

**Form 1040**Department of the Treasury—Internal Revenue Service (99)  
**U.S. Individual Income Tax Return****2018**

OMB No. 1545-0074

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

Filing status:	Single	<input checked="" type="checkbox"/> Married filing jointly	Married filing separately	Head of household	Qualifying widow(er)			
Your first name and initial <b>ANDREW</b>	Last name <b>YANG</b>					Your social security number [REDACTED]		
Your standard deduction:	<input type="checkbox"/>	Someone can claim you as a dependent		<input type="checkbox"/>	You were born before January 2, 1954		<input type="checkbox"/>	You are blind
If joint return, spouse's first name and initial <b>EVELYN</b>	Last name <b>LU</b>					Spouse's social security number [REDACTED]		
Spouse standard deduction:	<input type="checkbox"/>	Someone can claim your spouse as a dependent		<input type="checkbox"/>	Spouse was born before January 2, 1954		<input checked="" type="checkbox"/> Full-year health care coverage or exempt (see instr.)	
<input type="checkbox"/> Spouse is blind	Spouse itemizes on a separate return or you were a dual-status alien							
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]							Apt. no. [REDACTED]	Presidential Election Campaign (see instr.) <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. <b>NEW YORK</b> <b>NY</b> [REDACTED]							If more than four dependents, see instr. and ✓ here • <input type="checkbox"/>	
Dependents (see instructions):  (1) First name [REDACTED] <b>YANG</b> [REDACTED] <b>YANG</b>		(2) Social security number [REDACTED]		(3) Relationship to you <b>Son</b> <b>Son</b>		(4) ✓ if qualifies for (see instr.) Child tax credit <input checked="" type="checkbox"/> Credit for other dependents <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 [REDACTED]	Date [REDACTED]	Your occupation <b>EXECUTIVE</b>	If the IRS sent you an Identity Protection PIN, enter it here (see instr.) [REDACTED]	
Spouse's signature. If a joint return, both must sign. [REDACTED]		Date [REDACTED]	Spouse's occupation <b>Homemaker</b>	If the IRS sent you an Identity Protection PIN, enter it here (see instr.) [REDACTED]

Paid  
**Preparer**  
Use Only

Preparer's name [REDACTED]	Preparer's signature [REDACTED]	PTIN [REDACTED]	Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input checked="" type="checkbox"/> Self-employed
Firm's name • [REDACTED]	Firm's EIN [REDACTED]		
Firm's address • [REDACTED]	Phone no. [REDACTED]		

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

Form 1040 (2018)

Form 1040 (2018) ANDREW YANG &amp; EVELYN LU

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1	Wages, salaries, tips, etc. Attach Form(s) W-2	
2a	Tax-exempt interest	2a 1,662
3a	Qualified dividends	3a 159
4a	IRAs, pensions, and annuities	4a
5a	Social security benefits	5a

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 150,800

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

## 8 Standard deduction or itemized deductions (from Schedule A)

9 Qualified business income deduction (see instructions)

10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-

11 a Tax (see instr.) 8,851 (check if any from: 1  Form(s) 8814 2  Form 49723  \_\_\_\_\_)

b Add any amount from Schedule 2 and check here

12 a Child tax credit/credit for other dependents 4,000 b Add any amount from Schedule 3 and check here



13 Subtract line 12 from line 11. If zero or less, enter -0-

14 Other taxes. Attach Schedule 4

15 Total tax. Add lines 13 and 14

16 Federal income tax withheld from Forms W-2 and 1099

17 Refundable credits: a EIC (see instr.) \_\_\_\_\_ b Sch 8812 \_\_\_\_\_

c Form 8863

Add any amount from Schedule 5 27,000

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 \_\_\_\_\_ ► c Type:  Checking  Savings

► d Account number \_\_\_\_\_

21 Amount of line 19 you want applied to your 2019 estimated tax ► 21 9,881

## Refund

Direct deposit? See instructions.



Amount You Owe 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions



23 Estimated tax penalty (see instructions) ► 23 538

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

Form 1040 (2018)

**SCHEDULE 1**  
 (Form 1040)
Department of the Treasury  
Internal Revenue Service

Name(s) shown on Form 1040

**ANDREW YANG & EVELYN LU****Additional Income and Adjustments to Income**

OMB No. 1545-0074

**2018**Attachment  
Sequence No. 01

• Attach to Form 1040.

• Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.Your social security number  
[REDACTED]

<b>Additional Income</b>	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 91,380
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13 18,851
	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 40,569
	18 Farm income or (loss). Attach Schedule F .....	18
	19 Unemployment compensation .....	19
	20a Reserved .....	20b
	21 Other income. List type and amount .....	21
	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 .....	22 150,800
<b>Adjustments to Income</b>	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 6,465
	28 Self-employed SEP, SIMPLE, and qualified plans .....	28
	29 Self-employed health insurance deduction .....	29 25,471
	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 Reserved .....	34
	35 Reserved .....	35
	36 Add lines 23 through 35 .....	36 31,936

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

Schedule 1 (Form 1040) 2018

**SCHEDULE 3  
(Form 1040)**Department of the Treasury  
Internal Revenue Service

Name(s) shown on Form 1040

**Nonrefundable Credits**

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

OMB No. 1545-0074

**2018**Attachment  
Sequence No. **03****ANDREW YANG & EVELYN LU**Your social security number  
[REDACTED]

<b>Nonrefundable Credits</b>	<b>48</b>	
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 a <input type="checkbox"/> 3800 b <input checked="" type="checkbox"/> 8801 c <input type="checkbox"/>	54	<b>1,199</b>
55 Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55	<b>1,199</b>

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

Schedule 3 (Form 1040) 2018

**SCHEDULE 4**

(Form 1040)

Department of the Treasury  
Internal Revenue Service

Name(s) shown on Form 1040

**Other Taxes**

OMB No. 1545-0074

**2018**Attachment  
Sequence No. 04

► Attach to Form 1040.

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

Your social security number [REDACTED]

**ANDREW YANG & EVELYN LU**

<b>Other Taxes</b>	57 Self-employment tax. Attach Schedule SE .....	57	12,929
	58 Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 .....	58	
	59 Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required .....	59	
	60a Household employment taxes. Attach Schedule H .....	60a	
	b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required .....	60b	
	61 Health care: individual responsibility (see instructions) .....	61	
	62 Taxes from: a <input type="checkbox"/> 8959 b <input type="checkbox"/> 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	62	
	63 Section 965 net tax liability installment from Form 965-A .....	63	
	64 Add the amounts in the far right column. These are your total other taxes. Enter here and on Form 1040, line 14 .....	64	12,929

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

Schedule 4 (Form 1040) 2018

**SCHEDULE 5**

(Form 1040)

Department of the Treasury  
Internal Revenue Service**Other Payments and Refundable Credits**

OMB No. 1545-0074

**2018**Attachment  
Sequence No. 05

Name(s) shown on Form 1040

**ANDREW YANG & EVELYN LU**Your social security number  
[REDACTED]

<b>Other Payments and Refundable Credits</b>	65	Reserved	65	
	66	2018 estimated tax payments and amount applied from 2017 return	66	
	67a	Reserved	67a	
	b	Reserved	67b	
	68-69	Reserved	68-69	
	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	71	<b>27,000</b>
	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 the amounts in the far right column. These are your total other payments and refundable credits. Enter here and include on Form 1040, line 17	75	<b>27,000</b>

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

Schedule 5 (Form 1040) 2018

**SCHEDULE B**  
(Form 1040)Department of the Treasury  
Internal Revenue Service (99)**Interest and Ordinary Dividends**

OMB No. 1545-0074

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

► Attach to Form 1040.

**2018**Attachment Sequence No. **08**

Name(s) shown on return

**ANDREW YANG & EVELYN LU**

Your social security number [REDACTED]

**Part I****Interest**

(See instructions and the instructions for Form 1040, line 2b.)

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

**AMERITRADE**  
**LENDING CLUB**  
**HUSTLE FUND I, L.P.**

Amount

**1**  
**2,100**  
**39**

**1**

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

- 2 Add the amounts on line 1  
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.  
Attach Form 8815  
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b ►

**2,140**  
**3**  
**2,140**

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

Amount

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

(See instructions and the instructions for Form 1040, line 3b.)

- 5 List name of payer ►

**AMERITRADE**  
**TIAA BROKERAGE**  
**E TRADE**

**102**  
**275**  
**37**

**5**

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

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

**414**

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

**Part III**

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

Yes

No

**Foreign Accounts and Trusts**

(See instructions.)

