

Form 1040

Department of the Treasury - Internal Revenue Service

(99)

2021

OMB No. 1545-0074

IRS Use Only - Do not write or staple in this space.

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)

Check only 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 one box. a child but not your dependent ►

Your first name and middle initial <b>DOUGLAS C.</b>	Last name <b>EMHOFF</b>	Your social security number
If joint return, spouse's first name and middle initial <b>KAMALA D.</b>	Last name <b>HARRIS</b>	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.		State ZIP code
Foreign country name	Foreign province/state/county	Foreign postal code
<input type="checkbox"/> You <input checked="" type="checkbox"/> Spouse		

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

**Standard** Someone can claim:  You as a dependent  Your spouse as a dependent

**Deduction**  Spouse itemizes on a separate return or you were a dual-status alien

<b>Age/Blindness</b>	You: <input type="checkbox"/> Were born before January 2, 1957 <input type="checkbox"/> Are blind	Spouse: <input type="checkbox"/> Was born before January 2, 1957 <input type="checkbox"/> Is blind			
<b>Dependents</b> (see instructions):					
If more than four dependents, see instr. and check here ►	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit Credit for other dependents

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2 .....	STMT 1	1 380,288.
	2a Tax-exempt interest .....	2a	2b 694.
	3a Qualified dividends .....	3a	3b
	4a IRA distributions .....	4a	4b
	5a Pensions and annuities .....	5a	5b
	6a Social security benefits .....	6a	6b
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►		7 319,108.
	8 Other income from Schedule 1, line 10 .....		8 969,295.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> .....		9 1,669,385.
	10 Adjustments to income from Schedule 1, line 26 .....		10 13,822.
	11 Subtract line 10 from line 9. This is your <b>adjusted gross income</b> .....		11 1,655,563.
	12a Standard deduction or itemized deductions (from Schedule A)	12a	12b 57,306.
	b Charitable contributions if you take the standard deduction (see instr.) .....		12c 57,306.
	c Add lines 12a and 12b .....		13
	13 Qualified business income deduction from Form 8995 or Form 8995-A .....		14 57,306.
	14 Add lines 12c and 13 .....		
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0 .....		15 1,598,257.

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

Form 1040 (2021)

STMT 2	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	473,631.		
	17 Amount from Schedule 2, line 3	17	473,631.		
	18 Add lines 16 and 17	18	22.		
	19 Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	22.		
	20 Amount from Schedule 3, line 8	20	473,609.		
	21 Add lines 19 and 20	21	49,762.		
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22	523,371.		
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23			
	24 Add lines 22 and 23. This is your total tax	24			
	25 Federal income tax withheld from:	25d	66,639.		
	a Form(s) W-2 SEE STATEMENT 3 25a 66,386.	25a			
	b Form(s) 1099 SEE STATEMENT 5 25b 9.	25b			
	c Other forms (see instructions) SEE STATEMENT 6 25c 244.	25c			
	d Add lines 25a through 25c	26	432,000.		
	26 2021 estimated tax payments and amount applied from 2020 return STATEMENT 4	26			
	27a Earned income credit (EIC) 27a	27a			
	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"/>	27b			
	b Nontaxable combat pay election 27b	27b			
	c Prior year (2019) earned income 27c	27c			
	28 Refundable child tax credit or additional child tax credit from Schedule 8812 28	28			
	29 American opportunity credit from Form 8863, line 8 29	29			
	30 Recovery rebate credit. See instructions 30	30			
	31 Amount from Schedule 3, line 15 31	31			
	32 Add lines 27a and 28 through 31. These are your total other payments and refundable credits ... ► 32	32			
	33 Add lines 25d, 26, and 32. These are your total payments ► 33	33	498,639.		
<b>Refund</b>	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34	34			
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	35a			
	► b Routing number ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	35b			
	► d Account number	35d			
	36 Amount of line 34 you want applied to your 2022 estimated tax ► 36	36			
<b>Amount You Owe</b>	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions ► 37	37	24,732.		
	38 Estimated tax penalty (see instructions) ► 38 0.	38			
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions ► <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No				
	Designee's name ► MICHAEL SOBELMAN Phone no. ► Personal Identification number (PIN) ►				
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Your signature	Date 4/14/12	Your occupation ATTORNEY	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	
	Spouse's signature. If a joint return, both must sign.	Date 4/14/22	Spouse's occupation VICE PRESIDENT	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)	
	Phone no.	Email address			
<b>Paid Preparer Use Only</b>	Preparer's name MICHAEL SOBELMAN	Preparer's signature	Date	PTIN	Check it: <input type="checkbox"/> Self-employed
					Phone no.
Firm's name	► BAKER TILLY US, LLP				Firm's EIN
Firm's address					

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

**SCHEDULE 1**  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

- Attach to Form 1040, 1040-SR, or 1040-NR.
- Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**

Attachment Sequence No. 01

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

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

Your social security number

**Part I Additional Income**

		STMT 7	STMT 8		
1	Taxable refunds, credits, or offsets of state and local income taxes			1	0 .
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions) ►			3	386 , 713 .
3	Business income or (loss). Attach Schedule C			4	
4	Other gains or (losses). Attach Form 4797			5	582 , 543 .
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			6	
6	Farm income or (loss). Attach Schedule F			7	
7	Unemployment compensation				
8	Other income:				
a	Net operating loss			8a	( )
b	Gambling income			8b	
c	Cancellation of debt			8c	
d	Foreign earned income exclusion from 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	
i	Activity not engaged in for profit income			8i	
j	Stock options			8j	
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	
l	Olympic and Paralympic medals and USOC prize money (see instructions)			8l	
m	Section 951(a) inclusion (see instructions)			8m	
n	Section 951A(a) inclusion (see instructions)			8n	
o	Section 461(l) excess business loss adjustment			8o	
p	Taxable distributions from an ABLE account (see instructions)			8p	
z	Other income. List type and amount ►			8z	39 .
	<b>MERRILL MUTUAL FUND SF</b>	<b>39 .</b>			
9	Total other income. Add lines 8a through 8z			9	39 .
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	969 , 295 .

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

Schedule 1 (Form 1040) 2021

**Part II Adjustments to Income**

11	Educator expenses .....	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 .....	12	
13	Health savings account deduction. Attach Form 8889 .....	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .....	14	
15	Deductible part of self-employment tax. Attach Schedule SE .....	15	12,981.
16	Self-employed SEP, SIMPLE, and qualified plans .....	16	
17	Self-employed health insurance deduction .....	17	841.
18	Penalty on early withdrawal of savings .....	18	
19a	Alimony paid .....	19a	
b	Recipient's SSN .....		
c	Date of original divorce or separation agreement (see instructions) ► _____		
20	IRA deduction .....	20	
21	Student loan interest deduction .....	21	
22	Reserved for future use .....	22	
23	Archer MSA deduction .....	23	
24	Other adjustments:		
a	Jury duty pay (see instructions) .....	24a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit .....	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l .....	24c	
d	Reforestation amortization and expenses .....	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974 .....	24e	
f	Contributions to section 501(c)(18)(D) pension plans .....	24f	
g	Contributions by certain chaplains to section 403(b) plans .....	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) .....	24h	
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	
j	Housing deduction from Form 2555 .....	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) .....	24k	
z	Other adjustments. List type and amount ► _____	24z	
25	Total other adjustments. Add lines 24a through 24z .....	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a .....	26	13,822.

Schedule 1 (Form 1040) 2021

**SCHEDULE 2**  
(Form 1040)Department of the Treasury  
Internal Revenue Service**Additional Taxes**

OMB No. 1545-0074

- Attach to Form 1040, 1040-SR, or 1040-NR.  
 ► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

**2021**  
Attachment  
Sequence No.  
02

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

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

Your social security number

**Part I Tax**

1 Alternative minimum tax. Attach Form 6251 .....	1	0.
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	25,961.
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	2,647.
10 Repayment of first-time homebuyer credit. Attach Form 5405 if required .....	10	
11 Additional Medicare Tax. Attach Form 8959 .....	11	9,380.
12 Net investment income tax. Attach Form 8960 .....	12	11,774.
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 <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	49,762.		

Schedule 2 (Form 1040) 2021

**SCHEDULE 3**  
(Form 1040)Department of the Treasury  
Internal Revenue Service**Additional Credits and Payments**

OMB No. 1545-0074

- Attach to Form 1040, 1040-SR, or 1040-NR.  
 ► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

**2021**  
Attachment  
Sequence No. 03

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

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

Your social security number

**Part I Nonrefundable Credits**

1 Foreign tax credit. Attach Form 1116 if required .....	1	
2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 .....	2	
3 Education credits from Form 8863, line 19 .....	3	
4 Retirement savings contributions credit. Attach Form 8880 .....	4	
5 Residential energy credits. Attach Form 5695 .....	5	
6 Other nonrefundable credits:		
a General business credit. Attach Form 3800 .....	6a	22.
b Credit for prior year minimum tax. Attach Form 8801 .....	6b	
c Adoption credit. Attach Form 8839 .....	6c	
d Credit for the elderly or disabled. Attach Schedule R .....	6d	
e Alternative motor vehicle credit. Attach Form 8910 .....	6e	
f Qualified plug-in motor vehicle credit. Attach Form 8936 .....	6f	
g Mortgage interest credit. Attach Form 8396 .....	6g	
h District of Columbia first-time homebuyer credit. Attach Form 8859 .....	6h	
i Qualified electric vehicle credit. Attach Form 8834 .....	6i	
j Alternative fuel vehicle refueling property credit. Attach Form 8911 .....	6j	
k Credit to holders of tax credit bonds. Attach Form 8912 .....	6k	
l Amount on Form 8978, line 14. See instructions .....	6l	
z Other nonrefundable credits. List type and amount ► .....	6z	
7 Total other nonrefundable credits. Add lines 6a through 6z .....	7	22.
8 Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 .....	8	22.

(continued on page 2)

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

Schedule 3 (Form 1040) 2021

**Part II Other Payments and Refundable Credits**

9	Net premium tax credit. Attach Form 8962 .....	9	
10	Amount paid with request for extension to file (see instructions) .....	10	
11	Excess social security and tier 1 RRTA tax withheld .....	11	
12	Credit for federal tax on fuels. Attach Form 4136 .....	12	
13	Other payments or refundable credits:		
a	Form 2439 .....	13a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021 .....	13b	
c	Health coverage tax credit from Form 8885 .....	13c	
d	Credit for repayment of amounts included in income from earlier years .....	13d	
e	Reserved for future use .....	13e	
f	Deferred amount of net 965 tax liability (see instructions) .....	13f	
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441 .....	13g	
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021 .....	13h	
z	Other payments or refundable credits. List type and amount ► .....	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z .....	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 .....	15	

Schedule 3 (Form 1040) 2021

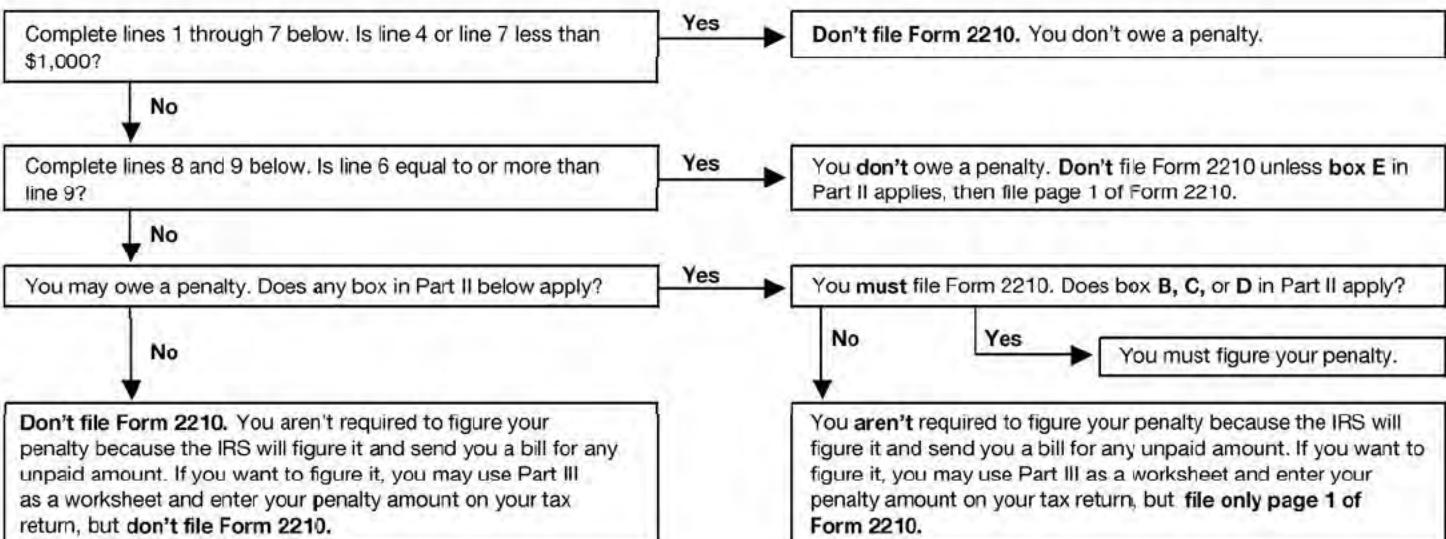
**Underpayment of Estimated Tax by  
Individuals, Estates, and Trusts**

- Go to [www.irs.gov/Form2210](http://www.irs.gov/Form2210) for instructions and the latest information.  
 ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

**2021**  
 Attachment  
Sequence No. 06

Name(s) shown on tax return

Identifying number

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS****Do You Have To File 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 <b>473,609.</b>
2 Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2 <b>49,762.</b>
3 Other payments and refundable credits (see instructions)	3 <b>( )</b>
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 <b>523,371.</b>
5 Multiply line 4 by 90% (0.90)	5 <b>471,034.</b>
6 Withholding taxes. Don't include estimated tax payments. See instructions	6 <b>66,639.</b>
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 <b>456,732.</b>
8 Maximum required annual payment based on prior year's tax (see instructions)	8 <b>684,082.</b>
<b>9 Required annual payment.</b> Enter the smaller of line 5 or line 8	<b>9 <b>471,034.</b></b>

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 amount 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).

**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 <b>Required installments.</b> 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  92,095.	112,261.	102,178.	164,500.
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. <b>Don't file Form 2210 unless you checked a box in Part II</b>	11  94,660.	122,660.	107,660.	173,659.

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  2,565.	12,964.	18,446.	
13 Add lines 11 and 12	13  125,225.	120,624.	192,105.	
14 Add the amounts on lines 16 and 17 in the previous column	14  			
15 Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11	15  94,660.	125,225.	120,624.	192,105.
16 If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16  	0.	0.	
17 <b>Underpayment.</b> 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  			
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  2,565.	12,964.	18,446.	

**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 0.

Form 2210 (2021)

**Schedule AI - Annualized Income Installment Method**

(See the instructions.)

Estates and trusts, don't 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.

	(a) 1/1/21 - 3/31/21	(b) 1/1/21 - 5/31/21	(c) 1/1/21 - 8/31/21	(d) 1/1/21 - 12/31/21
--	-------------------------	-------------------------	-------------------------	--------------------------

**Part I Annualized Income Installments**

1 Enter your adjusted gross income for each period. See instructions. (Estates and trusts, enter your taxable income without your exemption for each period.)	1 336,825.	611,837.	978,939.	1,655,563.
2 Annualization amounts. (Estates and trusts, see instructions.)	2 4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2	3 1,347,300.	1,468,409.	1,468,409.	1,655,563.
4 If you itemize, enter itemized deductions for the period shown in each column. All others, enter -0-, and skip to line 7. <b>Exception:</b> Estates and trusts, skip to line 9	4 14,327.	23,878.	38,205.	57,306.
5 Annualization amounts	5 4	2.4	1.5	1
6 Multiply line 4 by line 5	6 57,308.	57,307.	57,308.	57,306.
7 In each column, enter the sum of your standard deduction and line 12b from Form 1040 or 1040-SR. (Form 1040- NR filers, enter -0-. <b>Exception:</b> Indian students and business apprentices, see instructions.)	7 25,100.	25,100.	25,100.	25,100.
8 Enter the larger of line 6 or line 7	8 57,308.	57,307.	57,308.	57,306.
9 Deduction for qualified business income. <b>Estates and trusts:</b> Subtract this amount from the amount on line 3, skip line 10, and enter the result on line 11	9 0.	0.	0.	0.
10 Add lines 8 and 9	10 57,308.	57,307.	57,308.	57,306.
11 Subtract line 10 from line 3	11 1,289,992.	1,411,102.	1,411,101.	1,598,257.
12 Form 1040, 1040-SR, or 1040-NR filers, enter -0- in each column. (Estates and trusts, see instructions.)	12 0.	0.	0.	0.
13 Subtract line 12 from line 11. If zero or less, enter -0-	13 1,289,992.	1,411,102.	1,411,101.	1,598,257.
14 Figure your tax on the amount on line 13. See instructions	14 359,573.	404,384.	404,384.	473,631.
15 Self-employment tax from line 36 (complete Part II below)	15 25,961.	25,961.	25,961.	25,961.
16 Enter other taxes for each payment period including, if applicable, Additional Medicare Tax and/or Net Investment Income Tax. See inst.	16 23,801.	23,801.	23,801.	23,801.
17 Total tax. Add lines 14, 15, and 16	17 409,335.	454,146.	454,146.	523,393.
18 For each period, enter the same type of credits as allowed on Form 2210, Part I, lines 1 and 3. See instructions	18 22.	22.	22.	22.
19 Subtract line 18 from line 17. If zero or less, enter -0-	19 409,313.	454,124.	454,124.	523,371.
20 Applicable percentage	20 22.5%	45%	67.5%	90%
21 Multiply line 19 by line 20	21 92,095.	204,356.	306,534.	471,034.

