 20,895. |
| 18a | Net investment income (line 12 above) | 18a | |
| b | Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) | 18b | |
| c | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0- | 18c | |
| 19a | Adjusted gross income (see instructions) | 19a | |
| b | Highest tax bracket for estates and trusts for the year (see instructions) | 19b | |
| c | Subtract line 19b from line 19a. If zero or less, enter -0- | 19c | |
| 20 | Enter the smaller of line 18c or line 19c | 20 | |
| 21 | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions) | 21 | |

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.**Form **8960** (2021)

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet

Keep for Your Records

Part III - Deductions Properly Allocable to Investment Income (Individuals Only)

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from column (C) of Part II:

| | Description | Line | Amount |
|-----|-------------|------|--------|
| (a) | N/A | N/A | N/A |
| (b) | N/A | N/A | N/A |

2. Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income (limited to \$10,000, \$5,000 if MFS) 2. 10,000.

3. Enter the amounts of other Itemized Deductions properly allocable to investment income

(Description and Form 8960 line number where they'll be reported):

| | Description | Line | Amount |
|-----|-------------|------|--------|
| (a) | | | |
| (b) | | | |

4. Enter the total deductions properly allocable to investment income. Enter the sum of lines 2 and 3 4. 10,000.

5. Enter the amount of total itemized deductions reported on Form 1040 5. 33,801.

6. Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:

| | | |
|-----|--|----------------|
| (a) | Investment Interest Expense | N/A |
| (b) | Casualty Losses (other than losses described in section 165(c)(1)) | N/A |
| (c) | Medical Expenses | N/A |
| (d) | Gambling Losses | N/A |
| (e) | Total of lines 6(a) through 6(d) | 6e. <u>N/A</u> |

7. Subtract line 6e from line 5 7. 33,801.
8. Enter the lesser of line 7 or line 4 8. 10,000.

TIP

This is the amount of itemized deductions that are properly allocable to investment income. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.

Part IV - Reconciliation of Schedule A Deductions to Form 8960, Lines 9 and 10 (Individuals Only)

| | | | | | |
|---|--|--|---------|---|--------|
| | | (B) | | (C) | |
| | | IF Part III, line 8 is less than Part III, line 4, THEN divide line 8 by line 4 AND enter the amount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B). | | Multiply the individual amounts in column (A) by the amount in column (B). Enter these amounts in the appropriate location on lines 9 and 10. | |
| (A) | | | | | |
| Reenter the amounts and descriptions from Part III, lines 1 - 3. | | | | | |
| Miscellaneous Itemized Deductions properly allocable to investment income: | | | | | |
| | Description | Line | Amount | | |
| 1. | (a) N/A | N/A | N/A | X | N/A |
| | (b) N/A | N/A | N/A | X | N/A |
| 2. | State, local, and foreign income taxes | | 10,000. | X | 1.0000 |
| Itemized Deductions Included on Line 3 of Part III: | | | | | |
| 3. | (a) | | | X | |
| | (b) | | | X | |

**Net Investment Income Tax -
Individuals, Estates, and Trusts****2021**

CALIFORNIA

Name(s)

MARK & JANICE GOLDSTEIN

Your social security number or EIN

055-01-7777**Part I Investment Income**☐ Section 6013(g) election☐ Regulations section 1.1411-10(g) election

| | | | |
|-----------|---|-----------|-----------------|
| 1 | Taxable interest | 1 | 31. |
| 2 | Ordinary dividends | 2 | 9,657. |
| 3 | Annuities from nonqualified plans | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, etc. | 4a | |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business | 4b | |
| c | Combine lines 4a and 4b | 4c | |
| 5a | Net gain or loss from disposition of property | 5a | 550,192. |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax | 5b | |
| c | Adjustment from disposition of partnership interest or S corporation stock | 5c | |
| d | Combine lines 5a through 5c | 5d | 550,192. |
| 6 | Changes in investment income for certain CFCs and PFICs | 6 | |
| 7 | Other modifications to investment income | 7 | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | 8 | 559,880. |

Part II State Income Tax Pro-ratio for 2021 Income Tax Payments

| | | | |
|-----------|--|-----------|-------------------|
| 9 | State total income | 9 | 1,260,055. |
| 10 | State income tax payments for 2021 | 10 | 64,545. |
| 11 | 2021 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10 | 11 | 28,679. |

Part III State Income Tax Pro-ratio for 2020 Estimate Payments Made in 2021

| | | | |
|-----------|---|-----------|--|
| 12 | State estimate payments for 2020 | 12 | |
| 13 | Percent of state income taxes attributable to investment income for 2020 | 13 | |
| 14 | 2020 state estimate payments attributable to investment income. Line 12 times line 13 | 14 | |

Part IV State Income Tax Pro-ratio for Balance of Prior Years Tax Plus Extension Payments Paid in 2021

| | | | |
|-----------|--|-----------|---------------|
| 15 | Balance of prior years tax plus extension payments paid in 2021 | 15 | 1,994. |
| 16 | Percent of state income taxes attributable to investment income for 2020 | 16 | |
| 17 | Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16 | 17 | |

Part V Reduction of State Tax Deduction

| | | | |
|-----------|---|-----------|-----|
| 18 | Reduction of state tax deduction | 18 | () |
| 19 | Percent of state income taxes attributable to investment income for 2020 | 19 | |
| 20 | Reduction of state tax deduction attributable to investment income. Line 18 times line 19 | 20 | () |

Part VI Total State Income Tax Payments Attributable to Investment Income

| | | | |
|-----------|---|-----------|----------------|
| 21 | Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2 | 21 | 28,679. |
|-----------|---|-----------|----------------|

Form **8960** (2021)

Form **8283**

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service**Noncash Charitable Contributions**

► **Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.**

► **Go to www.irs.gov/Form8283 for instructions and the latest information.**

OMB. No. 1545-0074

Attachment
Sequence No. **155**

Name(s) shown on your income tax return

Identifying number

MARK & JANICE GOLDSTEIN**055-01-7777****Note:** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities - List in this section **only** an item (or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than \$5,000. See instructions.

Part I Information on Donated Property - If you need more space, attach a statement.

| 1 | (a) Name and address of the donee organization | (b) If donated property is a vehicle, check the box. Also enter the vehicle identification number (unless Form 1098-C is attached) | (c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.) |
|---|--|--|---|
| A | THE REUSE PEOPLE 9235 SAN LE, OAKLAND, CA 94603 | <input type="checkbox"/> | FURNITURE AND FIXTURES |
| B | | <input type="checkbox"/> | |
| C | | <input type="checkbox"/> | |
| D | | <input type="checkbox"/> | |
| E | | <input type="checkbox"/> | |

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

| | (d) Date of the contribution | (e) Date acquired by donor (mo., yr.) | (f) How acquired by donor | (g) Donor's cost or adjusted basis | (h) Fair market value (see instructions) | (i) Method used to determine the fair market value |
|---|------------------------------|---------------------------------------|---------------------------|------------------------------------|--|--|
| A | 06/04/21 | VAR. | PURCHASE | 12,000. | 3,000. | THRIFT SHOP VALUE |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A) - Complete this section for one item (or a group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A). Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal is generally required for items reportable in Section B. See instructions.

Part I Information on Donated Property

2 Check the box that describes the type of property donated.

- | | | |
|--|--|---|
| a <input type="checkbox"/> Art* (contribution of \$20,000 or more) | e <input type="checkbox"/> Other Real Estate | i <input type="checkbox"/> Vehicles |
| b <input type="checkbox"/> Qualified Conservation Contribution | f <input type="checkbox"/> Securities | j <input type="checkbox"/> Clothing and household items |
| c <input type="checkbox"/> Equipment | g <input type="checkbox"/> Collectibles** | k <input type="checkbox"/> Other |
| d <input type="checkbox"/> Art* (contribution of less than \$20,000) | h <input type="checkbox"/> Intellectual Property | |

*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

**Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note: In certain cases, you must attach a qualified appraisal of the property. See instructions.

| 3 (a) Description of donated property (if you need more space, attach a separate statement) | | | | (b) If any tangible personal property or real property was donated, give a brief summary of the overall physical condition of the property at the time of the gift | | (c) Appraised fair market value |
|---|---------------------------------------|---------------------------|------------------------------------|--|--|---|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| | (d) Date acquired by donor (mo., yr.) | (e) How acquired by donor | (f) Donor's cost or adjusted basis | (g) For bargain sales, enter amount received and attach a separate statement. | (h) Amount claimed as a deduction (see instructions) | (i) Date of contribution (see instructions) |
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **8283** (Rev. 12-2021)

119931 11-08-21

Form 1116

U.S. and Foreign Source Income Summary

NAME

MARK & JANICE GOLDSTEIN

055-01-7777

| INCOME TYPE | TOTAL | U.S. | FOREIGN PASSIVE |
|--|------------|------------|--------------------|
| Compensation | 700,175. | 700,175. | |
| Dividends/Distributions SEE STATEMENT 15 | 9,657. | 7,935. | 1,722. |
| Interest | 31. | 31. | |
| Capital Gains | 550,593. | 550,593. | |
| Business/Profession | | | |
| Rent/Royalty | | | |
| State/Local Refunds | | | |
| Partnership/S Corporation | | | |
| Trust/Estate | | | |
| Other Income | | | |
| Gross Income | 1,260,456. | 1,258,734. | 1,722. |

