

Review your print out for checklist items.



Your amended return checklist

Just follow these steps and you're done!

1

If you're amending a state return, separate it from your federal return and follow the instructions

Your returns will print together, so you'll need to separate them. Both returns start with an instruction sheet featuring the Intuit TurboTax logo on the top right.

If you added or changed a tax form (like a W-2), **attach a copy** to each return. If a copy of your federal return is printed under your state return, **attach the federal copy** to your state return.

2

Sign and date your return(s)

You'll have to sign and date at the bottom of your return(s). Your federal return is named Form 1040X. If you're filing a state return, the form is located right after the state instructions sheet.

3

If you have a balance due, pay online or send a check with your return

You can pay your federal taxes online at www.irs.gov/payments.

If you're getting a refund, you'll get a paper check in the mail.

4

Write the correct address on your envelope(s)

You can find the mailing address for your federal return on the federal instructions sheet. If you're filing a state return, the address is listed on the state instructions sheet.

5

Drop your return(s) off at the post office

We recommend sending your return(s) by certified mail to ensure correct postage and proof of delivery.

That's it! Here are a few things to keep in mind after you mail your returns:

- Your amended returns will take 12-16 weeks to process.
- You can track your federal amended return at <https://www.irs.gov/filing/wheres-my-amended-return>.
- If you used a paid version of TurboTax, you'll be able to access your amended return at any time. When you log in to TurboTax, scroll down on Tax Home, and click on My Docs to download a copy.

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

▶ Go to www.irs.gov/Form1040X for instructions and the latest information.**This return is for calendar year** ☒ 2019 ☐ 2018 ☐ 2017 ☐ 2016**Other year.** Enter one: calendar year or fiscal year (month and year ended):

Your first name and middle initial

Ibrahim F

Last name

Rupawala

Your social security number

108-87-5744

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions.

1265 N Capitol Ave

Apt. no.

43

Your phone number

(480) 284-9270

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

San Jose CA 95132

Foreign country name

Foreign province/state/county

Foreign postal code

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.☒ **Full-year health care coverage (or, for amended 2018 returns only, exempt).** If amending a 2019 return, leave blank. See instructions.☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Qualifying widow(er) (QW) ☐ Head of household (HOH)

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Use Part III on the back to explain any changes

Income and Deductions

		A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
1	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ▶ <input type="checkbox"/>	1		
2	Itemized deductions or standard deduction	2		
3	Subtract line 2 from line 1	3		
4a	Exemptions (amended 2017 or earlier returns only). If changing, complete Part I on page 2 and enter the amount from line 29	4a		
b	Qualified business income deduction (amended 2018 or later returns only)	4b		
5	Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-	5		

Tax Liability

6	Tax. Enter method(s) used to figure tax (see instructions):	6		
7	Credits. If a general business credit carryback is included, check here ▶ <input type="checkbox"/>	7		
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	8		
9	Health care: individual responsibility (amended 2018 or earlier returns only). See instructions	9		
10	Other taxes	10		
11	Total tax. Add lines 8, 9, and 10	11		

Payments

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12		
13	Estimated tax payments, including amount applied from prior year's return	13		
14	Earned income credit (EIC)	14		
15	Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15		
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16		0.
17	Total payments. Add lines 12 through 15, column C, and line 16	17		


Refund or Amount You Owe

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18		1,009.
19	Subtract line 18 from line 17. (If less than zero, see instructions.)	19		-1,009.
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference	20		
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21		
22	Amount of line 21 you want refunded to you	22		
23	Amount of line 21 you want applied to your (enter year): estimated tax	23		

Complete and sign this form on page 2.

Part I Exemptions and Dependents

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

 For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines.		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
Note: See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X instructions.				
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank	24		
25	Your dependent children who lived with you	25		
26	Your dependent children who didn't live with you due to divorce or separation	26		
27	Other dependents	27		
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank	28		
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank	29		
30 List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and ✓ here <input type="checkbox"/>				

(a) First name		Last name	(b) Social security number	(c) Relationship to you	(d) ✓ if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents (amended 2018 or later returns only)
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

▶ Attach any supporting documents and new or changed forms and schedules.

I contributed to Roth 401(k) and not Roth IRA. I confused the 401(k) contribution with the IRA contribution. I never contributed to an IRA.

Remember to keep a copy of this form for your records.

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

Sign Here

▶ Your signature	Date	Sr. Device Engineer Your occupation
▶ Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation

Paid Preparer Use Only

▶ Preparer's signature	Date	Self-Prepared Firm's name (or yours if self-employed)
Print/type preparer's name		Firm's address and ZIP code

PTIN	<input type="checkbox"/> Check if self-employed	Phone number	EIN
------	-------------------------------------------------	--------------	-----

Filing status: ☒ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial: **Ibrahim F** Last name: **Rupawala** Your social security number: **108-87-5744**

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **1265 N Capitol Ave** Apt. no. **43** Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **San Jose CA 95132** If more than four dependents, see inst. and ✓ here ☐

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

Sign Here 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.

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

Your signature: _____ Date: _____ Your occupation: **Sr. Device Engineer**

Spouse's signature. If a joint return, **both** must sign. _____ Date: _____ Spouse's occupation: _____

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Preparer's name: _____ Preparer's signature: _____ PTIN: _____ Firm's EIN: _____ Check if: ☐ 3rd Party Designee ☐ Self-employed

Firm's name ▶ **Self-Prepared** Phone no.: _____

Firm's address ▶ _____

Paid Preparer Use Only

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1 113,035.
2a Tax-exempt interest	2b Taxable interest
3a Qualified dividends 86.	3b Ordinary dividends 103.
4a IRAs, pensions, and annuities	4b Taxable amount
5a Social security benefits	5b Taxable amount
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 -2,983.	6 110,155.
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7 110,155.
8 Standard deduction or itemized deductions (from Schedule A)	8 12,000.
9 Qualified business income deduction (see instructions)	9 0.
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10 98,155.
11 a Tax (see inst.) 17,841. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11 17,841.
b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12 17,841.
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13 17,841.
13 Subtract line 12 from line 11. If zero or less, enter -0-	14 0.
14 Other taxes. Attach Schedule 4	15 17,841.
15 Total tax. Add lines 13 and 14	16 18,850.
16 Federal income tax withheld from Forms W-2 and 1099	17 18,850.
17 Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863	18 1,009.
Add any amount from Schedule 5	20a 1,009.
18 Add lines 16 and 17. These are your total payments	
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	
20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	
▶ b Routing number X X X X X X X X X X ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
▶ d Account number X X X X X X X X X X X X X X X X X X	
21 Amount of line 19 you want applied to your 2019 estimated tax 21	
Amount You Owe 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions 22	
23 Estimated tax penalty (see instructions) 23	

SCHEDULE 1
(Form 1040)(Rev. January 2020)
Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**► **Attach to Form 1040.**► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

Ibrahim F Rupawala

Your social security number

108-87-5744

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13	-3,000.
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19		
20a	Reserved	20b		
	21	Other income. List type and amount ► <u>Substitute Payment from 1099-Misc</u> 17.	21	17.
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . .	22	-2,983.
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . .	24	
	25	Health savings account deduction. Attach Form 8889 . .	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans . .	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ► _____	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Tuition and fees. Attach Form 8917	34	
	35	Reserved	35	
	36	Add lines 23 through 35	36	

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

Schedule 1 (Form 1040) 2018

REV 04/23/20 Intuit.cfp.sp

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

- **Attach to Form 1040 or Form 1040NR.**
► **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
► **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

2018Attachment
Sequence No. **12**

Name(s) shown on return

Ibrahim F Rupawala

Your social security number

108-87-5744

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	1,874.	1,800.		74.
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	62,592.	62,005.	294.	881.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	42,236.	52,552.		-10,316.
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -9,361.

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	183.	192.	2.	-7.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 -7.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-9,368.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22. 			
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ►	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ►	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of: <div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) <div style="font-size: 3em; margin: 0 10px;">}</div> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: -10px; top: -5px;">.</div> </div> </div>	21	(3,000.)
Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Ibrahim F Rupawala

Social security number or taxpayer identification number

108-87-5744

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	464287242 ISHARES INV GRD CORP BOND ETF 5	VARIOUS	05/31/18	540.	564.56	W	3.41	-21.15
	464287242 ISHARES INV GRD CORP BOND ETF 1	VARIOUS	10/15/18	77.35	78.91			-1.56
	464287457 ISHARES 1-3 YEAR TREASURY BOND 6	VARIOUS	05/31/18	539.99	545.92	W	0.90	-5.03
	464287457 ISHARES 1-3 YEAR TREASURY BOND 1	VARIOUS	10/15/18	80.16	80.41			-0.25
	921943858 VANGUARD FTSE DEVELOPED MARKET 7	VARIOUS	05/31/18	324.	316.06	W	0.50	8.44
	921943858 VANGUARD FTSE DEVELOPED MARKET 2	VARIOUS	10/15/18	91.47	99.45	W	0.92	-7.06
	922042858 VANGUARD EMERGING MARKETS ETF 2	VARIOUS	05/31/18	81.	79.25	W	0.25	2.
	922042858 VANGUARD EMERGING MARKETS ETF 1	VARIOUS	10/15/18	19.97	22.56	W	0.34	-2.25
	922908363 VANGUARD S&P 500 ETF (VOO) 3	VARIOUS	05/31/18	782.99	724.18	W	0.15	58.96
	922908363 VANGUARD S&P 500 ETF (VOO) 1	VARIOUS	10/15/18	221.26	223.86	W	0.17	-2.43
	922908553 VANGUARD REIT INDEX ETF (VNQ) 2	VARIOUS	05/31/18	162.	169.16	W	0.67	-6.49
	922908553 VANGUARD REIT INDEX ETF (VNQ) 0	VARIOUS	10/15/18	28.85	30.24			-1.39
	922908751 VANGUARD SMALL CAP ETF (VB) 2	VARIOUS	05/31/18	270.	241.65			28.35
	922908751 VANGUARD SMALL CAP ETF (VB) 1	VARIOUS	10/15/18	76.31	79.92	W	0.18	-3.43
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 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				3,295.35	3,256.13		7.49	46.71

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

Sales and Other Dispositions of Capital Assets

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Ibrahim F Rupawala

Social security number or taxpayer identification number

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	***ALIBABA GROUP HOLDING LTD SPO 2	07/31/17	01/09/18	381.87	318.			63.87
	***ALIBABA GROUP HOLDING LTD SPO 10	10/11/17	01/09/18	1,909.35	1,836.49			72.86
	***ALIBABA GROUP HOLDING LTD SPO 5	10/12/17	01/09/18	954.68	905.25			49.43
	***ALIBABA GROUP HOLDING LTD SPO 3	10/13/17	01/09/18	572.80	534.39			38.41
	***ALIBABA GROUP HOLDING LTD SPO 10	10/19/17	01/09/18	1,909.35	1,759.90			149.45
	FACEBOOK INC CL A 8	10/11/17	01/09/18	1,503.15	1,375.84			127.31
	COGNIZANT TECHNOLOGY SOLUTIONS C 75	10/31/17	04/25/18	6,057.68	5,716.43			341.25
	MICROSOFT CORP 3	05/23/18	05/23/18	294.46	294.32			0.14
	MICROSOFT CORP 8	05/23/18	05/23/18	785.65	784.84			0.81
	CADENCE DESIGN SYSTEMS INC 4	06/05/18	08/16/18	181.66	174.74			6.92
	CADENCE DESIGN SYSTEMS INC 18	06/05/18	08/16/18	817.53	786.33			31.20
	CADENCE DESIGN SYSTEMS INC 58	06/05/18	08/16/18	2,632.57	2,533.73			98.84
	UNITEDHEALTH GROUP INC 12	06/08/18	08/16/18	3,151.14	3,009.48			141.66
	EXACT SCIENCES CORP 2	06/07/18	08/23/18	135.97	126.52			9.45
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 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				21,287.86	20,156.26			1,131.60

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

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

Social security number or taxpayer identification number

Ibrahim F Rupawala

108-87-5744

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

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

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

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

☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	464287242 ISHARES INV GRD CORP BOND ETF 1	VARIOUS	10/15/18	82.50	87.59	W	0.97	-4.12
	464287457 ISHARES 1-3 YEAR TREASURY BOND 1	VARIOUS	10/15/18	79.46	80.76	W	0.22	-1.08
	921943858 VANGUARD FTSE DEVELOPED MARKET 0	09/18/18	10/15/18	0.74	0.89			-0.15
	922042858 VANGUARD EMERGING MARKETS ETF 0	VARIOUS	10/15/18	3.40	4.09	W	0.14	-0.55
	922908553 VANGUARD REIT INDEX ETF (VNQ) 0	VARIOUS	10/15/18	17.23	18.67	W	0.29	-1.15
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) ►				183.33	192.		1.62	-7.05

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.

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Ibrahim F Rupawala

Social security number or taxpayer identification number

108-87-5744

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Coinbase - short-term	Various	08/10/18	6,749.07	15,999.96			-9,250.89
	Robinhood - short-term	Various	09/08/18	35,487.30	36,551.70			-1,064.40
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 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				42,236.37	52,551.66			-10,315.29

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

Health Savings Accounts (HSAs)

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Name(s) shown on Form 1040 or Form 1040NR

Ibrahim F Rupawala

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ▶

108-87-5744

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions) ▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	0.
3	If you were under age 55 at the end of 2018, and on the first day of every month during 2018, you were, or were considered, an eligible individual with the same coverage, enter \$3,450 (\$6,900 for family coverage). All others , see the instructions for the amount to enter	3	3,450.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	3,450.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter	6	3,450.
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions)	7	0.
8	Add lines 6 and 7	8	3,450.
9	Employer contributions made to your HSAs for 2018	9	1,203.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	1,203.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	2,247.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25	13	0.

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2018 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

Tax History Report

► Keep for your records

2018

Name(s) Shown on Return

Ibrahim F Rupawala

	Five Year Tax History:				
	2014	2015	2016	2017	2018
Filing status				Single	Single
Total income					110,155.
Adjustments to income					
Adjusted gross income					110,155.
Tax expense					8,557.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .				6,350.	12,000.
Exemption amount . .				4,050.	0.
QBI deduction					0.
Taxable income					98,155.
Tax					17,841.
Alternative min tax . .					
Total credits					
Other taxes					0.
Payments					18,850.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					1,009.
Effective tax rate % . .					16.20
**Tax bracket %				10.0	24.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$39.99 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov.

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ²	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ²	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ .	Usually within 21 days ²	\$39.99

¹You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card.

²However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

Questions? Call 1-877-908-7228

1040 WORKSHEET**2018****NOTE:** Form 1040 and new Schedules 1-6 are fully calculated.

Use the 1040 Worksheet to enter all data which will flow to the Form 1040 and Schedules 1- 6.
Use these QuickZooms to jump to the entry sections for Schedules 1- 6 on the 1040 Worksheet:

1040 Worksheet Navigation QuickZooms

QuickZoom to Schedule 1 - Additional Income and Adjustments ▶ _____
QuickZoom to Schedule 2 - Tax section ▶ _____
QuickZoom to Schedule 3 - Nonrefundable credits ▶ _____
QuickZoom to Schedule 4 - Other Taxes ▶ _____
QuickZoom to Schedule 5 - Other Payments and Refundable Credits ▶ _____
QuickZoom to Schedule 6 - Foreign Address and Third Party Designee ▶ _____

Form 1040 - Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2018, or other tax year
beginning _____, 2018, ending _____, 20 ____.

Your First Name MI Last Name Your Social Security No.
Ibrahim F Rupawala 108-87-5744
 If Joint Return, Spouse's First Name MI Last Name Spouse's Social Security No.

 Home Address (No. and Street). If You Have a P.O. Box, See Instructions. Apt. No.
1265 N Capitol Ave 43
 City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code
San Jose CA 95132

Schedule 6 - Foreign Address

Foreign country name Foreign province/state/county Foreign postal code

QuickZoom to explanation statement for overseas extension ▶

Form 1040 - Personal Info, Filing Status, Dependent Info (cont'd)**Presidential Election Campaign**

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

Filing Status

Check only one box.
All entries for filing status and dependents should be made on the Federal Information Worksheet.

- ☒ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately. Enter spouse's SSN above and full name here.
☐ Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____
☐ Qualifying widow(er) (See instructions)

If more than four dependents, see instructions and check here . . ▶ ☐

Dependents: (1) First name Last name		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifies for (see instr): under age 17 qualify- ing for child tax credit Credit for other dependents	
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

QuickZoom to the Federal Information Worksheet
QuickZoom to the Dependent and Nondependent Information Worksheet

Form 1040, Identifying Information (cont'd)

- ☐ Someone can claim you as a dependent
☐ Someone can claim your spouse as a dependent

- a** Check if: ☐ **You** were born before January 2, 1954, ☐ Blind.
☐ **Spouse** was born before January 2, 1954, ☐ Blind.
Total boxes checked **► a** ☐
b If your spouse itemizes on a separate return or you were a
dual-status alien, check here **► b** ☐

Form 1040 Lines 1-5

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	113,035.
2 a Tax-exempt interest		
b Taxable interest	2b	
3 a Qualified dividends (see instructions) 86.		
b Ordinary dividends. Attach Schedule B if required	3b	103.
4 IRA distributions		
Taxable amount (see instructions)		
Pensions and annuities		
Taxable amount (see instructions)	4b	
5 a Social security benefits		
b Taxable amount (see instructions)	5b	
QuickZoom to Schedule 1 - Additional Income and Adjustments ►		

Form 1040, Lines 6 and 7

6 Total income. Add lines 1 through 5b and Schedule 1, line 22	6	110,155.
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 ►	7	110,155.
AGI including excludable Puerto Rico Income		110,155.

Form 1040, Line 8 - Standard or Itemized Deduction

8 Standard deduction or itemized deductions (from Schedule A) Standard Deduction for - <ul style="list-style-type: none"> People who checked blind or over 65 or who can be claimed as a dependent, see instructions. All others: <ul style="list-style-type: none"> Single or Married filing separately: \$12,000 Married filing jointly or Qualifying widow(er): \$24,000 Head of household: \$18,000 QuickZoom to the Standard Deduction Worksheet Itemized deductions (from Schedule A) or your standard deduction , see above Subtract itemized or standard deduction from adjusted gross income amount	8	12,000. 98,155.
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Form 1040, Lines 9-11

9	Qualified business income deduction (see instructions)	9	0.
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	98,155.

11	a Tax. (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>		17,841.
	b Total tax. Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	17,841.
	QuickZoom to Schedule 2 - Tax section <input type="checkbox"/>		

Form 1040, Line 12-15

12 a	Child tax credit/credit for other dependents 12a		
	b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	17,841.
14	Other taxes. Attach Schedule 4	14	0.
15	Total tax. Add lines 13 and 14	15	17,841.
	QuickZoom to Schedule 3 - Nonrefundable credits <input type="checkbox"/>		
	QuickZoom to Schedule 4 - Other Taxes <input type="checkbox"/>		

Form 1040, Lines 16-17

16	Federal income tax withheld from Forms W-2 and 1099	16	18,850.
17 a	Earned income credit (EIC)		No
	Nontaxable combat pay election		
b	Additional child tax credit. Attach Schedule 8812		
c	American opportunity credit from Form 8863, line 8		
	Add lines 17a,b,c and any amount from Schedule 5	17	
18	Add Lines 16 and 17. These are your total payments	18	18,850.
	QuickZoom to Schedule EIC Worksheet, pg 2 if credit is not calculated . . . QuickZoom. <input type="checkbox"/>		
	QuickZoom to "due diligence checklist" substitute for Form 8867 QuickZoom. <input type="checkbox"/>		
	QuickZoom to Schedule 5 - Other Payments and Refundable Credits . . QuickZoom. <input type="checkbox"/>		

Form 1040, Lines 19-21

Refund:			
19	If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid	19	1,009.
20 a	Amount of overpayment you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20	1,009.
b	Routing number <input type="checkbox"/> XXXXXXXXXXX		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="checkbox"/> XXXXXXXXXXXXXXXXXXXX		
21	Amount of overpayment on line 19 you want applied to your 2019 estimated tax <input type="checkbox"/>		

Form 1040, Lines 22-23

Amount You Owe:			
22	Subtract line total payments from total tax <input type="checkbox"/>	22	
23	Estimated tax penalty (see instructions) 23		

QuickZoom to Late Penalties and Interest Worksheet **QuickZoom.** ☐

Schedule 1 - Additional Income and Adjustments

1-9b Reserved		
10 Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . .	10	
11 Alimony received. . . . Taxpayer _____ Spouse _____	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	-3,000.
14 Other gains or (losses). Attach Form 4797	14	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation (see instr.)	19	
21 Other income. List type and amount (see instructions). Substitute Payment from 1099-Misc _____ 17.	21	17.
22 Combine the amounts in the far right column for lines 10 through 21. Enter here and include on Form 1040, line 6 field to left of amount field. ▶	22	-2,983.
Total Income. Combine Form 1040 lines 1- 5b and Schedule 1, line 22 , enter on Form 1040, line 6. ▶ 110,155.		
Quickzoom to 1040 Workseet, line 6 - Total Income ▶ QuickZoom. . ▶		

Schedule 1 - Adjustments to Income

23 Educator expenses	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
25 Health savings account deduction. Attach Form 8889 . .	25	
26 Moving expenses. Attach Form 3903	26	
27 Deductible part of self-employment tax. Attach Schedule SE	27	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction	29	
30 Penalty on early withdrawal of savings.	30	

Alimony Paid Smart Worksheet

	Recipient's name	Recipient's SSN	Alimony paid
A	_____	_____	_____
B	_____	_____	_____

31 a Alimony paid	31 a	
b Recipient's SSN ▶ _____		
32 IRA deduction	32	
33 Student loan interest deduction	33	
34 Tuition and fees. Attach Form 8917	34	
35 Reserved	35	
36 Add lines 23 through 35		36

Schedule 2 - Tax

38-44	Reserved	38-44	
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add the amounts in the far right column. Enter here and include on Form 1040, line 11. ▶	47	

Schedule 3 - Nonrefundable Credits

48	Foreign tax credit. Attach Form 1116 if required	48		
49	Credit for child and dependent care expenses. Attach Form 2441	49		
50	Education credits from Form 8863, line 19	50		
51	Retirement savings contributions credit. Attach Form 8880	51		
52	Reserved	52		
53	Residential Energy Credit. Attach Form 5695	53		
54	Other credits from Form:	54		
a	<input type="checkbox"/> 3800			
b	<input type="checkbox"/> 8801			
c	<input type="checkbox"/>			
55	Add lines 12a, and 48 through 54. These are your total credits	55		
a	If amount on line 55 above includes Schedule 3 amount, check here. . . . ▶ <input type="checkbox"/>			
b	Total non-refundable credits			
c	Subtract total credits on line 55 from total tax above		17,841.	
Quickzoom to 1040 Worksheet, line 15 - Total Tax. ▶ QuickZoom. . . ▶				

Schedule 4 - Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form:		
a	<input type="checkbox"/> 4137	b	<input type="checkbox"/> 8919
	Explain underreported tips	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60 a	Household employment taxes from Schedule H	60 a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	b	
61	Health care: Individual responsibility. Full-year coverage <input checked="" type="checkbox"/>	61	0.
62	Taxes from:		
a	<input type="checkbox"/> Form 8959		
b	<input type="checkbox"/> Form 8960		
c	<input type="checkbox"/> Instructions; enter code(s)	62	
63	Section 965 net tax liability installment from Form 965-A.	63	
64	Add lines 57 through 62. Total Other taxes amount. ▶	64	0.
	Tax after credits: Add lines 64 and line 55c		17,841.

Schedule 5 - Other Payments and Refundable Credits

65	Reserved for future use	65			
66	2018 estimated tax payments and amount applied from 2017 return	66			
67	Reserved for future use	67			
68	Reserved for future use	68			
69	Reserved for future use	69			
70	Net premium tax credit. Attach Form 8962	70			
71	Amount paid with request for extension to file	71			
72	Excess social security and tier 1 RRTA tax withheld	72			
73	Credit for federal tax on fuels. Attach Form 4136	73			
74	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	74			
75	Add lines 66, and 70 through 74. These are your total payments ▶ Amount included above on line 75 from Schedule 5 ▶ Amount included above on line 75 from Form 1040, line 17 ▶	75			18,850.

Schedule 6 - Third Party Designee

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

Designee's Name ▶ _____

Phone No. ▶ _____ Personal Identification Number (PIN) . . . ▶ _____

Signature and Paid Preparer**Sign Here**

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature _____	Date _____	Your Occupation <u>Sr. Device Engineer</u>	If the IRS sent you an Identity Protection PIN, enter it here ▶ _____ ▶ _____
Spouse's Signature. If joint, both must sign. _____	Date _____	Spouse's Occupation _____	
Daytime Phone No. (480) 284-9270			

Paid Preparer's Use Only

Print/Type Preparer's name _____	Preparer's PTIN _____	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Preparer's Signature _____		
Firm's Address (or yours if self-employed) <u>Self-Prepared</u>	Firm's EIN. State _____	Phone No. ZIP Code _____

Filing Address Information

Send Form 1040 to: Department of the Treasury
Internal Revenue Service
Fresno, CA 93888-0002

Date _____

Name(s) Shown on Return Ibrahim F Rupawala	Your SSN 108-87-5744
-----------------------------------------------	-------------------------

Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2017 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0.
2	Capital loss carryover to next year	2	6,368.
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0.

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 20.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	17.
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	17.

Line 9b - State, local, and foreign income taxes allocable to net investment income

1	State and local income taxes	1	
2	Investment income.	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount.	4	
5	State and local income taxes allocable to investment income	5	
6	State and local taxes (Schedule A, line 5e)	6	
7	Lesser of line 5 or line 6.	7	
8	Foreign income taxes	8	
9	Foreign income taxes allocable to investment income. Line 8 times line 4.	9	
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income	10	

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Reserved	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation:		

	_____	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 8	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	
7	Subtract line 6 from line 5.	7	
8	Enter the lesser of line 7 or line 4	8	

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2017	(c) Suspended 12/31/2018	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2017	(c) Suspended 12/31/2018	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2017	(c) Suspended 12/31/2018	(d) Used against activity	(e) Used against other passive

2018
Statement L21

Social Security Number
108-87-5744

		(a) Taxpayer	(b) Spouse				
1	Child's investment income, from Form 8814.						
2	Gambling winnings:						
a	From Form W-2G						
b	Winnings (prizes, etc.) from Form 1099-MISC, box 3.						
c	Not reported on Form W-2G or Form 1099-MISC.						
3	Taxable income from Form 1099-MISC:						
a	Substitute payments in lieu of interest or dividends	17.					
b	Other income from box 3						
c	Alaska Permanent Fund.						
d	Tribal Gaming						
e	Non-Employee Compensation from Form 1099-MISC box 7						
f	Rent from personal property from Form 1099-MISC box 1						
4	Taxable income from Form 1099-Q or 1099-QA:						
a	Qualified tuition program distributions						
b	Coverdell ESA distributions						
c	ABLE account distributions						
5	Taxable income from Form 1099-G:						
a	Grants						
b	RTAA payments						
6	Foreign earned income and housing exclusion, from Form 2555 .						
7	Net operating loss carryover from a prior year						
8	Other income, from Schedule(s) K-1						
9	Taxable distribution from:						
a	Form 8853:						
1	Taxable Archer MSA distributions MSA						
2	Taxable Medicare Advantage distributions Med MSA						
3	Taxable long term care distributions LTC.						
4	Total Form 8853						
b	Form 8889, Health Savings Accounts						
10	Refunds or reimbursements of deductions claimed						
	in a prior year:						
a	Reimbursement for deducted medical expenses						
b	Refunds of deducted taxes (not state or local income taxes)						
	<table border="1"> <thead> <tr> <th>Type of Tax</th> <th>State or Local ID</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Type of Tax	State or Local ID				
Type of Tax	State or Local ID						
c	Recapture of deducted moving expenses						
d	Reimbursement for deducted casualty or theft loss						
e	Reimbursement for deducted employee business expenses. . . .						
f	Other refunds or reimbursements						
11	Recoveries of bad debts deducted in a prior year.						
12	Jury duty pay						
13	Bartering income not reported elsewhere						
14	Income from the rental of personal property.						
15	Income from the Cancellation of Debt:						
a	From Form 1099-C:						
1	Amount of debt canceled from box 2						
2	Amount of canceled debt excluded from income						
3	Taxable amount of canceled debt.						
b	From Schedule(s) K-1						
16	Taxable income from Form 1099-K:						
a	Payment Card/Third Party Network Transactions						
17	Income from "not for profit" activities (hobbies):.						
18	Limitation on business losses (Form 461)						
19	Global intangible low-taxed income (Form 8992)						
20	Section 965 deferred foreign income (Form 965)						
21	Other taxable income:						
a	Union unemployment benefits						
b	Private fund unemployment benefits						
c	State employee unemployment benefits						
d	Repayment of non-government unemployment benefits						
e							

22	Income from Community Property:		
a	Positive community property adjustment.		
b	Negative community property adjustment (enter as positive) . . .		
23	Total. Add lines 1 through 14, 15a(3), 15b, 16 through 22. Enter here and on Schedule 1 or Form 1040NR, line 21	17.	

Federal Information Worksheet

► Keep for your records

2018

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name Ibrahim
Middle initial F Suffix
Last name Rupawala
Social security no. 108-87-5744
Occupation Sr. Device Engineer
Date of birth 08/21/1991 (mm/dd/yyyy)
Age as of 1-1-2019 27
Daytime phone (480) 284-9270 Ext
Legally blind ☐
Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
If yes, **was** taxpayer claimed as dependent on that person's return? ☐ Yes ☒ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . . ☐ Yes ☒ No

Spouse:

First name
Middle initial Suffix
Last name
Social security no.
Occupation
Date of birth (mm/dd/yyyy)
Age as of 1-1-2019
Daytime phone Ext
Legally blind ☐
Date of death

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☐ No
If yes, **was** spouse claimed as dependent on that person's return? ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . . ☐ Yes ☐ No

Part II – Address and Federal Filing Status (enter information in this section)

US Address:

Address 1265 N Capitol Ave Apt no. . . 43
City San Jose State . . . CA ZIP code . . . 95132

Foreign Address: Check this box to use foreign address . . . ☐

Address Apt no. . .
City
Foreign code . . . Foreign country . . .
Foreign province/county . . . Foreign postal code . . .

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone . . .

Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Federal filing status:

☒ 1 Single
☐ 2 Married filing jointly
☐ 3 Married filing separately
Check this box if you **did not** live with your spouse at any time during the year. ☐
Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help). ☐
☐ 4 Head of household
If the 'qualifying person' is your child but **not** your dependent:
Child's First name . . . MI . . . Last Name . . . Suff . . .
Child's social security number . . .
☐ 5 Qualifying widow(er)
Check the appropriate box for the year your spouse died 2016 ☐ 2017 ☐
Are you a dependent with a qualifying child Yes ☐ No ☐
Enter qualifying person's name:
Child's First name . . . MI . . . Last Name . . . Suff . . .
Child's social security number . . .

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is **completely calculated** from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)		Qualified child/dep care exps incurred and paid 2018	E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr							

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☐ No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States
for more than half of 2018? ☐ Yes ☐ No
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to
get a federally funded benefit, such as Medicaid, and the Social Security card
contains the legend **Not Valid for Employment**, check this box (see Help) ☐
Check if you are filing head of household **and** your spouse is a nonresident alien
and you lived with your spouse during the last six months of 2018 ☐
Check if you were notified by the IRS that EIC cannot be claimed in 2018 or
if you are ineligible to claim the EIC in 2018 for any other reason ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☐ Yes ☒ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☒ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ☐ JP Morgan Chase

Check the appropriate box ☒ Checking ☐ Savings

Routing number ☐ 122100024 Account number ☐ 860153563

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ☐

Balance-due amount from this return ☐

Part VI – Additional Information for Your Federal Return**Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized
deductions are less than your standard deduction ☐

Check this box if you are married filing separately and your spouse itemized deductions ☐

Check this box to take the standard deduction even if less than itemized deductions ☐

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for
taxpayers in real property business? (see Help) ☐ Yes ☐ No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ☐ Yes ☐ No

Is the spouse a full-time student? ☐ Yes ☐ No

American Opportunity and Lifetime Learning Credit, and Tuition and Fees Deduction (Form 8863 and 8917)

For 2018, were you (or your spouse if married) a nonresident alien for any part
of the year, and did not elect to be treated as a resident alien? ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐

Resident country ☐ USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the
Commonwealth of the Northern Mariana Islands ☐

Excludable income from Puerto Rico ☐

Dual Status Alien Return:

Check this box if you are a dual-status alien ☐

Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name ☐

Third party designee phone number . . ☐

Personal Identification number (enter any 5 numbers) . . ☐

Part VI – Additional Information for Your Federal Return - Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed
returns when Form 1310 is not filed or it is not the
surviving spouse ▶ _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2018 ▶ CA

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒

Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2018 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☐

Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 75744

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number Y8252448

Issued by what state

CA

License or ID

license . ▶

☒

ID . ▶

☐

neither . ▶

☐

decline. ▶

☐

Spouse

Drivers license or state ID number _____

Issued by what state

License or ID

license . ▶

☐

ID . ▶

☐

neither . ▶

☐

decline. ▶

☐

2018

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . Ibrahim Middle initial . F Last name . . Rupawala
Suffix

Social security no. . . 108-87-5744 Member of U.S. Armed Forces in 2018? . . ☐ Yes ☒ No

Date of birth 08/21/1991 (mm/dd/yyyy) age as of 1-1-2019 27

Occupation Sr. Device Engineer Daytime phone (480) 284-9270 Ext

Marital status . . . Single

If widowed, check the appropriate box for the year your spouse died:

After 2018 . ▶ 2018 . ▶ 2017 . ▶ 2016 . ▶ Before 2016 . ▶

Are you retired on total and permanent disability? (for Schedule R, see Help). ☐ Yes ☐ No

Check if this person is legally blind ☐ Yes ☒ No

If deceased, enter the date of death ▶ (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2019 and this is the first year you are filing a tax return? ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? ☐ Yes ☒ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 **Can** someone (such as your parent) claim you as a dependent? ☐ Yes ☒ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent ☐ Yes ☐ No

on that person's tax return? ☐ Yes ☒ No

Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.