Complete lines 22-27 of one column before going to line 22 of the next column.

22 Enter the total of the amounts in all previous columns of line 27	22 92,095.	204,356.	306,534.
23 Subtract line 22 from line 21. If zero or less, enter -0-	23 92,095.	112,261.	102,178.
24 Enter 25% (0.25) of line 9 on page 1 of Form 2210 in each column	24 117,758.	117,758.	117,759.
25 Subtract line 27 of the previous column from line 26 of that column	25 25,663.	31,160.	46,741.
26 Add lines 24 and 25	26 117,758.	143,421.	148,919.
27 Enter the smaller of line 23 or line 26 here and on Form 2210, Part III, line 10 ►	27 92,095.	112,261.	102,178.
			164,500.

**Part II Annualized Self-Employment Tax** (Form 1040, 1040-SR, or 1040-NR filers only)

28 Net earnings from self-employment for the period (see instructions)	28			
29 Prorated social security tax limit	29 \$35,700	\$59,500	\$95,200	\$142,800
30 Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax. <b>Exception:</b> If you filed Form 4137 or Form 8919, see instructions	30			
31 Subtract line 30 from line 29. If zero or less, enter -0-	31			
32 Annualization amounts	32 0.496	0.2976	0.186	0.124
33 Multiply line 32 by the smaller of line 28 or line 31	33			
34 Annualization amounts	34 0.116	0.0696	0.0435	0.029
35 Multiply line 28 by line 34	35			
36 Add lines 33 and 35. Enter here and on line 15 above ►	36			

**SCHEDULE A**  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

(99)

**Itemized Deductions**

► Go to [www.irs.gov/ScheduleA](http://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

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

**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**

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 10 ►**

b State and local real estate taxes (see instructions) **SEE STATEMENT 12**

c State and local personal property taxes

d Add lines 5a through 5c

e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)

f Other taxes. List type and amount ►

g Add lines 5e and 6

5a 198,391.

5b 53,878.

5c

5d 252,269.

5e 10,000.

6

7 10,000.

**Interest You  
Paid**

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

8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ►

a Home mortgage interest and points reported to you on Form 1098. See Instructions if limited

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 ►

8a 25,206.

8b

8c

8d

8e 25,206.

9

10 25,206.

9 Investment interest. Attach Form 4952 if required. See instructions

10 Add lines 8e and 9

**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

21,500. 11 22,100.

STMT 11

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

13 Carryover from prior year

13

14 Add lines 11 through 13

22,100.

**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

57,306. 17

18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ►

**SCHEDULE B**

(Form 1040)

Department of the Treasury  
Internal Revenue Service (00)

Name(s) shown on return

**Interest and Ordinary Dividends**► Go to [www.irs.gov/ScheduleB](http://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

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS****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 ►

**WELLS FARGO****WELLS FARGO****WELLS FARGO****WELLS FARGO****FROM K-1 - DLA PIPER LLP****Amount**

127.

24.

375.

53.

115.

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 .....

2 694.

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

3

- Attach Form 8815 .....

4

694.

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

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

**Amount****Part II****Ordinary Dividends**

- 5 List name of payer ►

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

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

**Part III**

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****Foreign Accounts and Trusts**

- 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 .....

X

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 .....

X

- 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

## Interest and Dividend Summary

Name: DOUGLAS C. EMHOFF & KAMALA D. HARRIS

FEIN/SSN:

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 WELLS FARGO	127.							
B WELLS FARGO	24.							
C WELLS FARGO	375.							
D WELLS FARGO	53.							
E FROM K-1 - DLA PIPER LLP	115.							
F								
G								
H								
I								
J								
K								
Totals	694.							

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								

130181 04-01-21

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (OO)

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2021**

Attachment Sequence No. 09

► Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Name of proprietor

Social security number (SSN)

**KAMALA D. HARRIS**

A Principal business or profession, including product or service (see instructions)

B Enter code from instructions

**WRITER**

► 711510

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ►

City, town or post office, state, and ZIP code

F Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ►

Yes  No

G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses

H If you started or acquired this business during 2021, check here

I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions

J If "Yes," did you or will you file required Form(s) 1099?

Yes  No

**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	► <input type="checkbox"/>	1	452,664.
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	452,664.
4	Cost of goods sold (from line 42)		4	
5	<b>Gross profit.</b> Subtract line 4 from line 3		5	452,664.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	<b>Gross income.</b> Add lines 5 and 6	►	7	452,664.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	16	Office expense	18
9	Car and truck expenses (see instructions)	9	19	Pension and profit-sharing plans	19
10	Commissions and fees	10	20	Rent or lease (see instructions):	
11	Contract labor (see instructions)	11	a	Vehicles, machinery, and equipment	20a
12	Depletion	12	b	Other business property	20b
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21	Repairs and maintenance	21
14	Employee benefit programs (other than on line 19)	14	22	Supplies (not included in Part III)	22
15	Insurance (other than health)	15	23	Taxes and licenses	23
16	Interest (see instructions):	16a	24	Travel and meals:	
a	Mortgage (paid to banks, etc.)	16b	a	Travel	24a
b	Other	17	b	Deductible meals (see instructions)	24b
17	Legal and professional services	17	25	Utilities	25
28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a		26	Wages (less employment credits)	26
29	Tentative profit or (loss). Subtract line 28 from line 7		27a	27 a Other expenses (from line 48)	27a
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.		27b	b Reserved for future use	27b

28 Total expenses before expenses for business use of home. Add lines 8 through 27a

► 28 65,951.

29 Tentative profit or (loss). Subtract line 28 from line 7

29 386,713.

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829

30

unless using the simplified method. See instructions.

31 Net profit or (loss). Subtract line 30 from line 29.

31 386,713.

- If a profit, enter on both **Schedule 1 (Form 1040)**, line 3, and on **Schedule SE**, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041**, line 3.

- If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

32a  All investment  
is at risk

- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040)**, line 3, and on **Schedule SE**, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041**, line 3.

32b  Some investment  
is not at risk

- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

**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](http://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

**2021**  
Attachment Sequence No. **12**

Name(s) shown on return

Your social security number

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

Did 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.	(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 <b>Box A</b> checked .....				
2 Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
3 Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> 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 <b>Capital Loss Carryover Worksheet</b> 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 13 .

**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.	(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 <b>Box D</b> checked .....				
9 Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
10 Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....	860,000.	540,918.		319,082.
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 .
13 Capital gain distributions .....				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> 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 .....				15 319,095.

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 .....	16	319,108.
	<ul style="list-style-type: none"> <li>● If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>● If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>● If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
17	Are lines 15 and 16 <b>both</b> gains?		
	<input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet .....	► 18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (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"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> 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 <b>smaller</b> of:	21	( )
	<ul style="list-style-type: none"> <li>● The loss on line 16; or</li> <li>● (\$3,000), or if married filing separately, (\$1,500)      }</li> </ul>		
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	<input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

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.**

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

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.

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.

(E) 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) ►

860,000. 540,918. 319,082.

**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 <b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>		Your SSN
<p><b>Before you begin:</b> ✓ 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.</p>		
<p>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>1,598,257.</u></p> <p>2. Enter the amount from Form 1040 or 1040-SR, line 3a* ..... 2. _____</p> <p>3. Are you filing Schedule D?*  <input checked="" type="checkbox"/> Yes. Enter the <b>smaller</b> of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0. ..... 3. <u>319,095.</u>  <input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.</p> <p>4. Add lines 2 and 3 ..... 4. <u>319,095.</u></p> <p>5. Subtract line 4 from line 1. If zero or less, enter -0 ..... 5. <u>1,279,162.</u></p> <p>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></p> <p>7. Enter the smaller of line 1 or line 6 ..... 7. <u>80,800.</u></p> <p>8. Enter the smaller of line 5 or line 7 ..... 8. <u>80,800.</u></p> <p>9. Subtract line 8 from line 7. This amount is taxed at 0% ..... 9. <u>0.</u></p> <p>10. Enter the smaller of line 1 or line 4 ..... 10. <u>319,095.</u></p> <p>11. Enter the amount from line 9 ..... 11. <u>0.</u></p> <p>12. Subtract line 11 from line 10 ..... 12. <u>319,095.</u></p> <p>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></p> <p>14. Enter the smaller of line 1 or line 13 ..... 14. <u>501,600.</u></p> <p>15. Add lines 5 and 9 ..... 15. <u>1,279,162.</u></p> <p>16. Subtract line 15 from line 14. If zero or less, enter -0 ..... 16. <u>0.</u></p> <p>17. Enter the smaller of line 12 or line 16 ..... 17. <u>0.</u></p> <p>18. Multiply line 17 by 15% (0.15) ..... 18. <u>0.</u></p> <p>19. Add lines 9 and 17 ..... 19. <u>0.</u></p> <p>20. Subtract line 19 from line 10 ..... 20. <u>319,095.</u></p> <p>21. Multiply line 20 by 20% (0.20) ..... 21. <u>63,819.</u></p> <p>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>409,812.</u></p> <p>23. Add lines 18, 21, and 22 ..... 23. <u>473,631.</u></p> <p>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>527,878.</u></p> <p>25. <b>Tax on all taxable income.</b> Enter the <b>smaller</b> 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>473,631.</u></p>		

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

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

Your social security number

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

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

**Part II Income or Loss From Partnerships and S Corporations - Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

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

28	(a) Name	(b) Enter P for partnership; S for Corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	DLA PIPER LLP	P				
B	VENABLE LLP	P				
C						
D						

Passive Income and Loss		Nonpassive Income and Loss		
		(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				168,760.
B				413,783.
C				
D				
29a	Totals .....			582,543.
b	Totals .....			
30	Add columns (h) and (k) of line 29a .....			30 582,543.
31	Add columns (g), (i), and (j) of line 29b .....			31 ( )
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31 .....			32 582,543.

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

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

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

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

39

**Part V Summary \* ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below .....	40
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 ►	41 582,543.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules .....	43

## INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2021

**SCHEDULE E**

Name DOUGLAS C. EMHOFF  
 Passthrough VENABLE LLP - VENABLE LLP  
 PARTNERSHIP

SSN/EIN

TAXPAYER

ID \_\_\_\_\_

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....	413,783.							
Rental real estate income (loss) .....								
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs .....								
Self-charged passive interest expense .....								
Guaranteed payments .....								
Section 179 and carryover .....								
Disallowance section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....	413,783.							413,783.
First passive other .....								
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowance due to 65% limitation .....								
Unreimbursed expenses (nonpassive) .....								
Nonpassive other .....								
Total Schedule E (page 2) .....	413,783.							413,783.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition .....								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles .....								
<b>FORM 4952</b>								
Investment interest expense - Sch. A .....								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income .....								
Other .....								

## INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2021

## SCHEDULE E

Name DOUGLAS C. EMHOFF  
 Passthrough VENABLE LLP - VENABLE LLP  
 PARTNERSHIP

SSN/EIN \_\_\_\_\_ TAXPAYER \_\_\_\_\_

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....								
Interest from U.S. bonds .....								
Ordinary dividends .....								
Qualified dividends .....								
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86 .....								
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages .....	413,783.						413,783.	
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Passthrough adjustment to Form 1040 .....								
Penalty on early withdrawal of savings .....								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								
<b>FORM 8995</b>								
Qualified business income .....								
Qualified service income .....								
Section 199A W-2 wages .....								
Section 199A unadjusted basis .....								

## INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2021

**SCHEDULE E**

Name DOUGLAS C. EMHOFF

Passthrough DLA PIPER LLP - DLA PIPER LLP

PARTNERSHIP

SSN/EIN

TAXPAYER

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....	-1,240.							
Rental real estate income (loss) .....								
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs .....								
Self-charged passive interest expense .....								
Guaranteed payments .....	170,000.							
Section 179 and carryover .....								
Disallowance section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....	168,760.							168,760.
First passive other .....								
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowance due to 65% limitation .....								
Unreimbursed expenses (nonpassive) .....								
Nonpassive other .....								
Total Schedule E (page 2) .....	168,760.							168,760.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition .....								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....	13.							13.
Net long-term cap. gain (loss) .....	13.							13.
Section 1256 contracts & straddles .....								
<b>FORM 4952</b>								
Investment interest expense - Sch. A .....								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....	600.							600.
Deductions related to portfolio income .....								
Other .....	2,662.							2,662.

## INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2021

## SCHEDULE E

Name DOUGLAS C. EMHOFF

Passthrough DLA PIPER LLP - DLA PIPER LLP

PARTNERSHIP

SSN/EIN

TAXPAYER

ID \_\_\_\_\_

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....	115.							115.
Interest from U.S. bonds .....								
Ordinary dividends .....								
Qualified dividends .....								
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86 .....	39.							39.
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages .....	168,860.							168,860.
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....	841.							841.
Dependent care benefits .....								
Retirement plans .....								
Passthrough adjustment to Form 1040 .....								
Penalty on early withdrawal of savings .....								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....	22.							22.
Casualty and theft loss .....								
<b>FORM 8995</b>								
Qualified business income .....								
Qualified service income .....								
Section 199A W-2 wages .....	91,444.							91,444.
Section 199A unadjusted basis .....	66,463.							66,463.

**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

OMB No. 1545-0074

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.

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

**2021**

Attachment  
Sequence No.

17

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

**DOUGLAS C. EMHOFF**

Social security number of person  
with self-employment income ►

**Part I Self-Employment Tax**

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

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

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

- 1a** Net farm profit or (loss) from Sch. F, line 34, and farm partnerships, Sch. K-1 (Form 1065), box 14, code A .....
- If you received social security retirement or disability benefits, enter the amount of Conservation Reserve

- b** Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH .....

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

- 2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A .....

(other than farming). See instructions for other income to report or if you are a minister or member of a religious order .....

**SEE STATEMENT 15**

- 3** Combine lines 1a, 1b, and 2 .....

- 4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 .....

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions

- b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here .....

- c** Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. **Exception:** If less than \$400 and you had church employee income, enter -0- and continue .....

- 5a** Enter your church employee income from Form W-2. See instructions for definition of church employee income .....

- b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- .....

- 6** Add lines 4c and 5b .....

- 7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021 .....

- 8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$142,800 or more, skip lines 8b through 10, and go to line 11 .....

**8a** **142,800.**

- b** Unreported tips subject to social security tax from Form 4137, line 10 .....

- c** Wages subject to social security tax from Form 8919, line 10 .....

- d** Add lines 8a, 8b, and 8c .....

- 9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 .....

- 10** Multiply the smaller of line 6 or line 9 by 12.4% (0.124) .....

- 11** Multiply line 6 by 2.9% (0.029) .....

- 12** **Self-employment tax.** Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4 .....

- 13** **Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040),

line 15 .....

**13** **7,802.**

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

**Farm Optional Method.** You may use this method only if (a) your gross farm income<sup>1</sup> wasn't more than \$8,820, or (b) your net farm profits<sup>2</sup> were less than \$6,367.

- 14** Maximum income for optional methods .....

**14** **5,880**

- 15** Enter the smaller of: two-thirds (2/3) of gross farm income<sup>1</sup> (not less than zero) or \$5,880. Also, include this amount on line 4b above .....

**15**

**Nonfarm Optional Method.** You may use this method only if (a) your net nonfarm profits<sup>3</sup> were less than \$6,367 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

- 16** Subtract line 15 from line 14 .....

**16**

- 17** Enter the smaller of: two-thirds (2/3) of gross nonfarm income<sup>4</sup> (not less than zero) or the amount on line 16. Also, include this amount on line 4b above .....

**17**

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

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

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

OMB No. 1545-0074

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.

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

**2021**

Attachment  
Sequence No.

17

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

**KAMALA D. HARRIS**

Social security number of person  
with self-employment income ►

**Part I Self-Employment Tax**

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

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

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

- 1a** Net farm profit or (loss) from Sch. F, line 34, and farm partnerships, Sch. K-1 (Form 1065), box 14, code A .....
- If you received social security retirement or disability benefits, enter the amount of Conservation Reserve

- b** Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH .....

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

- 2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A .....

(other than farming). See instructions for other income to report or if you are a minister or member of a religious order .....

**SEE STATEMENT 16**

- 3** Combine lines 1a, 1b, and 2 .....

- 4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 .....

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions

- b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here .....

- c** Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. **Exception:** If less than \$400 and you had church employee income, enter -0- and continue ► .....

- 5a** Enter your church employee income from Form W-2. See instructions for definition of church employee income .....

**5a**

- b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- .....

- 6** Add lines 4c and 5b .....

- 7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021 .....

- 8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$142,800 or more, skip lines 8b through 10, and go to line 11 .....

**8a** **142,800.**

- b** Unreported tips subject to social security tax from Form 4137, line 10 .....

- c** Wages subject to social security tax from Form 8919, line 10 .....

- d** Add lines 8a, 8b, and 8c .....

- 9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ► .....

- 10** Multiply the smaller of line 6 or line 9 by 12.4% (0.124) .....

- 11** Multiply line 6 by 2.9% (0.029) .....

- 12** **Self-employment tax.** Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4 .....

- 13** **Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040),

line 15 .....

**13** **5,179.**

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

**Farm Optional Method.** You may use this method only if (a) your gross farm income<sup>1</sup> wasn't more than \$8,820, or (b) your net farm profits<sup>2</sup> were less than \$6,367.

- 14** Maximum income for optional methods .....

**14** **5,880**

- 15** Enter the smaller of: two-thirds (2/3) of gross farm income<sup>1</sup> (not less than zero) or \$5,880. Also, include this amount on line 4b above .....

**15**

**Nonfarm Optional Method.** You may use this method only if (a) your net nonfarm profits<sup>3</sup> were less than \$6,367 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

- 16** Subtract line 15 from line 14 .....