- 7a At any time during 2018, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions  
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►
- 8 During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

X

X

X

**SCHEDULE C  
(Form 1040)**Department of the Treasury  
Internal Revenue Service

(99)

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2018**Attachment  
Sequence No. **09**

Name of proprietor

**EVELYN LU**Social security number (SSN)  
[REDACTED]**A Principal business or profession, including product or service (see instructions)**  
**FOOD PRODUCT****B Enter code from instructions****311900****C Business name. If no separate business name, leave blank.****D Employer ID number (EIN) (see instr.)**  
[REDACTED]**SKINNY FOODS LLC****E Business address (including suite or room no.) ►****NEW YORK****NY**

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

**F Accounting method:** (1)  Cash (2)  Accrual (3)  Other (specify) ►**G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses** Yes No**H If you started or acquired this business during 2018, check here****I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions)** Yes**J If "Yes," did you or will you file required Forms 1099?** Yes**J If "Yes," did you or will you file required Forms 1099?** No**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked

► 

1

2 Returns and allowances

2

3 Subtract line 2 from line 1

3

4 Cost of goods sold (from line 42)

4

5 **Gross profit.** Subtract line 4 from line 3

5

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

6

7 **Gross income.** Add lines 5 and 6

7

0

0

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

8 Advertising	8	18 Office expense (see instructions)	18
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19
10 Commissions and fees	10	20 Rent or lease (see instructions):	
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a
12 Depletion	12	b Other business property	20b
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22
15 Insurance (other than health)	15	23 Taxes and licenses	23
16 Interest (see instructions):		24 Travel and meals:	
a Mortgage (paid to banks, etc.)	16a	a Travel	24a
b Other	16b	b Deductible meals (see instructions)	24b
17 Legal and professional services	17	25 Utilities	25
28 <b>Total expenses before expenses for business use of home.</b> Add lines 8 through 27a		26 Wages (less employment credits)	26
29 Tentative profit or (loss). Subtract line 28 from line 7		27a Other expenses (from line 48)	27a
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).		27b Reserved for future use	27b
<b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30		30	
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.		31	-120
• If a profit, enter on both <b>Schedule 1 (Form 1040)</b> , line 12 (or <b>Form 1040NR</b> , line 13) and on <b>Schedule SE</b> , line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041</b> , line 3.			
• If a loss, you <b>must</b> go to line 32.			
32 If you have a loss, check the box that describes your investment in this activity (see instructions).		32a	<input checked="" type="checkbox"/> All investment is at risk.
• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040)</b> , line 12 (or <b>Form 1040NR</b> , line 13) and on <b>Schedule SE</b> , line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041</b> , line 3.		32b	<input type="checkbox"/> Some investment is not at risk.
• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			

EVELYN LU

Schedule C (Form 1040) 2018

Page 2

**Part III Cost of Goods Sold (see instructions)**

- |  |   |                                 |  |  |
|--|---|---------------------------------|--|--|
| 33   | Method(s) used to value closing inventory:  | a <input type="checkbox"/> Cost | b <input type="checkbox"/> Lower of cost or market | c <input type="checkbox"/> Other (attach explanation)    |
| 34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?<br>If "Yes," attach explanation |   |                                 |  |  |
|  |   |                                 |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35   | Inventory at beginning of year. If different from last year's closing inventory, attach explanation |                                 |  | 35   |
| 36   | Purchases less cost of items withdrawn for personal use   |                                 |  | 36   |
| 37   | Cost of labor. Do not include any amounts paid to yourself  |                                 |  | 37   |
| 38   | Materials and supplies  |                                 |  | 38   |
| 39   | Other costs   |                                 |  | 39   |
| 40   | Add lines 35 through 39   |                                 |  | 40   |
| 41   | Inventory at end of year  |                                 |  | 41   |
| 42   | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4              |                                 |  | 42   |

**Part IV** **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ► .....

44 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:

a Business .....      b Commuting (see instructions) .....      c Other .....

45 Was your vehicle available for personal use during off-duty hours?  Yes  No

46 Do you (or your spouse) have another vehicle available for personal use?  Yes  No

47a Do you have evidence to support your deduction?  Yes  No

b If "Yes" is the evidence written?  Yes  No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30

### Amortization

---

120

**48 Total other expenses.** Enter here and on line 27a

---

48

120

**SCHEDULE C  
(Form 1040)**Department of the Treasury  
Internal Revenue Service

(99)

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2018**Attachment  
Sequence No. **09**