Less:

| | | | |
|------------------------------|------------|------------|------|
| Section 911 Exclusion | | | |
| Capital Losses | 401. | 401. | |
| Capital Gains Tax Adjustment | | | 791. |
| Total Income - Form 1116 | 1,260,055. | 1,258,333. | 931. |

Deductions:

| | | | |
|----------------------------------|------------|------------|------|
| Business/Profession Expenses | | | |
| Rent/Royalty Expenses | | | |
| Partnership/S Corporation Losses | | | |
| Trust/Estate Losses | | | |
| Capital Losses | | | |
| Non-capital Losses | | | |
| Individual Retirement Account | | | |
| Moving Expenses | | | |
| Self-employment Tax Deduction | | | |
| Self-employment Health Insurance | | | |
| Keogh Contributions | | | |
| Alimony | | | |
| Forfeited Interest | | | |
| Foreign Housing Deduction | | | |
| Other Adjustments | | | |
| Capital Gains Tax Adjustment | | | |
| Total Deductions | | | |
| Adjusted Gross Income | 1,260,055. | 1,258,333. | 931. |

Less Itemized Deductions:

| | | | |
|---|------------|------------|------|
| Specifically Allocated | 10,450. | 10,450. | |
| Home Mortgage Interest | 13,350. | 13,350. | |
| Other Interest | 1. | 1. | |
| Ratably Allocated | 10,000. | 9,986. | 14. |
| Charitable Deduction if taking Standard Deduction | | | |
| Total Adjustments to Adjusted Gross Income | 33,801. | 33,787. | 14. |
| Taxable Income | 1,226,254. | 1,224,546. | 917. |

127931 10-08-21

Form 1116

Allocation of Itemized Deductions

NAME

MARK & JANICE GOLDSTEIN

055-01-7777

| | Total Itemized Deductions | Form 1116 | | |
|---|---------------------------------|-------------------|----------------------|---------|
| | | Specifically U.S. | Specifically Foreign | Ratable |
| Medical/Dental | | | | |
| Taxes | 10,000. | | | 10,000. |
| Interest - Not Including Investment Interest | 13,350. | 13,350. | | |
| Investment Interest | 1. | 1. | | |
| Contributions | 10,450. | 10,450. | | |
| Casualty Losses | | | | |
| Other Miscellaneous Deductions - Not Including Gambling Losses | | | | |
| Gambling Losses | | | | |
| Foreign Adjustment | | | | |
| Total Itemized Deductions | 33,801. | 23,801. | | 10,000. |

| FORM 1040 | | WAGES RECEIVED AND TAXES WITHHELD | | | STATEMENT 1 | |
|------------------------|----------------|-----------------------------------|--------------------------|------------------------|-------------|-----------------|
| T S EMPLOYER'S NAME | AMOUNT PAID | FEDERAL TAX WITHHELD | STATE TAX WITHHELD | CITY SDI TAX W/H | FICA TAX | MEDICARE TAX |
| T APPLE INC | 500,875. | 107,058. | 48,067. | 1,540. | 8,854. | 10,428. |
| S TWO HEALTHCARE, INC | 199,300. | 39,775. | 16,478. | 1,540. | 8,854. | 3,112. |
| TOTALS | 700,175. | 146,833. | 64,545. | 3,080. | 17,708. | 13,540. |

| FORM 1040 | | QUALIFIED DIVIDENDS | | STATEMENT 2 | |
|--------------------------------------|--|-----------------------|------------------------|-------------|--|
| NAME OF PAYER | | ORDINARY DIVIDENDS | QUALIFIED DIVIDENDS | | |
| CHARLES SCHWAB | | 1,722. | 1,722. | | |
| MORGAN STANLEY | | 7,928. | 7,928. | | |
| TOTAL INCLUDED IN FORM 1040, LINE 3A | | | 9,650. | | |

| FORM 1040 | | TAX | STATEMENT 3 | |
|---|--|----------|-------------|--|
| DESCRIPTION | | AMOUNT | | |
| FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET | | 296,638. | | |
| TOTAL TO FORM 1040, LINE 16 | | 296,638. | | |

| FORM 1040 | | FEDERAL INCOME TAX WITHHELD - FORM(S) W-2 | STATEMENT 4 | |
|------------------------------|--|---|-------------|--|
| T S DESCRIPTION | | | AMOUNT | |
| T APPLE INC | | | 107,058. | |
| S TWO HEALTHCARE, INC | | | 39,775. | |
| TOTAL TO FORM 1040, LINE 25A | | | 146,833. | |

FORM 1040 FEDERAL INCOME TAX WITHHELD - OTHER FORMS STATEMENT 5

| <u>T</u> <u>S</u> DESCRIPTION | AMOUNT |
|----------------------------------|--------|
| FORM 8959, LINE 24 | 2,964. |
| TOTAL TO FORM 1040, LINE 25C | 2,964. |

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 6

| <u>DESCRIPTION</u> | AMOUNT |
|--|---------|
| APPLE INC | 48,067. |
| STATE DISABILITY INSURANCE - APPLE INC | 1,540. |
| TWO HEALTHCARE, INC | 16,478. |
| STATE DISABILITY INSURANCE - TWO HEALTHCARE, INC | 1,540. |
| CALIFORNIA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS | 1,994. |
| TOTAL TO SCHEDULE A, LINE 5A | 69,619. |

SCHEDULE A INVESTMENT INTEREST STATEMENT 7

| <u>DESCRIPTION</u> | AMOUNT |
|-----------------------------|--------|
| MARGIN INTEREST | 1. |
| TOTAL TO SCHEDULE A, LINE 9 | 1. |

FORM 1116

WORLDWIDE CAPITAL GAINS
WORKSHEET FOR LINE 18

STATEMENT 8

| | | |
|----|--|------------|
| 1 | ENTER THE AMOUNT FROM FORM 1040, OR 1040-NR, LINE 15 | 1,226,254. |
| 2 | ENTER WORLDWIDE 28% GAINS | |
| 3 | MULTIPLY LINE 2 BY 0.2432 | |
| 4 | ENTER WORLDWIDE 25% GAINS | |
| 5 | MULTIPLY LINE 4 BY 0.3243 | |
| 6 | ENTER WORLDWIDE 20% GAINS AND QUALIFIED DIVIDENDS | 550,579. |
| 7 | MULTIPLY LINE 6 BY 0.4595 | 252,991. |
| 8 | ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS | |
| 9 | MULTIPLY LINE 8 BY 0.5946 | |
| 10 | ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS | |
| 11 | ADD LINES 3, 5, 7, 9 AND 10 | 252,991. |
| 12 | SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116, LINE 18 | 973,263. |

| FORM 1116 | ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT WORLDWIDE CAPITAL GAINS WORKSHEET FOR LINE 18 | STATEMENT 9 |
|-----------|--|-------------|
| 1 | ENTER THE AMOUNT FROM FORM 6251, LINE 4 | 1,236,254. |
| 2 | ENTER WORLDWIDE 25% GAINS | |
| 3 | MULTIPLY LINE 2 BY 0.1071 | |
| 4 | ENTER WORLDWIDE 20% GAINS AND QUALIFIED DIVIDENDS | 550,579. |
| 5 | MULTIPLY LINE 4 BY 0.2857 | 157,300. |
| 6 | ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS | |
| 7 | MULTIPLY LINE 6 BY 0.4643 | |
| 8 | ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS | |
| 9 | ADD LINES 3, 5, 7 AND 8 | 157,300. |
| 10 | SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116 AMT, LINE 18 | 1,078,954. |

| FORM 4952 | INVESTMENT INTEREST EXPENSE | STATEMENT 10 |
|------------------------------------|-----------------------------|--------------|
| DESCRIPTION | CURRENT | CARRYOVER |
| MARGIN INTEREST | 1. | |
| TOTALS TO FORM 4952, LINES 1 AND 2 | 1. | |

| FORM 4952 | INCOME FROM PROPERTY HELD FOR INVESTMENT | STATEMENT 11 |
|-----------------------------|--|--------------|
| DESCRIPTION | | AMOUNT |
| INTEREST INCOME | | 31. |
| DIVIDEND INCOME | | 9,657. |
| TOTAL TO FORM 4952, LINE 4A | | 9,688. |

| | | |
|-----------|--|--------------|
| FORM 4952 | NET CAPITAL GAIN FROM THE DISPOSITION OF PROPERTY HELD FOR INVESTMENT | STATEMENT 12 |
|-----------|--|--------------|

| DESCRIPTION | AMOUNT |
|-----------------------------|----------|
| LONG TERM-COVERED | 14,970. |
| LONG TERM-NON-COVERED | 525,959. |
| TOTAL TO FORM 4952, LINE 4E | 540,929. |

| | | |
|-----------|---|--------------|
| FORM 4952 | INVESTMENT INTEREST EXPENSE DEDUCTION SUMMARY | STATEMENT 13 |
|-----------|---|--------------|

| NAME | FORM OR SCHEDULE | INVESTMENT INTEREST EXPENSE | INVESTMENT INTEREST EXPENSE C/O | DISALLOWED INVESTMENT INTEREST EXPENSE | ALLOWED INVESTMENT INTEREST EXPENSE |
|-----------------|---------------------|-----------------------------------|---------------------------------------|---|--|
| MARGIN INTEREST | SCH A | 1. | 0. | 0. | 1. |
| TOTALS | | 1. | 0. | 0. | 1. |

| | | |
|-----------|---------------------------|--------------|
| FORM 8960 | STATE INCOME TAX PAYMENTS | STATEMENT 14 |
|-----------|---------------------------|--------------|