**16**

- 17** Enter the smaller of: two-thirds (2/3) of gross nonfarm income<sup>4</sup> (not less than zero) or the amount on line 16. Also, include this amount on line 4b above .....

**17**

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

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

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

## Foreign Tax Credit

(Individual, Estate, or Trust)

DMB No. 1545-0121

2021

Attachment  
Sequence No. 19

- Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.  
 ► Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

Name

Identifying number as shown on page 1 of your tax return

DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS

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:				1a
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				
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:	10,000.			
a Certain itemized deductions or standard deduction				
b Other deductions (attach statement)	10,000.			
c Add lines 3a and 3b	1,735,336.			
d Gross foreign source income	.000000000			
e Gross income from all sources				
f Divide line 3d by line 3e				
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

**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:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(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)

**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 .....	10
(If your income was section 951A category income (box a above Part I), leave line 10 blank.)	
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
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
18 <b>Individuals:</b> Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption .....	18
<b>Caution:</b> 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
20 <b>Individuals:</b> Enter the total of Form 1040, 1040-SR or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. <b>Estates and trusts:</b> 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
<b>Caution:</b> 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
22 Increase in limitation (section 960(c)) .....	22
23 Add lines 21 and 22 .....	23
24 Enter the <b>smaller</b> 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
► 0 .	

**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 <b>smaller</b> of line 20 or line 32 .....	33
34 Reduction of credit for international boycott operations .....	34
35 Subtract line 34 from line 33. This is your <b>foreign tax credit</b> . 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 .	

**SCHEDULE B**  
**(Form 1116)**

(December 2021)  
Department of the Treasury  
Internal Revenue Service

**Foreign Tax Carryover Reconciliation Schedule**

For calendar year 2021, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

► See separate instructions.

► Attach to Form 1116.

► Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

OMB No. 1545-0121

Name

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Identifying number as shown  
on page 1 of your tax return

Use a separate Schedule B (Form 1116) for each applicable category of income listed below. See instructions. Check only one box on each schedule. Check the box for the same separate category code as that shown on the Form 1116 to which this Schedule B is attached.

a  Reserved for future use  
b  Foreign branch category income

c  Passive category income  
d  General category income

e  Section 901(j) income  
f  Certain income re-sourced by treaty

g  Lump-sum distributions

h If box e is checked, enter the country code for the sanctioned country. See instructions

i If box f is checked, enter the country code for the treaty country. See instructions

► \_\_\_\_\_

Foreign Tax Carryover Reconciliation	(i) 10th Preceding Tax Year	(ii) 9th Preceding Tax Year	(iii) 8th Preceding Tax Year	(iv) 7th Preceding Tax Year	(v) 6th Preceding Tax Year	(vi) 5th Preceding Tax Year	(vii) Subtotal (add columns (i) through (vi))
1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 6 of the worksheet in the instructions)							
2 Adjustments to line 1 (enter description - see instructions):							
a Carryback adjustment (see instructions)							
Adjustments for section 905(c)							
b Redeterminations (see instructions)							
c							
d							
e							
f							
g							
3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2)							
4 Foreign tax carryover used in current tax year (enter as a negative number)							
5 Foreign tax carryover expired unused in current tax year (enter as a negative number)							
6 Foreign tax carryover generated in current tax year							
7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
8 Foreign tax carryover to the following tax year. Combine lines 3 through 7.	-0-						

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule B (Form 1116)(12-2021)

Foreign Tax Carryover Reconciliation	(viii) Subtotal from page 1 (enter the amounts from column (vii) on page 1)	(ix) 4th Preceding Tax Year	(x) 3rd Preceding Tax Year	(xi) 2nd Preceding Tax Year	(xii) 1st Preceding Tax Year	(xiii) Current Tax Year	(xiv) Totals (add columns (viii) through (xiii))
1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 6 of the worksheet in the instructions)						1,151.	1,151.
2 Adjustments to line 1 (enter description - see instructions):							
a Carryback adjustment (see instructions Adjustments for section 905(c))							
b Redeterminations (see instructions)							
c							
d							
e							
f							
g							
3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1116, Part III, line 10.						1,151.	1,151.
4 Foreign tax carryover used in current tax year (enter as a negative number)							
5 Foreign tax carryover expired unused in current tax year (enter as a negative number)							
6 Foreign tax carryover generated in current tax year							
7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
8 Foreign tax carryover to the following tax year. Combine lines 3 through 7.						1,151.	0. 1,151.

Form **3800**Department of the Treasury  
Internal Revenue Service (00)

Name(s) shown on return

**General Business Credit**

- Go to [www.irs.gov/Form3800](http://www.irs.gov/Form3800) for instructions and the latest information.
- You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0895

**2021**Attachment  
Sequence No.  
**22**

Identifying number

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS****Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)**  
(See instructions and complete Part(s) III before Parts I and II.)

1 General business credit from line 2 of all Parts III with box A checked .....	1	22.
2 Passive activity credits from line 2 of all Parts III with box B checked .....	2	
3 Enter the applicable passive activity credits allowed for 2021. See instructions .....	3	
4 Carryforward of general business credit to 2021. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach .....	4	
Check this box if the carryforward was changed or revised from the original reported amount		► <input type="checkbox"/>
5 Carryback of general business credit from 2022. Enter the amount from line 2 of Part III with box D checked .....	5	
6 Add lines 1, 3, 4, and 5 .....	6	22.

**Part II Allowable Credit**

7 Regular tax before credits:	}	7	473,631.
• Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2 .....			
• Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return .....			
• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, plus any Form 8978 amount included on line 1d; or the amount from the applicable line of your return .....	}		
8 Alternative minimum tax:		8	
• Individuals. Enter the amount from Form 6251, line 11 .....			
• Corporations. Enter -0 .....			
• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 .....			
9 Add lines 7 and 8 .....		9	473,631.
10a Foreign tax credit .....	10a		
b Certain allowable credits (see instructions) .....	10b		
c Add lines 10a and 10b .....		10c	
11 Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 .....		11	473,631.
12 Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0- .....	12	473,631.	
13 Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions .....	13	112,158.	
14 Tentative minimum tax:	}	14	420,797.
• Individuals. Enter the amount from Form 6251, line 9 .....			
• Corporations. Enter -0- .....			
• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52 .....			
15 Enter the greater of line 13 or line 14 .....	15	420,797.	
16 Subtract line 15 from line 11. If zero or less, enter -0- .....	16	52,834.	
17 Enter the smaller of line 6 or line 16 .....	17	22.	
C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.			

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2021)

**Part II Allowable Credit (continued)**

**Note:** If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18 Multiply line 14 by 75% (0.75). See instructions .....	18
19 Enter the greater of line 13 or line 18 .....	19
20 Subtract line 19 from line 11. If zero or less, enter -0- .....	20
21 Subtract line 17 from line 20. If zero or less, enter -0- .....	21
22 Combine the amounts from line 3 of all Parts III with box A, C, or D checked .....	22
23 Passive activity credit from line 3 of all Parts III with box B checked .....	23
24 Enter the applicable passive activity credit allowed for 2021. See instructions .....	24
25 Add lines 22 and 24 .....	25
26 Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 .....	26 0.
27 Subtract line 13 from line 11. If zero or less, enter -0- .....	27 361,473.
28 Add lines 17 and 26 .....	28 22.
29 Subtract line 28 from line 27. If zero or less, enter -0- .....	29 361,451.
30 Enter the general business credit from line 5 of all Parts III with box A checked .....	30
31 Reserved .....	31
32 Passive activity credits from line 5 of all Parts III with box B checked .....	32
33 Enter the applicable passive activity credits allowed for 2021. See instructions .....	33
34 Carryforward of business credit to 2021. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach Check this box if the carryforward was changed or revised from the original reported amount .....	34 ► <input type="checkbox"/>
35 Carryback of business credit from 2022. Enter the amount from line 5 of Part III with box D checked. See instructions .....	35
36 Add lines 30, 33, 34, and 35 .....	36
37 Enter the <b>smaller</b> of line 29 or line 36 .....	37
38 <b>Credit allowed for the current year.</b> Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. • Individuals. Schedule 3 (Form 1040), line 6 .....	38
• Corporations. Form 1120, Schedule J, Part I, line 5c .....	
• Estates and trusts. Form 1041, Schedule G, line 2b .....	22.

DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS

Identifying number

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A  General Business Credit From a Non-Passive Activity  
 B  General Business Credit From a Passive Activity  
 C  General Business Credit Carryforwards  
 D  General Business Credit Carrybacks

- E  Reserved  
 F  Reserved  
 G  Eligible Small Business Credit Carryforwards  
 H  Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

## (a) Description of credit

Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

(a) Description of credit	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	22.
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	22.
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	22.

\* See instructions for limitation on this credit.

**SCHEDULE H**  
(Form 1040)

Department of the Treasury  
Internal Revenue Service (99)

# Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

- Attach to Form 1040, 1040-SR, 1040-NR, 1040-SS, or 1041.
- Go to [www.irs.gov/ScheduleH](http://www.irs.gov/ScheduleH) for instructions and the latest information.

OMB No. 1545-0074

**2021**

Attachment Sequence No. 44

Name of employer

**DOUGLAS C. EMHOFF**

Calendar year taxpayers having no household employees in 2021 don't have to complete this form for 2021.

- A Did you pay **any one** household employee cash wages of \$2,300 or more in 2021? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)
- Yes. Skip lines B and C and go to line 1a.  
 No. Go to line B.
- B Did you withhold federal income tax during 2021 for any household employee?
- Yes. Skip line C and go to line 7.  
 No. Go to line C.
- C Did you pay **total** cash wages of \$1,000 or more in **any calendar quarter** of 2020 or 2021 to **all** household employees? (Don't count cash wages paid in 2020 or 2021 to your spouse, your child under age 21, or your parent.)
- No. Stop. Don't file this schedule.  
 Yes. Skip lines 1a-9 and go to line 10.

**Part I Social Security, Medicare, and Federal Income Taxes**

1a	16,916.	
1b		2,098.
2a		2,098.
2b		
2c		491.
3	16,916.	
4		
5		
6		
7		
8a		2,589.
8b		
8c		
8d		2,589.
8e		
8f		
8g		
8h		
8i		
8j		
8k		
8l		
8m		
8n		
9		

1a Total cash wages subject to social security tax .....  
 b Qualified sick and family wages for leave taken before April 1, 2021, included on line 1a .....  
 1b .....  
 2a Social security tax. Multiply line 1a by 12.4% (0.124) .....  
 b Employer share of social security tax on qualified sick and family leave wages for leave taken before April 1, 2021. Multiply line 1b by 6.2% (0.062) .....  
 c Total social security tax. Subtract line 2b from line 2a .....  
 3 Total cash wages subject to Medicare tax .....  
 4 Medicare tax. Multiply line 3 by 2.9% (0.029) .....  
 5 Total cash wages subject to Additional Medicare Tax withholding .....  
 6 Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009) .....  
 7 Federal income tax withheld, if any .....  
 8a Total social security, Medicare, and federal income taxes. Add lines 2c, 4, 6, and 7 .....  
 b Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 .....  
 c Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021 .....  
 d Total social security, Medicare, and federal income taxes after nonrefundable credits. Add lines 8b and 8c and then subtract that total from line 8a .....  
 e Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 .....  
 f Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021 .....  
 g Qualified sick leave wages for leave taken before April 1, 2021 .....  
 h Qualified health plan expenses allocable to qualified sick leave wages reported on line 8g .....  
 i Qualified family leave wages for leave taken before April 1, 2021 .....  
 j Qualified health plan expenses allocable to qualified family leave wages reported on line 8i .....  
 k Qualified sick wages for leave taken after March 31, 2021 .....  
 l Qualified health plan expenses allocable to qualified sick leave wages reported on line 8k .....  
 m Qualified family leave wages for leave taken after March 31, 2021 .....  
 n Qualified health plan expenses allocable to qualified family leave wages reported on line 8m .....  
 o Did you pay **total** cash wages of \$1,000 or more in **any calendar quarter** of 2020 or 2021 to **all** household employees? (Don't count cash wages paid in 2020 or 2021 to your spouse, your child under age 21, or your parent.)  
 No. Stop. Include the amount from line 8d above on Schedule 2 (Form 1040), line 9. Include the amounts, if any, from line 8e on Schedule 3 (Form 1040), line 13b, and line 8f on Schedule 3 (Form 1040), line 13h. If you're not required to file Form 1040, see the line 9 instructions.  
 Yes. Go to line 10.

**Part II Federal Unemployment (FUTA) Tax**

10 Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No."  Yes  No  
**10** **X**

11 Did you pay all state unemployment contributions for 2021 by April 18, 2022? Fiscal year filers, see instructions  Yes  No  
**11** **X**

12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?  Yes  No  
**12** **X**

**Next:** If you checked the "Yes" box on all the lines above, complete Section A.

If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

**Section A**

13 Name of the state where you paid unemployment contributions ►

14 Contributions paid to your state unemployment fund  **14**  Yes  No  
**14**

15 Total cash wages subject to FUTA tax  **15**  Yes  No  
**15**

16 FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25  **16**  Yes  No  
**16**

**Section B**

17 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-.	(h) Contributions paid to state unemployment fund
		From	To					
CA	7,000.	01/01/21	12/31/21	.0170	378.	119.	259.	119.
DC	2,599.	01/01/21	12/31/21	.0270	140.	70.	70.	70.

18 Totals  **18**  Yes  No **329.**  Yes  No **189.**

19 Add columns (g) and (h) of line 18  **19**  Yes  No **518.**  Yes  No **518.**

20 Total cash wages subject to FUTA tax (see the line 15 instructions)  **20**  Yes  No **9,599.**

21 Multiply line 20 by 6.0% (0.06)  **21**  Yes  No **576.**

22 Multiply line 20 by 5.4% (0.054)  **22**  Yes  No **518.**

23 Enter the smaller of line 19 or line 22  **23**  Yes  No **518.**

(If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here)  Yes  No **518.**

24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25  **24**  Yes  No **58.**

**Part III Total Household Employment Taxes**

25 Enter the amount from line 8d. If you checked the "Yes" box on line C of page 1, enter -0-  **25**  Yes  No **2,589.**

26 Add line 16 (or line 24) and line 25  **26**  Yes  No **2,647.**

27 Are you required to file Form 1040?

Yes. Stop. Include the amount from line 26 above on Schedule 2 (Form 1040), line 9. Include the amounts, if any, from line 8e, on Schedule 3 (Form 1040), line 13b, and line 8f on Schedule 3 (Form 1040), line 13h. Don't complete Part IV below.

No. You may have to complete Part IV. See instructions for details.

**Part IV Address and Signature - Complete this part only if required. See the line 27 instructions.**

Address (number and street) or P.O. box if mail isn't delivered to street address  Apt., room, or suite no.

City, town or post office, state, and ZIP code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

► Employer's signature		Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature
	Firm's name ►	Firm's EIN ►
	Firm's address ►	Phone no.

**Additional Medicare Tax****2021**Attachment  
Sequence No. 71

Name(s) shown on return

DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS

Your social security number

**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	397,034.	
2 Unreported tips from Form 4137, line 6 .....	2		
3 Wages from Form 8919, line 6 .....	3		
4 Add lines 1 through 3 .....	4	397,034.	
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	147,034.	
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II .....	7	1,323.	

**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	895,200.	
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	250,000.	
10 Enter the amount from line 4 .....	10	397,034.	
11 Subtract line 10 from line 9. If zero or less, enter -0- .....	11	0.	
12 Subtract line 11 from line 8. If zero or less, enter -0- .....	12	895,200.	
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III .....	13	8,057.	

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

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

**Part IV Total Additional Medicare Tax**

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V .....	18	9,380.	
--	----	--------	--

**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	6,001.	
20 Enter the amount from line 1 .....	20	397,034.	
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages .....	21	5,757.	
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages .....	22	244.	
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) .....	23		
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) .....	24	244.	

Form **8960**Department of the Treasury  
Internal Revenue Service (99)**Net Investment Income Tax -  
Individuals, Estates, and Trusts**

OMB No. 1545-2227

**2021**Attachment  
Sequence No. 72

► Attach to your tax return.

► Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS****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	694.
2	Ordinary dividends (see instructions)	2	
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	582,543.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	STATEMENT 17	4b -582,543.
c	Combine lines 4a and 4b	4c	0.
5a	Net gain or loss from disposition of property (see instructions)	5a	319,108.
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	319,108.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	SEE STATEMENT 18	7 39.
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	319,841.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

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

**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	309,841.
<b>Individuals:</b>			
13	Modified adjusted gross income (see instructions)	13	1,655,563.
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	1,405,563.
16	Enter the smaller of line 12 or line 15	16	309,841.
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	11,774.
<b>Estates and Trusts:</b>			
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)**

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

<u>Description</u>	<u>Line</u>	<u>Amount</u>
(a) _____	N/A	N/A
(b) _____	N/A	N/A

- 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) ..... **STMT 19** 2. 10,000.

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

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

<u>Description</u>	<u>Line</u>	<u>Amount</u>
(a) _____	_____	_____
(b) _____	_____	_____

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

- Enter the amount of total itemized deductions reported on Form 1040 ..... 5. 57,306.

- 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. N/A

- Subtract line 6e from line 5 ..... 7. 57,306.

- 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>(A)</b> Reenter the amounts and descriptions from Part III, lines 1 - 3.	<b>(B)</b> 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).	<b>(C)</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.
.....	.....	.....