3 Were you a full-time student during any part of five months during 2018? ☐ Yes ☐ No

4 Did your earned income exceed one-half of your support? ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2018? ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2018 CA

Check the appropriate box:

This person is a resident of the state above for the entire year ☒

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ▶ _____

In which state (or foreign country) did this person reside before this change? ▶

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2018

Unreimbursed medical expenses paid for qualifying person in 2018

Employment taxes paid for dependent care providers in 2018

Full-time student for 5 calendar months during 2018? ▶ ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? ▶ ☐ Yes ☐ No

This person is a qualifying person for the child and dependent care credit ☐ Yes ☒ No

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. ☐ Yes ☒ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November ☐

Check if covered or exempt (other than short gap) for prior year November	
Check if covered or exempt (other than short gap) for prior year December	

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type										Check Full Year or Months Exempt for Each Type											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec									
							Full Year . . . ▶														
							Full Year . . . ▶														
							Full Year . . . ▶														

Healthcare coverage information has been completed for this person.. . . . ☐

► Keep for your records

Name(s) Shown on Return

Ibrahim F Rupawala

Social Security Number

108-87-5744

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	113,035.		113,035.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	18,850.		18,850.
3 & 7	Total social security wages/tips	24,224.		24,224.
4	Total social security tax withheld	1,502.		1,502.
5	Total Medicare wages and tips	24,224.		24,224.
6	Total Medicare tax withheld	351.		351.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	12,122.		12,122.
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .	6,427.		6,427.
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	5,695.		5,695.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14	571.		571.
16	Total state wages and tips.	114,238.		114,238.
17	Total state tax withheld	8,557.		8,557.
19	Total local tax withheld.			

Name
Ibrahim F Rupawala

Social Security Number
108-87-5744

☐ **Spouse's W-2**
☐ **Do not transfer this W-2 to next year**

Military: Complete **Part VI** on Page 2 below

a Employee's social security No . 108-87-5744
b Employer's ID number 95-2647125
c Employer's name, address, and ZIP code
 WESTERN DIGITAL
 TECHNOLOGIES INC
 Street 5601 GREAT OAKS PARKWAY
 City SAN JOSE
 State CA ZIP Code 95119
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

d Control number 993334LOS2/WDD

☐ **Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First IBRAHIM M.I. _____
 Last RUPAWALA Suff. _____
f Employee's address and ZIP code
 Street 178 DELONG LN
 City MILPITAS
 State CA ZIP Code 95035
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation
113,035.18
3 Social security wages
24,223.51
5 Medicare wages and tips
24,223.51
7 Social security tips

► Enter unreported tips in Part VII on Page 2 below.

9 Verification Code
211D-2EB6-C9E8-F1AD
11 Nonqualified plans

12 Enter box 12 below

13 ☐ Statutory employee
☒ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

2 Federal income tax withheld
18,850.21
4 Social security tax withheld
1,501.86
6 Medicare tax withheld
351.24
8 Allocated tips

10 Dependent care benefits
 Distributions from sect. 457 and nonqualified plans
 (Important, see Help)

Box 12 Code	Box 12 Amount
AA	6,426.94
C	99.80
DD	4,392.32
W	1,203.17

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____
 M: Enter amount attributable to RRTA Tier 2 tax _____
 P: Double click to link to Form 3903, line 4. . . _____
 R: Enter MSA contribution for Taxpayer . . . _____
 Spouse _____
 W: Enter HSA contribution for Taxpayer . . . 1,203.17
 Spouse _____
 G: ☐ Employer is **not** a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
CA	20609061	114,238.35	8,556.87

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
CAVPDI	570.68	California VPDI tax

Healthcare Entry Sheet

2018

► Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

☒ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

The box at the top, "Everyone on the tax return was covered by health insurance all year" was checked. The covered all 12 months for each individual below will be checked regardless of the information entered on the Personal Information and Dependent Nondependent Information worksheets.

Short Gap
Eligible*
Yes No

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 Ibrahim Rupawala	108-87-5744	08/21/91	<input checked="" type="checkbox"/>	Short gap:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	Short gap:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	Short gap:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	Short gap:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	Short gap:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	Short gap:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ►

Completion checkbox:

☒ Check this box once you are finished with all the healthcare related entries.

Form 1099-MISC Summary

2018

► Keep for your records

Name(s) Shown on Return

Ibrahim F Rupawala

Social Security Number

108-87-5744

Form 1099-MISC Summary

Box	Description	Taxpayer	Spouse	Total
1	Total Rents			
	► Schedule C			
	► Schedule E			
	► Form 4835			
	► Other Income			
2	Total Royalties			
	► Schedule C			
	► Schedule E			
3	Total Other income			
	► Schedule C			
	► Schedule F			
	► Form 4835			
	For Form 1040:			
	► Winnings (Prizes, etc.)			
	► Tribal Gaming			
	► Alaska Permanent Fund			
	► Other Income			
4	Federal tax withheld			
5	Fishing boat proceeds			
6	Medical and health care payments			
7	Total Nonemployee compensation			
	► Schedule C			
	► Schedule F			
	► Wages			
	► Other Income			
8	Substitute payments	17.		17.
10	Total Crop insurance proceeds			
	► Schedule F			
	► Form 4835			
13	Excess golden parachute payments			
14	Gross proceeds paid to an attorney			
	► Taxable amount			
15a	Section 409A deferrals			
15b	Section 409A income			
16	State tax withheld - total			
Total	Boxes 1-3, 5-8, 10, 13-15b	17.		17.

► Keep for your records

Name Ibrahim F Rupawala	Social Security Number 108-87-5744
----------------------------	---------------------------------------

Payer's Name Apex Clearing Corporation
Payer's TIN EIN 13-2967453 or SSN
Account number (for your records only) 10-5SH45755

☐ Spouse's 1099-MISC ☐ Do not transfer this 1099-MISC to next year

For each type of 1099-MISC income, select the appropriate form or schedule in your return on which to report this income. Double-click in the field next to the form's name and when the window appears, either "select or create" the copy on which you want to report the 1099-MISC income. See Help.

Box 1	Rents. Required: double-click to select the form on which to report this income: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule E </div> <div> <input type="checkbox"/> Form 4835 <input type="checkbox"/> Other Income </div> </div>
Box 2	Royalties. Required: double-click to select the form on which to report this income: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule E </div> </div>
Box 3	Other income Required: double-click to select the form on which to report this income: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule F <input type="checkbox"/> Winnings (Prizes, etc.) <input type="checkbox"/> Tribal Member Gaming Payments <input type="checkbox"/> From Alaska Permanent Fund <input type="checkbox"/> Other Income <input type="checkbox"/> Back Wages from Lawsuit. Amount: _____ <input type="checkbox"/> Olympic or Paralympic Prize Money </div> <div> <input type="checkbox"/> Form 4835 </div> </div>
Box 4	Federal income tax withheld
Box 5	Fishing boat proceeds Required: double-click to select the Schedule C on which to report this income: <input type="checkbox"/> Schedule C
Box 6	Medical and health care payments Required: double-click to select the Schedule C on which to report this income: <input type="checkbox"/> Schedule C
Box 7	Nonemployee compensation Required: double-click to select the form on which to report this income: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule F <input type="checkbox"/> Wages subject to Social Security & Medicare tax If checked, enter Reason Code for Form 8919 (see Help) <input type="checkbox"/> If Reason Code A or C, enter determination date <input type="checkbox"/> Other Income <input type="checkbox"/> Back Wages from Lawsuit. Amount: _____ </div> </div>
Box 8	Substitute payments in lieu of dividends or interest 16.60
Box 10	Crop insurance proceeds Required: double-click to select the form on which to report this income: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Schedule F <input type="checkbox"/> Form 4835 </div> </div>
Box 13	Excess golden parachute payments Report 20% excise tax on Form 1040
Box 14	Gross proceeds paid to an attorney Taxable amount from box 14 to Schedule C Required: double-click to select the Schedule C on which to report this income: <input type="checkbox"/> Schedule C
Boxes 15a & b	Section 409A deferrals Section 409A income
Boxes 16-18	State tax withheld - 1st state State name (two letters) - 1st state State ID number - 1st state State income - 1st state State tax withheld - 2nd state State name (two letters) - 2nd state State ID number - 2nd state State income - 2nd state I confirm that the state withholding identification number(s) are accurate <input type="checkbox"/>

FATCA filing requirement ☐

Additional Payer and Recipient Information

Payer's address and ZIP code

Street 350 N St Paul St Suite 1300
City Dallas
State TX ZIP Code 75201
Foreign Country

Recipient's address and ZIP code

Transfer address from Federal Information Wks . ☐
Street
City
State ZIP Code
Foreign Country

Wages, Salaries, & Tips Worksheet

2018

► Keep for your records

Name(s) Shown on Return <u>Ibrahim F Rupawala</u>	Social Security Number <u>108-87-5744</u>
------------------------------------------------------	----------------------------------------------

The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	113,035.		113,035.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ► <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2018			
b _____			

10 Subtotal. Add lines 1 through 9	113,035.		113,035.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income:			

15 Total of lines 10 through 14	113,035.		113,035.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2018

► Keep for your records

Name(s) Shown on Return
Ibrahim F Rupawala

Social Security Number
108-87-5744

		Regular Tax	Alternative Minimum Tax																								
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.																											
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1																									
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2																									
3	Subtract line 2 from line 1	3																									
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4																									
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5																									
6	Add lines 3 through 5	6																									
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7																									
8	Enter the amount, if any, from Form 4797, line 8	8																									
9	Subtract line 8 from line 7. If zero or less, enter -0-	9																									
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10																									
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund																										
	<table border="0"> <tr> <td></td> <td>Regular</td> <td>AMT</td> </tr> <tr> <td>a</td> <td>On Form 1099-DIV</td> <td>0 . 0 .</td> </tr> <tr> <td>b</td> <td>On Form 2439</td> <td></td> </tr> <tr> <td>c</td> <td>On Schedule(s) K-1</td> <td></td> </tr> <tr> <td>d</td> <td>On Form 1099-R</td> <td></td> </tr> <tr> <td>e</td> <td>From Form 8814</td> <td></td> </tr> <tr> <td>f</td> <td>Other.</td> <td></td> </tr> <tr> <td></td> <td>Total</td> <td></td> </tr> </table>		Regular	AMT	a	On Form 1099-DIV	0 . 0 .	b	On Form 2439		c	On Schedule(s) K-1		d	On Form 1099-R		e	From Form 8814		f	Other.			Total		11	
	Regular	AMT																									
a	On Form 1099-DIV	0 . 0 .																									
b	On Form 2439																										
c	On Schedule(s) K-1																										
d	On Form 1099-R																										
e	From Form 8814																										
f	Other.																										
	Total																										
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12																									
13	Add lines 9 through 12.	13																									
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0 . 0 .																								
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	-9,361 . -9,361 .																								
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	16																									
a	Enter your capital gain excess, if you are filing Form 2555	a	0 .																								
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	9,361 . 9,361 .																								
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18																									

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2018

Name(s) Shown on Return
Ibrahim F Rupawala

Social Security Number
108-87-5744

				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II	1			
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
	<div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div>				
a	Schedule D . . .				
b	Form 8814 . . .				
c	Schedule B . . .				
d	Form 6252 . . .				
e	Form 2439 . . .				
f	Other				
	Total	2			
3	Enter the total of all collectibles gain or (loss) from:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 4684, line 4 (but only if line 15 is more than zero)				
b	Form 6252				
c	Form 6781, Part II				
d	Form 8824				
	Total	3			
4	Enter the total of any collectibles gain reported to you on:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 1099-DIV, box 2d . . .				
b	Form 2439, box 1d				
c	Schedule K-1 from a partnership, S corporation, estate, or trust				
d	Disposition of interest in partnership or S corporation				
e	Other				
	Total	4			
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	5			
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-	6			
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18	7			
8	Enter the amount of any capital gain excess	8			0.
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a	9	0.		0.

Name(s) Shown on Return Ibrahim F Rupawala	Social Security Number 108-87-5744
-----------------------------------------------	---------------------------------------

1 a	Enter your taxable income from Form 1040, line 10	1 a	98,155.
b	Enter the amount from your (and your spouse's) Form 2555, lines 45 and 50	b	
c	Add lines 1a and 1b	1 c	98,155.
2 a	Enter your qualified dividends from Form 1040, line 3a	2 a	86.
b	Enter any capital gain excess attributable to qualified dividends	b	
c	Subtract line 2b from line 2a	2 c	86.
3	Amount from Form 4952, line 4g	3	
4 a	Amount from Form 4952, line 4e	4 a	
b	Amount from the dotted line next to Form 4952, line 4e	b	
c	Line 4b, if applicable, 4a, if not	c	
5	Subtract line 4c from line 3	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0-	6	86.
7 a	Enter line 15 of Schedule D	7 a	-7.
b	Enter line 16 of Schedule D	b	-9,368.
c	Enter the smaller of line 7a or line 7b	7 c	0.
8	Enter the smaller of line 3 or line 4c	8	
9 a	Subtract line 8 from line 7	9 a	0.
b	Enter any capital gain excess attributable to capital gains	b	
c	Subtract line 9b from line 9a	9 c	0.
10	Add lines 6 and 9c	10	86.
11 a	Enter the amount from Schedule D, line 18	11 a	0.
b	Enter the amount from Schedule D, line 19	b	
c	Add lines 11a and 11b	11 c	0.
12	Enter the smaller of line 9c or line 11c	12	0.
13	Subtract line 12 from line 10	13	86.
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	98,069.
15	Enter: • \$38,600 if single or married filing separately; • \$77,200 if married filing jointly or qualifying widow(er); or • \$51,700 if head of household.	15	38,600.
16	Enter the smaller of line 1c or line 15	16	38,600.
17	Enter the smaller of line 14 or line 16	17	38,600.
18 a	Subtr in 10 from ln 1c. If zero or less, enter -0-	18 a	98,069.
b	Enter the smaller of line 1c or \$157,500 (\$315,000 if married filing jointly or qualifying widow(er))	b	98,155.
c	Enter the smaller of line 14 or line 18b	c	98,069.
19	Enter the larger of line 18a or line 18c	19	98,069.
20	Subtract line 17 from line 16. This amount is taxed at 0%	20	0.
If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.			
21	Enter the smaller of line 1c or line 13	21	86.
22	Enter the amount from line 20 (if line 20 is blank, enter -0-)	22	0.
23	Subtract line 22 from line 21. If zero or less, enter -0-	23	86.
24	Enter: • \$425,800 if single, • \$239,500 if married filing separately, • \$479,000 if married filing jointly or qualifying widow(er), • \$452,400 if head of household.	24	425,800.
25	Enter the smaller of line 1c or line 24	25	98,155.
26	Add lines 19 and 20	26	98,069.
27	Subtract line 26 from line 25. If zero or less, enter -0-	27	86.
28	Enter the smaller of line 23 or line 27	28	86.
29	Multiply line 28 by 15% (0.15)	29	13.
30	Add lines 22 and 28	30	86.
31	Subtract line 30 from line 21	31	0.
32	Multiply line 31 by 20% (0.20)	32	0.

If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.

33	Enter the smaller of line 9c above or Schedule D, line 19	33	
34	Add lines 10 and 19	34	
35	Enter the amount from line 1c above	35	

36	Subtract line 35 from line 34. If zero or less, enter -0-	36	_____
37	Subtract line 36 from line 33. If zero or less, enter -0-	37	_____
38	Multiply line 37 by 25% (0.25)	38	_____
If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.			
39	Add lines 19, 20, 28, 31, and 37	39	_____
40	Subtract line 39 from line 1c	40	_____
41	Multiply line 40 by 28% (0.28)	41	_____
42	Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet	42	_____
43	Add lines 29, 32, 38, 41, and 42	43	<u>17,828.</u>
44	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	44	<u>17,841.</u>
45	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 11a	45	<u>17,852.</u>
			<u>17,841.</u>

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet**2018****Line 11a**

► Keep for your records

Name(s) Shown on Return Ibrahim F Rupawala	Social Security Number 108-87-5744
-----------------------------------------------	---------------------------------------

1	Enter the amount from Form 1040, line 10	1	<u>98,155.</u>
2	Enter the amount from Form 1040, line 3a	2	<u>86.</u>
3	Are you filing Schedule D?		
<input checked="" type="checkbox"/>	Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	<u>0.</u>
<input type="checkbox"/>	No. Enter the amount from Schedule 1, line 13.		
4	Add lines 2 and 3	4	<u>86.</u>
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-		
5		5	<u>0.</u>
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	<u>86.</u>
7	Subtract line 6 from line 1. If zero or less, enter -0-	7	<u>98,069.</u>
8	Enter:		
	\$38,600 if single or married filing separately, \$77,200 if married filing jointly or qualifying widow(er), \$51,700 if head of household.	8	<u>38,600.</u>
9	Enter the smaller of line 1 or line 8	9	<u>38,600.</u>
10	Enter the smaller of line 7 or line 9	10	<u>38,600.</u>
11	Subtract line 10 from line 9 (this amount taxed at 0%)	11	<u>0.</u>
12	Enter the smaller of line 1 or line 6	12	<u>86.</u>
13	Enter the amount from line 11	13	<u>0.</u>
14	Subtract line 13 from line 12.	14	<u>86.</u>
15	Enter:		
	\$425,800 if single, \$239,500 if married filing separately, \$479,000 if married filing jointly or qualifying widow(er), \$452,400 if head of household.	15	<u>425,800.</u>
16	Enter the smaller of line 1 or line 15	16	<u>98,155.</u>
17	Add lines 7 and 11	17	<u>98,069.</u>
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	<u>86.</u>
19	Enter the smaller of line 14 or line 18	19	<u>86.</u>
20	Multiply line 19 by 15% (0.15)	20	<u>13.</u>
21	Add lines 11 and 19	21	<u>86.</u>
22	Subtract line 21 from line 12	22	<u>0.</u>
23	Multiply line 22 by 20% (0.20)	23	<u>0.</u>
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet.		
24		24	<u>17,828.</u>
25	Add lines 20, 23, and 24	25	<u>17,841.</u>
26	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 this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.		
26		26	<u>17,852.</u>
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 11a.		
27		27	<u>17,841.</u>

Capital Loss Carryforward Worksheet

2019

Capital Loss Carryforward from 2018 to 2019

► Keep for your records

Name(s) Shown on Return Ibrahim F Rupawala		Social Security Number 108-87-5744		
		Regular Tax	Alternative Minimum Tax	
1	Enter the amount from 2018 Form 1040, line 10. If a loss, enter as a negative amount	1	98,155.	110,155.
2	Enter the loss from 2018 Schedule D, line 21, as a positive amount	2	3,000.	3,000.
3	Combine lines 1 and 2. If zero or less, enter -0-.	3	101,155.	113,155.
4	Enter the smaller of line 2 or line 3	4	3,000.	3,000.
If line 7 of 2018 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9				
5	Enter the loss from 2018 Schedule D, line 7, as a positive amount.	5	9,361.	9,361.
6	Enter any gain from 2018 Schedule D, line 15. If a loss, enter -0-	6	0.	0.
7	Add lines 4 and 6	7	3,000.	3,000.
8	Short-term capital loss carryforward to 2019. Subtract line 7 from line 5. If zero or less, enter -0- ►	8	6,361.	6,361.
If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 thru 13.				
9	Enter the loss from 2018 Schedule D, line 15, as a positive amount	9	7.	7.
10	Enter any gain from 2018 Schedule D, line 7. If a loss, enter -0-	10	0.	0.
11	Subtract line 5 from line 4. If zero or less, enter -0-	11	0.	0.
12	Add lines 10 and 11	12	0.	0.
13	Long-term capital loss carryforward to 2019. Subtract line 12 from line 9. If zero or less, enter -0- ►	13	7.	7.

Cryptocurrency Worksheet

► Keep for your records

2018Name(s) Shown on Return
Ibrahim F RupawalaSocial Security No.
108-87-5744**Part I Imported Cryptocurrency Transaction Information**

1	Service	Coinbase		
2	Digital asset	ETH		
3 a	Date acquired	12/29/2017	b	Date sold 08/10/2018
4 a	Cost or other basis	6,000.00	b	Proceeds 2,494.73
5 a	Holding period	S	b	Type of transaction C
6 a	Taxable	<input checked="" type="checkbox"/>	b	Gain/(Loss) -3,505.27
1	Service			
2	Digital asset			
3 a	Date acquired		b	Date sold
4 a	Cost or other basis		b	Proceeds
5 a	Holding period		b	Type of transaction
6 a	Taxable	<input type="checkbox"/>	b	Gain/(Loss) See Additional Investment Sales

Total taxable gain/loss -10,315.
● Total taxable short-term transactions 52
● Total taxable long-term transactions

Part II Manually Entered Cryptocurrency Transaction Information

1	Service			
2	Digital asset			
3 a	Date acquired		b	Date sold
4 a	Cost or other basis		b	Proceeds
5 a	Holding period		b	Type of transaction
6	Gain/(Loss)			
1	Service			
2	Digital asset			
3 a	Date acquired		b	Date sold
4 a	Cost or other basis		b	Proceeds
5 a	Holding period		b	Type of transaction
6	Gain/(Loss)			

Total taxable gain/loss
● Total taxable short-term transactions
● Total taxable long-term transactions

Part III Cryptocurrency Summary Information

1	Service	Coinbase		
2	Digital asset	Coinbase - short-term		
3 a	Date acquired	Various	b	Date sold 08/10/2018
4 a	Cost or other basis	16,000.	b	Proceeds 6,749.
5 a	Holding period	S	b	Type of transaction C
6 a	Transaction count	7	b	Gain/(Loss) -9,251.
7 a	Imported	<input checked="" type="checkbox"/>		
8	Taxpayer must attach a statement with more details? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1	Service	Robinhood		
2	Digital asset	Robinhood - short-term		
3 a	Date acquired	Various	b	Date sold 09/08/2018
4 a	Cost or other basis	36,552.	b	Proceeds 35,487.
5 a	Holding period	S	b	Type of transaction C
6 a	Transaction count	45	b	Gain/(Loss) -1,064.
7 a	Imported	<input checked="" type="checkbox"/>		
8	Taxpayer must attach a statement with more details? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Total taxable gain/loss ► -10,315.

Form 1099-B Worksheet

► Keep for your records

2018

Name(s) Shown on Return

Ibrahim F Rupawala

Social Security No.

108-87-5744

Name of reporting financial institution . . . ► ACORNS SECURITIES LLC

Acct Number ► 00375275870342

Transactions

(Numbers in bold to the right of a box description correspond to specific IRS box numbers on the official Form 1099-B. See Tax Help for more information.)

1 a Form 8949 Check Box A	b Transaction number 1
2 Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4 Description (1a) 464287242 ISHARES INV GRD CORP BOND ETF 5	
5 a Date acquired (1b) VARIOUS	b Date of sale/exchange (1c) 05/31/18
6 a Sales price (1d) 540.00	b Sales expenses not reported
7 a Cost or other basis (1e) 564.56	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g) 3.41
9 a Reported type of gain/loss (2) S	b Corrected gain/loss, if applies
10 a Federal tax withheld (4) 0.00	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction W	b Import code O
13 a Check if sale of collectible (12) <input type="checkbox"/>	b Check if ordinary gain/loss (2) <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security 464287242 ISHARES INV GRD CORP BOND ETF	b Owner of security
15 a Stock or other symbol	b Quantity sold 5.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) -21.15 b Holding Period S	
c Adj Codes/Amt This sale is missing info?	
1 a Form 8949 Check Box	b Transaction number
2 Transaction reported to you on Form 1099-B (or substitute statement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Description (1a) See Additional Investment Sales	
5 a Date acquired (1b)	b Date of sale/exchange (1c)
6 a Sales price (1d)	b Sales expenses not reported
7 a Cost or other basis (1e)	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2)	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code
13 a Check if sale of collectible (12) <input type="checkbox"/>	b Check if ordinary gain/loss (2) <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security	b Owner of security
15 a Stock or other symbol	b Quantity sold
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) b Holding Period	
c Adj Codes/Amt This sale is missing info?	

Taxpayer must mail in a statement with more details? ☐ Yes ☐ No

Sale(s) missing info? _____

Reconciliation info

The information below can be used to reconcile gains/losses reported by category on a statement from your Financial Institution.

Sale Category	Proceeds	Cost Basis	Tent Gain/Loss	Adjustment Amt	Adj Gain/Loss
Description of sale category					Adj Code(s)
Totals	3,479.				40.

Note: Withholding totals don't include withholding on transactions linked to Capital Gain Transaction Wksht

Total Collectible Gain _____

Total Federal Backup Withholding _____

State ID

State Backup Withholding _____

Total State Backup Withholding _____

- Keep for your records

2018

Name(s) Shown on Return

Ibrahim F Rupawala

Social Security No.

108-87-5744

Name of reporting financial institution ▶ Apex Clearing Corporation

Acct Number ▶ 10-5SH45755

Transactions

(Numbers in bold to the right of a box description correspond to specific IRS box numbers on the official Form 1099-B. See Tax Help for more information.)

[illegible]

Taxpayer must mail in a statement with more details? ☐ Yes ☐ No Sale(s) missing info?

Reconciliation info

The information below can be used to reconcile gains/losses reported by category on a statement from your Financial Institution.

Sale Category	Proceeds	Cost Basis	Tent Gain/Loss	Adjustment Amt	Adj Gain/Loss
Description of sale category					Adj Code(s)
Totals	46,177.				1,034.

Note: Withholding totals don't include withholding on transactions linked to Capital Gain Transaction Wksht

Total Collectible Gain _____

Total Federal Backup Withholding _____

State ID

State Backup Withholding _____

Total State Backup Withholding _____

Form 1099-B Worksheet

► Keep for your records

2018

Name(s) Shown on Return

Ibrahim F Rupawala

Social Security No.

108-87-5744

Name of reporting financial institution ► Robinhood Securities LLC

Acct Number ► 121457550

Transactions

(Numbers in bold to the right of a box description correspond to specific IRS box numbers on the official Form 1099-B. See Tax Help for more information.)

1 a Form 8949 Check Box <u>A</u>	b Transaction number <u>1</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4 Description (1a) <u>595112103 MICRON TECHNOLOGY, INC. COMMON STOCK 200</u>	
5 a Date acquired (1b) <u>12/07/18</u>	b Date of sale/exchange (1c) <u>12/18/18</u>
6 a Sales price (1d) <u>6,939.88</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>7,139.90</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g) <u>0.00</u>
9 a Reported type of gain/loss (2) <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4) <u>0.00</u>	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) <input type="checkbox"/>	b Check if ordinary gain/loss (2) <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security <u>595112103 MICRON TECHNOLOGY, INC. COMMON STOCK</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>200.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>-200.02</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	
1 a Form 8949 Check Box <u>A</u>	b Transaction number <u>2</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4 Description (1a) <u>67066G104 NVIDIA CORPORATION COMMON STOCK 40</u>	
5 a Date acquired (1b) <u>VARIOUS</u>	b Date of sale/exchange (1c) <u>11/19/18</u>
6 a Sales price (1d) <u>6,179.89</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>6,466.06</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g) <u>286.17</u>
9 a Reported type of gain/loss (2) <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4) <u>0.00</u>	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction <u>W</u>	b Import code <u>0</u>
13 a Check if sale of collectible (12) <input type="checkbox"/>	b Check if ordinary gain/loss (2) <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security <u>67066G104 NVIDIA CORPORATION COMMON STOCK</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>40.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>0.00</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	

Taxpayer must mail in a statement with more details? ☐ Yes ☐ No

Sale(s) missing info? ☐

Reconciliation info

The information below can be used to reconcile gains/losses reported by category on a statement from your Financial Institution.

Sale Category	Proceeds	Cost Basis	Tent Gain/Loss	Adjustment Amt	Adj Gain/Loss
Description of sale category					Adj Code(s)
Totals	13,120.				-200.

Note: Withholding totals don't include withholding on transactions linked to Capital Gain Transaction Wksht

Total Collectible Gain _____

Total Federal Backup Withholding _____

State ID

State Backup Withholding _____

Total State Backup Withholding _____

- Keep for your records

2018

Name(s) Shown on Return

Ibrahim F Rupawala

Social Security No.

108-87-5744

Name of reporting financial institution ▶ Apex Clearing Corporation

Acct Number ▶ 7SB40226

Transactions

(Numbers in bold to the right of a box description correspond to specific IRS box numbers on the official Form 1099-B. See Tax Help for more information.)

1 a Form 8949 Check Box <u>A</u> 2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4 Description (1a) <u>Apex Clearing Corporation - see attached statement</u> 5 a Date acquired (1b) _____ b Date of sale/exchange (1c) . . . _____ 6 a Sales price (1d) <u>1,873.63</u> b Sales expenses not reported . . _____ 7 a Cost or other basis (1e) <u>1,800.00</u> b Corrected basis, if applies . . . _____ 8 a Accrued market discount (1f) _____ b Wash sale loss disallowed (1g) . _____ 9 a Reported type of gain/loss (2) . . <u>S</u> b Corrected gain/loss, if applies _____ 10 a Federal tax withheld (4) _____ b State tax withheld (16) _____ 11 a State name (14) _____ b State identification no. (15) . . . _____ 12 a Type of transaction. _____ b Import code _____ 13 a Check if sale of collectible (12) . <input type="checkbox"/> b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/> <i>Optional</i> 14 a Name of security _____ b Owner of security. _____ 15 a Stock or other symbol _____ b Quantity sold _____ 16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/> 17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy. _____ 18 a Adj code(s) (for summary only) . <u>M</u> b Adj amount (for summary only) . <u>0.00</u> Calc'd Results: 19 a Adjusted Gain (Loss) . <u>73.63</u> b Holding Period . . . <u>S</u> c Adj Codes/Amt _____ This sale is missing info? _____	1 a Form 8949 Check Box _____ b Transaction number _____ 2 Transaction reported to you on Form 1099-B (or substitute statement)? <input type="checkbox"/> Yes <input type="checkbox"/> No 3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input type="checkbox"/> Yes <input type="checkbox"/> No 4 Description (1a) _____ 5 a Date acquired (1b) _____ b Date of sale/exchange (1c) . . . _____ 6 a Sales price (1d) _____ b Sales expenses not reported . . _____ 7 a Cost or other basis (1e) _____ b Corrected basis, if applies . . . _____ 8 a Accrued market discount (1f) _____ b Wash sale loss disallowed (1g) . _____ 9 a Reported type of gain/loss (2) . . _____ b Corrected gain/loss, if applies _____ 10 a Federal tax withheld (4) _____ b State tax withheld (16) _____ 11 a State name (14) _____ b State identification no. (15) . . . _____ 12 a Type of transaction. _____ b Import code _____ 13 a Check if sale of collectible (12) . <input type="checkbox"/> b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/> <i>Optional</i> 14 a Name of security _____ b Owner of security. _____ 15 a Stock or other symbol _____ b Quantity sold _____ 16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/> 17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy. _____ 18 a Adj code(s) (for summary only) . _____ b Adj amount (for summary only) . _____ Calc'd Results: 19 a Adjusted Gain (Loss) . _____ b Holding Period . . . _____ c Adj Codes/Amt _____ This sale is missing info? _____
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Taxpayer must mail in a statement with more details? ☐ Yes ☒ No Sale(s) missing info?

Reconciliation info

The information below can be used to reconcile gains/losses reported by category on a statement from your Financial Institution.

Sale Category	Proceeds	Cost Basis	Tent Gain/Loss	Adjustment Amt	Adj Gain/Loss
Description of sale category					Adj Code(s)
Totals	1,874.				74.

Note: Withholding totals don't include withholding on transactions linked to Capital Gain Transaction Wksht

Total Collectible Gain _____

Total Federal Backup Withholding _____

State ID

State Backup Withholding _____

Total State Backup Withholding _____

Form 1099-B Worksheet

► Keep for your records

2018

Name(s) Shown on Return

Ibrahim F Rupawala

Social Security No.

108-87-5744

Name of reporting financial institution ► Coinbase

Acct Number ►

Transactions

(Numbers in bold to the right of a box description correspond to specific IRS box numbers on the official Form 1099-B. See Tax Help for more information.)

1 a Form 8949 Check Box <input checked="" type="checkbox"/> C	b Transaction number 1
2 Transaction reported to you on Form 1099-B (or substitute statement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Description (1a) Coinbase - short-term	
5 a Date acquired (1b) Various	b Date of sale/exchange (1c) 08/10/18
6 a Sales price (1d) 6,749.07	b Sales expenses not reported
7 a Cost or other basis (1e) 15,999.96	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2)	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction C	b Import code
13 a Check if sale of collectible (12) <input type="checkbox"/>	b Check if ordinary gain/loss (2) <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security	b Owner of security
15 a Stock or other symbol	b Quantity sold
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) ► <input type="checkbox"/>	
17 Use transaction worksheet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) -9,250.89 b Holding Period S	
c Adj Codes/Amt	This sale is missing info?