CALIFORNIA

| DESCRIPTION | AMOUNT |
|-----------------------------------|---------|
| APPLE INC | 48,067. |
| TWO HEALTHCARE, INC | 16,478. |
| TOTAL TO STATE FORM 8960, LINE 10 | 64,545. |

| | | |
|-----------|---|--------------|
| FORM 1116 | U.S. AND FOREIGN SOURCE INCOME SUMMARY FOREIGN QUALIFIED DIVIDENDS | STATEMENT 15 |
|-----------|---|--------------|

| DESCRIPTION | TOTAL DIVIDEND | QUALIFIED DIVIDEND | REDUCTION PERCENT | DIVIDEND TO LINE 1A | QUAL DIV ADJUSTMENT |
|----------------|-------------------|-----------------------|----------------------|------------------------|------------------------|
| CHARLES SCHWAB | 1,722. | 1,722. | .5405 | 931. | 791. |
| TOTALS | 1,722. | 1,722. | | 931. | 791. |

2021 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

MARK & JANICE GOLDSTEIN
88 ORCHARD AVENUE
SAN MATEO, CA 94061

PREPARED BY:

EISNER ADVISORY GROUP LLC
733 THIRD AVENUE
NEW YORK, NY 10017-2703

AMOUNT OF TAX:

| | | |
|------------------------------|----|---------|
| TOTAL TAX | \$ | 124,051 |
| LESS: PAYMENTS AND CREDITS | \$ | 64,545 |
| PLUS: INTEREST AND PENALTIES | \$ | 999 |
| BALANCE DUE | \$ | 60,505 |

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN CALIFORNIA FORM 8879 TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE FTB.

RETURN MUST BE MAILED ON OR BEFORE:

RETURN CALIFORNIA FORM 8879 TO US BY THE DUE DATE.

SPECIAL INSTRUCTIONS:

YOUR BALANCE OF \$60,505 WILL BE AUTOMATICALLY WITHDRAWN FROM YOUR ACCOUNT ENDING IN 4777 ON OR AFTER NOVEMBER 25, 2024. REFER TO FORM 540 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

2022 ESTIMATED TAX FILING INSTRUCTIONS

CALIFORNIA ESTIMATED TAX

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

MARK & JANICE GOLDSTEIN
88 ORCHARD AVENUE
SAN MATEO, CA 94061

PREPARED BY:

EISNER ADVISORY GROUP LLC
733 THIRD AVENUE
NEW YORK, NY 10017-2703

AMOUNT OF TAX:

| | | |
|-----------------------------------|----|--------|
| TOTAL ESTIMATED TAX | \$ | 71,916 |
| LESS CREDIT FROM PRIOR YEAR | \$ | 0 |
| LESS AMOUNT PAID ON 2022 ESTIMATE | \$ | 0 |
| BALANCE DUE | \$ | 71,916 |

PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:

| VOUCHER | AMOUNT | DUE DATE |
|---------|-----------|--------------------|
| NO. 1 | \$ 21,575 | APRIL 18, 2022 |
| NO. 2 | \$ 28,766 | JUNE 15, 2022 |
| NO. 3 | \$ 0 | SEPTEMBER 15, 2022 |
| NO. 4 | \$ 21,575 | JANUARY 17, 2023 |

MAKE CHECK PAYABLE TO:

SEE SPECIAL INSTRUCTIONS

MAIL VOUCHER AND CHECK (IF APPLICABLE) TO:

SEE SPECIAL INSTRUCTIONS

SPECIAL INSTRUCTIONS:

YOU ARE REQUIRED TO PAY YOUR ESTIMATED TAX VIA ELECTRONIC FUNDS TRANSFER. VISIT THE WEBSITE BELOW AND FOLLOW THE ON-SCREEN INSTRUCTIONS TO SCHEDULE YOUR PAYMENT.

[HTTPS://WWW.FTB.CA.GOV/PAY/INDEX.HTML](https://www.ftb.ca.gov/pay/index.html)

Banking Information (Direct Debit / Deposit)**State Payment (Direct Debit):**

Routing Number 321171184
Bank Account Number 42007244777
Account Type 1 1 = checking; 2 = savings
Requested Payment Date 2024-11-25
Payment Amount 60,505.
Payment Type RETURN
Account Period Begin Date _____
Account Period End Date _____
Daytime Phone Number 2129444433
Tax Year 2021

Refund (Direct Deposit) (1040 only):

| | First Account | Second Account |
|---------------------|--|--|
| Routing Number | _____ | _____ |
| Bank Account Number | _____ | _____ |
| Account Type | Checking <input type="checkbox"/> Savings <input type="checkbox"/> | Checking <input type="checkbox"/> Savings <input type="checkbox"/> |
| Payment Amount | _____ | _____ |

TAXABLE YEAR

FORM

2021**California e-file Signature Authorization for Individuals****8879**

Your name

MARK GOLDSTEIN

Your SSN or ITIN

055-01-7777

Spouse's/RDP's name

JANICE GOLDSTEIN

Spouse's/RDP's SSN or ITIN

055-02-4554**Part I Tax Return Information** (whole dollars only)

| | | | |
|----------|--|----------|------------------|
| 1 | California adjusted gross income (AGI). See instructions | 1 | 1,260,055 |
| 2 | Amount You Owe. See instructions | 2 | 59,506 |
| 3 | Refund or No Amount Due. See instructions | 3 | 0 |

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize **EISNER ADVISORY GROUP LLC** to enter my PIN **07777**
ERO firm name **Do not enter all zeros**

as my signature on my 2021 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's/RDP's PIN: check one box only

☒ I authorize **EISNER ADVISORY GROUP LLC** to enter my PIN **44554**
ERO firm name **Do not enter all zeros**

as my signature on my 2021 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication - Practitioner PIN Method Only**ERO's Electronic Filer Identification Number (EFIN)/PIN.**

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

13973397483**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers.

ERO's signature ► _____ Date ► _____

For Privacy Notice, get FTB 1131 EN-SP.

FTB 8879 2021

TAXABLE YEAR

2021

California e-file Payment Record for Individuals

FORM

8455

| | |
|--|--|
| Your name MARK GOLDSTEIN | Your SSN or ITIN 055-01-7777 |
| Spouse's/RDP's name JANICE GOLDSTEIN | Spouse's/RDP's SSN or ITIN 055-02-4554 |

Part I Tax Return Information (Whole Dollars Only)

| | | |
|---|----------|------------------|
| 1 California Adjusted Gross Income. (Form 540, line 17; Form 540 2EZ, line 16; or Form 540NR, line 32) | 1 | 1,260,055 |
| 2 Amount You Owe. (Form 540, line 111; Form 540 2EZ, line 35; Form 540NR, line 121; or Schedule X, line 7) | 2 | 59,506 |

Part II Return Payment Information for Taxable Year 2021 (Pay by 4/18/2022)**3** Electronic Funds Withdrawal Amount **60,505****4** Withdrawal Date (mm/dd/yyyy) **11/25/2024****Part III Scheduled Estimated Tax Payments for Taxable Year 2022** These are **NOT** installments of the current amount you owe.

| | First Payment 4/18/2022 | Second Payment 6/15/2022 | Third Payment 9/15/2022 | Fourth Payment 1/17/2023 |
|--------------------------|-------------------------|--------------------------|-------------------------|--------------------------|
| 5 Amount | | | | |
| 6 Withdrawal Date | | | | |

Part IV Banking Information for Electronic Funds Withdrawals from Parts II and III**7** Routing number **3 2 1 1 7 1 1 8 4****8** Account number **4 2 0 0 7 2 4 4 7 7 7****9** Type of account: ☒ Checking ☐ Savings**General Information**

Form FTB 8455, California e-file Payment Record for Individuals, is a summary of electronic funds withdrawals that you have authorized with your 2021 e-file tax return as part of your California e-file Signature Authorization for Individuals (form FTB 8879). You are to receive a copy of form FTB 8455 or a comparable form at the time you sign form FTB 8879. Form FTB 8455 does not serve as proof of filing or proof of payment. Your proof of filing is the acknowledgement containing the date we accepted your tax return. Your proof of payment is your banking records.

Be sure the banking information is correct before transmitting your tax return. If the bank or financial institution rejects the electronic funds withdrawal due to an error in the routing number or account number, we will send you a notice that may include penalties and interest.

To cancel your tax return payment or an estimated tax payment, you must call FTB e-Programs Customer Service at 916.845.0353 at least two working days before the scheduled date of the payment.