Miscellaneous Itemized Deductions properly allocable to investment income:

	<u>Description</u>	<u>Line</u>	<u>Amount</u>	<u>X</u>	<u>N/A</u>	<u>=</u>	<u>N/A</u>
1. (a) _____	N/A	N/A	N/A	X	N/A	=	N/A
(b) _____	N/A	N/A	N/A	X	N/A	=	N/A
2. State, local, and foreign income taxes .....	10,000.	X	1.0000	=	10,000.		

**Itemized Deductions**

Included on Line 3 of Part III:

3. (a) _____	_____	_____	X	_____	=	_____
(b) _____	_____	_____	X	_____	=	_____

Form **8960****Net Investment Income Tax -  
Individuals, Estates, and Trusts****2021****CALIFORNIA**

Name(s)

DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS

Your social security number or EIN

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

1	Taxable interest .....	1	694.
2	Ordinary dividends .....	2	
3	Annuities from nonqualified plans .....	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. ....	4a	587,534.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business .....	4b	-587,534.
c	Combine lines 4a and 4b .....	4c	0.
5a	Net gain or loss from disposition of property .....	5a	319,108.
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	319,108.
6	Changes in investment income for certain CFCs and PFICs .....	6	
7	Other modifications to investment income .....	7	39.
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 .....	8	319,841.

**Part II State Income Tax Pro-ration for 2021 Income Tax Payments**

9	State total income .....	9	1,660,554.
10	State income tax payments for 2021 .....	10	59,754.
11	2021 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10 .....	11	11,509.

SEE STATEMENT 20

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

12	State estimate payments for 2020 .....	12	56,000.
13	Percent of state income taxes attributable to investment income for 2020 .....	13	.004770
14	2020 state estimate payments attributable to investment income. Line 12 times line 13 .....	14	267.

**Part IV State Income Tax Pro-ration 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	12,342.
16	Percent of state income taxes attributable to investment income for 2020 .....	16	.004770
17	Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16 .....	17	59.

**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	11,835.
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Form 8960 (2021)

Form **8960****Net Investment Income Tax -  
Individuals, Estates, and Trusts****2021**

NEW YORK

Name(s)

DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS

Your social security number or EIN

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

1	Taxable interest .....	1	21.
2	Ordinary dividends .....	2	0.
3	Annuities from nonqualified plans .....	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. ....	4a	30,604.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business .....	4b	-30,604.
c	Combine lines 4a and 4b .....	4c	0.
5a	Net gain or loss from disposition of property .....	5a	4.
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	4.
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	25.

**Part II State Income Tax Pro-ration for 2021 Income Tax Payments**

9	State total income .....	9	30,066.
10	State income tax payments for 2021 .....	10	2,662.
11	2021 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10 .....	11	2.

SEE STATEMENT 21

**Part III State Income Tax Pro-ration 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-ration 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	
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	2.
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Form 8960 (2021)

## Form 1116

## U.S. and Foreign Source Income Summary

NAME

DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS

INCOME TYPE	TOTAL	U.S.	FOREIGN PASSIVE
Compensation	380,288.	380,288.	
Dividends/Distributions			
Interest	694.	694.	
Capital Gains	319,108.	319,108.	
Business/Profession	452,664.	452,664.	
Rent/Royalty			
State/Local Refunds			
Partnership/S Corporation	582,543.	582,543.	
Trust/Estate			
Other Income	39.	39.	
Gross Income	<u>1,735,336.</u>	<u>1,735,336.</u>	

Less:

Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			
Total Income - Form 1116	<u>1,735,336.</u>	<u>1,735,336.</u>	

Deductions:

Business/Profession Expenses	65,951.	65,951.	
Rent/Royalty Expenses			
Partnership/S Corporation Losses			
Trust/Estate Losses			
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction	12,981.	12,981.	
Self-employment Health Insurance	841.	841.	
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Total Deductions	<u>79,773.</u>	<u>79,773.</u>	
Adjusted Gross Income	<u>1,655,563.</u>	<u>1,655,563.</u>	

Less Itemized Deductions:

Specifically Allocated	22,100.	22,100.	
Home Mortgage Interest	25,206.	25,206.	
Other Interest			
Ratably Allocated	10,000.	10,000.	
Charitable Deduction if taking Standard Deduction			
Total Adjustments to Adjusted Gross Income	<u>57,306.</u>	<u>57,306.</u>	
Taxable Income	<u>1,598,257.</u>	<u>1,598,257.</u>	

## Form 1116

## Allocation of Itemized Deductions

NAME

DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS

	Total Itemized Deductions	Form 1116		
		Specifically U.S.	Specifically Foreign	Ratable
Medical/Dental .....				
Taxes .....	10,000.			10,000.
Interest - Not Including Investment Interest .....	25,206.	25,206.		
Investment Interest .....				
Contributions .....	22,100.	22,100.		
Casualty Losses .....				
Other Miscellaneous Deductions - Not Including Gambling Losses .....				
Gambling Losses .....				
Foreign Adjustment .....				
Total Itemized Deductions .....	57,306.	47,306.		10,000.

## DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS

FORM 1040	WAGES RECEIVED AND TAXES WITHHELD			STATEMENT 1		
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T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S UNITED STATE SENATE	215,548.	35,839.	15,146.		8,854.	3,537.
T GEORGETOWN UNIVERSITY	164,740.	30,547.	12,403.		8,854.	2,464.
<b>TOTALS</b>	<b>380,288.</b>	<b>66,386.</b>	<b>27,549.</b>		<b>17,708.</b>	<b>6,001.</b>

FORM 1040	TAX	STATEMENT 2
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DESCRIPTION	AMOUNT
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET	473,631.
<b>TOTAL TO FORM 1040, LINE 16</b>	<b>473,631.</b>

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) W-2	STATEMENT 3
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T S DESCRIPTION	AMOUNT
S UNITED STATE SENATE	35,839.
T GEORGETOWN UNIVERSITY	30,547.
<b>TOTAL TO FORM 1040, LINE 25A</b>	<b>66,386.</b>

FORM 1040	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT 4
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DESCRIPTION	AMOUNT
1ST QTR ESTIMATE PAYMENT - JOINT	78,000.
2ND QTR ESTIMATE PAYMENT - JOINT	106,000.
3RD QTR ESTIMATE PAYMENT - JOINT	91,000.
4TH QTR ESTIMATE PAYMENT - JOINT	157,000.
<b>TOTAL TO FORM 1040, LINE 26</b>	<b>432,000.</b>

## DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) 1099	STATEMENT 5
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T S DESCRIPTION	AMOUNT
- T MERRILL MUTUAL FUND SF	9.
TOTAL TO FORM 1040, LINE 25B	9.

FORM 1040	FEDERAL INCOME TAX WITHHELD - OTHER FORMS	STATEMENT 6
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T S DESCRIPTION	AMOUNT
- FORM 8959, LINE 24	244.
TOTAL TO FORM 1040, LINE 25C	244.

SCHEDULE 1	STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT 7
------------	------------------------------------	-------------

	2020	2019	2018
GROSS STATE/LOCAL INC TAX REFUNDS			
LESS: TAX PAID IN FOLLOWING YEAR	CALIFORNIA	30.	
NET TAX REFUNDS CALIFORNIA		30.	
TOTAL NET TAX REFUNDS		30.	

## DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS

SCHEDULE 1	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT 8	
	2018	2019	2020
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.		30.	
LESS:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION		30.	
1 NET REFUNDS FOR RECALCULATION		0.	0.
2 AMOUNT FROM PRIOR YEAR SCHEDULE A, LINE 5E			10,000.
3 TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C			58,993.
4 SUBTRACT LINE 3 FROM LINE 2 IF ZERO OR LESS, STOP HERE NONE OF YOUR REFUND IS TAXABLE	0.	0.	-48,993.
5 ENTER THE STATE AND LOCAL INCOME TAXES FROM PRIOR YEAR SCHEDULE A, LINE 5A			
6 ENTER THE AMOUNT FROM LINE 1			
7 SUBTRACT LINE 6 FROM LINE 5			
8 ADD LINE 7 TO LINE 3			
9 SUBTRACT LINE 8 FROM LINE 2			
10 ENTER THE LESSER OF LINE 4, LINE 6 OR LINE 9. IF ZERO OR LESS, STOP HERE. NONE OF YOUR REFUND IS TAXABLE. IF GREATER THAN ZERO, PROCEED TO LINE 11			
11 ALLOWABLE PRIOR YEAR ITEMIZED DEDUCTIONS			
12 ENTER YOUR PRIOR YEAR STANDARD DEDUCTION			
13 SUBTRACT LINE 12 FROM LINE 11			
14 ENTER THE SMALLER OF LINE 10 OR LINE 13.			
15 PRIOR YEAR TAXABLE INCOME			
16 AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 1 * IF LINE 15 IS -0- OR MORE, USE AMOUNT FROM LINE 14 * IF LINE 15 IS A NEGATIVE AMOUNT, NET LINES 14 AND 15			
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2018			
TOTAL TO SCHEDULE 1, LINE 1			

## SCHEDULE 1 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION WORKSHEET STATEMENT 9

DOUGLAS C. EMHOFF

DLA PIPER LLP

1	NONSPECIFIED HEALTH INSURANCE PAYMENTS	841.
2	NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED	168,860.
3	TOTAL OF ALL NET PROFITS AND EARNED INCOME. S CORPORATIONS SKIP TO LINE 9	582,643.
4	DIVIDE LINE 2 BY LINE 3	.2898
5	DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX	7,802.
6	LINE 4 TIMES LINE 5	2,261.
7	LINE 2 MINUS LINE 6	166,599.
8	SELF-EMPLOYED SEP, SIMPLE, AND QUALIFIED PLANS ATTRIBUTABLE TO TRADE OR BUSINESS NAMED ABOVE	0.
9	LINE 7 MINUS LINE 8. S CORPORATIONS ENTER WAGES RECEIVED	166,599.
10	FORM 2555, LINE 45 ATTRIBUTABLE TO THE TRADE OR BUSINESS NAMED ABOVE	
11	LINE 9 MINUS LINE 10	166,599.
12	SELF-EMPLOYED HEALTH INSURANCE DEDUCTION. LESSER OF LINE 1 OR LINE 11	841.

## DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 10
------------	------------------------------	--------------

DESCRIPTION	AMOUNT
FROM K-1 - DLA PIPER LLP	2,662.
UNITED STATE SENATE	15,146.
GEORGETOWN UNIVERSITY	12,403.
OTHER STATE AND LOCAL INCOME TAXES	1,230.
DC STATE TAX PAYMENTS	54,000.
CALIFORNIA 1ST QTR ESTIMATE PAYMENTS	2,500.
CALIFORNIA 2ND QTR ESTIMATE PAYMENTS	18,000.
CALIFORNIA PRIOR YEAR ESTIMATE PAYMENTS	56,000.
CALIFORNIA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	12,342.
CALIFORNIA FORM 593 WITHHOLDING	24,108.
 TOTAL TO SCHEDULE A, LINE 5A	 198,391.

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT 11
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DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
BET TZEDEK	1,000.		
CSUN ARTS AND COMMUNICATIONS FUND	5,000.		
DC CENTRAL KITCHEN	2,500.		
HOWARD UNIVERISTY	5,000.		
MATTHEW SILVERMAN MEMORIAL FOUNDATION	1,500.		
THE JEWISH FEDERATION OF GREATER LOS ANGELES	500.		
LEGAL AID SOCIETY OF THE DC	1,000.		
UNIVERSITY OF SOUTHERN CALIFORNIA	5,000.		
FROM K-1 - DLA PIPER LLP		539.	
FROM K-1 - DLA PIPER LLP			61.
 SUBTOTALS	 21,500.	 539.	 61.
 TOTAL TO SCHEDULE A, LINE 11	 22,100.		

## DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS

SCHEDULE A	REAL ESTATE TAXES	STATEMENT 12
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DESCRIPTION	AMOUNT
REAL ESTATE TAXES - JOINT	38,900.
REAL ESTATE TAXES - JOINT	14,978.
TOTAL TO SCHEDULE A, LINE 5B	<u>53,878.</u>

SCHEDULE D	NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 13
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DESCRIPTION OF ACTIVITY	GAIN OR LOSS
DLA PIPER LLP	13.
TOTAL TO SCHEDULE D, PART I, LINE 5	<u>13.</u>

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 14
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DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
DLA PIPER LLP	13.	
TOTAL TO SCHEDULE D, PART II, LINE 12	<u>13.</u>	

SCHEDULE SE	NON-FARM INCOME	STATEMENT 15
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DESCRIPTION	AMOUNT
VENABLE LLP	413,783.
DLA PIPER LLP	168,860.
TOTAL TO SCHEDULE SE, LINE 2	<u>582,643.</u>

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

SCHEDULE SE	NON-FARM INCOME	STATEMENT 16
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DESCRIPTION	AMOUNT
WRITER	386,713.
TOTAL TO SCHEDULE SE, LINE 2	386,713.

FORM 8960	TRADE OR BUSINESS INCOME	STATEMENT 17
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VENABLE LLP	-413,783.
DLA PIPER LLP	-168,760.
AMOUNT TO FORM 8960, LINE 4B	-582,543.

FORM 8960	OTHER MODIFICATIONS TO INVESTMENT INCOME	STATEMENT 18
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MERRILL MUTUAL FUND SF	39.
AMOUNT TO FORM 8960, LINE 7	39.

FORM 8960	STATE INCOME TAX	STATEMENT 19
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CALIFORNIA	11,835.
NEW YORK	2.
AMOUNT TO LINES 9 AND 10 WORKSHEET, PART III, LINE 2	11,837.

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

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FORM 8960 STATE INCOME TAX PAYMENTS STATEMENT 20

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CALIFORNIA

DESCRIPTION	AMOUNT
UNITED STATE SENATE	15,146.
ADDITIONAL CA STATE WITHHOLDING	24,108.
ESTIMATE OR PRIOR YEAR OVERPAYMENT	20,500.
TOTAL TO STATE FORM 8960, LINE 10	59,754.

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FORM 8960 STATE INCOME TAX PAYMENTS STATEMENT 21

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NEW YORK

DESCRIPTION	AMOUNT
DLA PIPER LLP	2,662.
TOTAL TO STATE FORM 8960, LINE 10	2,662.

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TAXABLE YEAR

**2021 California Resident Income Tax Return**

FORM

**540**

APE

ATTACH FEDERAL RETURN

EMHO  
 DOUGLAS C EMHOFF  
 KAMALA D HARRIS

10-13-1964 10-20-1964

Enter your county at time of filing (see instructions)																	
<input checked="" type="radio"/> LOS ANGELES																	
If your address above is the same as your principal/physical residence address at the time of filing, check this box <input checked="" type="checkbox"/>																	
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.																	
Principal Residence	<input type="radio"/> <input type="radio"/>																
City																	
State ZIP code																	
<input type="radio"/> <input type="radio"/>																	
If your California filing status is different from your federal filing status, check the box here <input type="checkbox"/>																	
Filing Status	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> 1</td> <td style="width: 15%; text-align: center;">Single</td> <td style="width: 15%; text-align: center;">4 <input type="checkbox"/></td> <td style="width: 55%;">Head of household (with qualifying person). See instructions.</td> </tr> <tr> <td><input checked="" type="checkbox"/> 2</td> <td>Married/RDP filing jointly. See inst.</td> <td style="text-align: center;">5 <input type="checkbox"/></td> <td>Qualifying widow(er). Enter year spouse/RDP died. <input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> 1	Single	4 <input type="checkbox"/>	Head of household (with qualifying person). See instructions.	<input checked="" type="checkbox"/> 2	Married/RDP filing jointly. See inst.	5 <input type="checkbox"/>	Qualifying widow(er). Enter year spouse/RDP died. <input type="checkbox"/>								
<input type="checkbox"/> 1	Single	4 <input type="checkbox"/>	Head of household (with qualifying person). See instructions.														
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See instructions. <input type="checkbox"/>																	
<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> 3</td> <td style="width: 85%;">Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. <input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/> 3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. <input type="checkbox"/>														
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<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> 6</td> <td style="width: 85%;">If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. <input type="checkbox"/> 6 <input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/> 6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. <input type="checkbox"/> 6 <input type="checkbox"/>														
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<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width: 100%;">► 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.</td> </tr> <tr> <td style="width: 15%; vertical-align: top;">Exemptions</td> <td style="width: 85%;"> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input checked="" type="radio"/> 7</td> <td style="width: 15%; text-align: center;">2 <input type="checkbox"/></td> <td style="width: 15%; text-align: center;">X \$129 = <input type="radio"/> \$ <input type="checkbox"/></td> <td style="width: 55%;">Whole dollars only 258</td> </tr> <tr> <td><input type="radio"/> 8</td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">X \$129 = <input type="radio"/> \$ <input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="radio"/> 9</td> <td style="text-align: center;">4 <input type="checkbox"/></td> <td style="text-align: center;">X \$129 = <input type="radio"/> \$ <input type="checkbox"/></td> <td></td> </tr> </table> </td> </tr> </table>		► 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.		Exemptions	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input checked="" type="radio"/> 7</td> <td style="width: 15%; text-align: center;">2 <input type="checkbox"/></td> <td style="width: 15%; text-align: center;">X \$129 = <input type="radio"/> \$ <input type="checkbox"/></td> <td style="width: 55%;">Whole dollars only 258</td> </tr> <tr> <td><input type="radio"/> 8</td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">X \$129 = <input type="radio"/> \$ <input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="radio"/> 9</td> <td style="text-align: center;">4 <input type="checkbox"/></td> <td style="text-align: center;">X \$129 = <input type="radio"/> \$ <input type="checkbox"/></td> <td></td> </tr> </table>	<input checked="" type="radio"/> 7	2 <input type="checkbox"/>	X \$129 = <input type="radio"/> \$ <input type="checkbox"/>	Whole dollars only 258	<input type="radio"/> 8	3 <input type="checkbox"/>	X \$129 = <input type="radio"/> \$ <input type="checkbox"/>		<input type="radio"/> 9	4 <input type="checkbox"/>	X \$129 = <input type="radio"/> \$ <input type="checkbox"/>	
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<input type="radio"/> 8	3 <input type="checkbox"/>	X \$129 = <input type="radio"/> \$ <input type="checkbox"/>															
<input type="radio"/> 9	4 <input type="checkbox"/>	X \$129 = <input type="radio"/> \$ <input type="checkbox"/>															

Your name: **DOUGLAS C EMHOFF** Your SSN or ITIN:  **Exemptions****10 Dependents: Do not include yourself or your spouse/RDP.****Dependent 1**First Name **Dependent 2****Dependent 3**Last Name SSN. See inst. Dependent's relationship to you 

Total dependent exemptions .....