1 a Form 8949 Check Box	b Transaction number
2 Transaction reported to you on Form 1099-B (or substitute statement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Description (1a)	
5 a Date acquired (1b)	b Date of sale/exchange (1c)
6 a Sales price (1d)	b Sales expenses not reported
7 a Cost or other basis (1e)	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2)	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code
13 a Check if sale of collectible (12) <input type="checkbox"/>	b Check if ordinary gain/loss (2) <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security	b Owner of security
15 a Stock or other symbol	b Quantity sold
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) ► <input type="checkbox"/>	
17 Use transaction worksheet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) b Holding Period	
c Adj Codes/Amt	This sale is missing info?

Taxpayer must mail in a statement with more details? ☐ Yes ☐ No Sale(s) missing info? _____

Reconciliation info

The information below can be used to reconcile gains/losses reported by category on a statement from your Financial Institution.

Sale Category	Proceeds	Cost Basis	Tent Gain/Loss	Adjustment Amt	Adj Gain/Loss
Description of sale category					Adj Code(s)
Totals	6,749.				-9,251.

Note: Withholding totals don't include withholding on transactions linked to Capital Gain Transaction Wksht

Total Collectible Gain _____

Total Federal Backup Withholding _____

State ID

State Backup Withholding _____

Total State Backup Withholding _____

Form 1099-B Worksheet

► Keep for your records

2018

Name(s) Shown on Return

Ibrahim F Rupawala

Social Security No.

108-87-5744

Name of reporting financial institution ► Robinhood

Acct Number ►

Transactions

(Numbers in bold to the right of a box description correspond to specific IRS box numbers on the official Form 1099-B. See Tax Help for more information.)

1 a Form 8949 Check Box <input checked="" type="checkbox"/> C	b Transaction number 1
2 Transaction reported to you on Form 1099-B (or substitute statement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Description (1a) Robinhood - short-term	
5 a Date acquired (1b) Various	b Date of sale/exchange (1c) 09/08/18
6 a Sales price (1d) 35,487.30	b Sales expenses not reported
7 a Cost or other basis (1e) 36,551.70	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2)	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction C	b Import code
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security	b Owner of security
15 a Stock or other symbol	b Quantity sold
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) ► <input type="checkbox"/>	
17 Use transaction worksheet? . ► <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) -1,064.40 b Holding Period S	
c Adj Codes/Amt This sale is missing info?	

1 a Form 8949 Check Box	b Transaction number
2 Transaction reported to you on Form 1099-B (or substitute statement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Description (1a)	
5 a Date acquired (1b)	b Date of sale/exchange (1c)
6 a Sales price (1d)	b Sales expenses not reported
7 a Cost or other basis (1e)	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2)	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security	b Owner of security
15 a Stock or other symbol	b Quantity sold
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) ► <input type="checkbox"/>	
17 Use transaction worksheet? . ► <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) b Holding Period	
c Adj Codes/Amt This sale is missing info?	

Taxpayer must mail in a statement with more details? ☐ Yes ☐ No Sale(s) missing info? _____

Reconciliation info

The information below can be used to reconcile gains/losses reported by category on a statement from your Financial Institution.

Sale Category	Proceeds	Cost Basis	Tent Gain/Loss	Adjustment Amt	Adj Gain/Loss
Description of sale category					Adj Code(s)
Totals	35,487.				-1,064.

Note: Withholding totals don't include withholding on transactions linked to Capital Gain Transaction Wksht

Total Collectible Gain _____

Total Federal Backup Withholding _____

State ID

State Backup Withholding _____

Total State Backup Withholding _____

IRA Contributions Worksheet

2018

► Keep for your records

Name(s) Shown on Return Ibrahim F Rupawala	Social Security Number 108-87-5744
-----------------------------------------------	---------------------------------------

Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2018, including any made between 1/1/2019 and 4/15/2019, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan		
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA . . .		
►	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Total traditional IRA contributions.		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2019 to 4/15/2019 (<i>See Help</i>).		
12	Age 70-1/2 or older in tax year		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
13	Deductible traditional IRA contributions from worksheet.		
14	Nondeductible traditional IRA contributions from worksheet.		
	QuickZoom to worksheet indicated by the check: _____ IRA deduction worksheet ► _____ Worksheet for social security recipients ►		
15	Amount on line 13 you elect to make nondeductible		
16	Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 16 before due date of return, including extensions.		
17	Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 32.		
18	Qualified reservist repayments		
19	Nondeductible traditional IRA contributions, to Form 8606, ln 1. . .		

IRA Contributions Worksheet

2018

► Keep for your records

Ibrahim F Rupawala

108-87-5744

Page 2

Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
20	Enter regular Roth IRA contributions made for 2018, including any made between 1/1/2019 and 4/15/2019, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan.		
21	Contributions recharacterized from a traditional IRA, (from In 4).		
22	Roth IRA contributions, from Schedule(s) K-1		
23	Enter contributions recharacterized to a traditional IRA.		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
24	Disallowed Roth IRA conversions		
25	Roth IRA contributions. Combine lines 20 through 24		
26	Enter any contribution included on line 25 withdrawn before the due date of the tax return. <i>See Help</i>	0.	
27	Excess Roth IRA contribution credit		
28	Total Roth IRA contributions		
29	Repayments of qualified Roth reservist distributions		

Roth IRA Contributions After Limitations		Taxpayer	Spouse
30	Roth IRA contributions after limitation		
31	Excess Roth IRA contributions, to Form(s) 5329, line 23		
Note: You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.			

Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
32	Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary.		
Note: You do not need to report any Coverdell ESA contributions which are not excess contributions..			

Roth IRA Contribution Limit Worksheet

2018

► Keep for your records

Name(s) Shown on Return Ibrahim F Rupawala	Social Security Number 108-87-5744
-----------------------------------------------	---------------------------------------

1	Enter your modified adjusted gross income	1	
2	Enter \$120,000 (\$189,000 if married filing jointly or qualifying widow(er), \$0 if married filing separately and you lived with your spouse at any time during the year)	2	
If line 1 is equal to or less than line 2, skip line 3 and 4, and go to line 5 if married filing a joint return, otherwise, go to line 7.			
3	Subtract line 2 from line 1. If the result is \$10,000 or more (\$15,000 or more if line 2 is \$120,000), skip line 4 through 15 and enter zero on line 16	3	
4	Divide line 3 by \$10,000 (\$15,000 if line 2 is \$120,000)	4	
If married filing a joint return, complete lines 5 and 6, otherwise, go to line 7.			
5	Enter your combined wages and other earned income	5	
6	Enter your combined maximum allowed contribution	6	

If filing a joint return, complete lines 7 through 10 for both spouses even if only one spouse has a Roth contribution.			(a) Your IRA	(b) Spouse's IRA
7	Enter your wages and other earned income	7		
8	Maximum contribution allowed	8		
9	Enter traditional IRA contributions made, or will be made by April 15, 2019, for 2018, whether or not they were deductible (<i>do not enter more than line 8</i>)	9		
10	Enter Roth IRA contributions made, or will be made by April 15, 2019, for 2018 (<i>do not enter more than line 8</i>)	10		
Complete the rest of this worksheet for each column only if an amount is entered on line 10 for that column. Complete lines 11 through 16 in the column with the higher amount on line 7 before completing the other column.				
11	In the column with the higher amount on line 7 (or in both if line 7, column a equals column b), enter smaller of line 8 or line 7. In the column with the lower amount on line 7, enter the amount from line 8 (or the amount from the special married filing joint worksheet, line H, if applicable)	11		
12	Subtract line 9 from line 11	12		
If line 4 is zero or blank, or if line 11 is \$200 or less, enter the amount from line 12 on line 14.				
13	Multiply line 11 by line 4	13		
14	Subtract line 13 from line 11. Round up to the next multiple of \$10. If less than \$200, enter \$200	14		
15	Smaller of line 8 or either line D or line I from the special married filing joint worksheet, if applicable.	15		
16	Limited Roth IRA contribution. Smallest of line 10, line 12, line 14, or line 15.	16		

Schedule A
Line 1

Medical Expenses Worksheet

► Keep for your records

2018

Name(s) Shown on Return
Ibrahim F Rupawala

Social Security Number
108-87-5744

1	Prescription medications	1	
2	Health insurance premiums:		
a	Premiums other than self-employed health insurance or reported on a 1095-A . . .	2 a	
b	From Form(s) 1095-A - net of adjustments	b	
	Taxpayer's portion of 1095-A premiums (total less spouse) . . .		
	Spouse's portion of 1095-A premiums, enter the amount		
	for the spouse, the remaining goes to the taxpayer		
c	Medicare premiums	c	
d	From Form(s) 1099-R	d	
	NOTE: If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, not on lines 2e - 2j below.		
e	Taxpayer's gross long-term care premiums	2 e	
f	Taxpayer's allowable long-term care premiums	f	
g	Spouse's gross long-term care premiums	g	
h	Spouse's allowable long-term care premiums	h	
i	Dep or child under 27 gross long-term care premiums . .	i	
j	Dep or child under 27 allowable long-term care prem. . .	j	
k	Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j	k	
l	Taxpayer's long-term care premiums not deducted as an adjustment to income. . .	l	
m	Spouse's long-term care premiums not deducted as an adjustment to income. . .	m	
n	Dependent's long-term care premiums not deducted as an adj to income	n	
o	Other self-employed health insurance not deducted as an adj to income	o	
3	Fees for doctors, dentists, etc	3	
4	Fees for hospitals, clinics, etc.	4	
5	Lab and x-ray fees	5	
6	Expenses for qualified long-term care	6	
7	Eyeglasses and contact lenses	7	
8	Medical equipment and supplies	8	
9	Medical transportation expenses:		
a	Medical miles driven	9 a	
b	Multiply the number of miles on line 9a by 18 cents per mile	b	
c	Other medical transportation costs not included above for example: ambulance fees	c	
d	Total medical transportation expenses (add lines 9b and 9c)	9 d	
10	Lodging for medical purposes (up to \$50 per night per person)	10	
11	Other medical and dental expenses:		
a		11 a	
b		b	
c		c	
d		d	
e		e	
f		f	
g		g	
h		h	
i		i	
j		j	
12	Total of medical and dental expenses (add lines 1 through 11j)	12	
13 a	Less: insurance reimbursement for any expenses listed	13 a	
b	Less: medical savings account (MSA) or health savings account (HSA) distributions	b	
14	Total deductible medical and dental expenses. Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1)	14	0.

2018

Name(s) Shown on Return
Ibrahim F Rupawala

Social Security Number
108-87-5744

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/17/18		04/17/18			04/17/18		
2	06/15/18		06/15/18			06/15/18		
3	09/17/18		09/17/18			09/17/18		
4	01/15/19		01/15/19			01/15/19		
5								
Tot Estimated Payments . . .								

ID

6	Overpayments applied to 2018
7	Credited by estates and trusts
8	Totals Lines 1 through 7
9	2018 extensions

Local

10	Forms W-2				
11	Forms W-2G				
12	Forms 1099-R				
13	Forms 1099-MISC, 1099-K and 1099-G				
14	Schedules K-1				
15	Forms 1099-INT, DIV and OID				
16	Social Security and Railroad Benefits				
17	Form 1099-B	St	<input type="text"/>	Loc	<input type="text"/>
18 a	Other withholding	St	<input type="text"/>	Loc	<input type="text"/>
b	Other withholding	St	<input type="text"/>	Loc	<input type="text"/>
c	Other withholding	St	<input type="text"/>	Loc	<input type="text"/>
d	Positive Adjustment	St	<input type="text"/>	Loc	<input type="text"/>
e	Negative Adjustment	St	<input type="text"/>	Loc	<input type="text"/>
f	Additional Medicare Tax				
19	Total Withholding Lines 10 through 18f				

19 Total Withholding Lines 10 through 18f

20 Total Tax Payments for 2018

0.

18,850.

8,557.

$$\underline{8,557.}$$

ID

(If multiple states or localities, see Tax Help)

21	Tax paid with 2017 extensions
22	2017 estimated tax paid after 12/31/2017
23	Balance due paid with 2017 return
24	Other (amended returns, installment payments, etc)

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2018

► Keep for your records

Name(s) Shown on Return Ibrahim F Rupawala	Social Security Number 108-87-5744
-----------------------------------------------	---------------------------------------

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	110,155.
(2) Nontaxable income entered elsewhere on return	_____
(3) Available income: 2017 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	_____
(5) Total available income	110,155.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables _____

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items _____

f Total general sales tax per tables plus sales tax on specific items _____

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items). _____

h State and Local Income Taxes:

State and Local Income taxes 8,557.00

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a). 8,557.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098 _____

b	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
c	Real estate taxes paid on additional homes or land	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	_____
e	Vacation home	_____
f	Less real estate taxes deducted on Form 8829	_____
g	Foreign real property taxes included in lines 2a-2f above	_____
h	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b)	_____
3	State and local personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2017 Amount Enter 2018 description:	
	_____	_____
	_____	_____
	_____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	_____
c	Other personal property taxes	_____
d	Add lines 3a through 3c (to Schedule A, line 5c)	_____
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	_____
b	Foreign taxes from interest and dividends	_____
c	Foreign taxes from Schedule(s) K-1	_____
d	Other foreign taxes (not used to claim a foreign tax credit).	_____
e	Other taxes.	
	2017 Amount Enter 2018 description:	
	_____	_____
	_____	_____
	_____	_____
f	Foreign real property taxes included in lines 4a-4e above	_____
g	Add lines 4a through 4e, less line 4f (to Schedule A, line 6)	_____

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet	_____
b	Qualified mortgage interest from Schedule E Worksheet	_____
c	Less home mortgage interest/points deducted on Form 8829	_____
d	Less home mortgage interest from Form 8396, line 3	_____
e	Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above.	_____
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet.	_____
b	Less home mortgage interest deducted on Form 8829	_____
c	Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above	_____
7	Points not reported on Form 1098:	
a	Amortizable points from the Home Mortgage Interest Worksheet	_____
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	_____
c	Less points deducted on Form 8829	_____
d	Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above.	_____

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2018

► Keep for your records

Name(s) Shown on Return
Ibrahim F Rupawala

Social Security Number
108-87-5744

State and Local Income Taxes

State income taxes:		
1 State income tax withheld	1	8,557.
2 2018 state estimated taxes paid in 2018	2	
3 2017 state estimated taxes paid in 2018	3	
4 Amount paid with 2017 state application for extension	4	
5 Amount paid with 2017 state income tax return	5	
6 Overpayment on 2017 state income tax return applied to 2018 tax	6	
7 Other amounts paid in 2018 (amended returns, installment payments, etc.)	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041)	8	
Local income taxes:		
9 Local income tax withheld	9	
10 2018 local estimated taxes paid in 2018	10	
11 2017 local estimated taxes paid in 2018	11	
12 Amount paid with 2017 local application for extension	12	
13 Amount paid with 2017 local income tax return	13	
14 Overpayment on 2017 local income tax return applied to 2018 tax	14	
15 Other amounts paid in 2018 (amended returns, installment payments, etc.)	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041)	16	
Other:		
17	17	
18 Total Add lines 1 through 17	18	8,557.
19 State and local refund allocated to 2018	19	
20 Nondeductible state income tax from line 28	20	
21 Total reductions Add lines 19 and 20	21	
22 Total state and local income tax deduction Line 18 less line 21	22	8,557.

Nondeductible State Income Tax (Hawaii Only)

23 Nontaxable federal employee cost of living allowance	23	
24 Adjusted gross income	24	
25 Add lines 23 and 24	25	
26 Nondeductible percent. Line 23 divided by line 25	26	%
27 Hawaii state income tax included in line 18	27	
28 Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	28	

2018

- Keep for your records

Name(s) Shown on Return Ibrahim F Rupawala	Social Security Number 108-87-5744
-----------------------------------------------	---------------------------------------

Cash Contributions

[illegible]

Charitable Deduction Limits Worksheet For Current Year Contributions

2018

► Keep for your records

Name(s) Shown on Return <u>Ibrahim F Rupawala</u>	Social Security Number <u>108-87-5744</u>
------------------------------------------------------	----------------------------------------------

Step 1. List your qualified charitable contributions made during the year.

- 1 Enter your cash contributions for qualified disaster relief. Do not include this amount on line 2 below

Step 2. List your other charitable contributions made during the year.

- 2 Enter your cash contributions to 50% (60%) limit organizations. Do not include contributions entered on line 1.
- 3 Enter your non-cash contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value
- 4 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value
- 5 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations
- 6 Enter your contributions "for the use" of any qualified organization
- 7 Add lines 5 and 6
- 8 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1, 2 or 3)

Step 3. Figure your deduction for the year and your carryover to the next year.

- 9 Enter your adjusted gross income 110,155.
- 10 a Multiply line 9 by 0.5. This is your 50% limit. 55,078.
- b Multiply line 9 by 0.6. This is your 60% limit. 66,093.

		Limits				Deduct this year	Carryover to next year
		Cash and Other		Capital gain			
		50% Org	Other	50% Org	Other		
Cash Contributions to 50%(60%) limit organizations							
11	Enter the smaller of line 2 or line 10b . . .					0.	
12	Subtract line 11 from line 2						0.
13	Subtract line 11 from line 10b			66,093.			
Contributions to 50% limit organizations							
14	Subtract line 2 from line 10a		55,078.				
15	Enter the smallest of line 3, 10a or 14 . .					0.	
16	Subtract line 15 from line 3						0.
17	Subtract line 16 from line 15			55,078.			
Contributions not to 50% limit organizations							
18	Add lines 2, 3 and 4						
19	Multiply line 9 by 0.3. This is your 30% limit.						
20	Subtract line 18 from line 10a		33,047.	33,047.			
21	Enter the smallest of line 7, 19, or 20 . .		55,078.			0.	
22	Subtract line 21 from line 7						0.
23	Subtract line 21 from line 19			33,047.			
Capital gain property to 50% limit organizations							
24	Enter the smallest of line 4, 17, or 19 . .					0.	
25	Subtract line 24 from line 4						0.
26	Subtract line 21 from line 20			55,078.			
27	Subtract line 24 from line 19			33,047.			
Capital gain property not to 50% limit organizations							
28	Multiply line 9 by 0.2. This is your 20% limit.			22,031.			
29	Enter the smaller of line 8, 23, 26, 27, or 28					0.	
30	Subtract line 29 from line 8						0.
31	Add lines 11, 15, 21, 24, and 29. Amount for Schedule A, Line 14					0.	

32	Subtract line 31 from line 9	110,155.					
33	Enter the smaller of line 1 or line 32 here on Schedule A, line 14.					0.	
34	Subtract line 33 from line 1						0.
35	Add lines 12, 16, 22, 25, 30 and 34. Carry to next year.						0.

Charitable Deduction Limits Worksheet For Carryover Contributions

2018

► Keep for your records

Name(s) Shown on Return Ibrahim F Rupawala	Social Security Number 108-87-5744
-----------------------------------------------	---------------------------------------

Step 1. List your qualified charitable contributions made during the year.

- 1 Enter your cash contributions for qualified disaster relief. Do not include this amount on line 2 below

Step 2. List your other charitable contributions made during the year.

- 2 Enter your cash contributions to 50% (60%) limit organizations. Do not include contributions entered on line 1.
- 3 Enter your non-cash contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value
- 4 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value
- 5 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations
- 6 Enter your contributions "for the use" of any qualified organization
- 7 Add lines 5 and 6
- 8 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1, 2 or 3)

Step 3. Figure your deduction for the year and your carryover to the next year.

- 9 Enter your adjusted gross income 110,155.
- 10 a Multiply line 9 by 0.5. This is your 50% limit. 55,078. less. 0. 55,078.
- b Multiply line 9 by 0.6. This is your 60% limit. 66,093. less. 0. 66,093.

		Limits				Deduct this year	Carryover to next year
		Cash and Other		Capital gain			
		50% Org	Other	50% Org	Other		
Cash Contributions to 50%(60%) limit organizations							
11	Enter the smaller of line 2 or line 10b . . .					0.	
12	Subtract line 11 from line 2						0.
13	Subtract line 11 from line 10b			66,093.			
Contributions to 50% limit organizations							
14	Subtract line 2 from line 10a		55,078.				
15	Enter the smallest of line 3, 10a or 14 . . .					0.	
16	Subtract line 15 from line 3						0.
17	Subtract line 16 from line 15			55,078.			
Contributions not to 50% limit organizations							
18	Add lines 2, 3 and 4		0.				
19	Multiply line 9 by 0.3. This is your 30% limit.		33,047.	33,047.			
20	Subtract line 18 from line 10a		55,078.				
21	Enter the smallest of line 7, 19, or 20 . . .					0.	
22	Subtract line 21 from line 7						0.
23	Subtract line 21 from line 19			33,047.			
Capital gain property to 50% limit organizations							
24	Enter the smallest of line 4, 17, or 19 . . .					0.	
25	Subtract line 24 from line 4						0.
26	Subtract line 21 from line 20			55,078.			
27	Subtract line 24 from line 19			33,047.			
Capital gain property not to 50% limit organizations							
28	Multiply line 9 by 0.2. This is your 20% limit.			22,031.			
29	Enter the smaller of line 8, 23, 26, 27, or 28					0.	
30	Subtract line 29 from line 8						0.
31	Add lines 11, 15, 21, 24, and 29. Amount for Schedule A, Line 14					0.	

32	Subtract line 31 from line 9	110,155.					
33	Enter the smaller of line 1 or line 32 here on Schedule A, line 14.					0.	
34	Subtract line 33 from line 1						0.
35	Add lines 12, 16, 22, 25, 30 and 34. Carry to next year.						0.

- Keep for your records

Name(s) Shown on Return
Ibrahim F Rupawala

Social Security Number
108-87-5744

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
Totals: _____				

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals: _____					

	Total	Cash and Other Non-Capital Gain Property				Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	(f) 30% Limit	(g) 20% Limit
1 2018 contributions							
2 2018 contributions allowed	0.	0.	0.	0.	0.	0.	0.
3 Carryovers from:							
a 2017 tax year							
b 2016 tax year							
c 2015 tax year							
d 2014 tax year							
e 2013 tax year							
4 Carryovers allowed in 2018	0.			0.	0.	0.	0.
5 Carryovers disallowed in 2018	0.			0.	0.	0.	0.
6 Carryovers to 2019:							
a From 2018.	0.		0.	0.	0.	0.	0.
b From 2017.							
c From 2016.							
d From 2015.							
e From 2014.							
f From 2013.							

1	Was the entire interest given for all property donated to all charities?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Were restrictions attached to any charities's right to use or dispose of any property donated to any charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3	Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4	Was any charity other than a 60%/50% charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Schedule A
Lines 16

Miscellaneous Itemized Deductions Worksheet

2018

► Keep for your records

Name(s) Shown on Return
Ibrahim F RupawalaSocial Security Number
108-87-5744**FOR STATE USE ONLY: Employee Business Expenses — Subject to 2% Limitation**

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere	1	
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet)	2a	
b	Educator Expense Deduction (from 1040, line 23)	2b	
c	Excess Educator Expenses (line 2a less line 2b).	2c	
3	Union and professional dues	3	
4	Professional subscriptions	4	
5	Uniforms and protective clothing	5	
6	Job search costs	6	
7	Tax preparation fees	7	
8	Entertainment expenses	8	
9	Other: _____ _____ _____	9	
10	Combine lines 1 through 9	10	

FOR STATE USE ONLY:
Miscellaneous Expenses — Subject to 2% Limitation
*Check the box in investment column if an investment expense*Investment
Expense ↓

11	Depreciation and amortization deductions	<input checked="" type="checkbox"/>	11	
12	Casualty/theft losses of property used in services as an employee		12	
13	REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	13	
14	Investment expenses related to interest and dividend income	<input checked="" type="checkbox"/>	14	
15	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	15	
16	Miscellaneous deductions, from Schedule(s) K-1		16	
17	Excess deductions on termination, from Schedule(s) K-1		17	
18	Investment counsel and advisory fees	<input checked="" type="checkbox"/>	18	
19	Certain attorney and accounting fees	<input checked="" type="checkbox"/>	19	
20	Safe deposit box rental fees	<input checked="" type="checkbox"/>	20	
21	IRA custodial fees	<input checked="" type="checkbox"/>	21	
22	Loss incurred from total distribution of all traditional IRAs		22	
23	Loss incurred from total distribution of all Roth IRAs		23	
24	Loss incurred from final distribution of a QTP investment		24	
25	Hobby expense (limited to hobby income)		25	
26	Other: a Prior year government unemployment benefits repaid in 2018 b _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	26	
27	Combine lines 11 through 26		27	

FOR FEDERAL AND STATE USE:**Other Miscellaneous Deductions — Not Subject to 2% Limitation**

28	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	28	
29	Federal estate tax paid on decedent's income reported on this return		29	
30	Impairment-related expenses of a handicapped employee, from Form 2106		30	
31	Amortizable bond premiums on bonds acquired before 10/23/86		31	
32	Gambling losses		32	
33	Deduction for repayment of amounts under claim of right if over \$3,000		33	
34	Casualty/theft losses of income-producing property		34	
35	Unrecovered investment in annuity		35	
36	Ordinary loss attributable to certain debt instruments		36	
37	Net Qualified Disaster Loss		37	
38	Combine lines 28 through 37 (to Schedule A, line 16)		38	

Name(s) Shown on Return Ibrahim F Rupawala	Social Security Number 108-87-5744
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Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

<p>1 Is your earned income* more than \$700?</p> <p><input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total</p> <p><input type="checkbox"/> No. Enter \$1,050</p>	<p>_____</p> <p>_____</p>	<p>► . . .</p> <p>► . . .</p>	<p>1</p> <p>2</p>	<p>_____</p> <p>12,000.</p>
<p>2 Enter the amount shown below for your filing status.</p> <ul style="list-style-type: none"> • Single or married filing separately — \$12,000 • Married filing jointly or Qualifying widow(er) — \$24,000 • Head of household — \$18,000 	<p>_____</p> <p>_____</p>	<p>► . . .</p> <p>► . . .</p>	<p>2</p>	<p>_____</p>
<p>3 Standard deduction.</p>				
<p>3 a Enter the smaller of line 1 or line 2. If born after January 1, 1954, and not blind, stop here and enter this amount on Form 1040, line 8. Otherwise go to line 3b</p>	<p>_____</p>	<p>_____</p>	<p>3 a</p>	<p>_____</p>
<p>3 b If born before January 2, 1954, or blind, multiply the number on Form 1040 Wks, line 39a, by \$1,300 (\$1,600 if single or head of household)</p>	<p>_____</p>	<p>_____</p>	<p>3 b</p>	<p>_____</p>
<p>3 c Add lines 3a and 3b. Enter the total here and on Form 1040, line 8.</p>	<p>_____</p>	<p>_____</p>	<p>3 c</p>	<p>_____</p>

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040, line 1, and Schedule 1, lines 12 and 18, minus the amount, if any, on Schedule 1, line 27..

Earned Income Worksheet**2018**

► Keep for your records

Name(s) Shown on Return Ibrahim F Rupawala	Social Security Number 108-87-5744
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Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	113,035.		113,035.
7 a Taxable employer-provided adoption benefits.			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	113,035.		113,035.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	113,035.		113,035.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	113,035.		113,035.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	113,035.		113,035.
17 Net self-employment loss			
18 Alimony received.			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	113,035.		113,035.

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	113,035.		113,035.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	113,035.		113,035.

► Keep for your records

Name(s) Shown on Return
Ibrahim F RupawalaSocial Security Number
108-87-5744**Investment Interest Expense** (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1	1	
2	Investment interest expense from royalties	2	
3	Other investment interest expense:	3 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
4	Total investment interest expense. Add lines 1 through 3.	4	

Gross Income from Property Held for Investment (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income	5 a	103.
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends	c	
d	Total	d	103.
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from nonpassive trade or business without material participation	8	
9	Other investment income:	9 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
10	Total investment income. Add lines 5d through 9.	10	103.

Net Capital Gain Income (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16	11 a	
b	Less net gains from property not held for investment	b	
c	Net gains from property held for investment.	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16.	12 a	
b	Less net capital gains from property not held for investment	b	
c	Net capital gains from property held for investment.	c	

Investment Expenses (Form 4952, line 5)

13	Royalty expenses	13	
14	Investment expenses reported on schedule K-1 partnership or S-corp	14	
15	Expenses from nonpassive trade or business without material participation	15	
16	Other investment expenses:	16 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
17	Total investment expenses. Add lines 13 through 17.	17	

Allocation of Investment Interest Expense (Schedule A, line 14)

		Regular Tax	Alt Min Tax
18	Allowed investment interest expense, Form 4952, line 8	18	
19	Less amount deducted on other forms and schedules:	19	
a	Deducted on Schedule E, page 2 for passthru entities	a	
b	Deducted on Schedule E, page 1 for royalties	b	
c	Other amounts deducted on other forms and schedules	c	
d	Total amount deducted on other forms and schedules	d	
20	Investment interest expense.	20	

Form 1040
Line 17a

Earned Income Credit Worksheet

2018

► Keep for your records

Name(s) Shown on Return

Ibrahim F Rupawala

Social Security Number

108-87-5744

QuickZoom to Schedule EIC ►

QuickZoom to Dependent Information Worksheet to enter qualifying children information. ►

QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income ►

QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7. ►

1	Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes	1	113,035.
2	Adjustments to line 1 amount:		
a	Income reported as wages and as self-employment income.	2 a	
b	Other income entered as wages that is not considered earned income	b	
c	Distributions from section 457 and other nonqualified plans reported on W-2	c	
3	Subtract lines 2a, 2b and 2c from line 1	3	113,035.
4 a	Taxpayer's nontaxable combat pay election for EIC	4 a	
b	Spouse's nontaxable combat pay election for EIC	b	
c	Total nontaxable combat pay election	4 c	
5	If you were self-employed or used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4	5	
6	Earned income. Add lines 3, 4, and 5.	6	113,035.
7	Enter the credit, from the EIC Table , for the amount on line 6. Be sure to use the correct column for filing status and number of children.	7	0.
	If line 7 is zero, stop . You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 17a.		
8	Enter your AGI from Form 1040, line 7	8	
9	If you have:		
	• No qualifying children, is the amount on line 8 less than \$8,500 (\$14,200 if married filing jointly)?		
	• 1 or more qualifying children, is the amount on line 8 less than \$18,700 (\$24,350 if married filing jointly)?		
	<input checked="" type="checkbox"/> Yes. Go to line 10 now.		
	<input type="checkbox"/> No. Enter the credit, from the EIC Table , for the amount on line 8. Be sure to use the correct column for filing status and number of children	9	
10	Earned income credit.		
	• If 'Yes' on line 9, enter the amount from line 7		
	• If 'No' on line 9, enter the smaller of line 7 or line 9	10	

Enter line 10 amount on Form 1040, line 17a.

If one or more of the boxes below are checked, the earned income credit is not allowed.

- 1 The total taxable earned income (line 6 above) is equal to or more than:
- | | |
|--------------------------------------------|---------------------------------------------------------------------------------------|
| <input checked="checked" type="checkbox"/> | \$15,270 (\$20,950 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$40,320 (\$46,010 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$45,802 (\$51,492 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$49,194 (\$54,884 if married filing jointly) with more than two qualifying children. |
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- | | |
|--------------------------------------------|---------------------------------------------------------------------------------------|
| <input checked="checked" type="checkbox"/> | \$15,270 (\$20,950 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$40,320 (\$46,010 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$45,802 (\$51,492 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$49,194 (\$54,884 if married filing jointly) with more than two qualifying children. |
- 3 ☐ Investment income is more than \$3,500.
(Investment Income Smart Worksheet, item H above)
- 4 ☐ The married filing separate return status is checked.
(Information Worksheet, Part II)
- 5 ☐ Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 ☐ Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 ☐ Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.
(Information Worksheet, Part I)
- 8 ☐ Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 ☐ Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- | | | |
|---|--------------------------|---------------------------------------------------|
| a | <input type="checkbox"/> | qualifying children of another person, or |
| b | <input type="checkbox"/> | invalid social security numbers for EIC purposes. |
- (Information Worksheet, Part III)
- 11 ☐ Disallowed by IRS to claim Earned Income Credit in 2018.
(Information Worksheet, Part IV)
- 12 ☐ Filing Form 2555, Foreign Earned Income.
- 13 ☐ Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 ☐ Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)
-

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2018?

- ☐ Yes, all of the above is correct.
- ☐ No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2018?

- 2 ☐ Yes, my dependents lived with me at this address.
- ☐ No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2018.

Compliance and Due Diligence Indicator

Disqualified from Earned Income Credit.

☒ Yes

☒ No

Potential qualifying child count

Non dependent potential qualifying child count

Qualifying child count (max 3)

0

0

0

Qualified Business Income Deduction Simplified Worksheet 2018

► Keep for your records

Name(s) Shown on Return Ibrahim F Rupawala	Social Security Number 108-87-5744
-----------------------------------------------	---------------------------------------

This worksheet is for taxpayers who:

- Have qualified business income, REIT dividends, or PTP income.
- Are not a patron in a specified agricultural or horticultural cooperative.
- Have taxable income of \$157,500 or less (\$315,000 if married filing jointly).

1	(a) Trade or business name	(b) Employer identification number	(c) Qualified business income or (loss)
2	Total qualified business income or (loss). Add the amounts in column 1(c)		
3	Qualified business loss carryforward from the prior year. Enter as negative.		
4	Total QBI. Combine lines 2 and 3. If zero or less, enter -0-		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		
	Qualified REIT dividends		1.
	Qualified PTP income		
6	Qualified REIT dividends and PTP income or (loss).		1.
7	Qualified REIT and PTP loss carryforward from prior year. Enter as a negative		
8	Total qualified REIT and PTP income. Add lines 6 and 7. Enter -0- if negative		1.
9	Multiply line 8 by 20% (0.20)		0.
10	Qualified business income ded'n before income limitation. Add lines 5 and 9.		0.
11	Income before qualified business income deduction		98,155.
12	Net capital gains		86.
13	Subtract line 12 from line 11. If zero or less, enter -0-		98,069.
14	Income limitation. Multiply line 13 by 20% (0.20)		19,614.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14		0.
16	Total QB loss carryforward. Add lines 2 and 3. If more than zero, enter -0-		0.
17	Total qualified REIT and PTP loss carryforward. Add lines 6 and 7. If more than zero, enter -0-		0.