If you cancel a payment, you are still liable for any amount you owe. Make your payments by the due dates above to avoid a late payment penalty. For more payment options, go to ftb.ca.gov/pay.

Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

KEEP THIS FORM FOR YOUR RECORDS - DO NOT MAIL TO THE FRANCHISE TAX BOARD (FTB)

2022 California Estimated Tax Worksheet

Keep this worksheet for your records.

1 Residents: Enter your estimated 2022 California AGI. Nonresidents and part-year residents: Enter your estimated 2022 total AGI from all sources. Military servicemember/spouses, get FTB Pub. 1032, Tax Information for Military Personnel **1** _____

2 a If you plan to itemize deductions, enter the estimated total of your itemized deductions **2a** _____

b If you do not plan to itemize deductions, enter the standard deduction for your filing status:
 \$4,803 single or married/RDP filing separately
 \$9,606 married/RDP filing jointly, head of household, or qualifying widow(er) **2b** _____

c Enter the amount from line 2a or line 2b, whichever applies **2c** _____

3 Subtract line 2c from line 1 **3** _____

4 Tax. Figure your tax on the amount on line 3 using the 2021 tax table for Form 540, or Form 540NR. Also, include any tax from form FTB 3800, Tax Computation for Certain Children with Unearned Income, and form FTB 3803, Parents' Election to Report Child's Interest and Dividends **4** _____

5 Residents: Skip to line 6a. **Nonresidents and part-year residents:**

a Enter your estimated 2022 California taxable income from Schedule CA (540NR), Part IV, line 5 **5a** _____

b Compute the CA Tax Rate: Tax on total taxable income from line 4 **5b** _____
Total taxable income from line 3

c Multiply the amount on line 5a by the CA Tax Rate on line 5b **5c** _____

6 a Residents: Enter the exemption credit amount from the 2021 instructions for Form 540 **6a** _____

b Nonresidents or part-year residents: Enter the CA credit proration percentage. Divide line 5a by line 3. If more than 1 enter 1.0000 **6b** _____

7 Nonresidents: CA prorated exemption credits. Multiply the total exemption credit amount by line 6b **7** _____

8 Residents: Subtract line 6a from line 4. **Nonresidents or part-year residents:** Subtract line 7 from line 5c **8** _____

9 Tax on accumulation distribution of trusts. See instructions for form FTB 5870A, Tax on Accumulation Distribution of Trusts **9** _____

10 Add line 8 and line 9 **10** _____

11 Credits for joint custody head of household, dependent parent, senior head of household, and child and dependent care expenses **11** _____

Nonresidents and part-year residents: For the child and dependent care expenses credit, use the amount from your 2021 Form 540NR, line 50. For the other credits listed on line 11, multiply the total 2021 credit amount by the ratio on line 6b.

12 Subtract line 11 from line 10 **12** _____

13 Other credits (such as other state tax credit). See the 2021 instructions for Form 540, or Form 540NR **13** _____

14 Subtract line 13 from line 12 **14** _____

15 Interest on deferred tax from installment obligations under IRC Sections 453 or 453A **15** _____

16 Alternative Minimum Tax. See Schedule P (540 or 540NR) **16** _____

17 Mental Health Services Tax Worksheet, line E (on page 2 of these instructions) **17** _____

18 2022 Estimated Tax. Add line 14 through line 17. Enter the result, but not less than zero **18** _____

19 a Multiply line 18 by 90% (.90). Farmers and fishermen multiply line 18 by 66 2/3% (.6667) **19a** _____

b Enter the sum of line 48, line 61, and line 62 from your 2021 Form 540 or the sum of line 63, line 71, and line 72 from your Form 540NR **19b** _____

c Enter the amount from your 2021 Form 540, line 17; or Form 540NR, line 32 **19c** _____

d Is the amount on line 19c more than \$150,000 (\$75,000 if married/RDP filing separately)?
Yes. Go to line 19e. **No.** Enter the lesser of line 19a or line 19b. Skip line 19e and 19f and go to line 20 **19d** _____

e Multiply 110% (1.10) by line 19b **19e** _____

f Enter the lesser of line 19a or line 19e and go to line 20 (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married filing separately, use line 19a.) **19f** _____

Caution: Generally, if you do not prepay at least the amount on line 19d (or line 19f if no amount on line 19d), you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimated tax on line 18 is as accurate as possible. If you prefer, you may pay 100% of your 2022 estimated tax (line 18).

20 California income tax withheld and estimated to be withheld during 2022 (include withholding on pensions, annuities, etc.) **20** _____

21 Balance. Subtract line 20 from line 19d (or line 19f if no amount on line 19d). If less than \$500 (or less than \$250, if married/RDP filing separately), you do not have to make a payment at this time **ADJUSTED TO:** **21** 71,916

22 Installment amount. Multiply the amount on line 21 by 30%. Enter the results on the 1st and 4th installments of your Forms 540-ES. Multiply the amount on line 21 by 40%. Enter the result on the 2nd installment of your Forms 540-ES. There is not a required 3rd installment payment. If you will earn your income at an uneven rate during the year, see Annualization Option in the instructions under Section D.

Record of Estimated Tax Payments

| Payment form number | (a) Date | (b) Web Pay/Credit card and confirmation number | (c) Amount paid | (d) 2021 overpayment applied | (e) Total amount paid and credited add (c) and (d) |
|---------------------|----------|---|------------------|------------------------------|--|
| 1 | 04/18/22 | | \$ 21,575 | \$ | \$ 21,575 |
| 2 | 06/15/22 | | 28,766 | | 28,766 |
| 3 | 09/15/22 | | | | |
| 4 | 01/17/23 | | 21,575 | | 21,575 |
| Total | | | \$ 71,916 | \$ | \$ 71,916 |

TAXABLE YEAR

2021**California Resident Income Tax Return**

FORM

540

APE

ATTACH FEDERAL RETURN

055-01-7777 GOLD 055-02-4554

21

MARK GOLDSTEIN

JANICE GOLDSTEIN

88 ORCHARD AVENUE

SAN MATEO CA 94061

07-05-1989 01-17-1987

Enter your county at time of filing (see instructions)

☒ SAN MATEO

If your address above is the same as your principal/physical residence address at the time of filing, check this box

☒ X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

☒ ☐

City

State

ZIP code

☒ ☐ ☐

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

1

Single

4

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

2

X

Married/RDP filing jointly. See inst.

5

Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

3

Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6

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

• 6

► For line 7, line 8, line 9, and line 10: Multiply the number 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

2

X \$129 =

☒

\$

258

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1;

if both are visually impaired, enter 2

☒ 8

X \$129 =

☒

\$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1;

if both are 65 or older, enter 2. See instructions

• 9

X \$129 =

☒

\$

022

3101214

Your name:

MARK GOLDSTEIN

Your SSN or ITIN:

055017777

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

Exemptions

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

Total dependent exemptions • 10 X \$400 = • \$ **11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 • 11 \$ 258

Taxable Income

| | | | |
|-----------|--|--------------------------------|--------------------------|
| 12 | State wages from your federal Form(s) W-2, box 16 • 12 | <input type="text"/> 700,175 | <input type="text"/> .00 |
| 13 | Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 • 13 | <input type="text"/> 1,260,055 | <input type="text"/> .00 |
| 14 | California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B • 14 | <input type="text"/> | <input type="text"/> .00 |
| 15 | Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 | <input type="text"/> 1,260,055 | <input type="text"/> .00 |
| 16 | California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C • 16 | <input type="text"/> | <input type="text"/> .00 |
| 17 | California adjusted gross income. Combine line 15 and line 16 • 17 | <input type="text"/> 1,260,055 | <input type="text"/> .00 |
| 18 | Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately \$4,803 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$9,606 If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions • 18 | <input type="text"/> 9,606 | <input type="text"/> .00 |
| 19 | Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- • 19 | <input type="text"/> 1,250,449 | <input type="text"/> .00 |

Tax

| | | | |
|-----------|---|------------------------------|--------------------------|
| 31 | Tax. Check the box if from: <input type="text"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule <input type="text"/> FTB 3800 <input type="text"/> FTB 3803 • 31 | <input type="text"/> 121,547 | <input type="text"/> .00 |
| 32 | Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions • 32 | <input type="text"/> 0 | <input type="text"/> .00 |
| 33 | Subtract line 32 from line 31. If less than zero, enter -0- • 33 | <input type="text"/> 121,547 | <input type="text"/> .00 |
| 34 | Tax. See instructions. Check the box if from: <input type="text"/> Schedule G-1 <input type="text"/> FTB 5870A • 34 | <input type="text"/> | <input type="text"/> .00 |
| 35 | Add line 33 and line 34 • 35 | <input type="text"/> 121,547 | <input type="text"/> .00 |

Special Credits

| | | | |
|-----------|--|----------------------|--------------------------|
| 40 | Nonrefundable Child and Dependent Care Expenses Credit. See instructions • 40 | <input type="text"/> | <input type="text"/> .00 |
| 43 | Enter credit name <input type="text"/> code • <input type="text"/> and amount • 43 | <input type="text"/> | <input type="text"/> .00 |
| 44 | Enter credit name <input type="text"/> code • <input type="text"/> and amount • 44 | <input type="text"/> | <input type="text"/> .00 |