Name of proprietor

**ANDREW YANG**Social security number (SSN)  
[REDACTED]**A Principal business or profession, including product or service (see instructions)**  
**WRITING AND SPEAKING****B Enter code from instructions****711510****C Business name. If no separate business name, leave blank.****D Employer ID number (EIN) (see instr.)****E Business address (including suite or room no.) ► [REDACTED]****NEW YORK****NY****F Accounting method:** (1)  Cash (2)  Accrual (3)  Other (specify) ► Yes No**G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses****H If you started or acquired this business during 2018, check here****I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions)** Yes**J If "Yes," did you or will you file required Forms 1099?** No Yes No**Part I Income**1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ►  1 **91,500**

2 Returns and allowances

2

3 Subtract line 2 from line 1

3

4 Cost of goods sold (from line 42)

4

5 **Gross profit.** Subtract line 4 from line 3

5

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

6

7 **Gross income.** Add lines 5 and 6

7

**91,500****Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

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

28 **Total expenses before expenses for business use of home.** Add lines 8 through 27a ►  28 **0**29 Tentative profit or (loss). Subtract line 28 from line 7 ►  29 **91,500**

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

**Simplified method filers only:** enter the total square footage of: (a) your home: \_\_\_\_\_

and (b) the part of your home used for business: \_\_\_\_\_. Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30

31 **Net profit or (loss).** Subtract line 30 from line 29.• If a profit, enter on both **Schedule 1 (Form 1040)**, line 12 (or **Form 1040NR**, line 13) and on **Schedule SE**, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041**, line 3.

• If a loss, you must go to line 32.

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

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040)**, line 12 (or **Form 1040NR**, line 13) and on **Schedule SE**, line 2. (If you checked the box on line 1, see the line 31 instructions).Estates and trusts, enter on **Form 1041**, line 3.• If you checked 32b, you must attach **Form 6198**. Your loss may be limited.

31

**91,500**

32a

 All investment is at risk.

32b

 Some investment is not at risk.

**SCHEDULE D  
(Form 1040)**Department of the Treasury  
Internal Revenue Service

(99)

**Capital Gains and Losses**

OMB No. 1545-0074

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

**2018**  
Attachment  
Sequence No. **12**

Name(s) shown on return

**ANDREW YANG & EVELYN LU**Your social security number  
[REDACTED]**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)
<b>1a</b> 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 .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A checked</b>	<b>10,542</b>	<b>10,592</b>	<b>0</b>	<b>-50</b>
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B checked</b>				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C checked</b>				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .....			<b>4</b>	
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....			<b>5</b>	<b>-824</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....			<b>6</b>	( )
<b>7</b> 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 .....			<b>7</b>	<b>-874</b>

**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)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D checked</b>	<b>133,815</b>	<b>132,424</b>	<b>0</b>	<b>1,391</b>
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E checked</b>	<b>42</b>	<b>1,119</b>	<b>0</b>	<b>-1,077</b>
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F checked</b>	<b>19,411</b>	<b>0</b>	<b>0</b>	<b>19,411</b>
<b>11</b> 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 .....			<b>11</b>	
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....			<b>12</b>	
<b>13</b> Capital gain distributions. See the instructions .....			<b>13</b>	
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....			<b>14</b>	( )
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back .....			<b>15</b>	<b>19,725</b>

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

Schedule D (Form 1040) 2018

## ANDREW YANG &amp; EVELYN LU

Schedule D (Form 1040) 2018

Page 2

**Part III Summary**

16	Combine lines 7 and 15 and enter the result	16	18,851
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
17	Are lines 15 and 16 <b>both</b> gains?		
	<input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	► 18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	► 19	
20	Are lines 18 and 19 <b>both</b> zero or blank?		
	<input checked="" type="checkbox"/> Yes. Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <b>Don't</b> complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the <b>smaller</b> of:	21 (	)
	<ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul>		
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b?		
	<input type="checkbox"/> Yes. Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> 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.		

Form **8949**

## **Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

2018

Attachment  
Sequence No. **12A**

**Department of the Treasury  
Internal Revenue Service**

Social security number or taxpayer identification number

ANDREW YANG & EVELYN LU

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 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

**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) ►

**10 ,542**      **10 ,592**      **0**      **-50**

**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.

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

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Form **8949** (2018)