Qualified Business Income Deduction Summary

2018

► Keep for your records

Name(s) Shown on Return Ibrahim F Rupawala	Social Security Number 108-87-5744
-----------------------------------------------	---------------------------------------

Trade or business name	Net QBI
_____	_____
_____	_____
Net income from qualified trades or businesses	_____
Loss from previous year	_____
Sum of activities with gains	_____
Sum of activities with losses	_____
Check if using Simplified Worksheet	<input checked="" type="checkbox"/>
QBI component from Simplified Wksht line 5 or Wksht 12-A line 27	_____
Total REIT dividends	1.
PTP Income from non-SSTBs	_____
PTP Income from SSTBs	_____
Allowed PTP Income from SSTBs	_____
Total Allowed PTP income	_____
Carryover REIT/PTP losses from prior year	_____
Total REIT/PTP income	1.
20% of total REIT/PTP income	0.
Combined QBI Amount (QBI component plus 20% of REIT/PTP income).	0.
Income before qualified business income deduction	98,155.
Net capital gains	86.
Taxable income minus net capital gains. If zero or less, enter -0-	98,069.
20% of taxable income minus net capital gains	19,614.
Total QBI Deduction	0.
<i>Lesser of Combined QBI Amount or 20% of taxable income net of cap gains</i>	
Section 199A(g) deduction for domestic production activities	_____

Schedule SE Adjustments Worksheet

2018

► Keep for your records

Name(s) Shown on Return

Ibrahim F Rupawala

Social Security Number

108-87-5744

	(a) Taxpayer	(b) Spouse
QuickZoom to the Short Schedule SE (Schedule SE, page 1) ►	<input type="checkbox"/>	<input type="checkbox"/>
QuickZoom to the Long Schedule SE (Schedule SE, page 2) ►	<input type="checkbox"/>	<input type="checkbox"/>
A Use Long Schedule SE, even if qualified to use Short Schedule SE .	<input type="checkbox"/>	<input type="checkbox"/>
B Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .		
D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code AH		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C		
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 7		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c.		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2		
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1 . .		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2018

► Keep for your records

Name(s) Shown on Return Ibrahim F Rupawala		Social Security Number 108-87-5744	
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends. 86.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c	86.	0.	86.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	86.		86.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT 0.			
b Enter the gain from line 16 of Schedule D as refigured for the AMT 0.			
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	86.		86.
A Enter the amount from Form 6251, line 6.	39,855.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT 0.			
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			86.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return

Ibrahim F Rupawala

Social Security Number

108-87-5744

Taxable Income – Line 1

1	Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.) . . .	1	98,155.
2	Additions to income	2	
3	Add lines 1 and 2	3	98,155.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	98,155.

Taxes – Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	1	
---	-----------------------------------------------------------------------------	---	--

Refund of Taxes – Line 2b

1	Taxable refund of state and local income tax	1	
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986	2	
3	Total tax refund adjustment. Enter on Form 6251, line 2b	3	

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 2f

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	110,155.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	110,155.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	99,140.
6	Enter ATNOL carried to 2017 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options – Line 2i

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 2i.	5	

Disposition of Property – Line 2k

	Alternative Minimum Tax	Regular Tax	Difference
1 Net capital gain or loss (Schedule D)	-3,000.	-3,000.	0.
2 Ordinary gain or loss (Form 4797, Part II)			
3 Ordinary income from sale of Incentive Stock			
4 Total. Enter on Form 6251, line 2k			0.

Post-86 Depreciation – Line 2l

1 From depreciation worksheets	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2.	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Total. Subtract line 4 from line 3. Enter on Form 6251, line 2l.	5	

Passive Activities – Line 2m

1 Adjustment for recomputed income (loss) from passive activities	1	
2 Adjustment for recomputed income (loss) from publicly traded partnerships	2	
3 Other adjustments to passive activities	3	
4 Total. Add lines 1, 2, and 3. Enter on Form 6251, line 2m	4	

Circulation Costs – Line 2o

1 Circulation costs adjustment from Schedule K-1 Worksheets	1	
2 Other circulation costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2o	3	

Mining Costs – Line 2q

1 Mining costs adjustment from Schedule K-1 Worksheets	1	
2 Other mining costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2q	3	

Research and Experimental Costs – Line 2r

1 Research and Experimental costs adjustment from Schedule K-1 Worksheets	1	
2 Other research and experimental costs adjustment.	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2r	3	

Intangible Drilling Costs – Line 2t

1 Excess intangible drilling costs	1	
2 Net income from oil and gas wells	2	
3 Multiply line 2 by 65% (.65)	3	
4 Tentative intangible drilling costs preference. Subtract line 3 from line 1.	4	
5 Independent producers exception amount.	5	
6 Subtract line 5 from line 4. Enter this amount on Form 6251, line 2t	6	

Other Adjustments – Line 3

1 Pre-1987 depreciation from depreciation worksheets.	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Subtract line 4 from line 3.	5	
6 Enter other adjustments, including income-based related adjustments	6	
7 Add lines 5 and 6	7	
8 Standard deduction if a qualified disaster loss was added to standard deduction.	8	
9 Total other adjustments. Add lines 7 and 8 and enter on Form 6251, line 3	9	

Alternative Minimum Taxable Income – Line 4

If married filing separately and Form 6251, line 4, is more than \$718,800:		
1	Alternative minimum taxable income, Form 6251	1 _____
2	Threshold amount	2 _____
3	Subtract line 2 from line 1	3 _____
4	Multiply line 3 by 25% (.25)	4 _____
5	Smaller of line 4 or \$54,700	5 _____
6	Add line 1 and line 5. Enter on Form 6251, line 4	6 _____

Exemption – Line 5

1	Enter \$70,300 if single or head of household, \$109,400 if married filing jointly or qualifying widow(er), \$54,700 if married filing separately	1	70,300.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	110,155.
3	Enter \$500,000 if single or head of household, \$1,000,000 if married filing jointly or qualifying widow(er), \$500,000 if married filing separately	3	500,000.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-	6	70,300.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
7	Minimum exemption amount for certain children under age 24	7	_____
8 a	Enter the child's earned income , if any	8 a	_____
b	Enter any adjustments.	b	_____
9	Add lines 7, 8a and 8b. If zero or less, enter -0-	9	_____
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 5.	10	_____

Form 6251
Line 7

Foreign Earned Income
Alternative Minimum Tax Worksheet

2018

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Name(s) Shown on Return Ibrahim F Rupawala		Social Security Number 108-87-5744	
1	Enter amount from Form 6251, line 6	1	
2 a	Enter amount from Form(s) 2555, lines 45 and 50	2a	
b	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income	2b	
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c	
3	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36	3	
4	Tax on amount on line 3. • If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; or you reported qualified dividends on Form 1040, line 3a; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40 here. • All Others: If line 3 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result.	4	
5	Tax on amount on line 2c. If line 2c is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result	5	
6	Subtract line 5 from line 4. Enter here and on Form 6251, line 7. If zero or less, enter 0	6	

Federal Carryover Worksheet

2018

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Name(s) Shown on Return

Ibrahim F Rupawala

Social Security Number

108-87-5744

2017 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2017 State Extension Information

(a) State	(b) Paid With Extension

2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

2017 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2017 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2017 State Taxes Due Information

(a) State	(e) Paid With Return

2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2017 State Refund Applied Information

(a) State	(g) Applied Amount

2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2017 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2017 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Ibrahim F Rupawala

108-87-5744

Other Tax and Income Information			2017	2018
1	Filing status	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3	0.	8,557.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5		110,155.
6	Tax liability for Form 2210 or Form 2210-F	6	0.	17,841.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions			2017	2018
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers			2017	2018
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss	12 a		6,361.
b	AMT Short-term capital loss	b		6,361.
13 a	Long-term capital loss	13 a		7.
b	AMT Long-term capital loss	b		7.
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2018	a		
	b 2017	b		
	c 2016	c		
	d 2015	d		
	e 2014	e		
	f 2013	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2018	a		
	b 2017	b		
	c 2016	c		
	d 2015	d		
	e 2014	e		
	f 2013	f		

Ibrahim F Rupawala

108-87-5744

Credit Carryovers				2017	2018
18	General business credit			18	
19	Adoption credit from:			19 a	
	a	2018		b	
	b	2017		c	
	c	2016		d	
	d	2015		e	
	e	2014		f	
	f	2013			
20	Mortgage interest credit from:			20 a	
	a	2018		b	
	b	2017		c	
	c	2016		d	
	d	2015			
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	
Other Carryovers				2017	2018
24	Section 179 expense deduction disallowed			24	
25	Excess			25 a	
	a	Taxpayer (Form 2555, line 46)		b	
	b	Taxpayer (Form 2555, line 48)		c	
	c	Spouse (Form 2555, line 46)		d	
	d	Spouse (Form 2555, line 48)			

Charitable Contribution Carryovers

26 2017 Carryover of charitable contributions from:		Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2017					
b	2016					
c	2015					
d	2014					
e	2013					
27 2018 Carryover of charitable contributions from:		Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2018					
b	2017					
c	2016					
d	2015					
e	2014					

28 Amount overpaid less earned income credit 0.

2017 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

IRA Information Worksheet

2018

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Name(s) Shown on Return Ibrahim F Rupawala	Social Security Number 108-87-5744
-----------------------------------------------	---------------------------------------

Part I Traditional IRA		Taxpayer	Spouse
Basis and Value			
1	Total basis in traditional IRAs		
2	Year-end value on 12/31/2018.		
3	Basis carryover as of 12/31/2018		
Excess Contributions			
4	Excess contributions as of 12/31/2017		
5	Carryover of excess contributions to 2019		
Part II Roth IRA		Taxpayer	Spouse
Basis (Contribution and Conversion History)			
6	Basis in Roth IRA contributions		
7	Basis in Roth IRA conversions.		
8	Contribution basis carryover as of 12/31/2018		
9	Conversion basis carryover as of 12/31/2018		
Excess Contributions			
10	Excess contributions as of 12/31/2017		
11	Carryover of excess contributions to 2019		
Part III Traditional IRA Basis Detail		Taxpayer	Spouse
12	Basis for 2017 and earlier years		
13	Adjustment due to return of excess contributions		
14	Rollover of nontaxable portion of a qualified retirement plan		
15	Basis received from former spouse due to divorce or inherited. . .		
16	Basis transferred to former spouse due to divorce		
17	Adjusted total basis in Traditional IRAs.		
Part IV Traditional IRA Year-end Value Detail		Taxpayer	Spouse
18	Enter the combined value of all traditional IRAs (including SEP and SIMPLE IRAs) on 12/31/2018 (<i>See Help</i>) . . .		
19	If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/2018. qualified charitable distributions (QCD) made in Jan. 2019 to be treated as made in December 2018 (<i>See Help</i>).		
20	Enter the total amount of any traditional IRA distributions that you rolled over, or intend to roll over, to another traditional IRA, but the rollover was (or will be) made after 12/31/2018		
21	Check this box if you converted all of the traditional IRAs you had in 2018 to Roth IRAs in 2018.	<input type="checkbox"/>	<input type="checkbox"/>

IRA Information Worksheet

► Keep for your records

2018

Page 2

Name(s) Shown on Return
Ibrahim F Rupawala

Social Security Number
108-87-5744

Part V Roth IRA Contribution and Conversion Balances		Taxpayer	Spouse
22	Opened a Roth IRA before 2014	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2017 Balances (Basis - Before 2018 Transactions)			
23	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
24	Cumulative pre 2014 conversions - taxable and nontaxable		
25	2014 conversion contributions taxable at conversion		
26	2014 conversion contributions not taxable at conversion		
27	2015 conversion contributions taxable at conversion		
28	2015 conversion contributions not taxable at conversion		
29	2016 conversion contributions taxable at conversion		
30	2016 conversion contributions not taxable at conversion		
31	2017 conversion contributions taxable at conversion		
32	2017 conversion contributions not taxable at conversion		
2018 Transactions - Contributions		Taxpayer	Spouse
33	Regular Roth IRA contributions		
34	Rollover from Roth 401(k) and Roth 403(b)		
35	Conversion contributions taxable at conversion		
36	Conversion contributions not taxable at conversion		
37	Repayments of qualified Roth reservist distributions		
2018 Transactions - Distributions			
38	Distributions from regular Roth IRA contributions and from rollovers from Roth 401(k) and Roth 403(b)		
39	Distributions from cumulative pre 2014 conversions		
40	Distributions from 2014 conversions taxable at conversion		
41	Distribs. from 2014 conversions not taxable at conversion		
42	Distributions from 2015 conversions taxable at conversion		
43	Distribs. from 2015 conversions not taxable at conversion		
44	Distributions from 2016 conversions taxable at conversion		
45	Distribs. from 2016 conversions not taxable at conversion		
46	Distributions from 2017 conversions taxable at conversion		
47	Distribs. from 2017 conversions not taxable at conversion		
48	Distributions from 2018 conversions taxable at conversion		
49	Distribs. from 2018 conversions not taxable at conversion		
50	Did you have any open Roth IRA accounts on 12/31/2018?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Balance c/over to 2019 (Basis - After 2018 Transactions)			
51	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
52	Cumulative pre 2015 conversions - taxable and nontaxable		
53	2015 conversion contributions taxable at conversion		
54	2015 conversion contributions not taxable at conversion		
55	2016 conversion contributions taxable at conversion		
56	2016 conversion contributions not taxable at conversion		
57	2017 conversion contributions taxable at conversion		
58	2017 conversion contributions not taxable at conversion		
59	2018 conversion contributions taxable at conversion		
60	2018 conversion contributions not taxable at conversion		

IRA Information Worksheet

► Keep for your records

2018

Page 3

Name(s) Shown on Return

Ibrahim F Rupawala

Social Security Number

108-87-5744

Part VI Roth IRA Basis Adjustments		Taxpayer	Spouse
	Received From Former Spouse due to Divorce or Inheritance		
	Cumulative regular Roth IRA contributions, including rollovers		
61	from Roth 401(k) and Roth 403(b)		
62	Cumulative pre 2014 conversions - taxable and nontaxable		
63	2014 conversion contributions taxable at conversion		
64	2014 conversion contributions not taxable at conversion		
65	2015 conversion contributions taxable at conversion		
66	2015 conversion contributions not taxable at conversion		
67	2016 conversion contributions taxable at conversion		
68	2016 conversion contributions not taxable at conversion		
69	2017 conversion contributions taxable at conversion		
70	2017 conversion contributions not taxable at conversion		
71	2018 conversion contributions taxable at conversion		
72	2018 conversion contributions not taxable at conversion		
	Transferred To Former Spouse due to Divorce		
	Cumulative regular Roth IRA contributions, including rollovers		
73	from Roth 401(k) and Roth 403(b)		
74	Cumulative pre 2014 conversions - taxable and nontaxable		
75	2014 conversion contributions taxable at conversion		
76	2014 conversion contributions not taxable at conversion		
77	2015 conversion contributions taxable at conversion		
78	2015 conversion contributions not taxable at conversion		
79	2016 conversion contributions taxable at conversion		
80	2016 conversion contributions not taxable at conversion		
81	2017 conversion contributions taxable at conversion		
82	2017 conversion contributions not taxable at conversion		
83	2018 conversion contributions taxable at conversion		
84	2018 conversion contributions not taxable at conversion		

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2018

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Name(s) Shown on Return Ibrahim F Rupawala	Social Security Number 108-87-5744
-----------------------------------------------	---------------------------------------

Description	Amount
Income	
Wages	113,035.
Interest income before Series EE bond exclusion	
Dividend income	103.
Tax refund	
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	-3,000.
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	17.
Total income	110,155.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	110,155.

Two-Year Comparison

2018

Name(s) Shown on Return

Ibrahim F Rupawala

Social Security Number

Income	2017	2018	Difference	%
Wages, salaries, tips, etc		113,035.	113,035.	
Interest and dividend income		103.	103.	
State tax refund				
Business income (loss)				
Capital and other gains (losses)		-3,000.	-3,000.	
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above		17.	17.	
Total Income		110,155.	110,155.	
Adjustments to Income				
Adjusted Gross Income		110,155.	110,155.	
Itemized Deductions				
Medical and dental				
Income or sales tax		8,557.	8,557.	
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Phaseout of itemized deductions		0.	0.	
Total Itemized Deductions		8,557.	8,557.	
Standard or Itemized Deduction		12,000.	12,000.	
Exemption Amount		0.	0.	
Qualified Business Income Deduction		0.	0.	
Taxable Income		98,155.	98,155.	
Income tax		17,841.	17,841.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes		17,841.	17,841.	
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes		0.	0.	
Total Tax After Credits		17,841.	17,841.	
Withholding		18,850.	18,850.	
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments		18,850.	18,850.	
Form 2210 penalty				
Applied to next year's estimated tax				
Refund		1,009.	1,009.	
Balance Due				

Current year effective tax rate 16.20 %

Tax Summary
► Keep for your records

2018

Name (s)

Ibrahim F Rupawala

Total income	110,155.
Adjustments to income	
Adjusted gross income	110,155.
Itemized/standard deduction	12,000.
Qualified business income deduction	0.
Taxable income	98,155.
Tentative tax	17,841.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	0.
Total tax	17,841.
Total payments	18,850.
Estimated tax penalty	
Amount Overpaid	1,009.
Refund	1,009.
Amount Applied to Estimate	
Balance due	0.

Compare to U. S. Averages

► Keep for your records

2018

Name(s) Shown on Return Ibrahim F Rupawala	Social Security No 108-87-5744
-----------------------------------------------	-----------------------------------

Your 2018 adjusted gross income (AGI) 110,155.
National adjusted gross income range used below from 100,000. to 199,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	113,035.	119,624.
Taxable interest		1,343.
Tax-exempt interest		7,356.
Dividends	103.	6,153.
Business net income		26,962.
Business net loss		7,456.
Net capital gain		13,227.
Net capital loss	-3,000.	2,272.
Taxable IRA		28,120.
Taxable pensions and annuities		42,858.
Rent and royalty net income		13,675.
Rent and royalty net loss		8,973.
Partnership and S corporation net income		42,067.
Partnership and S corporation net loss		13,918.
Taxable social security benefits		24,347.
Medical and dental expenses deduction		13,011.
Taxes paid deduction	8,557.	11,774.
Interest paid deduction		9,311.
Charitable contributions deduction		4,445.
Total itemized deductions	8,557.	26,894.
Child care credit		600.
Education tax credits		1,506.
Child tax credit		1,427.
Retirement savings contributions credit		0.
Earned income credit		0.
Other Information	Actual Per Return	National Average
Adjusted gross income	110,155.	141,529.
Taxable income	98,155.	106,982.
Income tax	17,841.	17,966.
Alternative minimum tax		2,403.
Total tax liability	17,841.	18,706.

Name:	Ibrahim F Rupawala
SSN:	<u>108-87-5744</u>

☐ By withholding from my paychecks. (You will also need to complete the **Additional Information for Form W-4 Worksheet**. QuickZoom below.)

☒ By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2019 withholding will be _____.

Overpayment from my 2018 return. _____ 1,009.

Amount of my 2018 overpayment to apply to 2019 instead of refunding it _____.

Choose your filing status 1 - Single

Taxpayer age as of the end of 2019 28
Spouse age as of the end of 2019

Do you qualify for an additional standard deduction?

Taxpayer: _____
Spouse: _____ **Total** 0

☐ Check if you must itemize in 2019. (See Tax Help.)

<input type="checkbox"/>	Check if you will be the dependent of another person (but not if married filing jointly).	
Dependents on return:		
Number of qualifying children dependents age 16 and under	2018	2019
Number of qualifying children dependents age 17 to 23		
Number of other dependents on return		

Compensation:		
Annual wages and salary for taxpayer	113,035.	
Medicare wages for taxpayer (W-2 box 5)	24,224.	
Annual wages and salary for spouse		0.
Medicare wages for spouse (W-2 box 5).		0.
Self-employment Income:		
Schedule C income for taxpayer		
Schedule C income for spouse		
Schedule F & K-1 income for taxpayer		
Schedule F & K-1 income for spouse		
Conservation Reserve Program Payments for taxpayer		
Conservation Reserve Program Payments for spouse		
Annual net income from self-employment for taxpayer		
Annual net income from self-employment for spouse		0.

[illegible]

Name	Owner 2018 Income	2018 Expenses	2019 Income	2019 Expenses

Other Tax Information:			
Note: Include this income in the Other Income section below.			
Net Investment Income for 3.8% tax		0 .	
Qualified dividends		86 .	
Maximum Capital Gains Rate Tax Information:			
Net short-term capital gains or losses		-9,361 .	
Net long-term capital gains or losses		-7 .	
Net 28%-rate capital gains included in long-term			
Unrecap'd Sec 1250 gains incl in long-term (<i>see Tax Help</i>)			
Investment income election (<i>see Tax Help</i>)			
Other Income:			
Total of your other taxable income and losses (<i>see Tax Help</i>) . . .		120 .	
Foreign income or housing exclusions.			
Adjustments:			
Deductible IRA contributions, alimony, etc			
Itemized Deductions:			
Total medical expenses		0 .	
State and local property and income taxes (or sales tax)		8,557 .	
Deductible foreign income taxes			
Deductible mortgage interest			
Cash charitable contributions			
Other charitable contributions			
Deductible investment interest expense, casualty or theft losses (<i>see Tax Help</i>)			
Other itemized deductions			
Net qualified disaster loss (<i>see Tax Help</i>)			
Other Deduction:			
Qualified business income deduction (<i>see Tax Help</i>)		0 .	

Credits:			
Earned Income Tax Credit			
Child Tax Credit			
Child and Dependent Care Credit			
Education Credits			
Other Credits.			

Ibrahim F Rupawala

108-87-5744 Page **2**

Income Tax Calculation for Your 2019 Tax Return	2018 Actual	2019 Expected
Taxable income	98,155.	0.
Income tax	17,841.	
Alternative minimum tax (Enter Alt Min tax expected in 2019) . . .		
Premium tax credit repayment (Enter amt expected for 2019) . . .		
Total credits (Enter credits expected in 2019)		
Tax on self-employment income and add'l 0.9% Medicare tax . . .		0.
Net investment income tax (3.8%)		0.
Other taxes (Enter other taxes expected in 2019)	0.	
Total federal income tax	17,841.	0.

Enter the Tax Payments You've Already Made for Your 2019 Tax Return

The federal income tax actually withheld from your paychecks to date	
Taxpayer	
Spouse	
Federal estimated tax payments you've already made	
Payment number 1 (April 15, 2019)	
Payment number 2 (June 17, 2019)	
Payment number 3 (September 16, 2019)	
2018 federal overpayment credited to 2019 (from page 1 above)	
Total taxes paid to date	
Balance of payments needed or (expected refund).	0.

Summary of Taxes to be Paid for 2019

Federal income taxes to be withheld from your paychecks	
Your 2018 federal overpayment you applied to 2019.	
Your 2019 federal estimated taxes,	
based on <u>100% of your 2018 actual tax</u>	
Estimate of total payments you will need to make for 2019	

Estimated Tax Payment Options

Name: Ibrahim F Rupawala
SSN: 108-87-5744

Prepare My 2019 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2019 estimated taxable income	0.
<input type="checkbox"/> 100% of tax on your 2019 estimated taxable income	0.
<input type="checkbox"/> 66-2/3% of tax on your 2019 estimated taxable income (for farmers and fishermen only, see Tax Help)	0.
<input checked="" type="checkbox"/> 100% (110%) of your 2018 taxes (prior-year exception) Note: If your 2018 taxes were less than \$1000, see Tax Help	17,841.

Amount of Estimated Taxes to Pay in 2019	
Taxes based on method above	17,841.
Expected withholding for 2019 . . . (.2018 actual withholding)	18,850.
Taxes due after withholding	0.
Estimates you've already paid	
Last year's overpayment you applied to this year	
Balance of estimated taxes due	0.

Round My Payments Up
<input type="checkbox"/> To the next \$10
<input type="checkbox"/> To the next \$100

Prepare Estimated Tax Payment Vouchers
<input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help)
<input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000
<input type="checkbox"/> No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2019	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/> Payment number 1, due April 15, 2019	
<input type="checkbox"/> Payment number 2, due June 17, 2019	
<input type="checkbox"/> Payment number 3, due September 16, 2019	
<input type="checkbox"/> Payment number 4, due January 15, 2020	

Total estimated tax payments for 2019	
-------------------------------------------------	--

Print Estimated Tax Vouchers
<input checked="" type="checkbox"/> Yes, print those prepared by program
<input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts

Additional Information for Form W-4

Name:	<u>Ibrahim F Rupawala</u>
SSN:	<u>108-87-5744</u>

<input type="checkbox"/> This box will be checked if your entries on the Estimated Taxes and Form W-4 Worksheet indicate that this worksheet and Form W-4 are necessary for your next year's plan.		
Enter Salary and Pay Periods for 2019	Taxpayer	Spouse
Your annual salary for this year	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Salary you have already received in 2019	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Your remaining salary for this year	0.	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Number of paychecks you have remaining this year	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>
How often you are paid	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Your gross salary per pay period	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>

Form W-4 Personal Allowances and Withholding	Taxpayer	Spouse
Withholding status	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Personal allowances (see Tax Help if more than 10)	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>
Additional withholding per pay period	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Estimated future withholding per pay period	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Estimated future withholding through remainder of year	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Top tax rate being withheld	%	%

Change in Federal Income Tax Withholding per Pay Period	Taxpayer	Spouse
See tax help for more information.		
Current withholding per pay period	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Estimated future withholding per pay period	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Increase/(decrease) in net pay per pay period	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>

Summary of Federal Income Taxes to be Withheld in 2019: Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above.	
Taxpayer's withholding	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Spouse's withholding	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Total withholding	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Ibrahim F Rupawala

Primary SSN: 108-87-5744

Federal Return Submitted: April 08, 2019 02:25 AM PDT

Federal Return Acceptance Date: 04/08/2019

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2019. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2019, your Intuit electronic postmark will indicate April 15, 2019, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2019, and a corrected return is submitted and accepted before April 20, 2019. If your return is submitted after April 20, 2019, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2019. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2019, and the corrected return is submitted and accepted by October 20, 2019.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

--

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the MAX bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov.

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ³	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ³	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ³	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ³	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ .	Usually within 21 days ³	Free option with your purchase of TurboTax Premium Services or TurboTax MAX ²

¹You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card.

²The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Agreement on the next page for the cost of the service you have chosen.

³However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

Questions? Call 1-877-908-7228

Pro Delegation Worksheet

2018

Check this box if you are preparing this return as a PRO preparer ☐

Preparer / Electronic Return Originator (ERO) Information

Preparer Name _____ Print name in signature area? ☐
Preparer Tax ID # (PTIN) _____
NY Tax Preparer Registration # _____ or NY Exclusion Code _____
For NM, OR Preparers Only: State ID# _____
Preparer E-mail _____ Print date on return? ☐
Preparer Phone _____ CAF # _____
Electronic Filing Only: ERO Practitioner PIN _____

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

- ☐ File **federal** return electronically
☐ File **state** returns electronically

Select state returns to file electronically:

State(s)

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the state Department of Revenue, as applicable by law.

Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal return printed and mailed to IRS
☐ State return printed and mailed to state agency

Select state returns to file by mail:

State(s)

Practitioner PIN Program:

- ☐ Sign return electronically using Practitioner PIN

Choose one:

- ☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
☐ Taxpayer(s) entered own PIN(s)
☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). _____

Spouse's PIN filing a joint return (enter any 5 numbers) _____

Date PIN entered. _____

Identity Verification Information

Driver's License and/or State Id:

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

Documents Used to Verify Primary Taxpayer Identity:

- ☐ Driver's license
 - ☐ State issued identification card
 - ☐ Passport
 - ☐ Account statement from financial institution
 - ☐ Utility billing statement
 - ☐ Credit card billing statement
-

Finish and File Info:

- ☐ To indicate a client return download in FnF

Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Manual Selection of Lines Calculated Smart Worksheet	
After checking 2018 above and then making changes in your return, TurboTax will determine the lines on the 1040X that should be calculated. If needed for your situation, you can check the boxes below to manually determine which lines on the 1040X will calculate.	
A	<input type="checkbox"/> Lines 1-23 — Filing status/income/adjustments/itemized deduction/standard deduction
B	<input checked="" type="checkbox"/> Lines 1-30 — Calculate all lines
C	<input type="checkbox"/> Lines 5-23 — Tax before credits
D	<input type="checkbox"/> Lines 6-23 — Nonrefundable credits/other taxes
E	<input type="checkbox"/> Lines 10-23 — Payments and refundable credits

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2018 Return Information Smart Worksheet	
Original return filing status	
<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married filing joint return
<input type="checkbox"/> Qualifying widow(er)	<input type="checkbox"/> Head of household
Full-year coverage	
All household members have full-year minimal essential health care coverage <input checked="" type="checkbox"/> Yes	
1040X line number	
6	Tax. Enter method used to figure tax: <u>QDCGTW</u>
16	Amount for U.S. tax paid to the Virgin Islands (Form 8689) included on Line 16 _____

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2018 Return Payments Smart Worksheet	
A	Total amount paid with request for extension of time to file. <u>0.</u>
B	Tax Paid with original return (not including penalties). <u>0.</u>
C	Additional tax paid after return was filed _____

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2018 Return Overpayment Smart Worksheet	
A	Overpayment, if any, as shown on original return or as previously adjusted by the IRS (not including penalties). <u>1,009.</u>

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2018 Return Dependents Smart Worksheet

- A** Number of dependents reported in the dependents section on the original return. 1

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Filing Address Smart Worksheet

Send Form 1040X to: Department of the Treasury
Internal Revenue Service
Fresno, CA 93888-0422

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 3 Smart Worksheet

- A** Select your coverage for each month below. Select Family for any month you had Self-only coverage and your spouse had family coverage. Select None for for any month you were covered by Medicare.
- | | | | | | | |
|----|---------------------|---|-------------------------------|-----------------------------------------------|---------------------------------|---------------|
| 1 | January | ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 2 | February | ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 3 | March | ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 4 | April | ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 5 | May | ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 6 | June | ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 7 | July | ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 8 | August | ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 9 | September | ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 10 | October | ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 11 | November | ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 12 | December | ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
- B** Maximum allowable contribution. 3,450.
Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 9 Employer Contribution Smart Worksheet

- | | | |
|----------|----------------------------------------------------------------------------------|---------------|
| A | Enter the employer contributions reported in Box 12 of Form W-2 (code W) | <u>1,203.</u> |
| B | Enter employer contributions made in 2018 for the tax year 2017 | |
| C | Subtract line B from line A | <u>1,203.</u> |
| D | Enter employer contributions made in 2019 for the tax year 2018 | |
| E | Other employer contributions for 2018 not reported above | |
| F | Employer contributions for 2018. Add lines C, D and E. Enter on line 9 | <u>1,203.</u> |

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 18 Smart Worksheet						
Check here if failure to maintain HDHP coverage in 2018 was due to death or disability					<input type="checkbox"/>	
A	1	Total HSA contribution in 2017				
	2	Excess contribution in 2017				
	3	Net HSA contribution in 2017	0.			
B	Check the box below to indicate the type of coverage you had for each month of 2017. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.					
	1	January	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	2	February	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	3	March	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	4	April	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	5	May	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	6	June	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	7	July	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	8	August	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	9	September	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	10	October	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	11	November	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	12	December	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
C	1	Total maximum allowable contribution for 2017				
	2	Amount allocated to spouse in 2017				
	3	Net maximum allowable contribution for 2017				

SMART WORKSHEET FOR: 1040 Wks: 1040 Worksheet

Tax Smart Worksheet	
A	Tax 17,841.
	Check if from:
1	Tax table <input type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet X
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814
C	Additional tax from Form 4972
D	Tax from additional Form(s) 4972
E	Recapture tax from Form 8863
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative
H	Tax. Add lines A through G. Enter the result here and include in tax below. 17,841.

SMART WORKSHEET FOR: Federal Information Worksheet

TurboTax for the Web Filing Status Smart Worksheet	
Check this box to override the filing status selected thru Interview . . .	<input type="checkbox"/>
Marital Status	_____
Filing Status Selected	_____

SMART WORKSHEET FOR: Federal Information Worksheet

2017 Tax Cuts & Jobs Act Apply 15-year recovery period to qualified improvement property (asset types J2, J3, J4 and J5) placed in service after December 31, 2017? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Refer to Tax Help	
IMPORTANT NOTE: The Coronavirus Aid, Relief, and Economic Security (CARES) Act signed into law on March 27, 2020 has retroactively made qualified improvement property 15-year property.	
Refer to Tax Help	

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Substitute Form W-2 Smart Worksheet	
A	Treat as substitute W-2 and generate a form 4852 <input type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Roth IRA Limit Worksheet

Special Married Filing Joint Smart Worksheet

Complete this smart worksheet if all the following are true:

You are filing a joint tax return, and
 Line 5 is less than line 6, and
 Line 7, column a does not equal line 7, column b.