Your name:

MARK GOLDSTEIN

Your SSN or ITIN:

055017777

Special Credits

| | | | | |
|----|---|------|---------|----|
| 45 | To claim more than two credits. See instructions. Attach Schedule P (540) | • 45 | | 00 |
| 46 | Nonrefundable Renter's Credit. See instructions | • 46 | | 00 |
| 47 | Add line 40 through line 46. These are your total credits | • 47 | | 00 |
| 48 | Subtract line 47 from line 35. If less than zero, enter -0- | • 48 | 121,547 | 00 |

Other Taxes

| | | | | |
|----|--|------|---------|----|
| 61 | Alternative Minimum Tax. Attach Schedule P (540) | • 61 | | 00 |
| 62 | Mental Health Services Tax. See instructions | • 62 | 2,504 | 00 |
| 63 | Other taxes and credit recapture. See instructions | • 63 | | 00 |
| 64 | Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions | • 64 | | 00 |
| 65 | Add line 48, line 61, line 62, line 63, and line 64. This is your total tax | • 65 | 124,051 | 00 |

Payments

| | | | | |
|----|---|------|--------|----|
| 71 | California income tax withheld. See instructions | • 71 | 64,545 | 00 |
| 72 | 2021 CA estimated tax and other payments. See instructions | • 72 | | 00 |
| 73 | Withholding (Form 592-B and/or 593). See instructions | • 73 | | 00 |
| 74 | Excess SDI (or VPD) withheld. See instructions | • 74 | | 00 |
| 75 | Earned Income Tax Credit (EITC) | • 75 | | 00 |
| 76 | Young Child Tax Credit (YCTC). See instructions | • 76 | | 00 |
| 77 | Net Premium Assistance Subsidy (PAS). See instructions | • 77 | | 00 |
| 78 | Add line 71 through line 77. These are your total payments. See instructions | • 78 | 64,545 | 00 |

Use Tax

| | | | | |
|--|---|------|---|----|
| 91 | Use Tax. Do not leave blank. See instructions | • 91 | 0 | 00 |
| If line 91 is zero, check if: <input checked="" type="checkbox"/> No use tax is owed. <input type="checkbox"/> You paid your use tax obligation directly to CDTFA. | | | | |

ISR Penalty

| | | | | |
|----|---|---------------------------------------|--|----|
| 92 | If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. | • <input checked="" type="checkbox"/> | | |
| | If you did not check the box, see instructions. | | | |
| | Individual Shared Responsibility (ISR) Penalty. See instructions | • 92 | | 00 |

Overpaid Tax/Tax Due

| | | | | |
|----|---|------|--------|----|
| 93 | Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 | • 93 | 64,545 | 00 |
| 94 | Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 | • 94 | | 00 |
| 95 | Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93 | • 95 | 64,545 | 00 |
| 96 | Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92 | • 96 | | 00 |

Your name:

MARK GOLDSTEIN

Your SSN or ITIN:

055017777

Overpaid Tax/Tax Due

| | | | | | |
|------------|--|----------------------------------|------------|---------------|-----|
| 97 | Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95 | <input checked="" type="radio"/> | 97 | | -00 |
| 98 | Amount of line 97 you want applied to your 2022 estimated tax | <input type="radio"/> | 98 | | -00 |
| 99 | Overpaid tax available this year. Subtract line 98 from line 97 | <input type="radio"/> | 99 | | -00 |
| 100 | Tax due. If line 95 is less than line 65, subtract line 95 from line 65 | <input checked="" type="radio"/> | 100 | 59,506 | -00 |

Code Amount

Contributions

| | | | | |
|---|-----------------------|------------|--|-----|
| California Seniors Special Fund. See instructions | <input type="radio"/> | 400 | | -00 |
| Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | <input type="radio"/> | 401 | | -00 |
| Rare and Endangered Species Preservation Voluntary Tax Contribution Program | <input type="radio"/> | 403 | | -00 |
| California Breast Cancer Research Voluntary Tax Contribution Fund | <input type="radio"/> | 405 | | -00 |
| California Firefighters' Memorial Voluntary Tax Contribution Fund | <input type="radio"/> | 406 | | -00 |
| Emergency Food for Families Voluntary Tax Contribution Fund | <input type="radio"/> | 407 | | -00 |
| California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund | <input type="radio"/> | 408 | | -00 |
| California Sea Otter Voluntary Tax Contribution Fund | <input type="radio"/> | 410 | | -00 |
| California Cancer Research Voluntary Tax Contribution Fund | <input type="radio"/> | 413 | | -00 |
| School Supplies for Homeless Children Voluntary Tax Contribution Fund | <input type="radio"/> | 422 | | -00 |
| State Parks Protection Fund/Parks Pass Purchase | <input type="radio"/> | 423 | | -00 |
| Protect Our Coast and Oceans Voluntary Tax Contribution Fund | <input type="radio"/> | 424 | | -00 |
| Keep Arts in Schools Voluntary Tax Contribution Fund | <input type="radio"/> | 425 | | -00 |
| Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | <input type="radio"/> | 431 | | -00 |
| California Senior Citizen Advocacy Voluntary Tax Contribution Fund | <input type="radio"/> | 438 | | -00 |
| Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | <input type="radio"/> | 439 | | -00 |
| Rape Kit Backlog Voluntary Tax Contribution Fund | <input type="radio"/> | 440 | | -00 |
| Schools Not Prisons Voluntary Tax Contribution Fund | <input type="radio"/> | 443 | | -00 |
| Suicide Prevention Voluntary Tax Contribution Fund | <input type="radio"/> | 444 | | -00 |
| Mental Health Crisis Prevention Voluntary Tax Contribution Fund | <input type="radio"/> | 445 | | -00 |
| California Community and Neighborhood Tree Voluntary Tax Contribution Fund | <input type="radio"/> | 446 | | -00 |
| 110 Add code 400 through code 446. This is your total contribution | <input type="radio"/> | 110 | | -00 |

Your name:

MARK GOLDSTEIN

Your SSN or ITIN:

055017777

Amount You Owe 111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ... • 111

59,506

.00

Pay Online - Go to **ftb.ca.gov/pay** for more information.**Interest and Penalties**

112 Interest, late return penalties, and late payment penalties 112

113 Underpayment of estimated tax.

Check the box: • ☒ FTB 5805 attached • ☐ FTB 5805F attached • 113

999

.00

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

60,505

.00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ... • 115

.00

Refund and Direct DepositFill 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:

| | | | |
|----------------------|-----------------------------------|----------------------|-----------------------------|
| • Routing number | • Type | • Account number | • 116 Direct deposit amount |
| <input type="text"/> | <input type="checkbox"/> Checking | <input type="text"/> | <input type="text"/> |
| | <input type="checkbox"/> Savings | | <input type="text"/> |

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

| | | | |
|----------------------|-----------------------------------|----------------------|-----------------------------|
| • Routing number | • Type | • Account number | • 117 Direct deposit amount |
| <input type="text"/> | <input type="checkbox"/> Checking | <input type="text"/> | <input type="text"/> |
| | <input type="checkbox"/> Savings | | <input type="text"/> |

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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)

☒ Your email address. Enter only one email address.☒ Preferred phone number**Sign Here**Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

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

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

EISNER ADVISORY GROUP LLC

• PTIN

P01297483

Firm's address

733 THIRD AVENUE NEW YORK, NY 10017-2703

• Firm's FEIN

871353108

Joint tax return? (See instructions)

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

No

Print Third Party Designee's Name

SAMUEL ENDE

Telephone Number

212-949-8700

2021**Wage and Tax Statement****W-2****Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.****Caution:** If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

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

W-2 Information

| | |
|---|---|
| a. Employee's social security number * | c. Employer's name |
| <input type="radio"/> 055017777 | <input type="radio"/> APPLE INC |
| b. Employer identification number (EIN) | Employer's address |
| <input type="radio"/> 111234755 | <input type="radio"/> 13111 DESSAU ROAD |
| | City State ZIP code |
| | <input type="radio"/> AUSTIN <input type="radio"/> TX <input type="radio"/> 78691 |
| e. Employee's first name * | Initial * Last name * Suffix * |
| <input type="radio"/> MARK | <input type="radio"/> <input type="radio"/> GOLDSTEIN <input type="radio"/> |
| f. Employee's address * | |
| <input type="radio"/> 88 ORCHARD AVENUE | |
| City * | State * ZIP code * |
| <input type="radio"/> SAN MATEO | <input type="radio"/> CA <input type="radio"/> 94061 |

| | | |
|------------------------------------|---------------------------------|---|
| 1. Wages, tips, other compensation | 4. Social security tax withheld | 8. Allocated tips (not included in box 1) |
| <input type="radio"/> 500,875 | <input type="radio"/> 8,854 | <input type="radio"/> |
| 2. Federal income tax withheld | 6. Medicare tax withheld | 10. Dependent care benefits |
| <input type="radio"/> 107,058 | <input type="radio"/> 10,428 | <input type="radio"/> |
| 3. Social security wages | 7. Social security tips | 11. Nonqualified plans |
| <input type="radio"/> 142,800 | <input type="radio"/> | <input type="radio"/> |