• 10 X \$400 = • \$ **11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32**  11 \$ **258****12 State wages from your federal**

Form(s) W-2, box 16 .....

• 12 **380,288****13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11**  13**1,655,563****14 California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B**  14**15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses.**

See instructions .....

15

**1,655,563****16 California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C**  16**4,991****17 California adjusted gross income. Combine line 15 and line 16**  17**1,660,554****18 Enter the larger of** { Your California **itemized deductions** from Schedule CA (540), Part II, line 30; ORYour 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**27,325****19 Subtract line 18 from line 17. This is your taxable income.**

If less than zero, enter -0- .....

 19**1,633,229****Taxable Income****31 Tax. Check the box if from:** Tax Table Tax Rate Schedule• FTB 3800 FTB 3803 

• 31

**168,626****32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions**  32**0****33 Subtract line 32 from line 31. If less than zero, enter -0-** ..... 33**168,626****34 Tax. See instructions. Check the box if from:** •  Schedule G-1 •  FTB 5870A  34**35 Add line 33 and line 34** ..... 35**168,626****Special Credits****40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions** ..... 40**43 Enter credit name****OTHER STATE**code • **187**

and amount .....

 43**54,441****44 Enter credit name**code • 

and amount .....

 44

Your name: **DOUGLAS C EMHOFF** Your SSN or ITIN:  

<b>Special Credits</b>	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	54,441 -00
	48 Subtract line 47 from line 35. If less than zero, enter 0- .....	● 48	114,185 -00

<b>Other Taxes</b>	61 Alternative Minimum Tax. Attach Schedule P (540) .....	• 61	-00
	62 Mental Health Services Tax. See instructions .....	• 62	6,332 -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	120,517 -00

<b>Payments</b>	71 California income tax withheld. See instructions .....	• 71	15,146 -00
	72 2021 CA estimated tax and other payments. See instructions .....	• 72	61,500 -00
	73 Withholding (Form 592-B and/or 593). See instructions .....	• 73	24,108 -00
	74 Excess SDI (or VPDI) 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	100,754 -00

<b>Use Tax</b>	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.		
<b>ISR Penalty</b>	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

<b>Overpaid Tax/Tax Due</b>	93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 .....	● 93	100,754 -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	100,754 -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: **DOUGLAS C EMHOFF** Your SSN or ITIN:

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 <b>2022</b> 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	19 , 763 00

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

Your name: **DOUGLAS C EMHOFF** Your SSN or ITIN:  **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

**19 , 763**

-00

Pay Online - Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

<b>Interest and Penalties</b>	112 Interest, late return penalties, and late payment penalties .....	112	<span style="border: 1px solid black; padding: 2px;"> </span>	-00
	113 Underpayment of estimated tax.			
	Check the box: • <input checked="" type="checkbox"/> FTB 5805 attached • <input type="checkbox"/> FTB 5805F attached .....	• 113	<b>641</b>	-00
	114 Total amount due. See instructions. Enclose, but <b>do not</b> staple, any payment .....	114	<b>20 , 404</b>	-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 Deposit**  
 Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.  
 See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.  
 All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Routing number	<input type="text"/>	• Type	<input type="text"/>	• Account number	<input type="text"/>	• 116 Direct deposit amount	<input type="text"/>	-00
		Checking						
		Savings						

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

• Routing number	<input type="text"/>	• Type	<input type="text"/>	• Account number	<input type="text"/>	• 117 Direct deposit amount	<input type="text"/>	-00
		Checking						
		Savings						

**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](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://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)

**BAKER TILLY US, LLP** PTIN

Joint tax return? (See instructions)

Firm's address

 Firm's FEIN

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

• 

Yes

No

Print Third Party Designee's Name

**MICHAEL SOBELMAN**

Telephone Number

## 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="text"/>	<input checked="" type="radio"/> UNITED STATE SENATE		
b. Employer identification number (EIN)	Employer's address		
<input type="text"/>	<input checked="" type="radio"/>		
e. Employee's first name *	Initial *	Last name *	Suffix *
<input checked="" type="radio"/> KAMALA	<input checked="" type="radio"/> D	<input checked="" type="radio"/> HARRIS	<input type="text"/>
f. Employee's address *			
<input checked="" type="radio"/>			
City *	State *	ZIP code *	
<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>

	Wages, tips, other compensation	Social security tax withheld	Allocated tips (not included in box 1)
1. <input checked="" type="radio"/>	215,548	<input checked="" type="radio"/> 8,854	<input checked="" type="radio"/>
2. <input checked="" type="radio"/>	35,839	<input checked="" type="radio"/> 3,537	<input checked="" type="radio"/>
3. <input checked="" type="radio"/>	142,800	<input checked="" type="radio"/>	<input checked="" type="radio"/>

**12. Codes and amounts**

Code	Amount	Code	Amount
12a. <input checked="" type="radio"/> D	<input checked="" type="radio"/> 11,570	<input checked="" type="radio"/>	<input type="text"/>
12b. <input checked="" type="radio"/> DD	<input checked="" type="radio"/> 6,281	<input checked="" type="radio"/>	<input type="text"/>

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

Statutory employee     Retirement plan     Third-party sick pay

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

Type  Amount

16. State wages, tips, etc.   
 215,548

**15. State and employer's state ID number**

State  Employer's state ID number

17. State income tax   
 15,146

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="text"/>	<input checked="" type="radio"/> GEORGETOWN UNIVERSITY		
b. Employer identification number (EIN)	Employer's address		
<input type="text"/>	<input checked="" type="radio"/>		
e. Employee's first name *	Initial *	Last name *	Suffix *
<input checked="" type="radio"/> DOUGLAS	<input checked="" type="radio"/> C	<input checked="" type="radio"/> EMHOFF	<input type="text"/>

f. Employee's address *	City *	State *	ZIP code *
<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Wages, tips, other compensation	Social security tax withheld	Allocated tips (not included in box 1)
1. <input checked="" type="radio"/>	164,740	8,854	8. <input checked="" type="radio"/>
2. <input checked="" type="radio"/>	30,547	2,464	10. <input checked="" type="radio"/>
3. <input checked="" type="radio"/>	142,800	7,776	11. <input checked="" type="radio"/>

**12. Codes and amounts**

Code	Amount	Code	Amount
12a. <input checked="" type="radio"/> E	<input checked="" type="radio"/> 5,177	12c. <input checked="" type="radio"/>	<input checked="" type="radio"/>
Code	Amount	Code	Amount
12b. <input checked="" type="radio"/> DD	<input checked="" type="radio"/> 7,776	12d. <input checked="" type="radio"/>	<input checked="" type="radio"/>

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

Statutory employee     Retirement plan     Third-party sick pay

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

Type

Amount

16. State wages, tips, etc.  
  
 164,740

**15. State and employer's state ID number**

State   
 DC

Employer's state ID number

17. State income tax  
  
 12,403

TAXABLE YEAR

2021

**California Adjustments - Residents**

SCHEDULE

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

Name(s) as shown on tax return

DOUGLAS C EMHOFF AND KAMALA D HARRIS

SSN or ITIN

<b>Part I Income Adjustment Schedule</b>		<b>A Federal Amounts</b> (taxable amounts from your federal tax return)	<b>B Subtractions</b> See instructions.	<b>C Additions</b> See instructions.
<b>Section A - Income</b> from federal Form 1040 or 1040-SR				
1 Wages, salaries, tips, etc. See instr. before making an entry in column B or C .....	1	Ⓐ 380,288	Ⓐ	Ⓐ
2 Taxable interest. a ⓒ .....	2b	Ⓐ 694	Ⓐ	Ⓐ
3 Ordinary dividends. See instructions. a ⓒ .....	3b	Ⓐ	Ⓐ	Ⓐ
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	Ⓐ 319,108	Ⓐ	Ⓐ

**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	Ⓐ 386,713	Ⓐ	Ⓐ
4 Other gains or (losses) .....	4	Ⓐ	Ⓐ	Ⓐ
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. <b>STMT 1</b> .....	5	Ⓐ 582,543	Ⓐ	Ⓐ 4,991
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	Ⓐ		

<b>Section B - Additional Income</b> Continued		<b>A Federal Amounts</b> (taxable amounts from your federal tax return)	<b>B Subtractions</b> See instructions.	<b>C Additions</b> See instructions.
i Activity not engaged in for profit income .....	8i	●		
j Stock options .....	8j	●		
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	●		
l Olympic and Paralympic medals and USOC prize money .....	8l	●		
m IRC Section 951(a) inclusion .....	8m	●	●	
n IRC Section 951A(a) inclusion .....	8n	●	●	
o IRC Section 461(l) excess business loss adjustment .....	8o	●		●
p Taxable distributions from an ABLE account .....	8p	●		
z Other income. List type and amount.				
● _____	8z	● 39	●	●
9 a Total other income. Add lines 8a through 8z	9a	● 39	●	●
b1 Disaster loss deduction from form FTB 3805V .....	9b1		●	
b2 NOL deduction from form FTB 3805V .....	9b2		●	
b3 NOL from form FTB 3805Z, 3807, or 3809 .....	9b3		●	
b4 Student loan discharged due to closure of a for-profit school .....	9b4	●	●	
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	● 1,669,385	●	● 4,991

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

11 Educator expenses .....	11	●	●	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials .....	12	●	●	●
13 Health savings account deduction .....	13	●	●	
14 Moving expenses. Attach form FTB 3913. See instructions .....	14	●		●
15 Deductible part of self-employment tax. See instructions .....	15	● 12,981	●	
16 Self-employed SEP, SIMPLE, and qualified plans .....	16	●		
17 Self-employed health insurance deduction. See instructions .....	17	● 841	●	

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	●		
19 a Alimony paid ..... 19a	●		●
b Recipient's SSN ● _____			
Last Name ● _____			
20 IRA deduction ..... 20	●	●	●
21 Student loan interest deduction ..... 21	●		●
22 Reserved for future use ..... 22			
23 Archer MSA deduction ..... 23	●		
24 Other adjustments:			
a Jury duty pay ..... 24a	●		
b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit ..... 24b	●	●	●
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l ..... 24c	●	●	
d Reforestation amortization and expenses ..... 24d	●	●	
e Repayment of supplemental unemployment benefits under the Trade Act of 1974 ..... 24e	●		
f Contributions to IRC Section 501(c)(18)(D) pension plans ..... 24f	●	●	●
g Contributions by certain chaplains to IRC Section 403(b) plans ..... 24g	●	●	●
h Attorney fees and court costs for actions involving certain unlawful discrimination claims ..... 24h	●		
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	●	●	
j Housing deduction from federal Form 2555 ..... 24j	●	●	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) ..... 24k	●	●	
z Other adjustments. List type and amount.  ● ..... 24z	●	●	●
25 Total other adjustments. Add lines 24a through 24z ..... 25	●	●	●
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions ..... 26	● 13,822	●	●
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions ..... 27	● 1,655,563	●	● 4,991

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

	<b>A Federal Amounts (from federal Schedule A (Form 1040))</b>	<b>B Subtractions See instructions</b>	<b>C Additions See instructions</b>
<b>Medical and Dental Expenses</b> 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 ..... 4 <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>Taxes You Paid</b>			
5 a State and local income tax or general sales taxes 5a <input checked="" type="radio"/> 198,391 <input checked="" type="radio"/> 198,391			
b State and local real estate taxes ..... 5b <input checked="" type="radio"/> 53,878			
c State and local personal property taxes ..... 5c <input checked="" type="radio"/>			
d Add line 5a through line 5c ..... 5d <input checked="" type="radio"/> 252,269			
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"/> 198,391 <input checked="" type="radio"/> 242,269			
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"/> 198,391 <input checked="" type="radio"/> 242,269			
<b>Interest You Paid</b>			
8 a Home mortgage interest and points reported to you on federal Form 1098 ..... 8a <input checked="" type="radio"/> 25,206			<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"/>		<input checked="" type="radio"/>	
e Add line 8a through line 8c ..... 8e <input checked="" type="radio"/> 25,206 <input checked="" type="radio"/>			<input checked="" type="radio"/>
f Investment interest ..... 9 <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9 ..... 10 <input checked="" type="radio"/> 25,206 <input checked="" type="radio"/>			<input checked="" type="radio"/>

<b>Part II</b> Adjustments to Federal Itemized Deductions Continued	<b>A</b> Federal Amounts (from federal Schedule A (Form 1040))	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
<b>Gifts to Charity</b>			
11 Gifts by cash or check .....	11 <input checked="" type="radio"/> 22,100	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Other than by cash or check .....	12 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Carryover from prior year .....	13 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Add line 11 through line 13 .....	14 <input checked="" type="radio"/> 22,100	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>Casualty and Theft Losses</b>			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions .....	15 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>Other Itemized Deductions</b>			
16 Other - from list in federal instructions .....	16 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C .....	17 <input checked="" type="radio"/> 57,306	<input checked="" type="radio"/> 198,391	<input checked="" type="radio"/> 242,269
<b>18 Total.</b> Combine line 17 column A less column B plus column C .....	18 <input checked="" type="radio"/>	101,184	

**Job Expenses and Certain Miscellaneous Deductions**

19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions .....	<input checked="" type="radio"/> 19	
20 Tax preparation fees .....	<input checked="" type="radio"/> 20	17,909
21 Other expenses- investment, safe deposit box, etc. List type .....	<input checked="" type="radio"/> 21	
22 Add line 19 through line 21 .....	<input checked="" type="radio"/> 22	17,909
23 Enter amount from federal Form 1040 or 1040-SR, line 11 .....	<input checked="" type="radio"/> 23	1,655,563
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 .....	<input checked="" type="radio"/> 24	33,111
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 .....	<input checked="" type="radio"/> 25	0
<b>26 Total Itemized Deductions.</b> Add line 18 and line 25 .....	<input checked="" type="radio"/> 26	101,184
27 Other adjustments. See instructions. Specify. <input checked="" type="radio"/> 27		
28 Combine line 26 and line 27 .....	<input checked="" type="radio"/> 28	101,184

**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 27,325**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 27,325

TAXABLE YEAR  
**2021**

# Alternative Minimum Tax and Credit Limitations - Residents

139361 01-11-22  
CALIFORNIA SCHEDULE  
**P (540)**

Attach this schedule to Form 540.

Name(s) as shown on Form 540

Your SSN or ITIN

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

**Part I Alternative Minimum Taxable Income (AMTI)** **Important:** See instructions for information regarding California/federal differences.