- A** Combined earned income - amount from line 5 _____
B Add line 9, column a and b _____
C Subtract line B from line A. _____
D Smaller of line C or the amount from line 8 _____
E Line D applies to Taxpayer ☐ Spouse ☐

Complete the rest of this worksheet only for the spouse with the **lower** amount on line 7
 if that spouse made a contribution to a Roth IRA.

- F** Lines G through I of this worksheet apply to Taxpayer ☐ Spouse ☐
G Line 16 amount from the column with the **higher** amount on line 7 _____
H Subtract line G from Line A. If the result is more than the amount on line 8,
 enter the amount from line 8 _____
I Subtract line G from Line C. If the result is more than the amount on line 8,
 enter the amount from line 8 _____

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

If your mortgage interest deduction needs to be limited for one of the following reasons, use
 the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on
 lines **A**, **B**, and **C** below:

- The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if
 married filing separate), or
- You had home debt that was **not** used to buy, build or substantially improve your home that
 secures the loan

QuickZoom to Deductible Home Mortgage Interest Worksheet ►

Does your mortgage interest need to be limited: Yes . . . ☐ No . . . ☐

A Home mortgage interest and points reported on Form 1098:

- 1** Sum of lines 5a through 5d below _____
2 Limited amount to report on Sch A, line 8a _____

B Home mortgage interest not reported on Form 1098:

- 1** Sum of lines 6a and 6b below _____
2 Limited amount to report on Sch A, line 8b _____

C Points not reported on Form 1098:

- 1** Sum of lines 7a through 7c below _____
2 Limited amount to report on Sch A, line 8c. _____

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet	
A	Enter Section 179 carryover from prior year _____
B	QuickZoom to the Asset Entry Worksheet ►
C	QuickZoom to the Depreciation/Amortization Reports ►
D	QuickZoom to Form 4562 for Schedule A ►
E	Treat all MACRS assets for activity as qualified Indian reservation property? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F	Treat all assets acquired after Aug. 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input checked="" type="checkbox"/> No
G	Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H	Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet	
QuickZoom to enter nontaxable combat pay on Form W-2 ►	
A Taxpayer:	
1	Taxpayer, nontaxable combat pay _____
1a	Taxpayer, prior year nontaxable combat pay from 2017 _____
2	Election for earned income credit (EIC): Elect taxpayer's nontaxable combat pay as earned income for EIC? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Election for dependent care benefits (DCB): Elect taxpayer's nontaxable combat pay as earned income for DCB? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Election for child and dependent care credit: Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
B Spouse:	
1	Spouse, nontaxable combat pay _____
1a	Spouse, prior year nontaxable combat pay from 2017 _____
2	Election for earned income credit (EIC): Elect spouse's nontaxable combat pay as earned income for EIC? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Election for dependent care benefits (DCB): Elect spouse's nontaxable combat pay as earned income for DCB? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Election for child and dependent care credit: Elect spouse's nontaxable combat pay as earned income for child and dependent care credit? ► <input type="checkbox"/> Yes <input type="checkbox"/> No
C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:	
Overpayment	_____ 1,009 . _____ Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Eligible Disaster Victims Smart Worksheet Election to use 2017 earned income for EIC and Additional Child Tax Credit	
The "Yes" box must be marked on Line A and Line B for 2017 earned income to be used for EIC and Additional Child Tax Credit calculations.	
A Elect to use 2017 earned income for EIC and Additional Child Tax Credit.	<input type="checkbox"/> Yes <input type="checkbox"/> No
B Taxpayer is eligible to elect to use 2017 earned income (see Publication 4492 for details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
C Earned income for EIC from your 2017 return	<input style="width: 150px;" type="text"/>
D Current year earned income for EIC	<input style="width: 150px;" type="text"/>
If Line D is equal to or greater than Line C the taxpayer is not eligible to use 2016 earned income for EIC and Additional Child Tax Credit calculations.	
E You may compare the tax benefit of electing to use 2017 Earned Income by checking the boxes on line A and B	
Overpayment	<input style="width: 150px;" type="text"/>
Amount due	<input style="width: 150px;" type="text"/>

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
A Taxable and tax exempt interest	<input style="width: 150px;" type="text"/>
B Dividend income	<input style="width: 150px;" type="text"/> 103.
C Capital gain net income	<input style="width: 150px;" type="text"/> 0.
D Royalty and rental of personal property net income	<input style="width: 150px;" type="text"/>
E Passive activity net income :	
1 Rental real estate net income or loss	<input style="width: 150px;" type="text"/>
2 Farm rental net income or loss	<input style="width: 150px;" type="text"/>
3 Partnerships and S corporations net income or loss	<input style="width: 150px;" type="text"/>
4 Estates and trusts net income or loss	<input style="width: 150px;" type="text"/>
5 Total of lines 1 through 4	<input style="width: 150px;" type="text"/>
6 Total passive activity net income , line 5 if greater than zero	<input style="width: 150px;" type="text"/>
F Interest and dividends from Forms 8814	<input style="width: 150px;" type="text"/>
G Adjustments	<input style="width: 150px;" type="text"/>
H Total investment income , add lines A through G	<input style="width: 150px;" type="text"/> 103.
Is line H, total investment income over \$3,500? <input checked="" type="checkbox"/> No. You may take the credit. <input type="checkbox"/> Yes. Stop. You cannot take the credit.	

SMART WORKSHEET FOR: Estimated Tax Payment Options

For Residents of Guam or the U.S. Virgin Islands Only	
<input type="checkbox"/>	Permanent resident of Guam or U.S. Virgin Islands
<input type="checkbox"/>	Nonpermanent resident of Guam or U.S. Virgin Islands

Additional information from your 2018 Federal Tax Return

Cryptocurrency Wks

Additional Investment Sales

Continuation Statement

Coinbase			
ETH			
03/08/2018	b	Date sold	08/10/2018
1,996.16	b	Proceeds	914.80
S	b	Type of transaction	C
X	b	Gain/(Loss)	-1,081.36
Coinbase			
ETH			
03/08/2018	b	Date sold	08/10/2018
3.83	b	Proceeds	0.79
S	b	Type of transaction	C
X	b	Gain/(Loss)	-3.04
Coinbase			
BCH			
01/16/2018	b	Date sold	08/10/2018
1,993.40	b	Proceeds	590.00
S	b	Type of transaction	C
X	b	Gain/(Loss)	-1,403.40
Coinbase			
BCH			
01/16/2018	b	Date sold	08/10/2018
6.59	b	Proceeds	0.99
S	b	Type of transaction	C
X	b	Gain/(Loss)	-5.60
Coinbase			
BTC			
01/15/2018	b	Date sold	08/10/2018
5,991.92	b	Proceeds	2,745.00
S	b	Type of transaction	C
X	b	Gain/(Loss)	-3,246.92
Coinbase			
BTC			
01/15/2018	b	Date sold	08/10/2018
8.06	b	Proceeds	2.76
S	b	Type of transaction	C
X	b	Gain/(Loss)	-5.30
Robinhood			
BCH			
08/18/2018	b	Date sold	08/18/2018
573.07	b	Proceeds	536.99
S	b	Type of transaction	C
X	b	Gain/(Loss)	-36.08
Robinhood			
BCH			
08/18/2018	b	Date sold	08/18/2018
36.17	b	Proceeds	33.93
S	b	Type of transaction	C
X	b	Gain/(Loss)	-2.24

Cryptocurrency Wks
Additional Investment Sales

Continuation Statement

Robinhood			
BCH			
08/18/2018	b	Date sold	08/22/2018
565.82	b	Proceeds	513.28
S	b	Type of transaction	C
X	b	Gain/(Loss)	-52.54
Robinhood			
BCH			
08/18/2018	b	Date sold	08/22/2018
565.23	b	Proceeds	513.22
S	b	Type of transaction	C
X	b	Gain/(Loss)	-52.01
Robinhood			
BCH			
09/07/2018	b	Date sold	09/08/2018
289.56	b	Proceeds	258.89
S	b	Type of transaction	C
X	b	Gain/(Loss)	-30.67
Robinhood			
BCH			
09/07/2018	b	Date sold	09/08/2018
767.21	b	Proceeds	685.87
S	b	Type of transaction	C
X	b	Gain/(Loss)	-81.34
Robinhood			
BTC			
08/14/2018	b	Date sold	08/16/2018
2,749.00	b	Proceeds	2,828.14
S	b	Type of transaction	C
X	b	Gain/(Loss)	79.14
Robinhood			
BTC			
08/18/2018	b	Date sold	08/18/2018
2,000.00	b	Proceeds	1,958.62
S	b	Type of transaction	C
X	b	Gain/(Loss)	-41.38
Robinhood			
BTC			
08/18/2018	b	Date sold	08/22/2018
2,000.00	b	Proceeds	1,968.88
S	b	Type of transaction	C
X	b	Gain/(Loss)	-31.12
Robinhood			
BTC			
08/30/2018	b	Date sold	09/04/2018
2,000.00	b	Proceeds	2,086.54
S	b	Type of transaction	C
X	b	Gain/(Loss)	86.54
Robinhood			
BTC			
09/07/2018	b	Date sold	09/08/2018
1,500.00	b	Proceeds	1,414.82
S	b	Type of transaction	C
X	b	Gain/(Loss)	-85.18

Cryptocurrency Wks
Additional Investment Sales
Continuation Statement

Robinhood			
ETC			
08/14/2018	b	Date sold	08/15/2018
1,000.00	b	Proceeds	1,088.26
S	b	Type of transaction	C
X	b	Gain/(Loss)	88.26
Robinhood			
ETC			
08/17/2018	b	Date sold	08/18/2018
783.73	b	Proceeds	736.62
S	b	Type of transaction	C
X	b	Gain/(Loss)	-47.11
Robinhood			
ETC			
08/17/2018	b	Date sold	08/18/2018
216.27	b	Proceeds	202.67
S	b	Type of transaction	C
X	b	Gain/(Loss)	-13.60
Robinhood			
ETC			
08/18/2018	b	Date sold	08/22/2018
1,000.74	b	Proceeds	897.40
S	b	Type of transaction	C
X	b	Gain/(Loss)	-103.34
Robinhood			
ETC			
08/28/2018	b	Date sold	08/30/2018
706.55	b	Proceeds	683.09
S	b	Type of transaction	C
X	b	Gain/(Loss)	-23.46
Robinhood			
ETC			
08/28/2018	b	Date sold	08/30/2018
365.33	b	Proceeds	354.33
S	b	Type of transaction	C
X	b	Gain/(Loss)	-11.00
Robinhood			
ETC			
08/28/2018	b	Date sold	08/30/2018
928.95	b	Proceeds	901.67
S	b	Type of transaction	C
X	b	Gain/(Loss)	-27.28
Robinhood			
ETC			
08/30/2018	b	Date sold	09/04/2018
717.00	b	Proceeds	765.62
S	b	Type of transaction	C
X	b	Gain/(Loss)	48.62
Robinhood			
ETC			
08/30/2018	b	Date sold	09/04/2018
502.61	b	Proceeds	537.87
S	b	Type of transaction	C
X	b	Gain/(Loss)	35.26

Cryptocurrency Wks
Additional Investment Sales

Continuation Statement

Robinhood			
ETC			
08/30/2018	b	Date sold	09/04/2018
782.21	b	Proceeds	835.13
S	b	Type of transaction	C
X	b	Gain/(Loss)	52.92
Robinhood			
ETC			
09/07/2018	b	Date sold	09/08/2018
321.26	b	Proceeds	288.87
S	b	Type of transaction	C
X	b	Gain/(Loss)	-32.39
Robinhood			
ETC			
09/07/2018	b	Date sold	09/08/2018
401.00	b	Proceeds	360.87
S	b	Type of transaction	C
X	b	Gain/(Loss)	-40.13
Robinhood			
ETC			
09/07/2018	b	Date sold	09/08/2018
778.00	b	Proceeds	702.05
S	b	Type of transaction	C
X	b	Gain/(Loss)	-75.95
Robinhood			
ETH			
08/14/2018	b	Date sold	08/16/2018
597.11	b	Proceeds	618.00
S	b	Type of transaction	C
X	b	Gain/(Loss)	20.89
Robinhood			
ETH			
08/14/2018	b	Date sold	08/16/2018
1.40	b	Proceeds	1.46
S	b	Type of transaction	C
X	b	Gain/(Loss)	0.06
Robinhood			
ETH			
08/14/2018	b	Date sold	08/16/2018
1,402.00	b	Proceeds	1,453.64
S	b	Type of transaction	C
X	b	Gain/(Loss)	51.64
Robinhood			
ETH			
08/18/2018	b	Date sold	08/18/2018
399.65	b	Proceeds	381.21
S	b	Type of transaction	C
X	b	Gain/(Loss)	-18.44
Robinhood			
ETH			
08/18/2018	b	Date sold	08/18/2018
778.18	b	Proceeds	742.07
S	b	Type of transaction	C
X	b	Gain/(Loss)	-36.11

Cryptocurrency Wks
Additional Investment Sales

Continuation Statement

Robinhood			
ETH			
08/18/2018	b	Date sold	08/18/2018
823.16	b	Proceeds	785.98
S	b	Type of transaction	C
X	b	Gain/(Loss)	-37.18
Robinhood			
ETH			
08/18/2018	b	Date sold	08/22/2018
1,231.99	b	Proceeds	1,105.17
S	b	Type of transaction	C
X	b	Gain/(Loss)	-126.82
Robinhood			
ETH			
08/18/2018	b	Date sold	08/22/2018
767.61	b	Proceeds	687.79
S	b	Type of transaction	C
X	b	Gain/(Loss)	-79.82
Robinhood			
ETH			
08/28/2018	b	Date sold	08/30/2018
601.03	b	Proceeds	570.08
S	b	Type of transaction	C
X	b	Gain/(Loss)	-30.95
Robinhood			
ETH			
08/28/2018	b	Date sold	08/30/2018
981.25	b	Proceeds	931.95
S	b	Type of transaction	C
X	b	Gain/(Loss)	-49.30
Robinhood			
ETH			
08/28/2018	b	Date sold	08/30/2018
418.51	b	Proceeds	397.76
S	b	Type of transaction	C
X	b	Gain/(Loss)	-20.75
Robinhood			
ETH			
08/30/2018	b	Date sold	09/04/2018
579.92	b	Proceeds	575.96
S	b	Type of transaction	C
X	b	Gain/(Loss)	-3.96
Robinhood			
ETH			
08/30/2018	b	Date sold	09/04/2018
1,419.80	b	Proceeds	1,410.15
S	b	Type of transaction	C
X	b	Gain/(Loss)	-9.65
Robinhood			
ETH			
09/07/2018	b	Date sold	09/08/2018
291.99	b	Proceeds	248.66
S	b	Type of transaction	C
X	b	Gain/(Loss)	-43.33

Cryptocurrency Wks
Additional Investment Sales
Continuation Statement

Robinhood			
ETH			
09/07/2018	b	Date sold	09/08/2018
708.01	b	Proceeds	603.64
S	b	Type of transaction	C
X	b	Gain/(Loss)	-104.37
Robinhood			
LTC			
08/14/2018	b	Date sold	08/16/2018
584.12	b	Proceeds	598.24
S	b	Type of transaction	C
X	b	Gain/(Loss)	14.12
Robinhood			
LTC			
08/14/2018	b	Date sold	08/16/2018
416.26	b	Proceeds	425.94
S	b	Type of transaction	C
X	b	Gain/(Loss)	9.68
Robinhood			
LTC			
08/18/2018	b	Date sold	08/18/2018
1,000.00	b	Proceeds	935.27
S	b	Type of transaction	C
X	b	Gain/(Loss)	-64.73
Robinhood			
LTC			
08/18/2018	b	Date sold	08/22/2018
1,000.00	b	Proceeds	957.85
S	b	Type of transaction	C
X	b	Gain/(Loss)	-42.15
Robinhood			
LTC			
09/07/2018	b	Date sold	09/08/2018
430.97	b	Proceeds	388.93
S	b	Type of transaction	C
X	b	Gain/(Loss)	-42.04
Robinhood			
LTC			
09/07/2018	b	Date sold	09/08/2018
569.03	b	Proceeds	513.92
S	b	Type of transaction	C
X	b	Gain/(Loss)	-55.11

Form 1099-B Worksheet (ACORNS SECURITIES LLC)

Additional Investment Sales

Continuation Statement

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>2</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>464287242 ISHARES INV GRD CORP BOND ETF 1</u>	
5 a Date acquired (1b) <u>VARIOUS</u>	b Date of sale/exchange (1c) <u>10/15/18</u>
6 a Sales price (1d) <u>77.35</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>78.91</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g) <u>0.00</u>
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4) <u>0.00</u>	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
Optional	
14 a Name of security <u>464287242 ISHARES INV GRD CORP BOND ETF</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>1.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>-1.56</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #cccccc;"></div>	

1 a Form 8949 Check Box. <u>D</u>	b Transaction number <u>3</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>464287242 ISHARES INV GRD CORP BOND ETF 1</u>	
5 a Date acquired (1b) <u>VARIOUS</u>	b Date of sale/exchange (1c) <u>10/15/18</u>
6 a Sales price (1d) <u>82.50</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>87.59</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g) <u>0.97</u>
9 a Reported type of gain/loss (2) . <u>L</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4) <u>0.00</u>	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction <u>W</u>	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
Optional	
14 a Name of security <u>464287242 ISHARES INV GRD CORP BOND ETF</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>1.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>-4.12</u> b Holding Period <u>L</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #cccccc;"></div>	

Form 1099-B Worksheet (ACORNS SECURITIES LLC)

Additional Investment Sales

Continuation Statement

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>4</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>464287457 ISHARES 1-3 YEAR TREASURY BOND 6</u>	
5 a Date acquired (1b) <u>VARIOUS</u>	b Date of sale/exchange (1c) <u>05/31/18</u>
6 a Sales price (1d) <u>539.99</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>545.92</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g) <u>0.90</u>
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4) <u>0.00</u>	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction <u>W</u>	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
Optional	
14 a Name of security <u>464287457 ISHARES 1-3 YEAR TREASURY BOND</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>6.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>-5.03</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #cccccc;"></div>	

1 a Form 8949 Check Box. <u>D</u>	b Transaction number <u>5</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>464287457 ISHARES 1-3 YEAR TREASURY BOND 1</u>	
5 a Date acquired (1b) <u>VARIOUS</u>	b Date of sale/exchange (1c) <u>10/15/18</u>
6 a Sales price (1d) <u>79.46</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>80.76</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g) <u>0.22</u>
9 a Reported type of gain/loss (2) . <u>L</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4) <u>0.00</u>	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction <u>W</u>	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
Optional	
14 a Name of security <u>464287457 ISHARES 1-3 YEAR TREASURY BOND</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>1.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>-1.08</u> b Holding Period <u>L</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #cccccc;"></div>	

Continuation Statement

[illegible]

Form 1099-B Worksheet (ACORNS SECURITIES LLC)

Additional Investment Sales

Continuation Statement

1 a Form 8949 Check Box. <u>D</u>	b Transaction number 8
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>921943858 VANGUARD FTSE DEVELOPED MARKET 0</u>	
5 a Date acquired (1b) <u>09/18/18</u>	b Date of sale/exchange (1c) <u>10/15/18</u>
6 a Sales price (1d) <u>0.74</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>0.89</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g) <u>0.00</u>
9 a Reported type of gain/loss (2) . <u>L</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4) <u>0.00</u>	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
Optional	
14 a Name of security <u>921943858 VANGUARD FTSE DEVELOPED MARKET</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>0.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>-0.15</u> b Holding Period <u>L</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #cccccc;"></div>	

1 a Form 8949 Check Box. <u>A</u>	b Transaction number 9
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>921943858 VANGUARD FTSE DEVELOPED MARKET 2</u>	
5 a Date acquired (1b) <u>VARIOUS</u>	b Date of sale/exchange (1c) <u>10/15/18</u>
6 a Sales price (1d) <u>91.47</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>99.45</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g) <u>0.92</u>
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4) <u>0.00</u>	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction <u>W</u>	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
Optional	
14 a Name of security <u>921943858 VANGUARD FTSE DEVELOPED MARKET</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>2.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>-7.06</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #cccccc;"></div>	

Continuation Statement

1 a Form 8949 Check Box. <u>A</u> 2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4 Description (1a) <u>922042858 VANGUARD EMERGING MARKETS ETF 2</u> 5 a Date acquired (1b) <u>VARIOUS</u> 6 a Sales price (1d) <u>81.00</u> 7 a Cost or other basis (1e) <u>79.25</u> 8 a Accrued market discount (1f) _____ 9 a Reported type of gain/loss (2) . <u>S</u> 10 a Federal tax withheld (4) <u>0.00</u> 11 a State name (14) _____ 12 a Type of transaction <u>W</u> 13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Transaction number <u>10</u> b Date of sale/exchange (1c) <u>05/31/18</u> b Sales expenses not reported _____ b Corrected basis, if applies _____ b Wash sale loss disallowed (1g) <u>0.25</u> b Corrected gain/loss, if applies _____ b State tax withheld (16) _____ b State identification no. (15) _____ b Import code <u>O</u> b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/> <i>Optional</i> 14 a Name of security <u>922042858 VANGUARD EMERGING MARKETS ETF</u> 15 a Stock or other symbol _____ 16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/> 17 Use transaction worksheet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy _____ 18 a Adj code(s) (for summary only) _____ Calc'd Results: 19 a Adjusted Gain (Loss) <u>2.00</u> b Holding Period <u>S</u> c Adj Codes/Amt _____ This sale is missing info? _____
1 a Form 8949 Check Box. <u>A</u> 2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4 Description (1a) <u>922042858 VANGUARD EMERGING MARKETS ETF 1</u> 5 a Date acquired (1b) <u>VARIOUS</u> 6 a Sales price (1d) <u>19.97</u> 7 a Cost or other basis (1e) <u>22.56</u> 8 a Accrued market discount (1f) _____ 9 a Reported type of gain/loss (2) . <u>S</u> 10 a Federal tax withheld (4) <u>0.00</u> 11 a State name (14) _____ 12 a Type of transaction <u>W</u> 13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Transaction number <u>11</u> b Date of sale/exchange (1c) <u>10/15/18</u> b Sales expenses not reported _____ b Corrected basis, if applies _____ b Wash sale loss disallowed (1g) <u>0.34</u> b Corrected gain/loss, if applies _____ b State tax withheld (16) _____ b State identification no. (15) _____ b Import code <u>O</u> b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/> <i>Optional</i> 14 a Name of security <u>922042858 VANGUARD EMERGING MARKETS ETF</u> 15 a Stock or other symbol _____ 16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/> 17 Use transaction worksheet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy _____ 18 a Adj code(s) (for summary only) _____ Calc'd Results: 19 a Adjusted Gain (Loss) <u>-2.25</u> b Holding Period <u>S</u> c Adj Codes/Amt _____ This sale is missing info? _____

Continuation Statement

1	a Form 8949 Check Box D	b Transaction number 12
2	Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	Description (1a) 922042858 VANGUARD EMERGING MARKETS ETF 0	
5 a	Date acquired (1b) VARIOUS	b Date of sale/exchange (1c) 10/15/18
6 a	Sales price (1d) 3.40	b Sales expenses not reported
7 a	Cost or other basis (1e) 4.09	b Corrected basis, if applies
8 a	Accrued market discount (1f)	b Wash sale loss disallowed (1g) 0.14
9 a	Reported type of gain/loss (2) . L	b Corrected gain/loss, if applies
10 a	Federal tax withheld (4) 0.00	b State tax withheld (16)
11 a	State name (14)	b State identification no. (15)
12 a	Type of transaction W	b Import code O
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>		
14 a	Name of security 922042858 VANGUARD EMERGING MARKETS ETF	b Owner of security
15 a	Stock or other symbol	b Quantity sold 0.0000
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17	Use transaction worksheet? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a	Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) -0.55 b Holding Period L		
c Adj Codes/Amt This sale is missing info?		

1	a Form 8949 Check Box A	b Transaction number 13
2	Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	Description (1a) 922908363 VANGUARD S&P 500 ETF (VOO) 3	
5 a	Date acquired (1b) VARIOUS	b Date of sale/exchange (1c) 05/31/18
6 a	Sales price (1d) 782.99	b Sales expenses not reported
7 a	Cost or other basis (1e) 724.18	b Corrected basis, if applies
8 a	Accrued market discount (1f)	b Wash sale loss disallowed (1g) 0.15
9 a	Reported type of gain/loss (2) . S	b Corrected gain/loss, if applies
10 a	Federal tax withheld (4) 0.00	b State tax withheld (16)
11 a	State name (14)	b State identification no. (15)
12 a	Type of transaction W	b Import code O
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>		
14 a	Name of security 922908363 VANGUARD S&P 500 ETF (VOO)	b Owner of security
15 a	Stock or other symbol	b Quantity sold 3.0000
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17	Use transaction worksheet? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a	Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) 58.96 b Holding Period S		
c Adj Codes/Amt This sale is missing info?		

Form 1099-B Worksheet (ACORNS SECURITIES LLC)

Additional Investment Sales

Continuation Statement

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>14</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>922908363 VANGUARD S&P 500 ETF (VOO)</u> <u>1</u>	
5 a Date acquired (1b) <u>VARIOUS</u>	b Date of sale/exchange (1c) <u>10/15/18</u>
6 a Sales price (1d) <u>221.26</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>223.86</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g) <u>0.17</u>
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4) <u>0.00</u>	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction <u>W</u>	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
Optional	
14 a Name of security <u>922908363 VANGUARD S&P 500 ETF (VOO)</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>1.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>-2.43</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"></div> <div style="width: 60%;"></div> </div>	

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>15</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>922908553 VANGUARD REIT INDEX ETF (VNQ)</u> <u>2</u>	
5 a Date acquired (1b) <u>VARIOUS</u>	b Date of sale/exchange (1c) <u>05/31/18</u>
6 a Sales price (1d) <u>162.00</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>169.16</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g) <u>0.67</u>
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4) <u>0.00</u>	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction <u>W</u>	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
Optional	
14 a Name of security <u>922908553 VANGUARD REIT INDEX ETF (VNQ)</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>2.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>-6.49</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"></div> <div style="width: 60%;"></div> </div>	

Continuation Statement

1 a Form 8949 Check Box. <u>D</u> 2 Transaction reported to you on Form 1099-B (or substitute statement)? 3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? 4 Description (1a) <u>922908553 VANGUARD REIT INDEX ETF (VNQ) 0</u> 5 a Date acquired (1b) <u>VARIOUS</u> 6 a Sales price (1d) <u>17.23</u> 7 a Cost or other basis (1e) <u>18.67</u> 8 a Accrued market discount (1f) _____ 9 a Reported type of gain/loss (2) . <u>L</u> 10 a Federal tax withheld (4) <u>0.00</u> 11 a State name (14) _____ 12 a Type of transaction <u>W</u> 13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Transaction number <u>16</u> <div style="float: right; text-align: right;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div> b Date of sale/exchange (1c) <u>10/15/18</u> b Sales expenses not reported _____ b Corrected basis, if applies _____ b Wash sale loss disallowed (1g) <u>0.29</u> b Corrected gain/loss, if applies _____ b State tax withheld (16) _____ b State identification no. (15) _____ b Import code <u>0</u> b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security <u>922908553 VANGUARD REIT INDEX ETF (VNQ)</u> 15 a Stock or other symbol _____ 16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/> 17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy _____ 18 a Adj code(s) (for summary only) . _____ b Adj amount (for summary only) . _____ Calc'd Results: 19 a Adjusted Gain (Loss) <u>-1.15</u> b Holding Period <u>L</u> c Adj Codes/Amt _____ This sale is missing info? _____	b Owner of security _____ b Quantity sold <u>0.0000</u> 19 b Adjusted Gain (Loss) _____ 19 c Holding Period _____ 19 d Adj Codes/Amt _____ This sale is missing info? _____

1 a Form 8949 Check Box. <u>A</u> 2 Transaction reported to you on Form 1099-B (or substitute statement)? 3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? 4 Description (1a) <u>922908553 VANGUARD REIT INDEX ETF (VNQ) 0</u> 5 a Date acquired (1b) <u>VARIOUS</u> 6 a Sales price (1d) <u>28.85</u> 7 a Cost or other basis (1e) <u>30.24</u> 8 a Accrued market discount (1f) _____ 9 a Reported type of gain/loss (2) . <u>S</u> 10 a Federal tax withheld (4) <u>0.00</u> 11 a State name (14) _____ 12 a Type of transaction _____ 13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Transaction number <u>17</u> <div style="float: right; text-align: right;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div> b Date of sale/exchange (1c) <u>10/15/18</u> b Sales expenses not reported _____ b Corrected basis, if applies _____ b Wash sale loss disallowed (1g) <u>0.00</u> b Corrected gain/loss, if applies _____ b State tax withheld (16) _____ b State identification no. (15) _____ b Import code <u>0</u> b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security <u>922908553 VANGUARD REIT INDEX ETF (VNQ)</u> 15 a Stock or other symbol _____ 16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/> 17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy _____ 18 a Adj code(s) (for summary only) . _____ b Adj amount (for summary only) . _____ Calc'd Results: 19 a Adjusted Gain (Loss) <u>-1.39</u> b Holding Period <u>S</u> c Adj Codes/Amt _____ This sale is missing info? _____	b Owner of security _____ b Quantity sold <u>0.0000</u> 19 b Adjusted Gain (Loss) _____ 19 c Holding Period _____ 19 d Adj Codes/Amt _____ This sale is missing info? _____

Form 1099-B Worksheet (ACORNS SECURITIES LLC)

Additional Investment Sales

Continuation Statement

1 a Form 8949 Check Box. <u>A</u>		b Transaction number <u>18</u>					
2 Transaction reported to you on Form 1099-B (or substitute statement)?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				
4 Description (1a) <u>922908751 VANGUARD SMALL CAP ETF (VB) 2</u>							
5 a Date acquired (1b) <u>VARIOUS</u>		b Date of sale/exchange (1c) <u>05/31/18</u>					
6 a Sales price (1d) <u>270.00</u>		b Sales expenses not reported					
7 a Cost or other basis (1e) <u>241.65</u>		b Corrected basis, if applies					
8 a Accrued market discount (1f)		b Wash sale loss disallowed (1g) <u>0.00</u>					
9 a Reported type of gain/loss (2) . <u>S</u>		b Corrected gain/loss, if applies					
10 a Federal tax withheld (4) <u>0.00</u>		b State tax withheld (16)					
11 a State name (14)		b State identification no. (15)					
12 a Type of transaction		b Import code <u>0</u>					
13 a Check if sale of collectible (12) . <input type="checkbox"/>		b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>					
<i>Optional</i>							
14 a Name of security <u>922908751 VANGUARD SMALL CAP ETF (VB)</u>		b Owner of security					
15 a Stock or other symbol		b Quantity sold <u>2.0000</u>					
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>							
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy							
18 a Adj code(s) (for summary only)		b Adj amount (for summary only)					
Calc'd Results: 19 a Adjusted Gain (Loss) <u>28.35</u> b Holding Period <u>S</u>							
c Adj Codes/Amt		This sale is missing info?					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>							

1 a Form 8949 Check Box. <u>A</u>		b Transaction number <u>19</u>					
2 Transaction reported to you on Form 1099-B (or substitute statement)?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				
4 Description (1a) <u>922908751 VANGUARD SMALL CAP ETF (VB) 1</u>							
5 a Date acquired (1b) <u>VARIOUS</u>		b Date of sale/exchange (1c) <u>10/15/18</u>					
6 a Sales price (1d) <u>76.31</u>		b Sales expenses not reported					
7 a Cost or other basis (1e) <u>79.92</u>		b Corrected basis, if applies					
8 a Accrued market discount (1f)		b Wash sale loss disallowed (1g) <u>0.18</u>					
9 a Reported type of gain/loss (2) . <u>S</u>		b Corrected gain/loss, if applies					
10 a Federal tax withheld (4) <u>0.00</u>		b State tax withheld (16)					
11 a State name (14)		b State identification no. (15)					
12 a Type of transaction <u>W</u>		b Import code <u>0</u>					
13 a Check if sale of collectible (12) . <input type="checkbox"/>		b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>					
<i>Optional</i>							
14 a Name of security <u>922908751 VANGUARD SMALL CAP ETF (VB)</u>		b Owner of security					
15 a Stock or other symbol		b Quantity sold <u>1.0000</u>					
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>							
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy							
18 a Adj code(s) (for summary only)		b Adj amount (for summary only)					
Calc'd Results: 19 a Adjusted Gain (Loss) <u>-3.43</u> b Holding Period <u>S</u>							
c Adj Codes/Amt		This sale is missing info?					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>							

Form 1099-B Worksheet (Apex Clearing Corporation)
Additional Investment Sales
Continuation Statement

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>2</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>***ALIBABA GROUP HOLDING LTD SPO 10</u>	
5 a Date acquired (1b) <u>10/11/17</u>	b Date of sale/exchange (1c) <u>01/09/18</u>
6 a Sales price (1d) <u>1,909.35</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>1,836.49</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
Optional	
14 a Name of security <u>***ALIBABA GROUP HOLDING LTD SPO</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>10.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>72.86</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #cccccc;"></div>	

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>3</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>***ALIBABA GROUP HOLDING LTD SPO 5</u>	
5 a Date acquired (1b) <u>10/12/17</u>	b Date of sale/exchange (1c) <u>01/09/18</u>
6 a Sales price (1d) <u>954.68</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>905.25</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
Optional	
14 a Name of security <u>***ALIBABA GROUP HOLDING LTD SPO</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>5.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>49.43</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #cccccc;"></div>	

Form 1099-B Worksheet (Apex Clearing Corporation)
Additional Investment Sales
Continuation Statement