12. Codes and amounts

| | |
|--|--|
| 12a. Code Amount | 12c. Code Amount |
| <input type="radio"/> C <input type="radio"/> 307 | <input type="radio"/> DD <input type="radio"/> 8,215 |
| 12b. Code Amount | 12d. Code Amount |
| <input type="radio"/> D <input type="radio"/> 19,500 | <input type="radio"/> <input type="radio"/> |

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

| | | |
|--|--|--|
| <input type="radio"/> Statutory employee | <input checked="" type="radio"/> Retirement plan | <input type="radio"/> Third-party sick pay |
|--|--|--|

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

| |
|---|
| Type Amount |
| <input type="radio"/> CASDI <input type="radio"/> 1,540 |

| |
|-------------------------------|
| 16. State wages, tips, etc. |
| <input type="radio"/> 500,875 |

15. State and employer's state ID number

| |
|---|
| State Employer's state ID number |
| <input type="radio"/> CA <input type="radio"/> 564-8787 |

| |
|------------------------------|
| 17. State income tax |
| <input type="radio"/> 48,067 |

2021**Wage and Tax Statement****W-2****Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.****Caution:** If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

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

W-2 Information

| | |
|---|--|
| a. Employee's social security number * | c. Employer's name |
| <input type="radio"/> 055024554 | <input type="radio"/> TWO HEALTHCARE INC |
| b. Employer identification number (EIN) | Employer's address |
| <input type="radio"/> 760707204 | <input type="radio"/> 1234 LOMBARD |
| | City State ZIP code |
| | <input type="radio"/> SAN FRANCISCO <input type="radio"/> CA <input type="radio"/> 94133 |

| | | | |
|---|--------------------------|---------------------------------|-----------------------|
| e. Employee's first name * | Initial * | Last name * | Suffix * |
| <input type="radio"/> JANICE | <input type="radio"/> | <input type="radio"/> GOLDSTEIN | <input type="radio"/> |
| f. Employee's address * | | | |
| <input type="radio"/> 88 ORCHARD AVENUE | | | |
| City * | State * | ZIP code * | |
| <input type="radio"/> SAN MATEO | <input type="radio"/> CA | <input type="radio"/> 94061 | |

| | | |
|----------------------------------|--------------------------------|--|
| Wages, tips, other compensation | Social security tax withheld | Allocated tips (not included in box 1) |
| 1. <input type="radio"/> 199,300 | 4. <input type="radio"/> 8,854 | 8. <input type="radio"/> |
| Federal income tax withheld | Medicare tax withheld | Dependent care benefits |
| 2. <input type="radio"/> 39,775 | 6. <input type="radio"/> 3,112 | 10. <input type="radio"/> |
| Social security wages | Social security tips | Nonqualified plans |
| 3. <input type="radio"/> 142,800 | 7. <input type="radio"/> | 11. <input type="radio"/> |

12. Codes and amounts

| | | | |
|----------------------------|-----------------------|----------------------------|-----------------------|
| Code | Amount | Code | Amount |
| 12a. <input type="radio"/> | <input type="radio"/> | 12c. <input type="radio"/> | <input type="radio"/> |
| Code | Amount | Code | Amount |
| 12b. <input type="radio"/> | <input type="radio"/> | 12d. <input type="radio"/> | <input type="radio"/> |

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

| | | |
|--|---------------------------------------|--|
| <input type="radio"/> Statutory employee | <input type="radio"/> Retirement plan | <input type="radio"/> Third-party sick pay |
|--|---------------------------------------|--|

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

| | |
|-----------------------------|-----------------------------|
| Type | Amount |
| <input type="radio"/> CASDI | <input type="radio"/> 1,540 |

| |
|-------------------------------|
| 16. State wages, tips, etc. |
| <input type="radio"/> 199,300 |

15. State and employer's state ID number

| | |
|--------------------------|----------------------------------|
| State | Employer's state ID number |
| <input type="radio"/> CA | <input type="radio"/> 009-5712-6 |

| |
|------------------------------|
| 17. State income tax |
| <input type="radio"/> 16,478 |

2021

California Adjustments - Residents

CA (540)

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

Name(s) as shown on tax return

MARK GOLDSTEIN AND JANICE GOLDSTEIN

SSN or ITIN

055-01-7777

Part I Income Adjustment Schedule**Section A - Income** from federal Form 1040 or 1040-SR

1 Wages, salaries, tips, etc. See instr. before making an entry in column B or C

1

700,175

2 Taxable interest. a

2b

31

3 Ordinary dividends.

See instructions. a

9,650

3b

9,657

4 IRA distributions.

See instructions. a

4b

5 Pensions and annuities. See

instructions. a

5b

6 Social security

benefits. a

6b

7 Capital gain or (loss). See instr.

7

550,192

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

1 Taxable refunds, credits, or offsets of state and local income taxes

1

2a Alimony received. See instructions

2a

3 Business income or (loss). See instructions

3

4 Other gains or (losses)

4

5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.

5

6 Farm income or (loss)

6

7 Unemployment compensation

7

8 Other income.

a Federal net operating loss

8a

b Gambling income

8b

c Cancellation of debt

8c

d Foreign earned income exclusion from federal Form 2555

8d

e Taxable Health Savings Account distribution

8e

f Alaska Permanent Fund dividends

8f

g Jury duty pay

8g

h Prizes and awards

8h

| Section B - Additional Income Continued | | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions. | C Additions See instructions. |
|--|---|--|-------------------------------------|----------------------------------|
| i | Activity not engaged in for profit income 8i | <input type="radio"/> | | |
| j | Stock options 8j | <input type="radio"/> | | |
| k | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8k | <input type="radio"/> | | |
| l | Olympic and Paralympic medals and USOC prize money 8l | <input type="radio"/> | | |
| m | IRC Section 951(a) inclusion 8m | <input type="radio"/> | <input type="radio"/> | |
| n | IRC Section 951A(a) inclusion 8n | <input type="radio"/> | <input type="radio"/> | |
| o | IRC Section 461(l) excess business loss adjustment 8o | <input type="radio"/> | | <input type="radio"/> |
| p | Taxable distributions from an ABLE account 8p | <input type="radio"/> | | |
| z | Other income. List type and amount. <input type="radio"/> 8z | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 a | Total other income. Add lines 8a through 8z 9a | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b1 | Disaster loss deduction from form FTB 3805V ... 9b1 | | <input type="radio"/> | |
| b2 | NOL deduction from form FTB 3805V 9b2 | | <input type="radio"/> | |
| b3 | NOL from form FTB 3805Z, 3807, or 3809 9b3 | | <input type="radio"/> | |
| b4 | Student loan discharged due to closure of a for-profit school 9b4 | <input type="radio"/> | <input type="radio"/> | |
| 10 | Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a, and line 9b4 in column A (as applicable). Add Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 in column B and column C (as applicable). See instructions 10 | <input type="radio"/> 1,260,055 | <input type="radio"/> | <input type="radio"/> |

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

| | | | | |
|----|---|-----------------------|-----------------------|-----------------------|
| 11 | Educator expenses 11 | <input type="radio"/> | <input type="radio"/> | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | Health savings account deduction 13 | <input type="radio"/> | <input type="radio"/> | |
| 14 | Moving expenses. Attach form FTB 3913. See instructions 14 | <input type="radio"/> | | <input type="radio"/> |
| 15 | Deductible part of self-employment tax. See instructions 15 | <input type="radio"/> | <input type="radio"/> | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans ... 16 | <input type="radio"/> | | |
| 17 | Self-employed health insurance deduction. See instructions 17 | <input type="radio"/> | <input type="radio"/> | |

| Section C - Adjustments to Income Continued | | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|--|--|--|------------------------------------|---------------------------------|
| 18 | Penalty on early withdrawal of savings | 18 <input type="radio"/> | | |
| 19 | a Alimony paid | 19a <input type="radio"/> | | <input type="radio"/> |
| | b Recipient's: SSN <input type="radio"/> _____ Last Name <input type="radio"/> _____ | | | |
| 20 | IRA deduction | 20 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21 | Student loan interest deduction | 21 <input type="radio"/> | | <input type="radio"/> |
| 22 | Reserved for future use | 22 | | |
| 23 | Archer MSA deduction | 23 <input type="radio"/> | | |
| 24 | Other adjustments: | | | |
| | a Jury duty pay | 24a <input type="radio"/> | | |
| | b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit | 24b <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l | 24c <input type="radio"/> | <input type="radio"/> | |
| | d Reforestation amortization and expenses | 24d <input type="radio"/> | <input type="radio"/> | |
| | e Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e <input type="radio"/> | | |
| | f Contributions to IRC Section 501(c)(18)(D) pension plans | 24f <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | g Contributions by certain chaplains to IRC Section 403(b) plans | 24g <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | h Attorney fees and court costs for actions involving certain unlawful discrimination claims | 24h <input type="radio"/> | | |
| | i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i <input type="radio"/> | <input type="radio"/> | |
| | j Housing deduction from federal Form 2555 | 24j <input type="radio"/> | <input type="radio"/> | |
| | k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) | 24k <input type="radio"/> | | |
| | z Other adjustments. List type and amount. <input type="radio"/> | 24z <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25 | Total other adjustments. Add lines 24a through 24z | 25 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26 | Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions | 26 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27 | Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions | 27 <input type="radio"/> 1,260,055 | <input type="radio"/> | <input type="radio"/> |