1 If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Form 540, line 13, and go to line 6 .....	1 _____ 00
2 Medical and dental expenses. Enter the smaller of federal Schedule A (Form 1040), line 4, or 2 1/2% (.025) of federal Form 1040 or 1040-SR, line 11 .....	2 _____ 00
3 Personal property taxes and real property taxes. See instructions .....	3 _____ 53,878 00
4 Certain interest on a home mortgage <b>not</b> used to buy, build, or improve your home. See instructions .....	4 _____ 00
5 Miscellaneous itemized deductions. See instructions .....	5 _____ 00
6 Refund of personal property taxes and real property taxes. See instructions .....	6 _____ )
Do not include your state income tax refund on this line.	
7 Investment interest expense adjustment. See instructions .....	7 _____ 00
8 Post-1986 depreciation. See instructions .....	8 _____ 39 00
9 Adjusted gain or loss. See instructions .....	9 _____ 00
10 Incentive stock options and California qualified stock options (CQSOs). See instructions .....	10 _____ 00
11 Passive activities adjustment. See instructions .....	11 _____ 00
12 Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a .....	12 _____ 00
13 Other adjustment and preferences. Enter the amount, if any, for each item, a through l, and enter the total on line 13. See instructions.	
a Circulation expenditures	00 g Mining costs
b Depletion	00 h Patron's adjustment
c Installment sales	00 i Pollution control facilities
d Intangible drilling costs	00 j Research and experimental
e Long-term contracts	00 k Tax shelter farm activities
f Loss limitations	00 l Related adjustments
14 Total Adjustments and Preferences. Combine line 1 through line 13 .....	13 _____ 00
15 Enter taxable income from Form 540, line 19. See instructions .....	14 _____ 53,917 00
16 Net operating loss (NOL) deductions from Schedule CA (540), Part I, Section B, line 9b1, line 9b2, and line 9b3, column B. Enter as a positive amount .....	15 _____ 1,633,229 00
17 AMTI exclusion. See instructions .....	16 _____ 00
18 If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions .....	17 _____ 381,534 00
Single or married/RDP filing separately .....	\$212,288
Married/RDP filing jointly or qualifying widow(er) .....	\$424,581
Head of household .....	\$318,437
19 Combine line 14 through line 18 .....	18 _____ 1,231,753 00
20 Alternative minimum tax NOL deduction. See instructions .....	19 _____ 00
21 Alternative Minimum Taxable Income. Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than \$403,348, see instructions) .....	20 _____ 1,231,753 00

**Part II Alternative Minimum Tax (AMT)**

22 Exemption Amount. (If this schedule is for a certain child under age 24, see instructions.)

If your filing status is:	And line 21 is not over:	Enter on line 22:	} STMT 3	22 _____ 0 00
Single or head of household	\$292,763	\$78,070		
Married/RDP filing jointly or qualifying widow(er)	\$390,351	\$104,094		
Married/RDP filing separately	\$105,172	\$52,044		
If Part I, line 21 is more than the amount shown above for your filing status, see instructions.				
23 Subtract line 22 from line 21. If zero or less, enter -0-. See instructions .....	23 _____ 1,231,753 00			
24 Tentative Minimum Tax. Multiply line 23 by 7.0% (.07) .....	24 _____ 86,223 00			
25 Regular tax before credits from Form 540, line 31 .....	25 _____ 168,626 00			
26 Alternative Minimum Tax. Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 61. If more than zero, enter here and on Form 540, line 61. If you make estimated tax payments for taxable year 2022, enter amount from line 26 on the 2022 Form 540-ES, California Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar energy or commercial solar energy, first enter the result on Side 2, Part III, Section C, line 22 or 23) .....	26 _____ 0 00			

**Part III Credits that Reduce Tax** **Note:** Be sure to attach your credit forms to Form 540.

1 Enter the amount from Form 540, line 35 .....	<input checked="" type="radio"/> 1 168,626 00			
2 Enter the tentative minimum tax from Side 1, Part II, line 24 .....	<input checked="" type="radio"/> 2 86,223 00			
	(a) Credit amount	(b) * Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
<b>Section A - Credits that reduce excess tax.</b>				
3 Subtract line 2 from line 1. If zero or less enter -0- and see instr. This is your excess tax which may be offset by credits .....	3		<input checked="" type="radio"/> 82,403	
<b>A1 Credits that reduce excess tax and have no carryover provisions.</b>				
4 Code: 162 Prison inmate labor credit (FTB 3507) .....	4	<input checked="" type="radio"/>		
5 Code: 232 Child and dependent care expenses credit (FTB 3506) .....	5	<input checked="" type="radio"/>		
<b>A2 Credits that reduce excess tax and have carryover provisions.</b>				
6 Code: <input checked="" type="radio"/> Credit Name: .....	6	<input checked="" type="radio"/>		<input checked="" type="radio"/>
7 Code: <input checked="" type="radio"/> Credit Name: .....	7	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8 Code: <input checked="" type="radio"/> Credit Name: .....	8	<input checked="" type="radio"/>		<input checked="" type="radio"/>
9 Code: <input checked="" type="radio"/> Credit Name: .....	9	<input checked="" type="radio"/>		<input checked="" type="radio"/>
10 Code: 188 Credit for prior year alternative minimum tax .....	10	<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>Section B - Credits that may reduce tax below tentative minimum tax.</b>				
11 If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c) .....	11		<input checked="" type="radio"/> 168,626	
<b>B1 Credits that reduce net tax and have no carryover provisions.</b>				
12 Code: 170 Credit for joint custody head of household .....	12	<input checked="" type="radio"/>		
13 Code: 173 Credit for dependent parent .....	13	<input checked="" type="radio"/>		
14 Code: 163 Credit for senior head of household .....	14	<input checked="" type="radio"/>		
15 Nonrefundable renter's credit .....	15	<input checked="" type="radio"/>		
<b>B2 Credits that reduce net tax and have carryover provisions.</b>				
16 Code: <input checked="" type="radio"/> Credit Name: .....	16	<input checked="" type="radio"/>		<input checked="" type="radio"/>
17 Code: <input checked="" type="radio"/> Credit Name: .....	17	<input checked="" type="radio"/>		<input checked="" type="radio"/>
18 Code: <input checked="" type="radio"/> Credit Name: .....	18	<input checked="" type="radio"/>		<input checked="" type="radio"/>
19 Code: <input checked="" type="radio"/> Credit Name: .....	19	<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>B3 Other state tax credit.</b>				
20 Code: 187 Other state tax credit .....	20	54,441	<input checked="" type="radio"/> 54,441	114,185
<b>Section C - Credits that may reduce alternative minimum tax.</b>				
21 Enter your alternative minimum tax from Side 1, Part II, line 26 .....	21		<input checked="" type="radio"/>	
22 Code: 180 Solar energy credit carryover from Section B2, column (d) .....	22	<input checked="" type="radio"/>		<input checked="" type="radio"/>
23 Code: 181 Commercial solar energy credit carryover from Section B2, column (d) .....	23	<input checked="" type="radio"/>		<input checked="" type="radio"/>
24 Adjusted AMT. Enter the balance from line 23, column (c) here and on Form 540, line 61 .....	24		<input checked="" type="radio"/>	

\*If the taxpayer is subject to the business credit limitation, the total of the business credits in Part III, Sections A and B, column (b) cannot exceed \$5,000,000.  
See instructions.

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

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

## DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS

## Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
● DC TAX RETURN	● 898,541	● 898,541
●	●	●
●	●	●
1 Total double-taxed income	● 898,541	● 898,541

## Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

2 California tax liability	● 2	168,626 00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	● 3	898,541 00
4 California adjusted gross income	● 4	1,660,554 00
5 Divide line 3 by line 4. Do not enter more than 1.0000	● 5	.5411
6 Multiply line 2 by line 5	● 6	91,244 00
7 Income tax liability paid to other state (use state's abbreviation) ● DC	● 7	54,441 00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	● 8	898,541 00
9 Adjusted gross income taxable by other state	● 9	898,541 00
10 Divide line 8 by line 9. Do not enter more than 1.0000	● 10	1.0000
11 Multiply line 7 by line 10	● 11	54,441 00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187	● 12	54,441 00

## DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS

CA SCHEDULE CA	RENTS, ROYALTIES, PARTNERSHIPS, ETC...	STATEMENT 1
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DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
DLA PIPER LLP	173,751.	168,760.	4,991.
TO SCH CA (540), PART IB, LINE 5C			4,991.

CA SCHEDULE CA	OTHER INCOME - FEDERAL AMOUNTS	STATEMENT 2
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DESCRIPTION	AMOUNT
MERRILL MUTUAL FUND SF	39.
TO SCH CA (540), PART IB, LINE 8Z	39.

SCHEDULE P	LINE 22 EXEMPTION WORKSHEET	STATEMENT 3
------------	-----------------------------	-------------

1. ENTER \$78,070 IF SINGLE OR HEAD OF HOUSEHOLD; \$104,094 IF MARRIED/RDP FILING JOINT OR QUALIFYING WIDOW(ER); \$52,044 IF MARRIED/RDP FILING SEPARATELY 104,094.
2. ENTER YOUR AMTI FROM SCHEDULE P (540), PART I, LINE 21 1,231,753.
3. ENTER \$292,763 IF SINGLE OR HEAD OF HOUSEHOLD; \$390,351 IF MARRIED/RDP FILING JOINT OR QUALIFYING WIDOW(ER); \$195,172 IF MARRIED/RDP FILING SEPARATELY 390,351.
4. SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS, ENTER -0- 841,402.
5. MULTIPLY LINE 4 BY 25% (.25) 210,351.
6. SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF THIS SCHEDULE IS FOR A CHILD UNDER AGE 24, GO TO LINE 7. OTHERWISE, ENTER THIS AMOUNT ON SCHEDULE P (540), PART II, LINE 22 AND COMPLETE SCHEDULE P (540) 0.
7. CHILD'S MINIMUM EXEMPTION AMOUNT
8. ENTER THE CHILD'S EARNED INCOME, IF ANY. REFER TO THE INSTRUCTIONS FOR FEDERAL FORM 6251 FOR MORE INFORMATION
9. ADD LINE 7 AND LINE 8
10. ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON SCHEDULE P (540), PART II, LINE 22

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

CA SCHEDULE P	AMTI EXCLUSION	STATEMENT 4
DESCRIPTION		AMOUNT
KAMALA D. HARRIS		381,534.
TOTAL TO SCHEDULE P, PART I, LINE 17		381,534.

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

SSN, ITIN, or FEIN

**DOUGLAS C EMHOFF AND KAMALA D HARRIS**

**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

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

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?

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

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	120,517	.00
2	Multiply line 1 by 90% (.90)	2	108,465	.00
3	Withholding taxes. <b>Do not</b> include any estimated tax payments on this line. See instructions	3	39,254	.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. <b>Do not</b> file form FTB 5805	4	81,263	.00
5	Enter the tax shown on your 2020 tax return. <b>See instructions.</b> (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	137,504	.00
6	Required annual payment. Enter the <b>smaller</b> 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	108,465	.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		.00
8	Enter the total amount, if any, of estimated tax payments you made	8		.00
9	Add line 7 and line 8	9		.00
10	<b>Total underpayment for the year.</b> Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. <b>Do not</b> file form FTB 5805	10		.00
11	Multiply line 10 by .02121370	11		.00
12	• If the amount on line 10 was paid <b>on or after</b> 4/15/22, enter -0-. • If the amount on line 10 was paid <b>before</b> 4/15/22, enter the result of the following computation: Amount on line 10      X      Number of days paid before 4/15/22      X      .00008	12		.00
13	<b>PENALTY.</b> 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	641	.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
- 2 Annualization amounts. Estates or Trusts, see instructions
- 3 Annualized income. Multiply line 1 by line 2
- 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
- 5 Annualization amounts
- 6 Annualized itemized deductions. Multiply line 4 by line 5. See instructions
- 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
- 8 Enter line 6 or line 7, whichever is larger
- 9 Subtract line 8 from line 3
- 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
- 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
- 12 Subtract line 11 from line 10. Form 540NR filers, complete Worksheet I on page 3 of the instructions
- 13 Enter the total credit amount from your 2021 Form 540, line 47; or Form 541, line 23. Form 540NR filers, see instructions

1				
2	4	2.4	1.5	1
3				
4	0	0	0	0
5	4	2.4	1.5	1
6	0	0	0	0
7	0	0	0	0
8				
9				
10				
11	0	0	0	0
12				
13	69,883	69,883	69,883	69,883

**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	0	0	0
e Subtract line 14d from line 14c. If zero or less, enter -0 .....	14e			
15 Applicable percentage .....	15	27%	63%	63%
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			0
20 Enter the amount from line 22 from the preceding column .....	20		0	0
21 Add line 19 and line 20 .....	21			
22 Subtract line 18 from line 21. If zero or less, enter -0- .....	22	0	0	0

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
●	●	●	●

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.

**Worksheet II Regular Method to Figure Your Underpayment and Penalty.**

Part I Figure Your Underpayment.	Payment Due Dates			
	(a) 4/15/21	(b) 6/15/21	(c) 9/15/21	(d) 1/15/22
1 Required Installments. See instructions .....	1 32,539	43,386		32,540
2 Estimated tax paid and tax withheld. See instructions. For column (a) only, also enter the amount from line 2 on line 6. (If line 2 is equal to or more than line 1 for all payment periods, stop here; you do not owe the penalty. Do not file form FTB 5805 unless you answer "Yes" to a question in Part I) .....	2 14,276	33,702		52,776
<b>COMPLETE LINE 3 THROUGH LINE 9 OF ONE COLUMN BEFORE GOING TO THE NEXT COLUMN.</b>				
3 Enter amount, if any, from line 9 of previous column .....	3			
4 Add line 2 and line 3 .....	4	33,702		52,776
5 Add amounts on line 7 and line 8 of the previous column .....	5	18,263	27,947	27,947
6 Subtract line 5 from line 4. If zero or less, enter -0-. For column (a) only, enter the amount from line 2 .....	6 14,276	15,439	0	24,829
7 If the amount on line 6 is zero, subtract line 4 from line 5. Otherwise, enter -0- .....	7	0	27,947	
8 Underpayment. If line 1 is equal to or more than line 6, subtract line 6 from line 1. Then go to line 3 of next column. Otherwise, go to line 9 ► .....	8 18,263	27,947		7,711
9 Overpayment. If line 6 is more than line 1, subtract line 1 from line 6. Then go to line 3 of next column .....	9			

**Part II Figure the Penalty.** Complete line 10 and line 11 of one column before going to the next column.

Rate Period:	4/15/21	6/15/21	9/15/21	1/15/22
	Days:	Days:	Days:	Days:
April 15, 2021 - April 15, 2022				
10 Number of days from the date shown above line 10 to the date the amount on line 8 was paid or 4/15/22, whichever is earlier .....	10 SEE ATTACHED WORKSHEET			
11 Underpayment      Number of on line 8      X days on line 10      X .03 (see instructions)      365 ►	11 \$	\$	\$	\$
12 PENALTY. Add amounts on line 11 in all columns. Enter the total here, on form FTB 5805, Side 2, Part II, line 13, and on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44, and check the box on that line ►	12 \$			641

## **UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

CA

**Penalty Due (Sum of Column F).**

641

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

California

## Exemption Credit - AGI Limitation Worksheet

2021

Name(s) as shown on return

DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS

Social security number

- a. Enter the amount from Form 540, line 13, or RDP recalculated AGI ..... a 1,655,563
- 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 1,230,982
- 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 493
- e. Multiply line d by \$6 ..... e 2,958
- 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 5,916
- 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 <b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>		Social security number
1. Enter the amount from Schedule CA (540), line 28 or Schedule CA (540NR), line 28		<u>101,184</u>
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)		
3. Subtract line 2 from line 1		<u>101,184</u>
<b>Note:</b> 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)		<u>80,947</u>
5. Amount from Form 540 or Form 540NR, line 13		<u>1,655,563</u>
6. Enter amount shown below for your filing status: - Single or married/RDP filing separate, enter \$212,288 - Head of household, enter \$313,437 - Married/RDP filing joint or qualifying widow(er), enter \$424,581	}	<u>424,581</u>
7. Subtract line 6 from line 5		<u>1,230,982</u>
<b>Note:</b> 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)		<u>73,859</u>
9. Compare line 4 and line 8. Enter the smaller amount here		<u>73,859</u>
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		<u>27,325</u>

## 2021 Real Estate Withholding Tax Statement

AMENDED: •

**Part I Remitter Information**

Business name <b>OLD REPUBLIC TITLE COMPNAY</b>	FEIN, CA Corp no. or CA SOS file no.
Name KAMALA D. HARRIS	SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.)	
City, State, ZIP code (If you have a foreign address, see instructions.)	

**Part II Seller/Transferor Information**

Name <b>KAMALA D. HARRIS</b>	SSN or ITIN
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN
Business name	FEIN, CA Corp no. or CA SOS file no.
Address (apt./ste., room, PO box, or PMB no.)	
City, State, ZIP code (If you have a foreign address, see instructions.)	
Property address (provide street address, parcel number, and county.) <b>3753172, SAN FRANCISCO, 260 CLARA STREET #6, SAN FRANCISCO, CA 94107</b>	

**Part VII Escrow or Exchange Information**

31. Escrow or Exchange Number ..... • 31 .....  
 32. Date of Transfer, Exchange Completion, Failed Exchange, or Installment Payment ..... (mm/dd/yyyy) • 32 03/19/2021  
 34. Type of Transaction (Check One Only): •  
 A  Conventional Sale/Transfer    B  Installment Sale Payment    C  Boot    D  Failed Exchange  
 35. Withholding Calculation (Check One Only): •

**Sales Price Method**

- A  3 1/3 % (.0333) x Sales Price, Boot, or Installment Sale Payment

**Alternative Withholding Calculation Election**

- |   |  |
|---|--|
| B Individual 12.3% x Gain on Sale                 | F S Corporation 13.8% x Gain on Sale                             |
| C Non California Partnership 12.3% x Gain on Sale | G Financial S Corporation 15.8% x Gain on Sale                   |
| D Corporation 8.84% x Gain on Sale                | H <input checked="" type="checkbox"/> Trust 12.3% x Gain on Sale |
| E Bank and Financial Corp. 10.84% x Gain on Sale  |  |

36. Amount Withheld from this Seller/Transferor ..... ■ 36 24,108.

Title and escrow persons, and exchange accommodators are not authorized to provide legal or accounting advice for purposes of determining withholding amounts. Transferors are strongly encouraged to consult with a competent tax professional for this purpose.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I hereby certify that the information provided above is, to the best of my knowledge, true and correct.

Seller's/Transferor's signature \_\_\_\_\_

Date \_\_\_\_\_

Seller's/Transferor's spouse's/RDP's signature \_\_\_\_\_

Date \_\_\_\_\_

Remitter's name and Title/Escrow business name

Telephone Number \_\_\_\_\_

**OLD REBPUBLIC COMPANY**

**OLD REPUBLIC TITLE COMPANY, ESCROW OFFICER**

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**2021 Income from Passthroughs**

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CA

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VENABLE LLP  
I.D. NUMBER:

## TAXABLE INCOME (LOSS) SUMMARY:

NONPASSIVE GAIN	413,783
NET INCOME (LOSS) FOR ENTITY	<hr/> 413,783

## ACTIVITY INFORMATION:

VENABLE LLP

ORDINARY INCOME (LOSS)	413,783
TOTAL NONPASSIVE GAIN (LOSS)	<hr/> 413,783

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**2021 Income from Passthroughs**

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CA

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DLA PIPER LLP  
I.D. NUMBER:

TAXABLE INCOME (LOSS) SUMMARY:

NONPASSIVE GAIN	173,751
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NET INCOME (LOSS) FOR ENTITY	173,751
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ACTIVITY INFORMATION:

DLA PIPER LLP

GUARANTEED PAYMENTS	170,000
ORDINARY INCOME (LOSS)	3,751

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TOTAL NONPASSIVE GAIN (LOSS)	173,751
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2021 D-40 SUB Individual  
Income Tax Return

SOFTWARE DEVELOPER USE ONLY VENDOR ID# 1019

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Personal information  if filing an **Amended return** See instructions.