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>4</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>***ALIBABA GROUP HOLDING LTD SPO 3</u>	
5 a Date acquired (1b) <u>10/13/17</u>	b Date of sale/exchange (1c) <u>01/09/18</u>
6 a Sales price (1d) <u>572.80</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>534.39</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security <u>***ALIBABA GROUP HOLDING LTD SPO</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>3.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>38.41</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="border: 1px solid black; width: 100%;"></div>	

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>5</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>***ALIBABA GROUP HOLDING LTD SPO 10</u>	
5 a Date acquired (1b) <u>10/19/17</u>	b Date of sale/exchange (1c) <u>01/09/18</u>
6 a Sales price (1d) <u>1,909.35</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>1,759.90</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security <u>***ALIBABA GROUP HOLDING LTD SPO</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>10.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>149.45</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="border: 1px solid black; width: 100%;"></div>	

Continuation Statement

1 a Form 8949 Check Box. <u>A</u> 2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4 Description (1a) <u>FACEBOOK INC CL A 8</u> 5 a Date acquired (1b) <u>10/11/17</u> b Date of sale/exchange (1c) <u>01/09/18</u> 6 a Sales price (1d) <u>1,503.15</u> b Sales expenses not reported 7 a Cost or other basis (1e) <u>1,375.84</u> b Corrected basis, if applies 8 a Accrued market discount (1f) b Wash sale loss disallowed (1g) 9 a Reported type of gain/loss (2) . <u>S</u> b Corrected gain/loss, if applies 10 a Federal tax withheld (4) b State tax withheld (16) 11 a State name (14) b State identification no. (15) 12 a Type of transaction b Import code <u>O</u> 13 a Check if sale of collectible (12) . <input type="checkbox"/> b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/> <i>Optional</i> 14 a Name of security <u>FACEBOOK INC CL A</u> b Owner of security 15 a Stock or other symbol b Quantity sold <u>8.0000</u> 16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/> 17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy 18 a Adj code(s) (for summary only) b Adj amount (for summary only) Calc'd Results: 19 a Adjusted Gain (Loss) <u>127.31</u> b Holding Period <u>S</u> c Adj Codes/Amt This sale is missing info?	1 a Form 8949 Check Box. <u>A</u> b Transaction number <u>6</u> 2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4 Description (1a) <u>COGNIZANT TECHNOLOGY SOLUTIONS C 75</u> 5 a Date acquired (1b) <u>10/31/17</u> b Date of sale/exchange (1c) <u>04/25/18</u> 6 a Sales price (1d) <u>6,057.68</u> b Sales expenses not reported 7 a Cost or other basis (1e) <u>5,716.43</u> b Corrected basis, if applies 8 a Accrued market discount (1f) b Wash sale loss disallowed (1g) 9 a Reported type of gain/loss (2) . <u>S</u> b Corrected gain/loss, if applies 10 a Federal tax withheld (4) b State tax withheld (16) 11 a State name (14) b State identification no. (15) 12 a Type of transaction b Import code <u>O</u> 13 a Check if sale of collectible (12) . <input type="checkbox"/> b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/> <i>Optional</i> 14 a Name of security <u>COGNIZANT TECHNOLOGY SOLUTIONS C</u> b Owner of security 15 a Stock or other symbol b Quantity sold <u>75.0000</u> 16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/> 17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy 18 a Adj code(s) (for summary only) b Adj amount (for summary only) Calc'd Results: 19 a Adjusted Gain (Loss) <u>341.25</u> b Holding Period <u>S</u> c Adj Codes/Amt This sale is missing info?
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Continuation Statement

<p>1 a Form 8949 Check Box. <u>A</u></p> <p>2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4 Description (1a) <u>MICROSOFT CORP 3</u></p> <p>5 a Date acquired (1b). <u>05/23/18</u></p> <p>6 a Sales price (1d) <u>294.46</u></p> <p>7 a Cost or other basis (1e) <u>294.32</u></p> <p>8 a Accrued market discount (1f) _____</p> <p>9 a Reported type of gain/loss (2) . <u>S</u></p> <p>10 a Federal tax withheld (4) _____</p> <p>11 a State name (14) _____</p> <p>12 a Type of transaction _____</p> <p>13 a Check if sale of collectible (12) . <input type="checkbox"/> b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/></p> <p><i>Optional</i></p> <p>14 a Name of security <u>MICROSOFT CORP</u></p> <p>15 a Stock or other symbol _____</p> <p>16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/></p> <p>17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy _____</p> <p>18 a Adj code(s) (for summary only) . _____ b Adj amount (for summary only) . _____</p> <p>Calc'd Results: 19 a Adjusted Gain (Loss) . <u>0.14</u> b Holding Period <u>S</u></p> <p>c Adj Codes/Amt _____ This sale is missing info?</p>	<p>8</p> <p>b Transaction number _____</p> <p>b Date of sale/exchange (1c) <u>05/23/18</u></p> <p>b Sales expenses not reported _____</p> <p>b Corrected basis, if applies _____</p> <p>b Wash sale loss disallowed (1g) . . _____</p> <p>b Corrected gain/loss, if applies . . . _____</p> <p>b State tax withheld (16) _____</p> <p>b State identification no. (15) _____</p> <p>b Import code <u>0</u></p>
<p>1 a Form 8949 Check Box. <u>A</u></p> <p>2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4 Description (1a) <u>MICROSOFT CORP 8</u></p> <p>5 a Date acquired (1b). <u>05/23/18</u></p> <p>6 a Sales price (1d) <u>785.65</u></p> <p>7 a Cost or other basis (1e) <u>784.84</u></p> <p>8 a Accrued market discount (1f) _____</p> <p>9 a Reported type of gain/loss (2) . <u>S</u></p> <p>10 a Federal tax withheld (4) _____</p> <p>11 a State name (14) _____</p> <p>12 a Type of transaction _____</p> <p>13 a Check if sale of collectible (12) . <input type="checkbox"/> b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/></p> <p><i>Optional</i></p> <p>14 a Name of security <u>MICROSOFT CORP</u></p> <p>15 a Stock or other symbol _____</p> <p>16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/></p> <p>17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy _____</p> <p>18 a Adj code(s) (for summary only) . _____ b Adj amount (for summary only) . _____</p> <p>Calc'd Results: 19 a Adjusted Gain (Loss) . <u>0.81</u> b Holding Period <u>S</u></p> <p>c Adj Codes/Amt _____ This sale is missing info?</p>	<p>9</p> <p>b Transaction number _____</p> <p>b Date of sale/exchange (1c) <u>05/23/18</u></p> <p>b Sales expenses not reported _____</p> <p>b Corrected basis, if applies _____</p> <p>b Wash sale loss disallowed (1g) . . _____</p> <p>b Corrected gain/loss, if applies . . . _____</p> <p>b State tax withheld (16) _____</p> <p>b State identification no. (15) _____</p> <p>b Import code <u>0</u></p>

Form 1099-B Worksheet (Apex Clearing Corporation)
Additional Investment Sales
Continuation Statement

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>10</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>CADENCE DESIGN SYSTEMS INC 4</u>	
5 a Date acquired (1b) <u>06/05/18</u>	b Date of sale/exchange (1c) <u>08/16/18</u>
6 a Sales price (1d) <u>181.66</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>174.74</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security <u>CADENCE DESIGN SYSTEMS INC</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>4.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>6.92</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="background-color: #cccccc; border: 1px solid black; width: 100%;"></div>	

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>11</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>CADENCE DESIGN SYSTEMS INC 18</u>	
5 a Date acquired (1b) <u>06/05/18</u>	b Date of sale/exchange (1c) <u>08/16/18</u>
6 a Sales price (1d) <u>817.53</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>786.33</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security <u>CADENCE DESIGN SYSTEMS INC</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>18.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>31.20</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="background-color: #cccccc; border: 1px solid black; width: 100%;"></div>	

Form 1099-B Worksheet (Apex Clearing Corporation)
Additional Investment Sales
Continuation Statement

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>12</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>CADENCE DESIGN SYSTEMS INC 58</u>	
5 a Date acquired (1b) <u>06/05/18</u>	b Date of sale/exchange (1c) <u>08/16/18</u>
6 a Sales price (1d) <u>2,632.57</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>2,533.73</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security <u>CADENCE DESIGN SYSTEMS INC</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>58.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>98.84</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="border: 1px solid black; width: 100%;"></div>	

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>13</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>UNITEDHEALTH GROUP INC 12</u>	
5 a Date acquired (1b) <u>06/08/18</u>	b Date of sale/exchange (1c) <u>08/16/18</u>
6 a Sales price (1d) <u>3,151.14</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>3,009.48</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security <u>UNITEDHEALTH GROUP INC</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>12.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>141.66</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="border: 1px solid black; width: 100%;"></div>	

Form 1099-B Worksheet (Apex Clearing Corporation)
Additional Investment Sales
Continuation Statement

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>14</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>EXACT SCIENCES CORP 2</u>	
5 a Date acquired (1b) <u>06/07/18</u>	b Date of sale/exchange (1c) <u>08/23/18</u>
6 a Sales price (1d) <u>135.97</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>126.52</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security <u>EXACT SCIENCES CORP</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>2.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>9.45</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="border: 1px solid black; width: 100%;"></div>	

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>15</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>EXACT SCIENCES CORP 48</u>	
5 a Date acquired (1b) <u>06/07/18</u>	b Date of sale/exchange (1c) <u>08/23/18</u>
6 a Sales price (1d) <u>3,262.50</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>3,036.43</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security <u>EXACT SCIENCES CORP</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>48.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>226.07</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="border: 1px solid black; width: 100%;"></div>	

Form 1099-B Worksheet (Apex Clearing Corporation)
Additional Investment Sales
Continuation Statement

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>16</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>NETFLIX COM INC 10</u>	
5 a Date acquired (1b) <u>06/05/18</u>	b Date of sale/exchange (1c) <u>09/05/18</u>
6 a Sales price (1d) <u>3,543.84</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>3,661.20</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
Optional	
14 a Name of security <u>NETFLIX COM INC</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>10.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>-117.36</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="border: 1px solid black; width: 100%;"></div>	

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>17</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>FACEBOOK INC CL A 20</u>	
5 a Date acquired (1b) <u>04/25/18</u>	b Date of sale/exchange (1c) <u>09/06/18</u>
6 a Sales price (1d) <u>3,225.94</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>3,206.00</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
Optional	
14 a Name of security <u>FACEBOOK INC CL A</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>20.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>19.94</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="border: 1px solid black; width: 100%;"></div>	

Form 1099-B Worksheet (Apex Clearing Corporation)
Additional Investment Sales
Continuation Statement

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>18</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>MICRON TECHNOLOGY INC 5</u>	
5 a Date acquired (1b) <u>12/05/17</u>	b Date of sale/exchange (1c) <u>09/06/18</u>
6 a Sales price (1d) <u>224.48</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>209.45</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security <u>MICRON TECHNOLOGY INC</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>5.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>15.03</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="background-color: #cccccc; border: 1px solid black; width: 100%;"></div>	

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>19</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 Description (1a) <u>MICRON TECHNOLOGY INC 10</u>	
5 a Date acquired (1b) <u>12/05/17</u>	b Date of sale/exchange (1c) <u>09/06/18</u>
6 a Sales price (1d) <u>448.98</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>418.90</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) . <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code <u>0</u>
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security <u>MICRON TECHNOLOGY INC</u>	b Owner of security
15 a Stock or other symbol	b Quantity sold <u>10.0000</u>
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17 Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) <u>30.08</u> b Holding Period <u>S</u>	
c Adj Codes/Amt This sale is missing info?	
<div style="background-color: #cccccc; border: 1px solid black; width: 100%;"></div>	

Form 1099-B Worksheet (Apex Clearing Corporation)

Additional Investment Sales

Continuation Statement

1	a Form 8949 Check Box A	b Transaction number 20
2	Transaction reported to you on Form 1099-B (or substitute statement)?	X Yes No
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	X Yes No
4	Description (1a) MICRON TECHNOLOGY INC 25	
5 a	Date acquired (1b) 12/05/17	b Date of sale/exchange (1c) 09/06/18
6 a	Sales price (1d) 1,122.47	b Sales expenses not reported
7 a	Cost or other basis (1e) 1,047.25	b Corrected basis, if applies
8 a	Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a	Reported type of gain/loss (2) . S	b Corrected gain/loss, if applies
10 a	Federal tax withheld (4)	b State tax withheld (16)
11 a	State name (14)	b State identification no. (15)
12 a	Type of transaction	b Import code O
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>		
14 a	Name of security MICRON TECHNOLOGY INC	b Owner of security
15 a	Stock or other symbol	b Quantity sold 25.0000
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17	Use transaction worksheet? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a	Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) 75.22 b Holding Period S		
c Adj Codes/Amt		This sale is missing info?

1	a Form 8949 Check Box A	b Transaction number 21
2	Transaction reported to you on Form 1099-B (or substitute statement)?	X Yes No
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	X Yes No
4	Description (1a) MICRON TECHNOLOGY INC 60	
5 a	Date acquired (1b) 12/05/17	b Date of sale/exchange (1c) 09/06/18
6 a	Sales price (1d) 2,693.95	b Sales expenses not reported
7 a	Cost or other basis (1e) 2,513.40	b Corrected basis, if applies
8 a	Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a	Reported type of gain/loss (2) . S	b Corrected gain/loss, if applies
10 a	Federal tax withheld (4)	b State tax withheld (16)
11 a	State name (14)	b State identification no. (15)
12 a	Type of transaction	b Import code O
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>		
14 a	Name of security MICRON TECHNOLOGY INC	b Owner of security
15 a	Stock or other symbol	b Quantity sold 60.0000
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17	Use transaction worksheet? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a	Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) 180.55 b Holding Period S		
c Adj Codes/Amt		This sale is missing info?

Continuation Statement

1	a Form 8949 Check Box A	b Transaction number 22
2	Transaction reported to you on Form 1099-B (or substitute statement)?	X Yes <input type="checkbox"/> No
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	X Yes <input type="checkbox"/> No
4	Description (1a) LAM RESEARCH CORP 15	
5 a	Date acquired (1b) 05/31/18	b Date of sale/exchange (1c) 09/07/18
6 a	Sales price (1d) 2,379.12	b Sales expenses not reported
7 a	Cost or other basis (1e) 2,980.80	b Corrected basis, if applies
8 a	Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a	Reported type of gain/loss (2) . S	b Corrected gain/loss, if applies
10 a	Federal tax withheld (4)	b State tax withheld (16)
11 a	State name (14)	b State identification no. (15)
12 a	Type of transaction	b Import code O
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>		
14 a	Name of security LAM RESEARCH CORP	b Owner of security
15 a	Stock or other symbol	b Quantity sold 15.0000
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17	Use transaction worksheet? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a	Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) . -601.68 b Holding Period S		
c Adj Codes/Amt This sale is missing info?		

1	a Form 8949 Check Box A	b Transaction number 23
2	Transaction reported to you on Form 1099-B (or substitute statement)?	X Yes <input type="checkbox"/> No
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	X Yes <input type="checkbox"/> No
4	Description (1a) NVIDIA CORP 20	
5 a	Date acquired (1b) 08/16/18	b Date of sale/exchange (1c) 09/07/18
6 a	Sales price (1d) 5,359.92	b Sales expenses not reported
7 a	Cost or other basis (1e) 4,950.00	b Corrected basis, if applies
8 a	Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a	Reported type of gain/loss (2) . S	b Corrected gain/loss, if applies
10 a	Federal tax withheld (4)	b State tax withheld (16)
11 a	State name (14)	b State identification no. (15)
12 a	Type of transaction	b Import code O
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>		
14 a	Name of security NVIDIA CORP	b Owner of security
15 a	Stock or other symbol	b Quantity sold 20.0000
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>	
17	Use transaction worksheet? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a	Adj code(s) (for summary only)	b Adj amount (for summary only)
Calc'd Results: 19 a Adjusted Gain (Loss) . 409.92 b Holding Period S		
c Adj Codes/Amt This sale is missing info?		

Continuation Statement

1 a Form 8949 Check Box. <u>A</u>	b Transaction number <u>24</u>				
2 Transaction reported to you on Form 1099-B (or substitute statement)?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50px;">Yes</td> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 50px;">No</td> </tr> </table>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No		
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50px;">Yes</td> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 50px;">No</td> </tr> </table>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No		
4 Description (1a) <u>***SHOPIFY INC CL A 20</u>					
5 a Date acquired (1b) <u>05/31/18</u>	b Date of sale/exchange (1c) <u>09/07/18</u>				
6 a Sales price (1d) <u>2,627.95</u>	b Sales expenses not reported				
7 a Cost or other basis (1e) <u>2,963.47</u>	b Corrected basis, if applies				
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)				
9 a Reported type of gain/loss (2) . . . <u>S</u>	b Corrected gain/loss, if applies				
10 a Federal tax withheld (4)	b State tax withheld (16)				
11 a State name (14)	b State identification no. (15)				
12 a Type of transaction	b Import code <u>0</u>				
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/>				
c FATCA req'd <input type="checkbox"/>					
<i>Optional</i>					
14 a Name of security <u>***SHOPIFY INC CL A</u>	b Owner of security				
15 a Stock or other symbol	b Quantity sold <u>20.0000</u>				
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) <input type="checkbox"/>					
17 Use transaction worksheet? ► <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy					
18 a Adj code(s) (for summary only)	b Adj amount (for summary only)				
Calc'd Results:					
19 a Adjusted Gain (Loss) <u>-335.52</u>	b Holding Period <u>S</u>				
c Adj Codes/Amt This sale is missing info?					

TAXABLE YEAR

2018

California Online e-file Return Authorization
for Individuals

FORM

8453-OL

Your first name and initial IBRAHIM F		Last name RUPAWALA		Suffix	Your SSN or ITIN 108-87-5744
If filing jointly, spouse's/RDP's first name		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 1265 N CAPITOL AVE		Apt. no. APT 43	PMB/private mailbox		Daytime telephone number (480) 284-9270
City SAN JOSE				State CA	ZIP code 95132
Foreign country name		Foreign province/state/county			Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions1 111,358.

2 Refund or no amount due. See instructions2 1,475.

3 Amount you owe. See instructions3

Part II Settle Your Account Electronically for Taxable Year 2018 (Payment due 4/15/2019)

4 ☐ Direct deposit of refund

5 ☐ Electronic funds withdrawal 5a Amount 5b Withdrawal date (mm/dd/yyyy)

Part III Make Estimated Tax Payments for Taxable Year 2019 These are not installment payments for the current amount you owe.

	First Payment Due 4/15/2019	Second Payment Due 6/17/2019	Third Payment Due 9/16/2019	Fourth Payment Due 1/15/2020
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 12 The remaining amount of my refund for direct deposit

9 Routing number 13 Routing number

10 Account number 14 Account number

11 Type of account: ☐ Checking ☐ Savings 15 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2018 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Your signature

Date

Spouse's/RDP's signature. If filing jointly, both must sign.
It is unlawful to forge a spouse's/RDP's signature.

Date

2018 California Resident Income Tax Return**540**

AMENDED

1

APE

ATTACH FEDERAL RETURN

108-87-5744 RUPA

18

IBRAHIM F RUPAWALA

1265 N CAPITOL AVE

APT 43

SAN JOSE CA 95132

08-21-1991

If your California filing status is different from your federal filing status, check the box here ☐Filing
Status1 ☒

Single

4

☐

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

2 ☐

Married/RDP filing jointly. See inst.

5

☐

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

See instructions.

3 ☐

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

6

If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. ☐► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions. ☐ 7X \$118 = ☐ \$8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☐ 8X \$118 = ☐ \$9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☐ 9X \$118 = ☐ \$

Exemptions

10 **Dependents: Do not include yourself or your spouse/RDP.****Dependent 1**

First Name

☐

Last Name

☐

SSN

☐Dependent's
relationship
to you☐**Dependent 2**☐☐☐☐**Dependent 3**☐☐☐☐Total dependent exemptions ☐ 10 X \$367 = ☐ \$11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. ☐ 11 \$

Your name:

R U P A W A L A

Your SSN or ITIN:

108-87-5744

Taxable Income

- 12 State wages from your Form(s) W-2, box 16. ● 12 114238.00
- 13 Enter federal adjusted gross income from Form 1040, line 7. ● 13 110155.00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B . . . ● 14 .00
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 110155.00
- 16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. ● 16 1203.00
- 17 California adjusted gross income. Combine line 15 and line 16. ● 17 111358.00
- 18 Enter the **larger of** { Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$4,401
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,802
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . . ● 18 4401.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 106957.00

Tax

- 31 Tax. Check the box if from: ☐ Tax Table ☒ Tax Rate Schedule
 ● ☐ FTB 3800 ● ☐ FTB 3803 ● 31 7200.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504, see instructions ● 32 118.00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 7082.00
- 34 Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A. ● 34 .00
- 35 Add line 33 and line 34 ● 35 7082.00

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40 .00
- 43 Enter credit name code ● and amount . . . ● 43 .00
- 44 Enter credit name code ● and amount . . . ● 44 .00
- 45 To claim more than two credits, see instructions. Attach Schedule P (540). ● 45 .00
- 46 Nonrefundable renter's credit. See instructions ● 46 .00
- 47 Add line 40 through line 46. These are your total credits. ● 47 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 7082.00

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540) ● 61 .00
- 62 Mental Health Services Tax. See instructions. ● 62 .00
- 63 Other taxes and credit recapture. See instructions. ● 63 .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax ● 64 7082.00

Your name:

R U P A W A L A

Your SSN or ITIN:

108-87-5744

Payments

71	California income tax withheld. See instructions	● 71	8557	.00
72	2018 CA estimated tax and other payments. See instructions	● 72		.00
73	Withholding (Form 592-B and/or 593). See instructions	● 73		.00
74	Excess SDI (or VPD) withheld. See instructions	● 74		.00
75	Earned Income Tax Credit (EITC)	● 75		.00
76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	8557	.00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91 0 .00

If line 91 is zero, check if:



No use tax is owed.



You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due

92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	8557	.00
93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	⊙ 93		.00
94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊙ 94	1475	.00
95	Amount of line 94 you want applied to your 2019 estimated tax	● 95		.00
96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	1475	.00
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97		.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	

Your name:

R U P A W A L A

Your SSN or ITIN:

108-87-5744

Contributions

	Code	Amount
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/> .00
California Sea Otter Fund	● 410	<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text"/> .00
Revive the Salton Sea Fund	● 432	<input type="text"/> .00
California Domestic Violence Victims Fund	● 433	<input type="text"/> .00
Special Olympics Fund	● 434	<input type="text"/> .00
Type 1 Diabetes Research Fund	● 435	<input type="text"/> .00
California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	<input type="text"/> .00
Habitat for Humanity Voluntary Tax Contribution Fund	● 437	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	<input type="text"/> .00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	<input type="text"/> .00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	<input type="text"/> .00
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/> .00
110 Add code 400 through code 443. This is your total contribution	● 110	<input type="text"/> .00

Your name: R U P A W A L A

Your SSN or ITIN: 108-87-5744

Amount
You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942867

SACRAMENTO CA 94267-0001

111 .00

Pay online – Go to ftb.ca.gov/pay for more information.

Interest and
Penalties

112 Interest, late return penalties, and late payment penalties **112** .00

113 Underpayment of estimated tax. Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment. **114** .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942840

SACRAMENTO CA 94240-0001

115 1 4 7 5 .00

Refund and Direct Deposit

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

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

Type

Routing number

☐

Checking

Account number

116 Direct deposit amount

☐

Savings

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

Type

Routing number

☐

Checking

Account number

117 Direct deposit amount

☐

Savings

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

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 and search for **1131**. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

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

**Sign
Here**

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

Joint tax return?
(See instructions)

☒ Your email address. Enter only one email address.

☒ Preferred phone number

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

SELF-PREPARED

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

PTIN

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

Telephone Number

2018**California Explanation of
Amended Return Changes****X**

Attach this schedule to amended Form 540, Form 540 2EZ, or Long or Short Form 540NR

Name(s) as shown on amended tax return

I B R A H I M F R U P A W A L A

Your SSN or ITIN

1 0 8 - 8 7 - 5 7 4 4

Part I Financial Adjustments – Reconciliation

1	Enter the amount you owe, as shown on the amended tax return	<input checked="" type="radio"/> 1		00
2	Overpaid tax, if any, as shown on original tax return or as previously adjusted by the FTB. See instructions	<input checked="" type="radio"/> 2	1,475.	00
3	Add line 1 and line 2	<input checked="" type="radio"/> 3	1,475.	00
4	Enter the refund, as shown on the amended tax return. See instructions	<input checked="" type="radio"/> 4	1,475.	00
5	Tax paid with original tax return plus additional tax paid after it was filed. Do not include penalties and interest	<input checked="" type="radio"/> 5		00
6	Add line 4 and line 5	<input checked="" type="radio"/> 6	1,475.	00
7	AMOUNT YOU OWE. If line 3 is more than line 6, subtract line 6 from line 3. See instructions.	<input checked="" type="radio"/> 7		00
8	Penalties/Interest. See instructions: Penalties 8a Interest 8b	<input checked="" type="radio"/> 8c		00
9	Refund subtotal. If line 6 is more than line 3, subtract line 3 from line 6.	<input checked="" type="radio"/> 9	0.	00
10	Amount of line 9 you want applied to your 2019 estimated tax. See instructions.	<input checked="" type="radio"/> 10		00
11	REFUND. See instructions.	<input checked="" type="radio"/> 11	0.	00

Part II Reason(s) for Amending

1 Check all that apply:

- | | | |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input checked="" type="radio"/> a <input type="checkbox"/> Protective claim for refund | <input checked="" type="radio"/> f <input type="checkbox"/> NOL carryback | <input checked="" type="radio"/> k <input type="checkbox"/> Military HR 100 |
| <input checked="" type="radio"/> b <input type="checkbox"/> Reservation source income adjustments | <input checked="" type="radio"/> g <input checked="" type="checkbox"/> Error on original return | <input checked="" type="radio"/> l <input type="checkbox"/> Informal claim |
| <input checked="" type="radio"/> c <input type="checkbox"/> Pass-through entity adjustments | <input checked="" type="radio"/> h <input type="checkbox"/> Credit adjustment | <input checked="" type="radio"/> m <input type="checkbox"/> Other |
| <input checked="" type="radio"/> d <input type="checkbox"/> Federal audit and/or adjustments | <input checked="" type="radio"/> i <input type="checkbox"/> Earned income tax credit | |
| <input checked="" type="radio"/> e <input type="checkbox"/> FTB audit contact | <input checked="" type="radio"/> j <input type="checkbox"/> Disaster Loss | |

2 Provide further explanation of reason(s) for amending below. If needed, attach a separate sheet that includes your name and SSN or ITIN.

I CONTRIBUTED TO ROTH 401(K) AND NOT ROTH IRA. I CONFUSED THE 401(K) CONTRIBUTION WITH THE IRA CONTRIBUTION. I NEVER CONTRIBUTED TO AN IRA.

2018 California Adjustments — Residents**CA (540)****Important:** Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Names(s) as shown on tax return

SSN or ITIN

I B R A H I M F R U P A W A L A

1 0 8 8 7 5 7 4 4

Part I Income Adjustment Schedule**Section A — Income from federal Form 1040**

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 1	<input checked="" type="radio"/> 113,035.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1,203.
2 Taxable interest (a) <input checked="" type="radio"/> 2(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Ordinary dividends. See instructions. (a) <input checked="" type="radio"/> 86 3(b)	<input checked="" type="radio"/> 103.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 IRAs, pensions, and annuities. See instructions. (a) <input checked="" type="radio"/> 4(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Social security benefits. (a) <input checked="" type="radio"/> 5(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	

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

10 Taxable refunds, credits, or offsets of state and local income taxes 10	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
11 Alimony received 11	<input checked="" type="radio"/>		<input checked="" type="radio"/>
12 Business income or (loss) 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Capital gain or (loss). See instructions. 13	<input checked="" type="radio"/> -3,000.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Other gains or (losses) 14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
15a Reserved. 15(b)			
16a Reserved. 16(b)			
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
18 Farm income or (loss) 18	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 Unemployment compensation 19	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
20a Reserved. 20(b)			
21 Other income.			
a California lottery winnings		<input checked="" type="radio"/>	a
b Disaster loss deduction from FTB 3805V		<input checked="" type="radio"/>	b
c Federal NOL		<input checked="" type="radio"/>	c <input checked="" type="radio"/>
(federal Schedule 1 (Form 1040), line 21)		<input checked="" type="radio"/>	d
d NOL deduction from FTB 3805V		<input checked="" type="radio"/>	e
e NOL from FTB 3805Z,		<input checked="" type="radio"/>	f <input checked="" type="radio"/>
3806, 3807, or 3809		<input checked="" type="radio"/>	
f Other (describe):		<input checked="" type="radio"/>	
<input checked="" type="radio"/> 17.		<input checked="" type="radio"/>	
22 Total. Combine line 1 through line 21 in column A. Add line 1 through line 21f in column B and column C. Go to Section C. 22	<input checked="" type="radio"/> 110,155.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1,203.

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

23 Educator expenses 23	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. 24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Health savings account deduction 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
26 Moving expenses. Attach federal Form 3903. See instructions 26	<input checked="" type="radio"/>		<input checked="" type="radio"/>
27 Deductible part of self-employment tax 27	<input checked="" type="radio"/>		
28 Self-employed SEP, SIMPLE, and qualified plans 28	<input checked="" type="radio"/>		
29 Self-employed health insurance deduction. 29	<input checked="" type="radio"/>		
30 Penalty on early withdrawal of savings. 30	<input checked="" type="radio"/>		
31a Alimony paid. (b) Recipient's: SSN <input checked="" type="radio"/> - - - - -			
Last name <input checked="" type="radio"/> 31a	<input checked="" type="radio"/>		<input checked="" type="radio"/>
32 IRA deduction. 32	<input checked="" type="radio"/>		
33 Student loan interest deduction 33	<input checked="" type="radio"/>		<input checked="" type="radio"/>
34 Tuition and fees 34			
35 Reserved 35			
36 Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions 36	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37 Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions 37	<input checked="" type="radio"/> 110,155.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1,203.

Part II Adjustments to Federal Itemized DeductionsCheck the box if you did NOT itemize for federal but will itemize for California ☒ ☐**A Federal Amounts**
(from federal Schedule A
(Form 1040))**B Subtractions**
See instructions**C Additions**
See instructions**Medical and Dental Expenses**

1	Medical and dental expenses	<input checked="" type="radio"/> 0.	1			
2	Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/> 110,155.		2			
3	Multiply line 2 by 7.5% (0.075)	<input checked="" type="radio"/> 8,262.	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.	<input checked="" type="radio"/>	4			0.

Taxes You Paid

5a	State and local income tax or general sales taxes.	5a	<input checked="" type="radio"/> 8,557.	<input checked="" type="radio"/> 8,557.	
5b	State and local real estate taxes	5b	<input checked="" type="radio"/>		
5c	State and local personal property taxes	5c	<input checked="" type="radio"/> 0.		
5d	Add lines 5a through 5c	5d	<input checked="" type="radio"/> 8,557.		
5e	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"/> 8,557.	<input checked="" type="radio"/> 8,557.	<input checked="" type="radio"/> 0.
6	Other taxes. List type <input checked="" type="radio"/>	6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
7	Add lines 5e and 6	7	<input checked="" type="radio"/> 8,557.	<input checked="" type="radio"/> 8,557.	<input checked="" type="radio"/> 0.

Interest You Paid

8a	Home mortgage interest and points reported to you on Form 1098	8a	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8b	Home mortgage interest not reported to you on Form 1098	8b	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8c	Points not reported to you on Form 1098	8c	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8d	Mortgage insurance premiums.	8d			
8e	Add lines 8a through 8d	8e	<input checked="" type="radio"/>		<input checked="" type="radio"/>
9	Investment interest.	9	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10	Add lines 8e and 9	10	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Gifts to Charity

11	Gifts by cash or check	11	<input checked="" type="radio"/>	<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 lines 11 through 13.	14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Casualty and Theft Losses

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"/>
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Other Itemized Deductions

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"/> 8,557.	<input checked="" type="radio"/> 8,557.	<input checked="" type="radio"/> 0.