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

**ANDREW YANG & EVELYN LU**

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 Column (e) 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
BERNSTEIN DIVER MUNI	Various	Various		36,866	37,572			-706
ISHARES TR MSCI	Various	Various		5,676	4,820			856
ISHARES TR RUSSELL 1000	Various	Various		8,310	6,745			1,565
ISHARES TR RUSS GRW	Various	Various		4,800	3,540			1,260
NUVEEN NY MUNI	Various	Various		18,183	18,532			-349
NUVEEN HIGH YD	MU	Various		8,089	8,023			66
PIMCO EMG LOC	BOND	Various		3,010	3,100			-90
THORNBURG INTER MUNI	Various	Various		14,228	14,509			-281
WELLS FARGO ULTRA ST MUNI	Various	Various		34,627	34,815			-188
PROSHARES ULTRASHORT	06/13/11	06/04/18		11	220			-209
LENDING CLUB NOTES	Various	Various		15	548			-533
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if Box D above is checked), <b>line 9</b> (if Box E above is checked), or <b>line 10</b> (if Box F above is checked) ►			133,815	132,424		0	1,391

**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.

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

ANDREW YANG & EVELYN LU

*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.*

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## **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

**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) ►

42 1,119 0 -1,077

**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.

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

ANDREW YANG & EVELYN LU

*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.*

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## **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

**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) ►

19,411

0

0

19,411

**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.

**SCHEDULE E  
(Form 1040)**Department of the Treasury  
Internal Revenue Service  
(99)**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040NR, or Form 1041.

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

OMB No. 1545-0074

**2018**Attachment  
Sequence No.**13**

Name(s) shown on return

Your social security number

**ANDREW YANG & EVELYN LU****Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A	Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
B	If "Yes," did you or will you file required Forms 1099?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

1a	Physical address of each property (street, city, state, ZIP code)
A	[REDACTED]
B	
C	

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		A	49	316
B	6		B		
C			C		

**Type of Property:**

1 Single Family Residence	3 Vacation/Short-Term Rental	5 Land	7 Self-Rental
2 Multi-Family Residence	4 Commercial	6 Royalties	8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	19,166		
4 Royalties received	4		28,950	

**Expenses:**

5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7	3,000	
8 Commissions	8		
9 Insurance	9	268	
10 Legal and other professional fees	10		
11 Management fees	11		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14	466	
15 Supplies	15		20
16 Taxes	16	1,872	
17 Utilities	17	291	
18 Depreciation expense or depletion	18	1,630	
19 Other (list) ►	19		
20 Total expenses. Add lines 5 through 19	20	7,527	20
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	11,639	28,930
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	( )	( )

23a Total of all amounts reported on line 3 for all rental properties	23a	19,166	
b Total of all amounts reported on line 4 for all royalty properties	23b	28,950	
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d	1,630	
e Total of all amounts reported on line 20 for all properties	23e	7,547	

24 Income. Add positive amounts shown on line 21. Do not include any losses	24	40,569
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	( )
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	40,569

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Schedule E (Form 1040) 2018

## Schedule E (Form 1040) 2018

Attachment Sequence No. **13**Page **2**

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

Your social security number

**ANDREW YANG & EVELYN LU**

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

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

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section.

 Yes  No

28	(a) Name	(b) Enter P for partnership, S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	HUSTLE FUND I, L.P.	P			X	
B						
C						
D						

Passive Income and Loss		Nonpassive Income and Loss				
		(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A	0					
B						
C						
D						
29a	Totals					
b	Totals					
30	Add columns (h) and (k) of line 29a				30	0
31	Add columns (g), (i), and (j) of line 29b				31	0
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31				32	0