Your telephone number

Your taxpayer identification number (TIN)  and Date of Birth (MMDDYYYY)  
10131964Mark if  
DeceasedSpouse's/registered domestic partner's TIN  and Date of Birth (MMDDYYYY)  
10201964Your first name M.I. Last name  
DOUGLAS C EMHOFFSpouse's/registered  
domestic partner's first name M.I. Last name  
KAMALA D HARRIS

Home address (number, street and suite/apartment number if applicable)

▲ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

Email Address \_\_\_\_\_

Filing Status1 **Mark only one:** Single, Married filing jointly,  Married filing separately, Dependent claimed by someone else

Married filing separately on same return Enter combined amounts for Lines 5-43. See instructions.

Registered domestic partners filing jointly or  filing separately on the same return. Enter combined amounts for Lines 5-43. See instructions.Head of household *Enter qualifying dependent and/or non-dependent information on Schedule S.*Qualifying widow(er) with dependent child *Enter qualifying dependent and/or non-dependent information on Schedule S.*2 **Mark if you are:** Part-year resident in DC from \_\_\_\_\_ to \_\_\_\_\_ See instructions.  
(MMDDYYYY) (MMDDYYYY)3 Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year? Yes  No   
If no, or if claiming an exemption, complete Schedule HSR (see instructions).

\*Complete your federal return first -- Enter your dependents' information on DC Schedule S\*

Income InformationRound cents to nearest dollar. If amount is zero, leave line blank;  
if minus, enter amount and mark.

- |   |   |   |            |
|---|---|---|------------|
| a | Wages, salaries, unemployment compensation and/or tips, see instructions. | a | 164740 .00 |
| b | Business income or loss, see instructions.                                | b | .00        |
| c | Capital gain or loss.   | c | 159567 .00 |
| d | Rental real estate, royalties, partnerships, etc.                         | d | 582543 .00 |

Computation of DC Gross and Adjusted Gross Income4 Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ.  4 898541 .00

Enter your last name EMHOFF

Enter your TIN

Additions to DC Income

5 Franchise tax deducted on federal forms, <i>see instructions.</i>	5	.00
6 Other additions from DC Schedule I, Calculation A, Line 9.	6	.00
7 Add Lines 4, 5 and 6.	Mark if loss	7 898541 .00

Subtractions from DC Income

8 Part year residents, enter income received during period of nonresidence, <i>see instructions.</i>	8	.00
9 Taxable refunds, credits or offsets of state and local income tax.	9	.00
10 Taxable amount of social security and tier 1 railroad retirement.	10	.00
11 Income reported and taxed this year on a DC franchise or fiduciary return.	11	.00
12 DC and federal government survivor benefits, <i>see instructions.</i>	12	.00
13 Unemployment Insurance Benefits, <i>see instructions.</i>	13	.00
14 Other subtractions from DC Schedule I, Calculation B, Line 16.	14	.00
15 Total subtractions from DC income, Lines 8-14.	15	.00

16 DC adjusted gross income, Line 7 minus Line 15.	Mark if loss	16	898541 .00
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17 Deduction type. Take the same type as you took on your federal return. *Mark which type:* Standard or Itemized  See instructions for amount to enter on Line 17.

18 DC Deduction amount	SEE STATEMENT 1	18	10965 .00
------------------------	-----------------	----	-----------

19 DC taxable income. Subtract Line 18 from Line 16.	Mark if loss	19	887576 .00
--	--------------	----	------------

20 Tax. <i>If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in Instructions.</i>	20	75188 .00
<i>Mark if filing separately on same return. Complete Calculation J on Schedule S.</i>		

21 Credit for child and dependent care expenses	.00	X .32	21	.00
---	-----	-------	----	-----

*From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441*

22 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U.	22	20747 .00
---	----	-----------

23 Total non-refundable credits. Add Line 21 and Line 22.	23	20747 .00
---	----	-----------

24 Subtract Line 23 from Line 20. <i>If less than zero, enter zero.</i>	24	54441 .00
---	----	-----------

25 DC Health Care Shared Responsibility. <i>See instructions. If fully covered or fully exempt, enter zero.</i>	25	0 .00
---	----	-------

26 Total Tax and DC Health Care Shared Responsibility. Add Line 24 and Line 25.	26	54441 .00
---	----	-----------

27 DC Earned Income Tax Credit Fill in if prior year (2019) earned income *See instructions.*

27a Enter the number of qualified EITC children.	0	27b Enter earned income amount	27b	.00
--	---	--------------------------------	-----	-----

27c For filers with qualifying children. Enter federal EIC	.00	X .40	Enter result >	27d	.00
--	-----	-------	----------------	-----	-----

27e For filers without qualifying children. <i>See instructions for special calculations.</i>	Enter result >	27e	.00
---	----------------	-----	-----

28 Property Tax Credit. <i>From your DC Schedule H; attach a copy.</i>	28	.00
--	----	-----

Enter your last name EMHOFF

Enter your TIN

29	Refundable credits from DC Schedule U, Part 1b, Line 3. Attach Schedule U.	29	.00
30	Total refundable credits. Add Line 27d or 27e through Line 29	30	.00
31	DC income tax withheld shown on Forms W-2 and 1099. Attach these forms.	31	12403 .00
32	2021 estimated income tax payments and amount applied from 2020 return.	32	68003 .00
33	Tax paid with FR-127 Extension of Time to File.	33	.00
34	If this is an amended 2021 return, enter payments made with original 2021 D-40 return.	34	.00
35	If this is an amended 2021 return, enter refunds requested with original 2021 D-40 return.	35	.00
36	Total payments and refundable credits. Add Line 30 through Line 34. (Do not include Line 35).	36	80406 .00
37	Tax Due. Subtract Line 36 from Line 26.	37	.00
38	Amount Overpaid. Subtract Line 26 from Line 36.	38	25965 .00
39	Amount to be applied to your 2022 estimated tax.	39	25965 .00
40	Underpayment Interest. <b>Mark X and attach Form D-2210.</b>	40	.00
41	Contribution amount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38)	41	.00
42	Total Amount Due. Add Lines 37, 40 and 41.	42	.00
43	Net Refund. Subtract total of Lines 39, 40 and 41 from Line 38.	43	.00
	Will this refund go to an account outside the U.S.? Yes _____ No _____ See instructions.		
44	Mark _____ if either spouse is claiming injured spouse allocation. You must attach Form DC-8379.		

**Refund Options:** For information on the tax refund card and Program limitations, see instructions or visit our website [MyTax.DC.gov](http://MyTax.DC.gov)

Mark one refund choice: Direct deposit or Reliacard (See instructions) or Paper check  
 Direct deposit. To have your refund deposited to your checking or savings account, mark X and enter bank routing and account numbers. See instructions.

Routing Number	Account Number
----------------	----------------

Mark \_\_\_\_\_ if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).

Third party designee To authorize another person to discuss this return with OTR, mark here  and enter the name and phone number of that person

Designee's Name **MICHAEL SOBELMAN**

Phone number

Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

Your signature

Date

Preparer's signature

Date

Spouse's/registered domestic partner's signature if filing jointly or separately on same return

Date

Preparer's Tax Identification Number (PTIN)

PTIN telephone number

## 2021 SCHEDULE U SUB Additional Miscellaneous Credits and Contributions

**Important:** Print in CAPITAL letters using black ink. Attach to D-40.

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1019

**Note:** Contribution(s) will either decrease a refund or increase the tax owed by the amount of the contribution(s).

Enter your last name **EMHOFF** Taxpayer Identification Number (TIN)

### Part I Credits

#### a. Non-refundable Credits

- 1 Enter state income tax credit.

*List additional states on a separate sheet, attach it to this Schedule. (Enter total of all state tax credits on Line 2 below.)*

State (a)	.00	(b)	.00	STMT 2
State (c)	.00	(d)	.00	
2 Total of Line 1 state tax credits and any additional tax credits from the attachments.			2	20747 .00
3 Enter alternative fuel credits, see instructions.			.00	
3(a) Alternative fuel infrastructure - private residence. # of stations			.00	
3(b) Alternative fuel infrastructure - public use. # of stations			.00	
3(c) Alternative fuel vehicle conversion. # of vehicles			.00	
4 Total of Line 3 alternative fuel credits. Add Lines 3(a) - 3(c) only and enter here.			4	.00
5 DC Low-Income Housing Tax Credit. See instructions.			5	.00
6 RESERVED			6	
7 Total your non-refundable credits, enter here and on Form D-40, Line 22.			7	20747 .00

#### b. Refundable Credits

1 DC Non-custodial parent EITC. See Schedule N.	1	.00
2 Keep Child Care Affordable Tax Credit. See Schedule ELC.	2	.00
3 Total your refundable credits, enter here and on Form D-40, Line 29.	3	.00

### Part II Contributions (The minimum contribution is \$1.00.)

1 DC Statehood Delegation fund.	1	.00
2 Taxpayer Support for Afterschool Programs for At-Risk Students	2	.00
3 Anacostia River Cleanup and Protection Fund	3	.00
4 RESERVED	4	
5 Total your contribution(s), enter here and on form D-40, Line 41.	5	.00

If you are not due a refund and do not owe tax, you may still make contributions. Total your contributions and enter on Form D-40, Line 41.  
If you owe tax, make the payment plus any contributions, payable to DC Treasurer and mail it with your return.

Attach this schedule to your D-40 return.

DC CALCULATION F	DC ITEMIZED DEDUCTIONS FOR FULL-YEAR RESIDENTS	STATEMENT 1
		TAXPAYER      SPOUSE
A. TOTAL ITEMIZED DEDUCTIONS FROM FORM 1040, SCHEDULE A, LINE 17		28,953.
B. STATE AND LOCAL TAX DEDUCTION REPORTED ON FORM 1040, SCHEDULE A, LINE 7		5,000.
C. SUBTRACT LINE B FROM LINE A		23,953.
D. STATE AND LOCAL REAL ESTATE TAX FROM FORM 1040, SCHEDULE A, LINE 5B		26,939.
E. OTHER TAXES FROM FORM 1040, SCHEDULE A, LINE 6		
F. DC ITEMIZED DEDUCTIONS. ADD LINES C, D, AND E		50,892.
G. ENTER THE SUM OF FORM 1040, SCHEDULE A, LINES 4, 9, AND 15		
H. SUBTRACT THE AMOUNT ON LINE G FROM LINE F		50,892.
I. ENTER THE AMOUNT OF DC ADJUSTED GROSS INCOME		898,541.
J. ENTER \$200000. (OR \$100000. IF MFS)		100,000.
K. SUBTRACT LINE J ENTRY FROM LINE I		798,541.
L. MULTIPLY LINE K ENTRY BY 0.05		39,927.
M. SUBTRACT AMOUNT ON LINE L FROM AMOUNT ON LINE H (IF < 0, ENTER 0)		10,965.
N. ADD THE AMOUNTS ON LINES G AND M		10,965.
FORM D-40, LINE 18		10,965.

1. INCOME TAX LIABILITY IN:	ARIZONA	52.
2. OTHER STATE AGI	2,019.	
3. DC ADJUSTED GROSS INCOME	<u>898,541.</u>	
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0022	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		165.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		52.
1. INCOME TAX LIABILITY IN:	ARKANSAS	5.
2. OTHER STATE AGI	79.	
3. DC ADJUSTED GROSS INCOME	<u>898,541.</u>	
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0001	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		8.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		5.
1. INCOME TAX LIABILITY IN:	COLORADO	5.
2. OTHER STATE AGI	118.	
3. DC ADJUSTED GROSS INCOME	<u>898,541.</u>	
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0001	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		8.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		5.
1. INCOME TAX LIABILITY IN:	CONNECTICUT	22.
2. OTHER STATE AGI	2,503.	
3. DC ADJUSTED GROSS INCOME	<u>898,541.</u>	
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0028	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		211.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		22.
1. INCOME TAX LIABILITY IN:	DELAWARE	92.
2. OTHER STATE AGI	1,389.	
3. DC ADJUSTED GROSS INCOME	<u>898,541.</u>	
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0015	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		113.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		92.
1. INCOME TAX LIABILITY IN:	GEORGIA	248.
2. OTHER STATE AGI	4,309.	
3. DC ADJUSTED GROSS INCOME	<u>898,541.</u>	
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0048	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		361.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		248.

DOUGLAS C. EMHOFF

1. INCOME TAX LIABILITY IN:	ILLINOIS	774.
2. OTHER STATE AGI	15,630.	
3. DC ADJUSTED GROSS INCOME	898,541.	
<hr/>		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0174	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		1,308.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		774.
<hr/>		
1. INCOME TAX LIABILITY IN:	INDIANA	21.
2. OTHER STATE AGI	636.	
3. DC ADJUSTED GROSS INCOME	898,541.	
<hr/>		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0007	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		53.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		21.
<hr/>		
1. INCOME TAX LIABILITY IN:	MARYLAND	621.
2. OTHER STATE AGI	7,757.	
3. DC ADJUSTED GROSS INCOME	898,541.	
<hr/>		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0086	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		647.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		621.
<hr/>		
1. INCOME TAX LIABILITY IN:	MASSACHUSETTS	400.
2. OTHER STATE AGI	7,998.	
3. DC ADJUSTED GROSS INCOME	898,541.	
<hr/>		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0089	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		669.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		400.
<hr/>		
1. INCOME TAX LIABILITY IN:	NEBRASKA	42.
2. OTHER STATE AGI	614.	
3. DC ADJUSTED GROSS INCOME	898,541.	
<hr/>		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0007	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		53.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		42.
<hr/>		
1. INCOME TAX LIABILITY IN:	NEW JERSEY	303.
2. OTHER STATE AGI	2,816.	
3. DC ADJUSTED GROSS INCOME	898,541.	
<hr/>		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0031	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		233.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		233.

DOUGLAS C. EMHOFF

1. INCOME TAX LIABILITY IN:	NORTH CAROLINA	133.
2. OTHER STATE AGI	2,526.	
3. DC ADJUSTED GROSS INCOME	898,541.	
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0028	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		211.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		133.
1. INCOME TAX LIABILITY IN:	PENNSYLVANIA	190.
2. OTHER STATE AGI	6,200.	
3. DC ADJUSTED GROSS INCOME	898,541.	
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0069	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		519.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		190.
1. INCOME TAX LIABILITY IN:	VIRGINIA	7.
2. OTHER STATE AGI	117.	
3. DC ADJUSTED GROSS INCOME	898,541.	
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0001	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		8.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		7.
1. INCOME TAX LIABILITY IN:	CONNECTICUT	37.
2. OTHER STATE AGI	4,371.	
3. DC ADJUSTED GROSS INCOME	898,541.	
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0049	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		368.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		37.
1. INCOME TAX LIABILITY IN:	COLORADO	161.
2. OTHER STATE AGI	3,573.	
3. DC ADJUSTED GROSS INCOME	898,541.	
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0040	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		301.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		161.
1. INCOME TAX LIABILITY IN:	DELAWARE	40.
2. OTHER STATE AGI	603.	
3. DC ADJUSTED GROSS INCOME	898,541.	
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0007	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		53.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		40.

DOUGLAS C. EMHOFF

1. INCOME TAX LIABILITY IN:	ILLINOIS	868.
2. OTHER STATE AGI	17,530.	
3. DC ADJUSTED GROSS INCOME	898,541.	
<hr/>		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0195	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		1,466.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		868.
<hr/>		
1. INCOME TAX LIABILITY IN:	MARYLAND	5,226.
2. OTHER STATE AGI	65,331.	
3. DC ADJUSTED GROSS INCOME	898,541.	
<hr/>		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0727	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		5,466.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		5,226.
<hr/>		
1. INCOME TAX LIABILITY IN:	MINNESOTA	595.
2. OTHER STATE AGI	6,045.	
3. DC ADJUSTED GROSS INCOME	898,541.	
<hr/>		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0067	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		504.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		504.
<hr/>		
1. INCOME TAX LIABILITY IN:	NEW YORK	10,073.
2. OTHER STATE AGI	92,414.	
3. DC ADJUSTED GROSS INCOME	898,541.	
<hr/>		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.1028	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		7,729.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		7,729.
<hr/>		
1. INCOME TAX LIABILITY IN:	OHIO	146.
2. OTHER STATE AGI	3,663.	
3. DC ADJUSTED GROSS INCOME	898,541.	
<hr/>		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0041	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		308.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		146.
<hr/>		
1. INCOME TAX LIABILITY IN:	VIRGINIA	627.
2. OTHER STATE AGI	10,908.	
3. DC ADJUSTED GROSS INCOME	898,541.	
<hr/>		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0121	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		910.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		627.

DOUGLAS C. EMHOFF

1. INCOME TAX LIABILITY IN:	NEW YORK	2,662.
2. OTHER STATE AGI	30,622.	
3. DC ADJUSTED GROSS INCOME	898,541.	
<hr/>		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0341	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		2,564.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		2,564.
<hr/>		
TOTAL INCLUDED ON SCHEDULE U, PART IA, LINE 2		20,747.
<hr/>		

**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](http://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

**2021**  
Attachment Sequence No. **12**

Name(s) shown on return

Your social security number

**DOUGLAS C. EMHOFF**

Did 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.	(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 <b>Box A</b> checked .....				
2 Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
3 Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> 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 13.
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> 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 13.

**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.	(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 <b>Box D</b> checked .....				
9 Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
10 Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....	430,000.	270,459.		159,541.
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.
13 Capital gain distributions .....				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> 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 .....				15 159,554.

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 .....	16	159,567.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
17	Are lines 15 and 16 <b>both</b> 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	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet .....	► 18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (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 <b>Qualified Dividends and Capital Gain Tax Worksheet</b> 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 <b>Schedule D Tax Worksheet</b> 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 <b>smaller</b> of: • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)      }	21	( )
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	<input type="checkbox"/> Yes. Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> 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.		