Part II Adjustments to Federal Itemized DeductionsCheck the box if you did NOT itemize for federal but will itemize for California ☒ ☐

| | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|--|--|---|--|
| Medical and Dental Expenses See instructions. | | | |
| 1 Medical and dental expenses <input checked="" type="radio"/> 1 | | | |
| 2 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> 2 | | | |
| 3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 3 | | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> 4 | | | <input checked="" type="radio"/> |
| Taxes You Paid | | | |
| 5 a State and local income tax or general sales taxes 5a <input checked="" type="radio"/> 69,619 <input checked="" type="radio"/> 69,619 | | | |
| b State and local real estate taxes 5b <input checked="" type="radio"/> 16,329 | | | |
| c State and local personal property taxes 5c <input checked="" type="radio"/> | | | |
| d Add line 5a through line 5c 5d <input checked="" type="radio"/> 85,948 | | | |
| e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e <input checked="" type="radio"/> 10,000 <input checked="" type="radio"/> 69,619 <input checked="" type="radio"/> 75,948 | | | |
| 6 Other taxes. List type <input checked="" type="radio"/> 6 <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 7 Add line 5e and line 6 7 <input checked="" type="radio"/> 10,000 <input checked="" type="radio"/> 69,619 <input checked="" type="radio"/> 75,948 | | | |
| Interest You Paid | | | |
| 8 a Home mortgage interest and points reported to you on federal Form 1098 8a <input checked="" type="radio"/> 13,350 <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| b Home mortgage interest not reported to you on federal Form 1098 8b <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| c Points not reported to you on federal Form 1098 8c <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| d Mortgage insurance premiums 8d <input checked="" type="radio"/> | | | |
| e Add line 8a through line 8d 8e <input checked="" type="radio"/> 13,350 <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 9 Investment interest 9 <input checked="" type="radio"/> 1 <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 10 Add line 8e and line 9 10 <input checked="" type="radio"/> 13,351 <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |

| Part II Adjustments to Federal Itemized Deductions Continued | | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|--|----|---|------------------------------------|---------------------------------|
| Gifts to Charity | | | | |
| 11 Gifts by cash or check | 11 | 7,450 | | |
| 12 Other than by cash or check | 12 | 3,000 | | |
| 13 Carryover from prior year | 13 | | | |
| 14 Add line 11 through line 13 | 14 | 10,450 | | |
| Casualty and Theft Losses | | | | |
| 15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions | 15 | | | |
| Other Itemized Deductions | | | | |
| 16 Other - from list in federal instructions | 16 | | | |
| 17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C | 17 | 33,801 | 69,619 | 75,948 |
| 18 Total. Combine line 17 column A less column B plus column C | | | | 40,130 |

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses - job travel, union dues, job education, etc.
Attach federal Form 2106 if required. See instructions 19

20 Tax preparation fees 20

21 Other expenses- investment, safe deposit box, etc. List type 21

22 Add line 19 through line 21 22

23 Enter amount from federal Form 1040 or 1040-SR, line 11 23

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 24

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 25

26 Total Itemized Deductions. Add line 18 and line 25 26 40,130

27 Other adjustments. See instructions. Specify 27

28 Combine line 26 and line 27 28 40,130

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?

| | |
|--|-----------|
| Single or married/RDP filing separately | \$212,288 |
| Head of household | \$318,437 |
| Married/RDP filing jointly or qualifying widow(er) | \$424,581 |

No. Transfer the amount on line 28 to line 29. LIMITED

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 29 8,027

30 Enter the larger of the amount on line 29 or your standard deduction listed below

| | |
|--|---------|
| Single or married/RDP filing separately. See instructions | \$4,803 |
| Married/RDP filing jointly, head of household, or qualifying widow(er) | \$9,606 |

Transfer the amount on line 30 to Form 540, line 18 30 9,606

TAXABLE YEAR
2021

Investment Interest Expense Deduction

139551 12-09-21
CALIFORNIA FORM
3526

Attach to Form 540, Form 540NR, or Form 541.

Name(s) as shown on tax return

SSN, ITIN, or FEIN

MARK & JANICE GOLDSTEIN

055-01-7777

| | | | | | |
|-----------|---|------------------------|--|---------------|-----------|
| 1 | Investment interest expense paid or accrued in 2021. See instructions | SEE STATEMENT 1 | <input checked="" type="radio"/> 1 | 1 | 00 |
| 2 | Disallowed investment interest expense from 2020 form FTB 3526, line 7. If zero or less, enter -0- | | <input checked="" type="radio"/> 2 | 0 | 00 |
| 3 | Total investment interest expense. Add line 1 and line 2 | | 3 | 1 | 00 |
| 4a | Gross income from property held for investment (excluding any net gain from the disposition of property held for investment). See instructions | SEE STATEMENT 2 | 4a | 9,688 | 00 |
| 4b | Net gain from the disposition of property held for investment. See instructions | 4b 550,192 | | | 00 |
| 4c | Net capital gain from the disposition of property held for investment. See instructions | 4c 540,929 | | | 00 |
| 4d | Subtract line 4c from line 4b. If zero or less, enter -0- | | 4d | 9,263 | 00 |
| 4e | Enter all or part of the amount on line 4c that you elect to include in investment income. Do not include more than the amount on line 4b. See instructions | | 4e | | 00 |
| 4f | Investment income. Add line 4a, line 4d, and line 4e | | 4f | 18,951 | 00 |
| 5 | Investment expenses. See instructions | | 5 | | 00 |
| 6 | Net investment income. Subtract line 5 from line 4f | | 6 | 18,951 | 00 |
| 7 | Disallowed investment interest expense to be carried forward to 2022. Subtract line 6 from line 3. If zero or less, enter -0- | | <input checked="" type="radio"/> 7 | 0 | 00 |
| 8 | Investment interest expense deduction. Enter the smaller of line 3 or line 6. Form 541 filers, stop here and see instructions. All other filers, go to line 9 | | <input checked="" type="radio"/> 8 | 1 | 00 |
| 9 | Enter the amount from federal Form 4952, line 8 | | 9 | 1 | 00 |
| 10 | California investment interest expense deduction adjustment. Enter the difference between line 8 and line 9. See instructions | | <input checked="" type="radio"/> 10 | 0 | 00 |

TAXABLE YEAR
2021

Underpayment of Estimated Tax by Individuals and Fiduciaries

139561 01-11-22
CALIFORNIA FORM
5805

Attach this form to the **back** of your Form 540, Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44, whichever applies.

Name(s) as shown on return

MARK GOLDSTEIN AND JANICE GOLDSTEIN

SSN, ITIN, or FEIN

055-01-7777

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 and accumulation distribution of trusts) less credits (including the withholding credit) but not including estimated tax payments for either 2020 or 2021 was less than \$500 (or less than \$250 if married/RDP filing a separate return).
- Your 2020 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 2021 return or 100% of the tax shown on your 2020 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 2021 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; Form 540NR, line 123; or Form 541, line 44. 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; Form 540NR, line 123; or Form 541, line 44 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.

4/15/21 ☒ \$; 6/15/21 ☒ \$;
9/15/21 ☒ \$; 1/15/22 ☒ \$.

- 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 2021 tax after credits. See instructions | 1 | 124,051 | .00 |
| 2 | Multiply line 1 by 90% (.90) | 2 | 111,646 | .00 |
| 3 | Withholding taxes. Do not include any estimated tax payments on this line. See instructions | 3 | 64,545 | .00 |
| 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 | 59,506 | .00 |
| 5 | Enter the tax shown on your 2020 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 2021, more than \$75,000) | 5 | 61,691 | .00 |
| 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 | 111,646 | .00 |

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 | 64,545 | .00 | | | | | | | | | | | | |
| 8 | Enter the total amount, if any, of estimated tax payments you made | 8 | | .00 | | | | | | | | | | | | |
| 9 | Add line 7 and line 8 | 9 | 64,545 | .00 | | | | | | | | | | | | |
| 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 | 47,101 | .00 | | | | | | | | | | | | |
| 11 | Multiply line 10 by .02121370 | 11 | 999 | .00 | | | | | | | | | | | | |
| 12 | <ul style="list-style-type: none"> If the amount on line 10 was paid on or after 4/15/22, enter -0-. If the amount on line 10 was paid before 4/15/22, enter the result of the following computation: <table border="0" style="margin-left: 40px;"> <tr> <td>Amount on</td> <td></td> <td>Number of days paid</td> <td></td> <td></td> <td></td> </tr> <tr> <td>line 10</td> <td>X</td> <td>before 4/15/22</td> <td>X</td> <td>.00008</td> <td></td> </tr> </table> | Amount on | | Number of days paid | | | | line 10 | X | before 4/15/22 | X | .00008 | | 12 | | .00 |
| Amount on | | Number of days paid | | | | | | | | | | | | | | |
| line 10 | X | before 4/15/22 | X | .00008 | | | | | | | | | | | | |
| 13 | PENALTY. Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. Also, check the box for "FTB 5805." | 13 | 999 | .00 | | | | | | | | | | | | |

Part III Annualized Income Installment Method Schedule.