18 Total Adjustments to Federal Itemized Deductions. Combine line 17 column A less column B plus column C ☒ **18** 0.

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	<input type="text"/>
20	Tax preparation fees.	<input checked="" type="radio"/> 20	<input type="text"/>
21	Other expenses - investment, safe deposit box, etc. List type <input checked="" type="radio"/>	<input checked="" type="radio"/> 21	<input type="text" value="0."/>
22	Add lines 19 through 21.	<input checked="" type="radio"/> 22	<input type="text" value="0."/>
23	Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/> 110,155.		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.	<input checked="" type="radio"/> 24	<input type="text" value="2,203."/>
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	<input checked="" type="radio"/> 25	<input type="text" value="0."/>
26	Total Itemized Deductions. Add line 18 and line 25.	<input checked="" type="radio"/> 26	<input type="text" value="0."/>
27	Other adjustments. See instructions. Specify. <input checked="" type="radio"/>	<input checked="" type="radio"/> 27	<input type="text"/>
28	Combine line 26 and line 27.	<input checked="" type="radio"/> 28	<input type="text" value="0."/>
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		\$194,504
	Head of household		\$291,760
	Married/RDP filing jointly or qualifying widow(er)		\$389,013
	No. Transfer the amount on line 28 to line 29.		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29.	<input checked="" type="radio"/> 29	<input type="text" value="0."/>
30	Enter the larger of the amount on line 29 or your standard deduction listed below		
	Single or married/RDP filing separately. See instructions.		\$4,401
	Married/RDP filing jointly, head of household, or qualifying widow(er)		\$8,802
	Transfer the amount on line 30 to Form 540, line 18.	<input checked="" type="radio"/> 30	<input type="text" value="4,401."/>

This space reserved for 2D barcode

This space reserved for 2D barcode

2018**California Capital Gain or Loss Adjustment**

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

D (540)

Name(s) as shown on return

SSN or ITIN

I B R A H I M F R U P A W A L A

1 0 8 - 8 7 - 5 7 4 4

	(a) Description of property Example: 100 shares of "Z" Co.	(b) Sales price	(c) Cost or other basis	(d) Loss If (c) is more than (b), subtract (b) from (c)	(e) Gain If (b) is more than (c), subtract (c) from (b)
1					
a	1099-B BYPASSING 8949	1,874.	1,800.		74.
b	464287242 ISHARES INV GRD CORP BOND ETF 5	540.	561.15	21.15	
c	464287242 ISHARES INV GRD CORP BOND ETF 1	77.35	78.91	1.56	
d	464287457 ISHARES 1-3 YEAR TREASURY BOND 6	539.99	545.02	5.03	
e	464287457 ISHARES 1-3 YEAR TREASURY BOND 1	80.16	80.41	0.25	
f	921943858 VANGUARD FTSE DEVELOPED MARKET 7	324.	315.56		8.44
g	921943858 VANGUARD FTSE DEVELOPED MARKET 2	91.47	98.53	7.06	
h	922042858 VANGUARD EMERGING MARKETS ETF 2	81.	79.		2.
i	922042858 VANGUARD EMERGING MARKETS ETF 1	19.97	22.22	2.25	
j	922908363 VANGUARD S&P 500 ETF (VOO) 3	782.99	724.03		58.96
k	922908363 VANGUARD S&P 500 ETF (VOO) 1	221.26	223.69	2.43	
l	922908553 VANGUARD REIT INDEX ETF (VNQ) 2	162.	168.49	6.49	
m	922908553 VANGUARD REIT INDEX ETF (VNQ) 0	28.85	30.24	1.39	
n	922908751 VANGUARD SMALL CAP ETF (VB) 2	270.	241.65		28.35
o	922908751 VANGUARD SMALL CAP ETF (VB) 1	76.31	79.74	3.43	
p	***ALIBABA GROUP HOLDING LTD SPO 2	381.87	318.		63.87
q	***ALIBABA GROUP HOLDING LTD SPO 10	1,909.35	1,836.49		72.86
r	***ALIBABA GROUP HOLDING LTD SPO 5	954.68	905.25		49.43
s	***ALIBABA GROUP HOLDING LTD SPO 3	572.80	534.39		38.41
t	***ALIBABA GROUP HOLDING LTD SPO 10	1,909.35	1,759.90		149.45
u	FACEBOOK INC CL A 8	1,503.15	1,375.84		127.31
v	SEE LINE 1A STATEMENT	94,485.28	104,475.12	11,576.92	1,587.08

2 Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568). **2** ☐ ☒

3 Capital gain distributions (federal Form 1099-DIV, box 2a) ☒ **3** _____

4 Total 2018 gains from all sources. Add column (e) amounts of line 1, line 2, and line 3 ☒ **4** 2,260.

5 2018 loss. Add column (d) amounts of line 1 and line 2. ☒ **5** (11,628.)

6 California capital loss carryover from 2017, if any. See instructions. ☒ **6** (_____)

7 Total 2018 loss. Add line 5 and line 6 ☒ **7** (11,628.)



- 8** Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10. ☒ **8** -9,368.
- 9** If line 8 is a loss, enter the smaller of: (a) the loss on line 8.
(b) \$3,000 (\$1,500 if married/RDP filing separate). See instructions. . . . ☒ **9** (-3,000.)
- 10** Enter the gain or (loss) from federal Schedule 1 (Form 1040), line 13. ☒ **10** -3,000.
- 11** Enter the California gain from line 8 or (loss) from line 9. ☒ **11** -3,000.
- 12 a** If line 10 is **more** than line 11, enter the difference here and on Schedule CA (540), Part I, line 13, column B. . . . ☒ **12a** _____
- b** If line 10 is **less** than line 11, enter the difference here and on Schedule CA (540), Part I, line 13, column C. . . . ☒ **12b** 0.

Additional information from your Schedule D (540): California Capital Gain or Loss Adjustment

Schedule D (540): California Capital Gain or Loss Adjustment Gain/Loss Adjustment

Continuation Statement

Property Description	Sales Price	Cost or Other Basis	Loss	Gain
COGNIZANT TECHNOLOGY SOLUTIONS C 75	6,057.68	5,716.43		341.25
MICROSOFT CORP 3	294.46	294.32		0.14
MICROSOFT CORP 8	785.65	784.84		0.81
CADENCE DESIGN SYSTEMS INC 4	181.66	174.74		6.92
CADENCE DESIGN SYSTEMS INC 18	817.53	786.33		31.20
CADENCE DESIGN SYSTEMS INC 58	2,632.57	2,533.73		98.84
UNITEDHEALTH GROUP INC 12	3,151.14	3,009.48		141.66
EXACT SCIENCES CORP 2	135.97	126.52		9.45
EXACT SCIENCES CORP 48	3,262.50	3,036.43		226.07
NETFLIX COM INC 10	3,543.84	3,661.20	117.36	
FACEBOOK INC CL A 20	3,225.94	3,206.		19.94
MICRON TECHNOLOGY INC 5	224.48	209.45		15.03
MICRON TECHNOLOGY INC 10	448.98	418.90		30.08
MICRON TECHNOLOGY INC 25	1,122.47	1,047.25		75.22
MICRON TECHNOLOGY INC 60	2,693.95	2,513.40		180.55
LAM RESEARCH CORP 15	2,379.12	2,980.80	601.68	
NVIDIA CORP 20	5,359.92	4,950.		409.92
***SHOPIFY INC CL A 20	2,627.95	2,963.47	335.52	
595112103 MICRON TECHNOLOGY, INC. COMMON STOCK 200	6,939.88	7,139.90	200.02	
67066G104 NVIDIA CORPORATION COMMON STOCK 40	6,179.89	6,179.89		0.
COINBASE - SHORT-TERM	6,749.07	15,999.96	9,250.89	
ROBINHOOD - SHORT-TERM	35,487.30	36,551.70	1,064.40	
464287242 ISHARES INV GRD CORP BOND ETF 1	82.50	86.62	4.12	
464287457 ISHARES 1-3 YEAR TREASURY BOND 1	79.46	80.54	1.08	
921943858 VANGUARD FTSE DEVELOPED MARKET 0	0.74	0.89	0.15	
922042858 VANGUARD EMERGING MARKETS ETF 0	3.40	3.95	0.55	
922908553 VANGUARD REIT INDEX ETF (VNQ) 0	17.23	18.38	1.15	
Total	94,485.28	104,475.12	11,576.92	1,587.08

Name as Shown on Return

Ibrahim F Rupawala

Social Security No.

108-87-5744**Line 1 – Wages, Salaries, Tips, Etc.**

	(B) Subtractions	(C) Additions
1 Excess reimbursements from Form 2106 included in wage income		
2 Active duty military pay		
3 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act		
4 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also)		
5 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO).		
6 Ridesharing fringe benefit differences		
7 HSA employer contributions		1,203.
8 Paid Family Leave Insurance (PFL) benefits		
9 Employer-provided adoption benefits income exclusions.		
10 In-Home Supportive Services (IHSS) supplementary payment		
11 Employer reimbursement for additional federal income taxes on employer-provided health care benefits		
12 Native American income (Form 3504)		
13 Clergy housing exclusion. This is the amount entered on W-2s a as smallest of amount spent or fair rental value b Enter the amount spent on qual. housing expenses		
14 Excess moving reimbursements		
15 Other (itemize): a _____ b _____ c _____ d _____		
Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1.		1,203.

Line 4 – IRA, Pensions, and Annuities

IRA's	(B) Subtractions	(C) Additions
1 Other (itemize): a _____ b _____ c _____ d _____		
Total adjustments to IRA distributions		
Pensions and Annuities	(B) Subtractions	(C) Additions
1 Form 1099-R, Railroad Retirement Benefits.		
2 Other (itemize): a _____ b _____ c _____ d _____		
Total adjustments to pensions and annuities.		
Total adjustments to IRA's, pensions and annuities. Enter here and on Schedule CA (540/540NR), line 4		

Name Ibrahim F Rupawala		Social Security Number 108-87-5744		
	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
I Schedule P/P(540NR), Part III, Section A, line 5, column (c)			4,294.	
II Credits that reduce excess tax and have carryover provisions.				
Code Credit Name				
205 Disabled Access			4,294.	
204 Donated Agricultural Products Transportation			4,294.	
190 Employer Childcare Contribution . . .			4,294.	
189 Employer Child Care Program			4,294.	
203 Enhanced Oil Recovery			4,294.	
207 Farmworker Housing			4,294.	
198 Local Agency Military Base Recovery Area Hiring			4,294.	
198 Local Agency Military Base Recovery Area Sales or Use Tax			4,294.	
220 New Jobs			4,294.	
237 New Motion Picture & Television			4,294.	
238 New Donated Fresh Fruits or Vegetables			4,294.	
234 New Employment			4,294.	
175 Agricultural Products			4,294.	
223 Motion Picture and Television Production			4,294.	
209 Community Development Financial Institution Deposits Credit			4,294.	
224 Donated Fresh Fruits or Vegetables Credit			4,294.	
194 Employee Ridesharing			4,294.	
191 Employer Ridesharing (Large)			4,294.	
192 Employer Ridesharing (Small)			4,294.	
193 Employer Ridesharing (Transit Passes)			4,294.	
182 Energy Conservation			4,294.	
218 Environmental Tax			4,294.	
160 Low Emission Vehicles			4,294.	
211 Manufacturing Enhancement Area Hiring			4,294.	
184 Political Contributions			4,294.	
174 Recycling Equipment			4,294.	
186 Residential Rental and Farm Sales . .			4,294.	
206 Rice Straw			4,294.	
171 Ridesharing			4,294.	
200 Salmon and Steelhead Trout Habitat Restoration			4,294.	
179 Solar Pump			4,294.	
178 Water Conservation			4,294.	
161 Young Infant			4,294.	

	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
III Schedule P/P(540NR), Part III, Section B, line 15, column (c)			7,082.	
IV Credits that reduce net tax and have carryover provisions.				
Code Credit Name				
233 California Competes			7,082.	
235 College Access			7,082.	
197 Child Adoption			7,082.	
176 Enterprise Zone Hiring			7,082.	
176 Enterprise Zone Sales or Use Tax . .			7,082.	
172 Low-Income Housing			7,082.	
213 Natural Heritage Preservation			7,082.	
183 Research			7,082.	
210 Targeted Tax Area Hiring			7,082.	
210 Targeted Tax Area Sales or Use Tax .			7,082.	
196 Commercial Solar Electric System . .			7,082.	
181 Commercial Solar Energy			7,082.	
185 Orphan Drug			7,082.	
180 Solar Energy			7,082.	

California Information Worksheet

2018

► Keep for your records

Part I — Personal Information

Taxpayer:

First Name Ibrahim
 Middle Initial F Suffix
 Last Name Rupawala
 Social Security No. 108-87-5744
 Date of Birth 08/21/1991 (mm/dd/yyyy)
 or age as of 1-1-2019 27
 Date of Death (mm/dd/yyyy)
 Legally blind ☐
 Daytime Phone (480) 284-9270 Ext
 Home phone

Spouse/RDP:

First Name
 Middle Initial Suffix
 Last Name
 Social Security No.
 Date of Birth (mm/dd/yyyy)
 or age as of 1-1-2019
 Date of Death (mm/dd/yyyy)
 Legally blind ☐
 Daytime Phone Ext

Your email address to print on Form 540, 540NR or 540X (optional)

Check to print phone number on Form 540. . . ☒ Taxpayer daytime ☐ Spouse/RDP day ☐ Home

c/o Address

Street Address . . . 1265 N Capitol Ave

Unit Description . . . APT

Unit Number 43

Private Mailbox (PMB) . . .

City San Jose

State CA

ZIP Code 95132

Foreign province/county

Foreign postal code

Foreign country

Military Filers:

☐ APO ☐ FPO

For Military Extension:

Military indicator . . ► Taxpayer Spouse/RDP

Part II — Main Form

☒ Form 540: Resident Income Tax Return ►

☐ Form 540NR: Nonresident or Part-Year Resident Income Tax Return ►

Enter your state of residence as of December 31, 2018 CA

☒ Resident entire year

☐ Resident part of year

Date you established residence in state above

In which state (or foreign country) did you reside before this change?

QuickZoom to enter Part-Year and Nonresident income allocations on Schedule CA(NR) . . ►

Part III — Filing Status

☒ Single

☐ Married/RDP filing joint return

☐ Married/RDP filing separate return

☐ You **did not** live with spouse at any time during the year

Yes No

☐ If filing electronically, is spouse a CA Nonresident?

☐ If filing electronically, is spouse Active Duty Military?

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

If the 'qualifying person' is your child but **not** your dependent:

Child's name

Child's social security number

☐ Qualifying widow(er)

Year spouse/RDP died . . . ☐ 2016 ☐ 2017

If the 'qualifying person' is your child but **not** your dependent:

Child's First name Last Name

☐ Check the box if your California filing status is different from your federal filing status.

Part IV — Dependent Information

First Name	I	Last Name	Social Security Number	Relationship

Part V – Standard Deduction/Itemized Deductions

- ☐ Calculate California itemized deductions even if itemized deductions are less than the standard deduction
- ☐ You are married filing separately and your spouse itemized deductions
- ☐ Take the standard deduction even if less than itemized deductions

Part VI – Other Information**Prior Name:**

If you filed your 2017 return under a different last name, enter the last name **only** from the 2017 return ▶ Taxpayer . _____ Spouse/RDP _____

Dependent of Someone Else:

Taxpayer **Spouse**

- ☐ ☐ Can someone (such as a parent) claim you and/or your spouse/RDP as a dependent?

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties _____

Farmers and Fishermen:

- ☐ At least two-thirds of your 2017 or 2018 gross income is from farming or fishing
- ☐ Return will be filed and tax due will be paid by March 1, 2019

Mandatory Electronic Payments

- ☐ You are required to make California tax payments electronically
- ☐ A waiver is or will be in effect for the current year
- ☐ Force print all payment vouchers even if required to pay electronically

Schedule W-2:

- ☐ You do **not** want to complete Schedule W-2

Executor/Guardian Information:

First Name

MI

Last Name

Suf.

Executor/Guardian _____

Surviving Spouse Indicator ☐ Check this box instead of entering the Spouse/RDP name above

Executor type (if filing electronically) . _____

Third Party Designee:

Yes **No**

- ☐ ☐ Do you want to allow another person to discuss your return with the Franchise Tax Board?

If yes, enter the person's name Telephone . . . _____

First . _____ Middle init . _____ Last Name _____ Suffix _____

Disasters:

- ☐ Claiming a disaster loss (see FTB Publication 1034)

QuickZoom to enter disaster explanation ▶ _____

Outside of the USA:

- ☐ You were living or traveling outside the United States on April 17, 2019

Special Condition Text (prints at the top of Form 540 or 540NR)

AMENDED, DO NOT PROCESS - ATTACH TO SCHEDULE X

Part VII – Direct Deposit Information or Direct Debit Information

Yes **No**

- ☐ ☒ Do you want to elect direct deposit of state tax refund?
- ☐ ☐ Do you want direct debit of state tax payment (Electronic Filing Only)?

Bank Information:

Enter the following information if you want to directly deposit any state tax refund or direct debit of state tax payment:

Name of Financial Institution (optional) JP Morgan Chase

Account type Checking ☒ Savings ☐

Routing number 122100024

Account number 860153563

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to debit the account above _____

State balance-due amount from this return _____

International ACH Transactions**Yes No**
☐ ☒ Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?
Part VIII – California Contributions

1	California Seniors Special Fund (Taxpayer)	1	_____
2	California Seniors Special Fund (Spouse/RDP)	2	_____
3	Alzheimer's Disease and Related Dementia Fund	3	_____
4	Rare and Endangered Species Preservation Program	4	_____
5	California Breast Cancer Research Fund	5	_____
6	California Firefighters' Memorial Fund	6	_____
7	Emergency Food For Families Fund	7	_____
8	California Peace Officer Memorial Foundation Fund	8	_____
9	California Sea Otter Fund	9	_____
10	California Cancer Research Fund	10	_____
11	School Supplies for Homeless Children Fund	11	_____
12	State Parks Protection Fund/Parks Pass Purchase	12	_____
13	Protect Our Coast and Oceans Fund	13	_____
14	Keep Arts in Schools Fund	14	_____
15	State Children's Trust Fund for the Prevention of Child Abuse	15	_____
16	Prevention of Animal Homelessness & Cruelty Fund	16	_____
17	Revive the Salton Sea Fund	17	_____
18	California Domestic Violence Victims Fund	18	_____
19	Special Olympics Fund	19	_____
20	Type 1 Diabetes Research Fund	20	_____
21	California YMCA Youth and Government Voluntary Tax Contribution Fund	21	_____
22	Habitat for Humanity Voluntary Tax Contribution Fund	22	_____
23	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	23	_____
24	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	24	_____
25	Rape Backlog Kit Voluntary Tax Contribution Fund	25	_____
26	Organ and Tissue Donor Registry Voluntary Tax Contribution	26	_____
27	National Alliance on Mental Illness California Voluntary Tax Contribution Fund	27	_____
28	Schools Not Prisons Voluntary Tax Contribution Fund	28	_____

Part IX – Extension Status**Yes No**
☐ ☒ Have you filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" **or** extended the federal tax return?

If Yes, enter the extended due date

QuickZoom to Form 3519: Payment voucher for automatic extension ►
Automatic extension information for military filers (Electronic Filing Only):

	Taxpayer	Spouse
Beginning Military Date	_____	_____
Ending Military Date	_____	_____
Combat zone/QHDA Operation or Area Served	_____	_____

Part X – Amended Return
☒ Are you filing a California amended return?

Enter the tax year you are amending 2018

Previous California payment made

Previous California refund received 1,475.

QuickZoom here to Schedule X ►

QuickZoom to Form 540 ►

QuickZoom to Form 540NR. ►

Part XI – Mortgage Interest Adjustment

☐ Reviewed Mortgage and Interest Adjustments

Interest and Dividend Adjustments Worksheet

2018

Name as Shown on Return
Ibrahim F Rupawala

Social Security Number
108-87-5744

Interest Income Adjustments

	(B) Subtractions	(C) Additions
1 Bonds or obligations of the United States or any of its territories*		
2 Loans made in an enterprise zone		
3 Interest on obligations of District of Columbia issued after December 27, 1973		
4 Additional interest on state, county, city, town or other local government bonds issued by or in a state other than California		
5 California interest adjustments from K-1's		
6 Interest earned from Health Savings Account		
7 Interest from Ottoman Turkish Empire Settlement Payments		
8 Other interest income subtraction		
9 Tax exempt interest from other states or that do not meet 50% rule		
10 a Canadian RRSP undistributed interest income from Form 8891		
b RRSP total interest income for the year		
11 Interest from Build America Bond		
12 Other adjustments (itemize):		
a -----		
b -----		
c -----		
d -----		
Total adjustments from taxable interest income. Enter here and on Schedule CA (540/540NR), line 2.		

Dividend Income Adjustments

	(B) Subtractions	(C) Additions
13 Controlled foreign corporation dividends		
14 Regulated investment company (RIC) capital gains		
15 Distributions of pre-1987 earnings from S Corporations		
16 U.S. obligations dividends adjustment		
17 California dividend adjustments from K-1's		
18 a Canadian RRSP undistributed dividend income from Form 8891		
b RRSP total interest dividend for the year		
19 Other adjustments (itemize):		
a -----		
b -----		
c -----		
d -----		
e Dividend earned from Health Savings Account		
Total adjustments from taxable dividend income. Enter here and on Schedule CA (540/540NR), line 3.		

* Do not make adjustments in either column B or column C for the amount of interest you earned on Federal National Mortgage Association (Fannie Mae) Bonds, Government National Mortgage Association (Ginnie Mae) Bonds, and Federal Home Loan Mortgage Corporations (FHLMC) securities. California law is the same as federal law for these types of interest income.

Schedule CA
Line 21

California Other Income Statement

► Attach to return (after all other FTB forms)

2018

Name as Shown on Return
Ibrahim F Rupawala

Social Security Number
108-87-5744

	(B) Subtractions	(C) Additions
1 IRC Section 965 deferred foreign income		
2 Global intangible low-taxed income (GILTI) under IRC Sec 951A . . .		
3 Olympic medals and prize money		
4 Native American income, Form 3504		
5 Reward from a crime hotline		
6 Federal foreign earned income or housing exclusion, from Form 2555		
7 Combat zone foreign earned income exclusion		
8 Beverage container recycling income		
9 Rebates or vouchers from a local water agency, energy agency or energy supplier		
10 Financial incentive for turf removal		
11 Financial incentive for seismic improvement		
12 Original issue discount (OID) for debt instruments issued in 1985 and 1986		
13 Foreign income of nonresident aliens		
14 Cost-share payments received by forest landowners		
15 Coverdell (ESA) distributions		
16 HSA distributions for unqualified medical expense		
17 Distributions rolled over from MSA to HSA account (Form 3805P) . .		
18 Grants paid to low-income individuals		
19 California National Guard Surviving Spouse & Children Relief Act of 2004		
20 Ottoman Turkish Empire Settlement Payments		
21 Student loans discharged on account of death or disability		
22 Qualified equity grants.		
23 Expanded use of 529 account funds		
24 California Achieving a Better Life Experience (ABLE) Program . . .		
25 Federal form 8814/California form 3803 adjustment		
26 Other income, from Schedule(s) K-1		
27 Canceled debt income.		
28 a Canadian RRSP undistributed other income from Form 8891		
b RRSP total other income for the year		
Other taxable income:		
29 a		
b		
c		
d		
e		
f		
g		
30 Total. Add lines 1 through 29g. Enter here and on Schedule CA or Schedule CA(NR), line 21f.		

► Keep for your records

Name(s) Shown on Return
Ibrahim F RupawalaSocial Security Number
108-87-5744**Part 1 - Home Mortgage Loan Information**

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
Interest paid in 2018					
Points paid in 2018					
Months loan outstanding	12	12	12	12	12
Principal paid on loan in 2018					
Mortgage origination date					
Amortized points allow. in 2018					
Is this a home equity loan?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Mortgage interest was reported to you on Form 1098?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Points were reported to you on Form 1098?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Was all proceeds of this loan used to buy, build or substantially improve the taxpayer's home that secures the loan?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>

Home Debt Originating on or after December 15, 2017

Beginning of year balance					
Borrowed in 2018					
Principal applied					
Ending balance					

Home Debt Originating after October 13, 1987 and Before December 15, 2017

Beginning of year balance					
Principal applied					
Ending balance					

Home Debt Originating before October 14, 1987 (Grandfathered Debt)

Beginning of year balance					
Principal applied					
Ending balance					

Above Debt Categorized for pre Tax Cuts and Jobs Act of 2017 rules below:**Home Acquisition Debt**

Beginning of year balance					
Borrowed in 2018					
Principal applied					
Ending balance					
Average balance					
Allocated interest					

Home Equity Debt (if not all used to buy, build or improve the home)

Beginning of year balance					
Borrowed in 2018					
Principal applied					
Ending balance					
Average balance					
Allocated interest					

Grandfathered Debt

Beginning of year balance					
Principal applied					
Ending balance					
Average balance					
Allocated interest					

Additional Information - Home Acquisition Debt exceeding limit or Home Equity Debt

Fair market value of homes on date debt was last secured by home ►
 Home acquisition debt and grandfathered debt on date debt was last secured by home ►

Deductible Home Mortgage Interest Worksheet

2018

► Keep for your records

Ibrahim F Rupawala

108-87-5744

Page 2

Part 2 – Qualified Loan Limit

1	Average balance of all grandfathered debt	1	
2	Average balance of all home acquisition debt	2	
3	Enter \$1,000,000 (\$500,000 if married filing separately)	3	1,000,000.
4	Enter the larger of line 1 or line 3	4	1,000,000.
5	Add the amounts on lines 1 and 2	5	
6	Enter the smaller of line 4 or line 5	6	0.
7	For home equity debt, smaller of \$100,000 (\$50,000 if married filing separately) or limited amount	7	0.
8	Qualified loan limit (add lines 6 and 7)	8	0.

Part 3 – Deductible Home Mortgage Interest

9	Average balances of all mortgages on all qualified homes	9	
10	Total amount of interest paid	10	
11	Divide line 8 by line 9	11	
12	Multiply line 10 by line 11. This is deductible home mortgage interest	12	
13	Subtract line 12 from line 10. This is not home mortgage interest	13	

Was the mortgage interest limited on federal return?

Yes . . .

☐

No . . .

☐

Does your mortgage interest need to be limited/adjusted for state:

Yes . . .

☐

No . . .

☐

Total interest above reported on 1098 x line 11

Total points above reported on 1098 x line 11

Qualified mortgage interest from Schedule E Worksheet.

Less home mortgage interest/points (reported on Form 1098) deducted on Form 8829

Less home mortgage interest from Form 8396 line 3

Adjusted total interest/points reported on Form 1098

Total interest above **not** reported on 1098 x line 11

Less home mortgage interest (**not** reported on form 1098) deducted on Form 8829

Adjusted total interest **not** reported on Form 1098

Total points above **not** reported on 1098 x line 11

Less points (**not** reported on Form 1098) deducted on Form 8829

Adjusted total points **not** reported on Form 1098

Tax Payments Worksheet

2018

► Keep for your records

Name Ibrahim F Rupawala	Social Security Number 108-87-5744
----------------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	8,557.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	8,557.
15	Date return will be filed and balance paid	15	

Use Tax Worksheet

2018

► Keep for your records

Name as Shown on Return
Ibrahim F Rupawala

Social Security Number
108-87-5744

Use the Use Tax Worksheet to calculate use tax liability if any of the following apply:

- You prefer to calculate the amount of use tax due based upon actual purchases subject to use tax.
- Owe use tax on non-business purchases of individual items of property with a sale price \$1,000 or more.
- Owe use tax on any item purchased for use in a trade or business not registered with the Board of Equalization.

If you have a combination of individual items purchased for \$1,000 or more and individual, non-business items purchased for less than \$1,000 you may either:

- Use the Use Tax Worksheet to compute use tax due on all purchases, or
- Use the Use Tax Worksheet to compute use tax due on all individual items purchases for \$1,000 or more and use the Estimated Use Tax Table to estimate the use tax due on individual, non-business items purchased for less than \$1,000.

Round all amounts to the nearest whole dollar.

Use Tax Worksheet

(a) Purchases from out-of-state	(b) Sales and use tax rate	(c) Sales and use tax rate	(d) (a) x (c)	(e) Use tax paid to other state	(f) Use tax due
		%			
		%			
		%			
		%			

A. Use tax amount based on table above.

Estimated Use Tax Table

Use the Estimated Use Tax Table below to estimate and report the use tax due on individual non-business items you purchased for less than \$1,000 each, instead of reporting your use tax liability determined using the Use Tax Worksheet above.

Adjusted Gross Income AGI Range	Use Tax
Less than \$10,000	\$2
\$10,000 - \$19,999	\$7
\$20,000 - \$29,999	\$11
\$30,000 - \$39,999	\$16
\$40,000 - \$49,999	\$21
\$50,000 - \$59,999	\$25
\$60,000 - \$69,999	\$30
\$70,000 - \$79,999	\$34
\$80,000 - \$89,999	\$39
\$90,000 - \$99,999	\$44
\$100,000 - \$124,999	\$52
\$125,000 - \$149,999	\$63
\$150,000 - \$174,999	\$75
\$175,000 - \$199,999	\$86
More than \$199,999	Multiply AGI by 0.046% (0.00046)

To use the Estimated Use Tax Table to calculate Use Tax, check here ☐

B. Use tax based on California adjusted gross income

1	Sum of Use Tax Worksheet, line A and Estimated Use Tax Table, line B This is the total use tax due. If the amount is less than zero, enter -0-	1	
---	-------------------------------------------------------------------------------------------------------------------------------------------------------------	---	--

California Carryover Worksheet

2018

Use this worksheet to enter information from your 2017 tax return
which will be used on your 2018 tax return

► Keep for your records

Name as Shown on Return Ibrahim F Rupawala	Social Security Number 108-87-5744
-----------------------------------------------	---------------------------------------

2017 Tax and Income Information

1	Filing status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint	<input type="checkbox"/> Married Filing Separate
		<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widow(er)	
2	Tax liability (Form 540, lines 48, 61, 62; Form 540 2EZ, line 21; or Form 540NR, lines 63, 71 and 72; plus any IRC Section 453A interest from Form 540 line 63 or Form 540NR line 73)	2		
3	Tax on lump-sum distributions (Schedule G-1)	3		
4	California income tax withheld (Form 540, lines 71 and 73; Form 540 2EZ, line 22 or Form 540NR, lines 81 and 83)	4		
5	Excess California SDI withheld (Form 540, line 74; or Form 540NR, line 84)	5		
6	California adjusted gross income (Form 540, line 17; Form 540 2EZ, line 16; or Form 540NR, line 32)	6		
7	Refund (Form 540, line 115; Form 540 2EZ, line 28; or Form 540NR, line 125)	7		
8	Balance Due (Form 540, line 114; Form 540 2EZ, line 27; or Form 540NR, line 124)	8		

Loss Carryovers (Non-passive)

		Regular Tax	AMT
9 a	Capital loss carryover	9 a	
b	Capital loss carryover (nonresidents)	b	
10	Schedule D-1 - Nonrecaptured net section 1231 losses from:		
a	2017	10 a	
b	2016	b	
c	2015	c	
d	2014	d	
e	2013	e	

Other Carryovers

11	Disallowed investment interest expense carryforward (Form 3526, line 7)	11	
12	Disallowed alternative minimum tax investment interest expense carryforward (Form 3526-AMT, line 7)	12	
13	Net operating loss carryforward from Form 3805V	13	
14	Disaster loss carryforward from Form 3805V	14	

Form 3510 (Credit for Prior Year Alternative Minimum Tax)

15 Form 3510 information - 2017 Resident filers		
a Schedule P, Part I, line 15 through line 18	15 a	
b Schedule P, Part I, line 1 through line 7, 13b, 13i, and any other exclusions on a line other than those listed	b	
c Schedule P, Part II, line 25	c	
d Schedule P, Part II, line 26	d	
e Schedule P, Part III, Section C, lines 22 and 23, column b	e	
16 Form 3510 information - 2017 Nonresident or Part-year residents		
a Schedule P(NR), Part I, line 15 through line 18	16 a	
b Schedule P(NR), Part I, line 1 through line 7, 13b, 13i and any other exclusions on a line other than those listed	b	
c Schedule P(NR), Part II, line 35	c	
d Schedule P(NR), Part II, line 28	d	
e Schedule P(NR), Part II, line 29a and 29h	e	
f Schedule P(NR), Part II, line 44	f	
g Schedule P(NR), Part II, line 45	g	
h Schedule P(NR), Part III, Section C, lines 22 and 23, column b	h	

Charitable Contribution Carryforward

17 Schedule CA/CA(NR) - Charitable Contribution Carryforward		
a 2018	17 a	
b 2017	b	
c 2016	c	
d 2015	d	
e 2014	e	

California Capital Loss Carryover Worksheet

2018

► Keep for your records

Name as Shown on Return

Ibrahim F Rupawala

Social Security Number

108-87-5744

Part I — Capital Loss Carryover Worksheet

1	Loss from Schedule D, line 11, stated as a positive number	1	3,000.
2	Amount from Form 540 or Form 540NR, line 17	2	111,358.
3	Amount from Form 540 or Form 540NR, line 18	3	4,401.
4	Subtract line 3 from line 2. If less than zero, enter as a negative amount	4	106,957.
5	Combine line 1 and line 4. If less than zero, enter -0-	5	109,957.
6	Enter loss from Schedule D, line 8, stated as a positive amount	6	9,368.
7	Enter the smaller of line 1 or line 5	7	3,000.
8	Subtract line 7 from line 6. This is your capital loss carryover to 2019	8	6,368.

Part II — Capital Loss Carryover Worksheet for Nonresidents and Part-Year Residents

1	Loss from California Schedule D Nonresident and Part-Year Resident Capital Gain/Loss Allocation Worksheet, line 5, stated as a positive number	1	
2	Amount from Form 540NR, line 17	2	
3	Amount from Form 540NR, line 18	3	
4	Subtract line 3 from line 2. If less than zero, enter as a negative amount	4	
5	Combine line 1 and line 4. If less than zero, enter -0-	5	
6	Loss from California Schedule D Nonresident and Part-Year Resident Capital Gain/Loss Allocation Worksheet, line 4, stated as a positive amount	6	
7	Enter the smaller of line 1 or line 5	7	
8	Subtract line 7 from line 6. This is your capital loss carryover to 2019	8	

► Keep for your records

Name as Shown on Return

Ibrahim F Rupawala

Social Security Number

108-87-5744

	(a) Amount From Federal Form 4952	(b) California Adjustment, If Any

Investment Interest Expense (Form 3526, line 1)

1	Investment interest expense from Schedule K-1		
2	Investment interest expense from royalties		
3	Other investment interest expense:		
a			
b			
c			
d			
4	Total investment interest expense. Add lines 1 through 3		

Gross Income from Property Held for Investment (Form 3526, line 4a)

5	Taxable investment income from Schedule B, K-1s and Form 3803.	103.	
6	Royalty income from Schedule E		
7	Net passive income from publicly traded partnerships		
8	Income from nonpassive trade or business without material participation		
9	Other investment income:		
a			
b			
c			
d			
10	Total investment income. Add lines 5 through 9		103.