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.**

DOUGLAS C. EMHOFF

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**

**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

**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.

(E) 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) ►

430,000. 270,459. 159,541.

**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.

DOUGLAS C. EMHOFF

SCHEDULE D	NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 3
DESCRIPTION OF ACTIVITY	GAIN OR LOSS	
DLA PIPER LLP	13.	
TOTAL TO SCHEDULE D, PART I, LINE 5	13.	

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 4
DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
DLA PIPER LLP	13.	
TOTAL TO SCHEDULE D, PART II, LINE 12	13.	



Department of Taxation and Finance

**Nonresident and Part-Year Resident  
Income Tax Return**

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning .....

168021 11-03-21

**IT-203**

21

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial <b>DOUGLAS</b>	Your last name (for a <b>joint return</b> , enter spouse's name on line below) <b>C EMHOFF</b>			Your date of birth ( <i>mmddyyyy</i> ) <b>10131964</b>	Your Social Security number
Spouse's first name and middle initial <b>KAMALA</b>	Spouse's last name <b>D HARRIS</b>			Spouse's date of birth ( <i>mmddyyyy</i> ) <b>10201964</b>	Spouse's Social Security number
Mailing address (see instructions, page 12) ( <i>number and street or PO Box</i> )			Apartment number	New York State county of residence <b>NR</b>	
City, village, or post office		State	ZIP code	Country	School district name <b>NR</b>
Taxpayer's permanent home address (see instr., pg. 14) ( <i>no. and street or rural route</i> ) Apartment no. City, village, or post office					School district code number
State ZIP code		Country			Taxpayer's date of death
Decedent information					Spouse's date of death

**A Filing status**

- (mark an **X** in one box):
- ① Single
  - ② Married filing joint return (enter both spouses' Social Security numbers above)
  - ③ Married filing separate return (enter both spouses' Social Security numbers above)
  - ④ Head of household (with qualifying person)
  - ⑤ Qualifying widow(er)

**B Did you itemize your deductions on your 2021 federal income tax return?**Yes  No **C Can you be claimed as a dependent on another taxpayer's federal return?**Yes  No **D1** Did you have a financial account located in a foreign country? (see page 13)Yes  No **D2** Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see page 13)Yes  No **E New York City part-year residents only** (see page 13)

- (1) Number of months **you** lived in NY City in 2021 ...
- (2) Number of months **your spouse** lived in NY City in 2021 ...

**F Enter your 2-character special condition code(s) if applicable** (see page 13)  **G New York State part-year residents** (see page 14)

Enter the date you moved into or out of NYS (*mmddyyyy*)

On the last day of the tax year (mark an **X** in one box):

- 1) Lived in NYS
- 2) Lived outside NYS; received income from NYS sources during nonresident period
- 3) Lived outside NYS; received no income from NYS sources during nonresident period

**H New York State nonresidents** (see page 14)

Did you or your spouse maintain living quarters in NYS in 2021? Yes  No

(if Yes, complete Form IT-203-B)

**I Dependent information** (see page 14)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth ( <i>mmddyyyy</i> )

If more than 6 dependents, mark an **X** in the box. 

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

**Federal income and adjustments** (see page 16)

- 1 Wages, salaries, tips, etc. ....
- 2 Taxable interest income .....
- 3 Ordinary dividends .....
- 4 Taxable refunds, credits, or offsets of state and local  
income taxes (also enter on line 24) .....
- 5 Alimony received .....
- 6 Business income or loss (submit a copy of federal Sch. C, Form 1040) .....
- 7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) .....
- 8 Other gains or losses (submit a copy of federal Form 4797) .....
- 9 Taxable amount of IRA distributions. Beneficiaries: mark X in box  .....
- 10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box  .....
- 11 Rental real estate, royalties, partnerships, S corporations,  
trusts, etc. (submit a copy of federal Schedule E, Form 1040) **11** 582543.00
- 12 Rental real estate included  
in line 11 (federal amount) **12** .00
- 13 Farm income or loss (submit a copy of federal Sch. F, Form 1040) **13** .00
- 14 Unemployment compensation .....
- 15 Taxable amount of Social Security benefits (also enter on line 26) **15** .00
- 16 Other income (see page 22) Identify: **STATEMENT 2** **16** 39.00
- 17 Add lines 1 through 11 and 13 through 16 **17** 1669385.00
- 18 Total federal adjustments to income (see page 22)  
Identify: **SEE STATEMENT 1** **18** 13822.00
- 19 Federal adjusted gross income (subtract line 18 from line 17) **19** 1655563.00
- 19a Recomputed federal adjusted gross income (see page 23, Line 19a wrksht) **19a** 1655563.00

**Federal amount**  
Whole dollars only

<b>1</b>	380288.00
<b>2</b>	694.00
<b>3</b>	.00

**New York State amount**  
Whole dollars only

<b>1</b>	.00
<b>2</b>	21.00
<b>3</b>	.00

<b>4</b>	.00
<b>5</b>	.00
<b>6</b>	386713.00
<b>7</b>	319108.00
<b>8</b>	.00
<b>9</b>	.00
<b>10</b>	.00

<b>4</b>	.00
<b>5</b>	.00
<b>6</b>	.00
<b>7</b>	4.00
<b>8</b>	.00
<b>9</b>	.00
<b>10</b>	.00

- 11 Rental real estate, royalties, partnerships, S corporations,  
trusts, etc. (submit a copy of federal Schedule E, Form 1040)
- 12 Rental real estate included

<b>11</b>	582543.00
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<b>11</b>	30604.00
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- 13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)
- 14 Unemployment compensation .....
- 15 Taxable amount of Social Security benefits (also enter on line 26)
- 16 Other income (see page 22) Identify: **STATEMENT 2**
- 17 Add lines 1 through 11 and 13 through 16
- 18 Total federal adjustments to income (see page 22)

<b>13</b>	.00
<b>14</b>	.00
<b>15</b>	.00

<b>13</b>	.00
<b>14</b>	.00
<b>15</b>	.00

<b>16</b>	39.00
<b>17</b>	1669385.00

<b>16</b>	.00
<b>17</b>	30629.00

<b>17</b>	1669385.00
-----------	------------

<b>17</b>	30629.00
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- 18 Total federal adjustments to income (see page 22)

<b>18</b>	13822.00
-----------	----------

<b>18</b>	563.00
<b>19</b>	30066.00

<b>19</b>	1655563.00
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<b>19</b>	30066.00
-----------	----------

<b>19a</b>	1655563.00
------------	------------

<b>19a</b>	30066.00
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**New York additions** (see page 24)

- 20 Interest income on state and local bonds and obligations  
(but not those of New York State or its localities) .....
- 21 Public employee 414(h) retirement contributions .....
- 22 Other (Form IT-225, line 9) .....
- 23 Add lines 19a through 22 .....

<b>20</b>	.00
<b>21</b>	.00
<b>22</b>	.00

<b>20</b>	.00
<b>21</b>	.00
<b>22</b>	.00

<b>23</b>	1655563.00
-----------	------------

<b>23</b>	30066.00
-----------	----------

**New York subtractions** (see page 25)

- 24 Taxable refunds, credits, or offsets of state and  
local income taxes (from line 4) .....
- 25 Pensions of NYS and local governments and the  
federal government (see page 25) .....
- 26 Taxable amount of Social Security benefits (from line 15) .....
- 27 Interest income on U.S. government bonds .....
- 28 Pension and annuity income exclusion .....
- 29 Other (Form IT-225, line 18) .....
- 30 Add lines 24 through 29 .....
- 31 New York adjusted gross income (subtract line 30 from line 23) .....

<b>24</b>	.00
<b>25</b>	.00
<b>26</b>	.00

<b>24</b>	.00
<b>25</b>	.00
<b>26</b>	.00

<b>27</b>	.00
<b>28</b>	.00
<b>29</b>	.00

<b>27</b>	.00
<b>28</b>	.00
<b>29</b>	.00

<b>30</b>	.00
-----------	-----

<b>30</b>	.00
<b>31</b>	30066.00

<b>31</b>	1655563.00
-----------	------------

<b>31</b>	30066.00
-----------	----------

- 32 Enter the amount from line 31, *Federal amount* column .....

→
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<b>32</b>	1655563.00
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**Standard deduction or itemized deduction** (see page 29)

33 Enter your standard deduction (table on page 29) or your itemized deduction (from Form IT-196).

Mark an X in the appropriate box:  Standard - or -  Itemized

34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) .....

35 Dependent exemptions (enter the number of dependents listed in Item I; see page 29) .....

36 New York taxable income (subtract line 35 from line 34) .....

33	16050 .00
34	1639513 .00
35	000 .00
36	1639513 .00

**Tax computation, credits, and other taxes**

37 New York taxable income (from line 36) .....

38 New York State tax on line 37 amount (see page 28) .....

39 New York State household credit (page 28, table 1, 2, or 3) .....

40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) .....

41 New York State child and dependent care credit (see page 29) .....

42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) .....

43 New York State earned income credit (see page 29) .....

37	1639513 .00
38	112307 .00
39	.00
40	112307 .00
41	.00
42	112307 .00
43	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) .....

44	112307 .00
----	------------

45 Income percentage (see page 29)  New York State amount from line 31  30066 .00 : Federal amount from line 31  1655563 .00 =Round result to 4 decimal places  
 0182

46 Allocated New York State tax (multiply line 44 by the decimal on line 45) .....

46	2044 .00
----	----------

47 New York State nonrefundable credits (Form IT-203-ATT, line 8) .....

47	.00
----	-----

48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) .....

48	2044 .00
----	----------

49 Net other New York State taxes (Form IT-203-ATT, line 33) .....

49	.00
----	-----

50 Total New York State taxes (add lines 48 and 49) .....

50	2044 .00
----	----------

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**51 Part-year New York City resident tax (Form IT-360.1)  51 .00

See instructions on pages 29 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

52 Part-year resident nonrefundable New York City child and dependent care credit .....

52	.00
----	-----

52a Subtract line 52 from 51 .....

52a	.00
-----	-----

52b MCTMT net earnings base  52b .00

52c	.00
-----	-----

52c MCTMT .....

53	.00
----	-----

53 Yonkers nonresident earnings tax (Form Y-203) .....

54	.00
----	-----

54 Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....

55	.00
----	-----

55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) .....

56	0 .00
----	-------

56 Sales or use tax (See the instructions on page 31. Do not leave line 56 blank.) .....

57	.00
----	-----

57 Voluntary contributions (Form IT-227, Part 2, line 1) .....

58	.00
----	-----

58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57) .....

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59 Enter amount from line 58 .....

59

2044 .00

**Payments and refundable credits** (see page 32)

- 60 Part-year NYC school tax credit (fixed amount) (also complete E on pg. 1) 60 .00  
 60a NYC school tax credit (rate reduction amount) 60a .00  
 61 Other refundable credits (Form IT-203-ATT, line 17) 61 .00  
 62 Total New York State tax withheld 62 .00  
 63 Total New York City tax withheld 63 .00  
 64 Total Yonkers tax withheld 64 .00  
 65 Total estimated tax payments/amount paid with Form IT-370 65 2662 .00  
 66 Total payments and refundable credits (add lines 60 through 65) 66 2662 .00

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see pages 10 and 11).  
**Do not send federal Form W-2 with your return.**

**Your refund, amount you owe, and account information** (see pages 34 through 36)

- 67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66; see page 34) 67 618 .00  
 68 Amount of line 67 available for refund (subtract line 69 from line 67) 68 618 .00  
 TIP: Use this amount to check your refund status online.  
 68a Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)  
 68b Total refund after NYS 529 account deposit (subtract line 68a from line 68) 68a .00 68b 618 .00

**Mark one refund choice:**  direct deposit to checking or savings account (fill in line 73) - or -  paper check

69 Amount of line 67 that you want applied to your 2022 estimated tax (see instructions) 69 .00

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return 70 .00

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 35) 71 .00

72 Other penalties and interest (see page 35) 72 .00

73 Account information for direct deposit or electronic funds withdrawal (see page 36).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 36)

73a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

73b Routing number

73c Account number

74 Electronic funds withdrawal (see page 36) Date \_\_\_\_\_ Amount \_\_\_\_\_ .00

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Email:	Print designee's name <b>MICHAEL SOBELMAN</b>		Designee's phone number	Personal identification number (PIN)
▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN excl. code	▼ Taxpayer(s) must sign here ▼	
Preparer's signature	Preparer's printed name <b>MICHAEL SOBELMAN</b>		Your signature	
Firm's name (or yours, if self-employed) <b>BAKER TILLY US, LLP</b>	Preparer's PTIN or SSN		Your occupation <b>ATTORNEY</b>	
Address	Employer identification number		Spouse's signature and occupation (if joint return) <b>VICE PRESIDENT</b>	
		Date	Date Daytime phone number	
Email:		Email:		

See instructions for where to mail your return.

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**Department of Taxation and Finance  
Summary of W-2 Statements**

**IT-2**

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

**W-2 Record 1**

**Box a Employee's Social Security number**  
for this W-2 Record

**Box b Employer identification number (EIN)**

**Box 1 Wages, tips, other compensation**  
**215548 .00**

**Box 8 Allocated tips**  
**.00**

**Box 10 Dependent care benefits**  
**.00**

**Box 11 Nonqualified plans**  
**.00**

**Box 13 Statutory employee**  **Retirement plan**  **Third-party sick pay**

**NY State information:** **Box 15a**  
NY State **NY**

**Other state information:** **Box 15b**  
other state **CA**

**NYC and Yonkers**  
Information (see instr.):

Locality a **.00**  
Locality b **.00**

<b>Box 12a Amount</b>	<b>Code</b>	<b>Box 14a Amount</b>	<b>Description</b>
<b>11570 .00</b>	<b>D</b>	<b>3418 .00</b>	<b>14A</b>
<b>Box 12b Amount</b>	<b>Code</b>	<b>Box 14b Amount</b>	<b>Description</b>
<b>6281 .00</b>	<b>DD</b>	<b>.00</b>	
<b>Box 12c Amount</b>	<b>Code</b>	<b>Box 14c Amount</b>	<b>Description</b>
<b>.00</b>		<b>.00</b>	
<b>Box 12d Amount</b>	<b>Code</b>	<b>Box 14d Amount</b>	<b>Description</b>
<b>.00</b>		<b>.00</b>	

Corrected (W-2c)

**Box 16a NYS wages, tips, etc.**

**Box 16b Other state wages, tips, etc.**

**Box 17a NYS income tax withheld**

**.00**

**Box 17b Other state income tax withheld**

**.00**

**Box 18 Local wages, tips, etc.**

**Box 19 Local income tax withheld**

**Box 20 Locality name**

Locality a **.00**  
Locality b **.00**

Locality a <b>.00</b>	Locality b <b>.00</b>
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**Do not detach.**

**W-2 Record 2**

**Box a Employee's Social Security number**  
for this W-2 Record

**Box b Employer identification number (EIN)**

**Box 1 Wages, tips, other compensation**  
**164740 .00**

**Box 8 Allocated tips**  
**.00**

**Box 10 Dependent care benefits**  
**.00**

**Box 11 Nonqualified plans**  
**.00**

**Box 13 Statutory employee**  **Retirement plan**  **Third-party sick pay**

**NY State information:** **Box 15a**  
NY State **NY**

**Other state information:** **Box 15b**  
other state **DC**

**NYC and Yonkers**  
Information (see instr.):

Locality a **.00**  
Locality b **.00**

<b>Box 12a Amount</b>	<b>Code</b>	<b>Box 14a Amount</b>	<b>Description</b>
<b>5177 .00</b>	<b>E</b>	<b>.00</b>	
<b>Box 12b Amount</b>	<b>Code</b>	<b>Box 14b Amount</b>	<b>Description</b>
<b>7776 .00</b>	<b>DD</b>	<b>.00</b>	
<b>Box 12c Amount</b>	<b>Code</b>	<b>Box 14c Amount</b>	<b>Description</b>
<b>.00</b>		<b>.00</b>	
<b>Box 12d Amount</b>	<b>Code</b>	<b>Box 14d Amount</b>	<b>Description</b>
<b>.00</b>		<b>.00</b>	

Corrected (W-2c)

**Box 16a NYS wages, tips, etc.**

**Box 16b Other state wages, tips, etc.**

**Box 17a NYS income tax withheld**

**.00**

**Box 17b Other state income tax withheld**

**.00**

**Box 18 Local wages, tips, etc.**

**Box 19 Local income tax withheld**

**Box 20 Locality name**

Locality a **.00**  
Locality b **.00**

Locality a <b>.00</b>	Locality b <b>.00</b>
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**NO HANDWRITTEN ENTRIES ON THIS FORM**

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

NY IT-203	ADJUSTMENTS TO INCOME	STATEMENT 1
DESCRIPTION	FEDERAL AMOUNT	NEW YORK AMOUNT
SE TAX DEDUCTION	12,981.	410.
SELF-EMPLOYED HEALTH INSURANCE	841.	153.
TOTAL TO FORM IT-203, LINE 18	13,822.	563.

NY IT-203	OTHER INCOME	STATEMENT 2
DESCRIPTION	FEDERAL AMOUNT	NEW YORK AMOUNT
MERRILL MUTUAL FUND SF	39.	
TOTAL TO FORM IT-203, LINE 16	39.	

NY IT-203	NY PASSTHROUGH/RENTAL DETAIL	STATEMENT 3
DESCRIPTION	FD AMOUNT	NY AMOUNT
VENABLE LLP	413,783.	
DLA PIPER LLP	168,760.	30,604.
TOTAL TO FORM IT-203, LINE 11	582,543.	30,604.