Use this schedule ONLY if you earned taxable income at an UNEVEN RATE during 2021 (see Example A). If you earned your income at approximately the same rate each month (see Example B), then you should not complete this schedule. If you choose to figure the penalty, see Worksheet II, Regular Method to Figure Your Underpayment and Penalty, on page 4 of the instructions.

Example A: If you were a commissioned salesperson who earned no income during the first three months of the year, earned most of your income during the following six months, and earned very little during the last three months, you should complete this schedule. You may be able to benefit by using the annualized income installment method. The required installment of estimated tax figured using the annualized method may be less than your required installment figured using the required installment method.

Example B: If you worked all year and earned a monthly salary that did not change much during the year, you should not complete this schedule.

| To complete this schedule correctly, you must first complete Side 2, Part II, line 1 through line 6. Estates and trusts, do not use the period ending dates shown to the right. Instead, use the following: 2/28/21, 4/30/21, 7/31/21, and 11/30/21. Fiscal year filers must adjust dates accordingly. | | (a) 1/1/21 to 3/31/21 | (b) 1/1/21 to 5/31/21 | (c) 1/1/21 to 8/31/21 | (d) 1/1/21 to 12/31/21 |
|---|----|--------------------------|--------------------------|--------------------------|---------------------------|
| 1 Enter your California adjusted gross income (AGI) for each period. Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions | 1 | | | | |
| 2 Annualization amounts. Estates or Trusts, see instructions | 2 | 4 | 2.4 | 1.5 | 1 |
| 3 Annualized income. Multiply line 1 by line 2 | 3 | | | | |
| 4 Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0- here and on line 6. Estates or Trusts, enter -0- here, skip to line 9, and enter the amount from line 3 on line 9 | 4 | | | | |
| 5 Annualization amounts | 5 | 4 | 2.4 | 1.5 | 1 |
| 6 Annualized itemized deductions. Multiply line 4 by line 5. See instructions | 6 | | | | |
| 7 Enter your standard deduction from your 2021 Form 540 or Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions | 7 | | | | |
| 8 Enter line 6 or line 7, whichever is larger | 8 | | | | |
| 9 Subtract line 8 from line 3 | 9 | | | | |
| 10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates or Trusts, see instructions | 10 | | | | |
| 11 Enter the total amount of exemption credits from your 2021 Form 540, line 32 or Form 541, line 22. If you filed Form 540NR, see instructions | 11 | | | | |
| 12 Subtract line 11 from line 10. Form 540NR filers, complete Worksheet I on page 3 of the instructions | 12 | | | | |
| 13 Enter the total credit amount from your 2021 Form 540, line 47; or Form 541, line 23. Form 540NR filers, see instructions | 13 | | | | |

Part III Annualized Income Installment Method Schedule. continued

| | (a) 1/1/21 to 3/31/21 | (b) 1/1/21 to 5/31/21 | (c) 1/1/21 to 8/31/21 | (d) 1/1/21 to 12/31/21 |
|---|--------------------------|--------------------------|--------------------------|---------------------------|
| 14 a Subtract line 13 from line 12. If zero or less, enter -0- 14a | | | | |
| b Enter the alternative minimum tax and mental health tax 14b | | | | |
| c Add line 14a and line 14b 14c | | | | |
| d Enter the excess SDI from Form 540, line 74 or Form 540NR, line 84 14d | | | | |
| e Subtract line 14d from line 14c. If zero or less, enter -0- 14e | | | | |
| 15 Applicable percentage 15 | 27% | 63% | 63% | 90% |
| 16 Multiply line 14e by line 15 16 | | | | |

Complete Line 17 through Line 23 of each column before you go to the next column.

| | | | | |
|--|--|--|--|--|
| 17 Enter the combined amounts shown on line 23 from all preceding columns 17 | | | | |
| 18 Subtract line 17 from line 16. If zero or less, enter -0- 18 | | | | |
| 19 Enter 30% of the amount shown on form FTB 5805, Part II, line 6 in columns (a & d), enter 40% of the amount on line 6 in column b, enter -0- in column c 19 | | | | |
| 20 Enter the amount from line 22 from the preceding column 20 | | | | |
| 21 Add line 19 and line 20 21 | | | | |
| 22 Subtract line 18 from line 21. If zero or less, enter -0- 22 | | | | |

23 Enter line 18 or line 21, whichever is less, for each column. Transfer these amounts to Worksheet II, Regular Method to Figure Your Underpayment and Penalty, line 1.

| (a) 1/1/21 to 3/31/21 | (b) 1/1/21 to 5/31/21 | (c) 1/1/21 to 8/31/21 | (d) 1/1/21 to 12/31/21 |
|--|--|--|--|
| <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> |

If you use the annualized income installment method for one payment due date, you must use it for all payment due dates.
This schedule automatically selects the smaller of your annualized income installment or your regular installment.

| California | Exemption Credit - AGI Limitation Worksheet | 2021 |
|--|---|--|
| Name(s) as shown on return MARK & JANICE GOLDSTEIN | | Social security number 055-01-7777 |

- a. Enter the amount from Form 540, line 13, or RDP recalculated AGI a 1,260,055
- b. Enter the amount for your filing status on line b:
Single or married/RDP filing separate \$212,288
Married/RDP filing joint or qualifying widow(er) \$424,581
Head of household \$318,437
..... b 424,581
- c. Subtract line b from line a c 835,474
- d. Divide line c by \$2,500 (\$1,250 if married/RDP filing separate).
Note: If the result is not a whole number, round it to the next higher whole number d 335
- e. Multiply line d by \$6 e 2,010
- f. Add the numbers from the boxes on Form 540, line 7, line 8 and line 9 f 2
- g. Multiply line e by line f g 4,020
- h. Enter the total dollar amount from Form 540, line 7, line 8 and line 9 h 258
- i. Subtract line g from line h. If zero or less, enter -0- i 0
- j. Enter the number from the box on Form 540, line 10 j _____
- k. Multiply line e by line j k _____
- l. Enter the dollar amount from Form 540, line 10 l _____
- m. Subtract line k from line l. If zero or less, enter -0- m _____
- n. Add line i and m. Enter the result here and on Form 540, line 32. If zero or less, enter -0- n _____

| California | Itemized Deductions Worksheet | 2021 |
|---|-------------------------------|--|
| Name(s) as shown on return MARK & JANICE GOLDSTEIN | | Social security number 055-01-7777 |
| 1. Enter the amount from Schedule CA (540), line 28 or Schedule CA (540NR), line 28 | | 40,130 |
| 2. Add the amounts on federal Schedule A (Form 1040), line 4, line 9, and line 15 plus any gambling losses included on line 16 (or on Schedule A (Form 1040NR), line 6 plus any investment interest expense and gambling losses included on line 7) | | 1 |
| 3. Subtract line 2 from line 1 | | 40,129 |
| Note: If -0-, stop. Enter the amount from line 1 on Schedule CA (540), line 29 or Schedule CA (540NR), line 29 | | |
| 4. Multiply line 3 by 80% (.80) | | 32,103 |
| 5. Amount from Form 540 or Form 540NR, line 13 | | 1,260,055 |
| 6. Enter amount shown below for your filing status: - Single or married/RDP filing separate, enter \$212,288 - Head of household, enter \$318,437 - Married/RDP filing joint or qualifying widow(er), enter \$424,581 | | 424,581 |
| 7. Subtract line 6 from line 5 | | 835,474 |
| Note: If -0- or less, stop. Enter the amount from line 1 above on Schedule CA (540), line 29 or Schedule CA (540NR), line 29 | | |
| 8. Multiply line 7 by 6% (.06) | | 50,128 |
| 9. Compare line 4 and line 8. Enter the smaller amount here | | 32,103 |
| 10. Total itemized deductions. Subtract line 9 from line 1. Enter here and on Schedule CA (540), line 29 or Schedule CA (540NR), line 29 | | 8,027 |

| | | |
|--------------|-----------------------------|-------------|
| CA FORM 3526 | INVESTMENT INTEREST EXPENSE | STATEMENT 1 |
|--------------|-----------------------------|-------------|

| DESCRIPTION | CURRENT | CARRYOVER |
|--|---------|-----------|
| MARGIN INTEREST | 1. | |
| TOTAL TO FORM 3526, LINE 1 AND/OR LINE 2 | 1. | |

| | | |
|--------------|--|-------------|
| CA FORM 3526 | INCOME FROM PROPERTY HELD FOR INVESTMENT | STATEMENT 2 |
|--------------|--|-------------|

| DESCRIPTION | AMOUNT |
|-----------------------------|--------|
| INTEREST INCOME | 31. |
| DIVIDEND INCOME | 9,657. |
| TOTAL TO FORM 3526, LINE 4A | 9,688. |