Net Gain from the Disposition of Property Held for Investment (Form 3526, line 4b)

11 a	Net gains from Schedule D, line 8		0.
b	Less net gains from property not held for investment		
c	Net gains from property held for investment. Line 11a less line 11b		0.

Net Capital Gain from the Disposition of Property Held for Investment (Form 3526, line 4c)

12	Net capital gain from the disposition of property held for investment		0.
-----------	------------------------------------------------------------------------------------	--	----

	(a) Amount From Federal Form 4952	(b) California Adjustment, If Any
--	--------------------------------------------	--------------------------------------------

Investment Expenses (Form 3526, line 5)

13	Royalty expenses		
14 a	Investment expenses included as itemized deductions (subject to the 2% limitation)		
b	Investment expenses included as itemized deductions (not 2% limitation)		
15	Expenses from nonpassive trade or business without material participation		
16	Other investment expenses:		
a	_____		
b	_____		
c	_____		
d	_____		
17	Total investment expenses. Add lines 13 through 16.		
		(a) Regular Tax	(b) Alternative Minimum Tax

Allocation of Investment Interest Expense

18	Allowed investment interest expense, from Form 3526, line 8	0 .	0 .
19	Less interest expense deducted on other forms and schedules:		
a	Deducted on Schedule E, page 2 for passthru entities		
b	Deducted on Schedule E, page 1 for royalties		
c	Other amounts deducted on other forms and schedules		
d	Total amount deducted on other forms and schedules		
20	California investment interest expense.	0 .	0 .
21	Allowed federal investment interest expense deducted elsewhere . .		
22	Allowed federal Schedule A investment interest expense		
23	Adjustment for interest expense deducted on other forms and schedules. Subtract line 21 from line 19		
24	Adjustment for itemized deductions. Subtract line 22 from line 20. Enter here and on Schedule CA, line 9	0 .	

California Depreciation Options

2018

Name as Shown on Return Ibrahim F Rupawala	Social Security Number 108-87-5744
-----------------------------------------------	---------------------------------------

MACRS Convention

The program uses the half-year convention for all MACRS personal property assets placed in service in 2018 unless you check 'Mid-quarter convention' below.

- 1 ☒ Half-year convention
2 ☐ Mid-quarter convention

MACRS Computation

Use IRS tables for all MACRS property placed in service this year? ☐ Yes ☒ No

Section 179 Limitation

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of the Section 179 Worksheet. This is the copy that appears on the menu as Form 3885A:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited.

If only one business activity is claiming a Section 179 expense deduction, the limitation will be computed on the Section 179 Worksheet for that activity.

Section 179 Information

1 a	Calculated "Total cost of Section 179 property placed in service"	1 a	_____
b	Additions or subtractions to calculated value	b	_____
2	If Married Filing Separately, enter:		
a	Total cost of eligible property placed in service this year by spouse.	2 a	_____
b	Allocation percentage elected for your return, if other than 50%.	b	_____ %
3	Taxable Income for the Section 179 Limitation		
a	Federal taxable income for the Section 179 limitation	3 a	_____
b	California Adjustments (calculated)	b	_____
c	Other additions or subtractions to taxable income	c	_____
d	California Taxable Income for the Section 179 Limitation	d	_____

Two-Year Comparison

2018

Ibrahim F Rupawala

Income	2017	2018	Difference	%
Federal AGI and California Adjustments:				
Federal adjusted gross income		110,155.	110,155.	
California adjustments		1,203.	1,203.	
Adjusted Gross Income		111,358.	111,358.	
Standard or Itemized Deduction . . .		4,401.	4,401.	
Taxable Income		106,957.	106,957.	
Tax		7,200.	7,200.	
Exemption credits		118.	118.	
Tax less exemption credits		7,082.	7,082.	
Schedule G-1 and Form 5870A tax . . .				
Tax before credits		7,082.	7,082.	
Credits				
Tax after credits		7,082.	7,082.	
Alternative minimum tax				
Other taxes and IRC interest				
Total Tax After Credits		7,082.	7,082.	
Withholding		8,557.	8,557.	
Estimated payments				
Other payments				
Total Payments		8,557.	8,557.	
Use tax		0.	0.	
Contributions				
Form 5805/5805F penalty				
Other penalties and interest				
Applied to next year's estimated tax . .				
Amount Refund		1,475.	1,475.	
Amount Due				

Current year effective tax rate 6.36 %

Tax Summary
► Keep for your records

2018

Name(s)	
Ibrahim F Rupawala	
Federal adjusted gross income	110,155.
Net California adjustments	1,203.
California adjusted gross income	111,358.
Itemized/standard deduction	4,401.
California taxable income	106,957.
Tax	7,200.
Exemption credits	118.
Tax less exemptions	7,082.
Tax from Schedule G-1/FTB 5870A	
Credits	
Other taxes	
Total tax	7,082.
Total payments	8,557.
Use tax	0.
Contributions	
Underpayment penalty	
Interest, late filing and late payment penalties	
Refund	0.
Balance due	
Tax bracket	9.3%

California Electronic Filing Information Worksheet

2018

► Keep for your records

Name as Shown on Return <u>Ibrahim F Rupawala</u>	Social Security Number <u>108-87-5744</u>
------------------------------------------------------	----------------------------------------------

Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

Firm Name			Social Security Number/Preparer Tax ID Number	
Name			Phone Number	Fax Number
Address			Employer Identification Number	
City	State	Zip Code	EFIN	
Country			E-mail Address	

Paid Preparer Information

Firm Name			Social Security Number/Preparer Tax ID Number	
Name			Employer Identification Number	
Address			Phone Number	Fax Number
City	State	Zip Code		
Country			E-mail Address	

Electronic Filing Review Check

If any of the questions below are checked yes, the return may not be filed electronically		Yes	No
1	Are there more than fifty W-2s, or twenty 1099-Rs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Are there more than ten copies of Form 3803 or ten copies of Form 3805E?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Are there more than twenty five copies of Schedule S?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Is this an amended return, or is there an amended Form 3805P attached?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Are any invalid entries made on Form 3805V page 3, part III? (See help)	<input type="checkbox"/>	<input type="checkbox"/>
8	Are there more than 97 detail lines on forms to be filed? (See help)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Is this a fiscal year filer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Is the Federal filing status married filing joint and the California filing status married filing separate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Is Federal Form 4852 (substitute W2) being used?	<input type="checkbox"/>	<input type="checkbox"/>
13	Check that you have the correct selections for the RDP return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	On the 3506, are there any foreign care providers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Is Direct Debit selected and no balance due on the return?	<input type="checkbox"/>	<input type="checkbox"/>

Smart Worksheets from your 2018 California Tax Return

SMART WORKSHEET FOR: Form 540: California Resident Income Tax Return

Form 540 California Income Tax Withheld Smart Worksheet	
A	California income tax withheld from the Tax Payments Worksheet 8,557.
B	Real estate and other withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A
Note: Make sure that the amount on line B is reported on the federal Tax Payments Worksheet line(s) 18a-c or you will not get the state income tax deduction on your federal Schedule A.	
C	California income tax withheld for line 71. Subtract line B from line A 8,557.

SMART WORKSHEET FOR: Schedule D (540): California Capital Gain or Loss Adjustment

Capital Gains and Losses Smart Worksheet

Enter dispositions of capital assets related to a **specific activity** (i.e., Schedule C, E, etc) on the Disposition Worksheets for non-depreciable assets for that activity. To get there, go to the activity form and **QuickZoom** to the Disposition Worksheet. Entries on the Disposition Worksheets for non-depreciable assets flow to line 1.

Enter dispositions **not** related to a specific activity in the smart worksheet below.

Note: California did not conform to the deferral of capital gains reinvested in a Qualified Opportunity Fund. The gain realized on the sale of these assets will be reported in Column (e).

Description		*			
Date Acquired	Date Sold	Sales price	Cost or other basis	Gain/ loss	
1099-B BYPASSING 8949		<input type="checkbox"/>			
VARIOUS	VARIOUS	1,874.00	1,800.00	74.00	
464287242 ISHARES INV GRD CORP BOND ETF 5					
VARIOUS	05/31/2018	540.00	561.15	-21.15	
464287242 ISHARES INV GRD CORP BOND ETF 1					
VARIOUS	10/15/2018	77.35	78.91	-1.56	
464287457 ISHARES 1-3 YEAR TREASURY BOND 6					
VARIOUS	05/31/2018	539.99	545.02	-5.03	
464287457 ISHARES 1-3 YEAR TREASURY BOND 1					
VARIOUS	10/15/2018	80.16	80.41	-0.25	
See Schedule D Transactions					

* Check box to exclude transaction from Schedule D

Other Capital Gains and/or Losses

- A** Federal Form 1099-R gains ☐
- B** Federal Form 4684 gain ☐
- C** Federal Form 6781 gains or losses. ☐
- D** Federal Form 8824 gain ☐
- E** Canadian RRSP account total capital gain. ☐
- F** Net capital gain or loss from HSA account ☐
- G** Net IRC Section 1231 gain from Schedule D-1, line 9 or line 7 ☐
- H** Form FTB 3805E. ☐
- I 1** Gain attributable to sale of Qualified Small Business stock included on
Line H above ☐
- 2** Gain qualifying under R&TC 18152.5 ☐
- J** Check this box to print Schedule D and its worksheets even if you are not required to ☐

Additional information from your 2018 California Tax Return

SMART WORKSHEET FOR: Schedule D (540): California Capital Gain or Loss Adjustment

Schedule D Transactions

Continuation Statement

Description		*			
Date Acquired	Date Sold	Sales price	Cost or other basis	Gain/loss	
921943858 VANGUARD FTSE DEVELOPED MARKET 7					
VARIOUS	05/31/2018	324.00	315.56	8.44	
921943858 VANGUARD FTSE DEVELOPED MARKET 2					
VARIOUS	10/15/2018	91.47	98.53	-7.06	
922042858 VANGUARD EMERGING MARKETS ETF 2					
VARIOUS	05/31/2018	81.00	79.00	2.00	
922042858 VANGUARD EMERGING MARKETS ETF 1					
VARIOUS	10/15/2018	19.97	22.22	-2.25	
922908363 VANGUARD S&P 500 ETF (VOO) 3					
VARIOUS	05/31/2018	782.99	724.03	58.96	
922908363 VANGUARD S&P 500 ETF (VOO) 1					
VARIOUS	10/15/2018	221.26	223.69	-2.43	
922908553 VANGUARD REIT INDEX ETF (VNQ) 2					
VARIOUS	05/31/2018	162.00	168.49	-6.49	
922908553 VANGUARD REIT INDEX ETF (VNQ) 0					
VARIOUS	10/15/2018	28.85	30.24	-1.39	
922908751 VANGUARD SMALL CAP ETF (VB) 2					
VARIOUS	05/31/2018	270.00	241.65	28.35	
922908751 VANGUARD SMALL CAP ETF (VB) 1					
VARIOUS	10/15/2018	76.31	79.74	-3.43	
***ALIBABA GROUP HOLDING LTD SPO 2					
07/31/2017	01/09/2018	381.87	318.00	63.87	
***ALIBABA GROUP HOLDING LTD SPO 10					
10/11/2017	01/09/2018	1,909.35	1,836.49	72.86	
***ALIBABA GROUP HOLDING LTD SPO 5					
10/12/2017	01/09/2018	954.68	905.25	49.43	
***ALIBABA GROUP HOLDING LTD SPO 3					
10/13/2017	01/09/2018	572.80	534.39	38.41	
***ALIBABA GROUP HOLDING LTD SPO 10					
10/19/2017	01/09/2018	1,909.35	1,759.90	149.45	
FACEBOOK INC CL A 8					
10/11/2017	01/09/2018	1,503.15	1,375.84	127.31	
COGNIZANT TECHNOLOGY SOLUTIONS C 75					
10/31/2017	04/25/2018	6,057.68	5,716.43	341.25	
MICROSOFT CORP 3					
05/23/2018	05/23/2018	294.46	294.32	0.14	
MICROSOFT CORP 8					
05/23/2018	05/23/2018	785.65	784.84	0.81	
CADENCE DESIGN SYSTEMS INC 4					
06/05/2018	08/16/2018	181.66	174.74	6.92	
CADENCE DESIGN SYSTEMS INC 18					
06/05/2018	08/16/2018	817.53	786.33	31.20	
CADENCE DESIGN SYSTEMS INC 58					
06/05/2018	08/16/2018	2,632.57	2,533.73	98.84	
UNITEDHEALTH GROUP INC 12					
06/08/2018	08/16/2018	3,151.14	3,009.48	141.66	

SMART WORKSHEET FOR: Schedule D (540): California Capital Gain or Loss Adjustment

Schedule D Transactions

Continuation Statement

Description		*			
Date Acquired	Date Sold	Sales price	Cost or other basis	Gain/ loss	
EXACT SCIENCES CORP 2					
06/07/2018	08/23/2018	135.97	126.52	9.45	
EXACT SCIENCES CORP 48					
06/07/2018	08/23/2018	3,262.50	3,036.43	226.07	
NETFLIX COM INC 10					
06/05/2018	09/05/2018	3,543.84	3,661.20	-117.36	
FACEBOOK INC CL A 20					
04/25/2018	09/06/2018	3,225.94	3,206.00	19.94	
MICRON TECHNOLOGY INC 5					
12/05/2017	09/06/2018	224.48	209.45	15.03	
MICRON TECHNOLOGY INC 10					
12/05/2017	09/06/2018	448.98	418.90	30.08	
MICRON TECHNOLOGY INC 25					
12/05/2017	09/06/2018	1,122.47	1,047.25	75.22	
MICRON TECHNOLOGY INC 60					
12/05/2017	09/06/2018	2,693.95	2,513.40	180.55	
LAM RESEARCH CORP 15					
05/31/2018	09/07/2018	2,379.12	2,980.80	-601.68	
NVIDIA CORP 20					
08/16/2018	09/07/2018	5,359.92	4,950.00	409.92	
***SHOPIFY INC CL A 20					
05/31/2018	09/07/2018	2,627.95	2,963.47	-335.52	
595112103 MICRON TECHNOLOGY, INC. COMMON STOCK 200					
12/07/2018	12/18/2018	6,939.88	7,139.90	-200.02	
670666104 NVIDIA CORPORATION COMMON STOCK 40					
VARIOUS	11/19/2018	6,179.89	6,179.89	0.00	
COINBASE - SHORT-TERM					
Various	08/10/2018	6,749.07	15,999.96	-9,250.89	
ROBINHOOD - SHORT-TERM					
Various	09/08/2018	35,487.30	36,551.70	-1,064.40	
464287242 ISHARES INV GRD CORP BOND ETF 1					
VARIOUS	10/15/2018	82.50	86.62	-4.12	
464287457 ISHARES 1-3 YEAR TREASURY BOND 1					
VARIOUS	10/15/2018	79.46	80.54	-1.08	
921943858 VANGUARD FTSE DEVELOPED MARKET 0					
09/18/2018	10/15/2018	0.74	0.89	-0.15	
922042858 VANGUARD EMERGING MARKETS ETF 0					
VARIOUS	10/15/2018	3.40	3.95	-0.55	
922908553 VANGUARD REIT INDEX ETF (VNQ) 0					
VARIOUS	10/15/2018	17.23	18.38	-1.15	



Your amended return checklist

Just follow these steps and you're done!

1

If you're amending a state return, separate it from your federal return and follow the instructions

Your returns will print together, so you'll need to separate them. Both returns start with an instruction sheet featuring the Intuit TurboTax logo on the top right.

If you added or changed a tax form (like a W-2), **attach a copy** to each return. If a copy of your federal return is printed under your state return, **attach the federal copy** to your state return.

2

Sign and date your return(s)

You'll have to sign and date at the bottom of your return(s). Your federal return is named Form 1040X. If you're filing a state return, the form is located right after the state instructions sheet.

3

If you have a balance due, pay online or send a check with your return

You can pay your federal taxes online at www.irs.gov/payments.

If you're getting a refund, you'll get a paper check in the mail.

4

Write the correct address on your envelope(s)

You can find the mailing address for your federal return on the federal instructions sheet. If you're filing a state return, the address is listed on the state instructions sheet.

5

Drop your return(s) off at the post office

We recommend sending your return(s) by certified mail to ensure correct postage and proof of delivery.

That's it! Here are a few things to keep in mind after you mail your returns:

- Your amended returns will take 12-16 weeks to process.
- You can track your federal amended return at <https://www.irs.gov/filing/wheres-my-amended-return>.
- If you used a paid version of TurboTax, you'll be able to access your amended return at any time. When you log in to TurboTax, scroll down on Tax Home, and click on My Docs to download a copy.

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

▶ Go to www.irs.gov/Form1040X for instructions and the latest information.**This return is for calendar year** ☒ 2019 ☐ 2018 ☐ 2017 ☐ 2016**Other year.** Enter one: calendar year or fiscal year (month and year ended):

Your first name and middle initial

Ibrahim F

Last name

Rupawala

Your social security number

108-87-5744

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions.

1265 N Capitol Ave

Apt. no.

43

Your phone number

(480) 284-9270

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

San Jose CA 95132

Foreign country name

Foreign province/state/county

Foreign postal code

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.☒ **Full-year health care coverage (or, for amended 2018 returns only, exempt).** If amending a 2019 return, leave blank. See instructions.☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Qualifying widow(er) (QW) ☐ Head of household (HOH)

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Use Part III on the back to explain any changes

Income and Deductions

		A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
1	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ▶ <input type="checkbox"/>	1		
2	Itemized deductions or standard deduction	2		
3	Subtract line 2 from line 1	3		
4a	Exemptions (amended 2017 or earlier returns only). If changing, complete Part I on page 2 and enter the amount from line 29	4a		
b	Qualified business income deduction (amended 2018 or later returns only)	4b		
5	Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-	5		

Tax Liability

6	Tax. Enter method(s) used to figure tax (see instructions):	6		
7	Credits. If a general business credit carryback is included, check here ▶ <input type="checkbox"/>	7		
8	Subtract line 7 from line 6. If the result is zero or less, enter -0- . . .	8		
9	Health care: individual responsibility (amended 2018 or earlier returns only). See instructions	9		
10	Other taxes	10		
11	Total tax. Add lines 8, 9, and 10	11		

Payments

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12		
13	Estimated tax payments, including amount applied from prior year's return	13		
14	Earned income credit (EIC)	14		
15	Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15		
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16		0.
17	Total payments. Add lines 12 through 15, column C, and line 16	17		


Refund or Amount You Owe

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18		1,009.
19	Subtract line 18 from line 17. (If less than zero, see instructions.)	19		-1,009.
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference	20		
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21		
22	Amount of line 21 you want refunded to you	22		
23	Amount of line 21 you want applied to your (enter year): estimated tax	23		

Complete and sign this form on page 2.

Part I Exemptions and Dependents

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

 For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines.		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank	24		
25	Your dependent children who lived with you	25		
26	Your dependent children who didn't live with you due to divorce or separation	26		
27	Other dependents	27		
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank	28		
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank	29		
30	List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and ✓ here ► <input type="checkbox"/>			

Dependents (see instructions):

(a) First name		Last name	(b) Social security number	(c) Relationship to you	(d) ✓ if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents (amended 2018 or later returns only)
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

► Attach any supporting documents and new or changed forms and schedules.

I contributed to Roth 401(k) and not Roth IRA. I confused the 401(k) contribution with the IRA contribution. I never contributed to an IRA.

Remember to keep a copy of this form for your records.

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

Sign Here

► Your signature	_____ Date	Sr. Device Engineer Your occupation
► Spouse's signature. If a joint return, both must sign.	_____ Date	_____ Spouse's occupation

Paid Preparer Use Only

► Preparer's signature	_____ Date	Self-Prepared Firm's name (or yours if self-employed)
Print/type preparer's name		Firm's address and ZIP code

PTIN	<input type="checkbox"/> Check if self-employed	Phone number	EIN
------	-------------------------------------------------	--------------	-----

Filing status: ☒ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial: **Ibrahim F** Last name: **Rupawala** Your social security number: **108-87-5744**

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **1265 N Capitol Ave** Apt. no. **43** Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **San Jose CA 95132** If more than four dependents, see inst. and ✓ here ☐

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

Sign Here 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.

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

Your signature: _____ Date: _____ Your occupation: **Sr. Device Engineer**

Spouse's signature. If a joint return, **both** must sign. _____ Date: _____ Spouse's occupation: _____

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Preparer's name: _____ Preparer's signature: _____ PTIN: _____ Firm's EIN: _____ Check if: ☐ 3rd Party Designee ☐ Self-employed

Firm's name ▶ **Self-Prepared** Phone no.: _____

Firm's address ▶ _____

Paid Preparer Use Only

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1 113,035.
2a Tax-exempt interest	2b Taxable interest
3a Qualified dividends	3b Ordinary dividends
4a IRAs, pensions, and annuities	4b Taxable amount
5a Social security benefits	5b Taxable amount
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6 110,155.
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7 110,155.
8 Standard deduction or itemized deductions (from Schedule A)	8 12,000.
9 Qualified business income deduction (see instructions)	9 0.
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10 98,155.
11 a Tax (see inst.) 17,841. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11 17,841.
b Add any amount from Schedule 2 and check here	12 17,841.
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ▶ <input type="checkbox"/>	13 17,841.
13 Subtract line 12 from line 11. If zero or less, enter -0-	14 0.
14 Other taxes. Attach Schedule 4	15 17,841.
15 Total tax. Add lines 13 and 14	16 18,850.
16 Federal income tax withheld from Forms W-2 and 1099	17 18,850.
17 Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863	18 1,009.
Add any amount from Schedule 5	20a 1,009.
18 Add lines 16 and 17. These are your total payments	
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	
20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here	
▶ b Routing number X X X X X X X X X X ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
▶ d Account number X X X X X X X X X X X X X X X X	
21 Amount of line 19 you want applied to your 2019 estimated tax	21
Amount You Owe 22 Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions	22
23 Estimated tax penalty (see instructions)	23

SCHEDULE 1
(Form 1040)(Rev. January 2020)
Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**► **Attach to Form 1040.**► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

Ibrahim F Rupawala

Your social security number

108-87-5744

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13	-3,000.
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19		
20a	Reserved	20b		
	21	Other income. List type and amount ► <u>Substitute Payment from 1099-Misc</u> 17.	21	17.
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . .	22	-2,983.
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . .	24	
	25	Health savings account deduction. Attach Form 8889 . .	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans . .	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ► _____	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Tuition and fees. Attach Form 8917	34	
	35	Reserved	35	
	36	Add lines 23 through 35	36	

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

Schedule 1 (Form 1040) 2018

REV 04/23/20 Intuit.cfp.sp

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

- **Attach to Form 1040 or Form 1040NR.**
► **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
► **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

2018Attachment
Sequence No. **12**

Name(s) shown on return

Ibrahim F Rupawala

Your social security number

108-87-5744

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	1,874.	1,800.		74.
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	62,592.	62,005.	294.	881.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	42,236.	52,552.		-10,316.
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -9,361.

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	183.	192.	2.	-7.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 -7.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-9,368.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ►	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ►	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> </div> </div>	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Ibrahim F Rupawala

Social security number or taxpayer identification number

108-87-5744

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	464287242 ISHARES INV GRD CORP BOND ETF 5	VARIOUS	05/31/18	540.	564.56	W	3.41	-21.15
	464287242 ISHARES INV GRD CORP BOND ETF 1	VARIOUS	10/15/18	77.35	78.91			-1.56
	464287457 ISHARES 1-3 YEAR TREASURY BOND 6	VARIOUS	05/31/18	539.99	545.92	W	0.90	-5.03
	464287457 ISHARES 1-3 YEAR TREASURY BOND 1	VARIOUS	10/15/18	80.16	80.41			-0.25
	921943858 VANGUARD FTSE DEVELOPED MARKET 7	VARIOUS	05/31/18	324.	316.06	W	0.50	8.44
	921943858 VANGUARD FTSE DEVELOPED MARKET 2	VARIOUS	10/15/18	91.47	99.45	W	0.92	-7.06
	922042858 VANGUARD EMERGING MARKETS ETF 2	VARIOUS	05/31/18	81.	79.25	W	0.25	2.
	922042858 VANGUARD EMERGING MARKETS ETF 1	VARIOUS	10/15/18	19.97	22.56	W	0.34	-2.25
	922908363 VANGUARD S&P 500 ETF (VOO) 3	VARIOUS	05/31/18	782.99	724.18	W	0.15	58.96
	922908363 VANGUARD S&P 500 ETF (VOO) 1	VARIOUS	10/15/18	221.26	223.86	W	0.17	-2.43
	922908553 VANGUARD REIT INDEX ETF (VNQ) 2	VARIOUS	05/31/18	162.	169.16	W	0.67	-6.49
	922908553 VANGUARD REIT INDEX ETF (VNQ) 0	VARIOUS	10/15/18	28.85	30.24			-1.39
	922908751 VANGUARD SMALL CAP ETF (VB) 2	VARIOUS	05/31/18	270.	241.65			28.35
	922908751 VANGUARD SMALL CAP ETF (VB) 1	VARIOUS	10/15/18	76.31	79.92	W	0.18	-3.43
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 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				3,295.35	3,256.13		7.49	46.71

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

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Ibrahim F Rupawala

Social security number or taxpayer identification number

108-87-5744

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	***ALIBABA GROUP HOLDING LTD SPO 2	07/31/17	01/09/18	381.87	318.			63.87
	***ALIBABA GROUP HOLDING LTD SPO 10	10/11/17	01/09/18	1,909.35	1,836.49			72.86
	***ALIBABA GROUP HOLDING LTD SPO 5	10/12/17	01/09/18	954.68	905.25			49.43
	***ALIBABA GROUP HOLDING LTD SPO 3	10/13/17	01/09/18	572.80	534.39			38.41
	***ALIBABA GROUP HOLDING LTD SPO 10	10/19/17	01/09/18	1,909.35	1,759.90			149.45
	FACEBOOK INC CL A 8	10/11/17	01/09/18	1,503.15	1,375.84			127.31
	COGNIZANT TECHNOLOGY SOLUTIONS C 75	10/31/17	04/25/18	6,057.68	5,716.43			341.25
	MICROSOFT CORP 3	05/23/18	05/23/18	294.46	294.32			0.14
	MICROSOFT CORP 8	05/23/18	05/23/18	785.65	784.84			0.81
	CADENCE DESIGN SYSTEMS INC 4	06/05/18	08/16/18	181.66	174.74			6.92
	CADENCE DESIGN SYSTEMS INC 18	06/05/18	08/16/18	817.53	786.33			31.20
	CADENCE DESIGN SYSTEMS INC 58	06/05/18	08/16/18	2,632.57	2,533.73			98.84
	UNITEDHEALTH GROUP INC 12	06/08/18	08/16/18	3,151.14	3,009.48			141.66
	EXACT SCIENCES CORP 2	06/07/18	08/23/18	135.97	126.52			9.45
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 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				21,287.86	20,156.26			1,131.60

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

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

Social security number or taxpayer identification number

Ibrahim F Rupawala

108-87-5744

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

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

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

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

☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	464287242 ISHARES INV GRD CORP BOND ETF 1	VARIOUS	10/15/18	82.50	87.59	W	0.97	-4.12
	464287457 ISHARES 1-3 YEAR TREASURY BOND 1	VARIOUS	10/15/18	79.46	80.76	W	0.22	-1.08
	921943858 VANGUARD FTSE DEVELOPED MARKET 0	09/18/18	10/15/18	0.74	0.89			-0.15
	922042858 VANGUARD EMERGING MARKETS ETF 0	VARIOUS	10/15/18	3.40	4.09	W	0.14	-0.55
	922908553 VANGUARD REIT INDEX ETF (VNQ) 0	VARIOUS	10/15/18	17.23	18.67	W	0.29	-1.15
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) ►				183.33	192.		1.62	-7.05

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.

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Ibrahim F Rupawala

Social security number or taxpayer identification number

108-87-5744

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Coinbase - short-term	Various	08/10/18	6,749.07	15,999.96			-9,250.89
	Robinhood - short-term	Various	09/08/18	35,487.30	36,551.70			-1,064.40
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 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				42,236.37	52,551.66			-10,315.29

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

Health Savings Accounts (HSAs)

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2018
Attachment
Sequence No. **52**

Name(s) shown on Form 1040 or Form 1040NR

Ibrahim F Rupawala

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ▶

108-87-5744

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions) ▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	0.
3	If you were under age 55 at the end of 2018, and on the first day of every month during 2018, you were, or were considered, an eligible individual with the same coverage, enter \$3,450 (\$6,900 for family coverage). All others , see the instructions for the amount to enter	3	3,450.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	3,450.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter	6	3,450.
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions)	7	0.
8	Add lines 6 and 7	8	3,450.
9	Employer contributions made to your HSAs for 2018	9	1,203.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	1,203.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	2,247.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25	13	0.

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2018 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

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

BAA

REV 12/21/18 Intuit.cdp.sp Form **8889** (2018)

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

Tax History Report

► Keep for your records

2018

Name(s) Shown on Return

Ibrahim F Rupawala

	Five Year Tax History:				
	2014	2015	2016	2017	2018
Filing status				Single	Single
Total income					110,155.
Adjustments to income					
Adjusted gross income					110,155.
Tax expense					8,557.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .				6,350.	12,000.
Exemption amount . .				4,050.	0.
QBI deduction					0.
Taxable income					98,155.
Tax					17,841.
Alternative min tax . .					
Total credits					
Other taxes					0.
Payments					18,850.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					1,009.
Effective tax rate % . .					16.20
**Tax bracket %				10.0	24.0

**Tax bracket % is based on Taxable income.

Smart Worksheets from your 2018 California Tax Return Attachment

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Manual Selection of Lines Calculated Smart Worksheet	
After checking 2018 above and then making changes in your return, TurboTax will determine the lines on the 1040X that should be calculated. If needed for your situation, you can check the boxes below to manually determine which lines on the 1040X will calculate.	
A	<input type="checkbox"/> Lines 1-23 — Filing status/income/adjustments/itemized deduction/standard deduction
B	<input checked="" type="checkbox"/> Lines 1-30 — Calculate all lines
C	<input type="checkbox"/> Lines 5-23 — Tax before credits
D	<input type="checkbox"/> Lines 6-23 — Nonrefundable credits/other taxes
E	<input type="checkbox"/> Lines 10-23 — Payments and refundable credits

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2018 Return Information Smart Worksheet	
Original return filing status	
<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married filing joint return
<input type="checkbox"/> Qualifying widow(er)	<input type="checkbox"/> Head of household
<input type="checkbox"/> Married filing separate return	
Full-year coverage	
All household members have full-year minimal essential health care coverage <input checked="" type="checkbox"/> Yes	
1040X line number	
6	Tax. Enter method used to figure tax: <u>QDCGTW</u>
16	Amount for U.S. tax paid to the Virgin Islands (Form 8689) included on Line 16 _____

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2018 Return Payments Smart Worksheet	
A	Total amount paid with request for extension of time to file. <u>0.</u>
B	Tax Paid with original return (not including penalties). <u>0.</u>
C	Additional tax paid after return was filed _____

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2018 Return Overpayment Smart Worksheet	
A	Overpayment, if any, as shown on original return or as previously adjusted by the IRS (not including penalties). <u>1,009.</u>

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2018 Return Dependents Smart Worksheet

- A** Number of dependents reported in the dependents section on the original return. 1

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Filing Address Smart Worksheet

Send Form 1040X to: Department of the Treasury
Internal Revenue Service
Fresno, CA 93888-0422

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 3 Smart Worksheet

- A** Select your coverage for each month below. Select Family for any month you had Self-only coverage and your spouse had family coverage. Select None for for any month you were covered by Medicare.
- | | | | | | |
|----|-----------------------|-------------------------------|-----------------------------------------------|---------------------------------|---------------|
| 1 | January ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 2 | February ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 3 | March ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 4 | April ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 5 | May ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 6 | June ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 7 | July ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 8 | August ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 9 | September ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 10 | October ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 11 | November ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
| 12 | December ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | <u>3,450.</u> |
- B** Maximum allowable contribution. 3,450.
Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 9 Employer Contribution Smart Worksheet

- | | | |
|----------|----------------------------------------------------------------------------------|---------------|
| A | Enter the employer contributions reported in Box 12 of Form W-2 (code W) | <u>1,203.</u> |
| B | Enter employer contributions made in 2018 for the tax year 2017 | |
| C | Subtract line B from line A | <u>1,203.</u> |
| D | Enter employer contributions made in 2019 for the tax year 2018 | |
| E | Other employer contributions for 2018 not reported above | |
| F | Employer contributions for 2018. Add lines C, D and E. Enter on line 9 | <u>1,203.</u> |

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 18 Smart Worksheet

Check here if failure to maintain HDHP coverage in 2018 was due to death or disability

☐

A	1	Total HSA contribution in 2017	_____
	2	Excess contribution in 2017	_____
	3	Net HSA contribution in 2017	_____ 0 .
B	Check the box below to indicate the type of coverage you had for each month of 2017. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.		
	1	January ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family _____
	2	February ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family _____
	3	March ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family _____
	4	April ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family _____
	5	May ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family _____
	6	June ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family _____
	7	July ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family _____
	8	August ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family _____
	9	September ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family _____
	10	October ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family _____
	11	November ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family _____
	12	December ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family _____
C	1	Total maximum allowable contribution for 2017	_____
	2	Amount allocated to spouse in 2017	_____
	3	Net maximum allowable contribution for 2017	_____