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

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

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

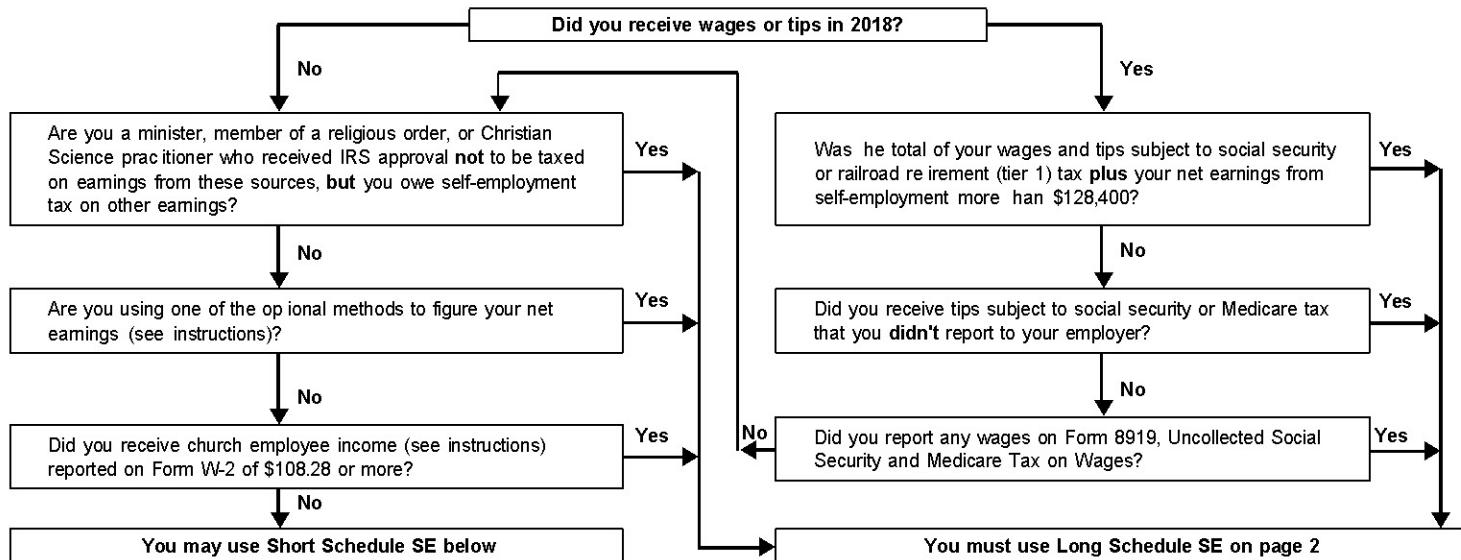
38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below			39	

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18	41 <b>40,569</b>
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43

**SCHEDULE SE  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Self-Employment Tax**

OMB No. 1545-0074

**2018**Attachment  
Sequence No. 17Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)  
**ANDREW YANG**Social security number of person  
with **self-employment** income ► [REDACTED]**Before you begin:** To determine if you must file Schedule SE, see the instructions.**May I Use Short Schedule SE or Must I Use Long Schedule SE?**Note: Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.**Section A — Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

- 1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A
- b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH
- 2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1.  
Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report
- 3 Combine lines 1a, 1b, and 2
- 4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b  
**Note:** If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.
- 5 **Self-employment tax.** If the amount on line 4 is:
  - \$128,400 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on **Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55**
  - More than \$128,400, multiply line 4 by 2.9% (0.029). Then, add \$15,921.60 to the result. Enter the total here and on **Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55**
- 6 **Deduction for one-half of self-employment tax.**  
Multiply line 5 by 50% (0.50). Enter the result here and on **Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27**

1a	
1b	( )
2	91,500
3	91,500
4	84,500
5	12,929

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

Schedule SE (Form 1040) 2018

Form 6251

## Alternative Minimum Tax—Individuals

OMB No. 1545-0074

2018

Attachment  
Sequence No. 32Department of the Treasury  
Internal Revenue Service (99)

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

Your social security number [REDACTED]

ANDREW YANG &amp; EVELYN LU

► Go to [www.irs.gov/Form6251](http://www.irs.gov/Form6251) for instructions and the latest information.  
 ► Attach to Form 1040 or Form 1040NR.

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

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	85,529
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040, line 8	2a	24,000
b	Tax refund from Schedule 1 (Form 1040), line 10 or line 21	2b	( )
c	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040), line 21. Enter as a positive amount	2e	
f	Alternative tax net operating loss deduction	2f	( )
g	Interest from specified private activity bonds exempt from the regular tax	2g	116
h	Qualified small business stock, see instructions	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
m	Passive activities (difference between AMT and regular tax income or loss)	2m	0
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	0
o	Circulation costs (difference between regular tax and AMT)	2o	
p	Long-term contracts (difference between AMT and regular tax income)	2p	
q	Mining costs (difference between regular tax and AMT)	2q	
r	Research and experimental costs (difference between regular tax and AMT)	2r	
s	Income from certain installment sales before January 1, 1987	2s	( )
t	Intangible drilling costs preference	2t	
3	Other adjustments, including income-based related adjustments	3	
4	<b>Alternative minimum taxable income.</b> Combine lines 1 through 3. (If married filing separately and line 4 is more than \$718,800, see instructions.)	4	109,645

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

5	Exemption. (If you were under age 24 at the end of 2018, see instructions.)		
	<b>IF your filing status is . . . AND line 4 is not over . . . THEN enter on line 5 . . .</b>		
	Single or head of household \$ 500,000	\$ 70,300	
	Married filing jointly or qualifying widow(er) 1,000,000	109,400	
	Married filing separately 500,000	54,700	
	If line 4 is over the amount shown above for your filing status, see instructions.		
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10		
7	<ul style="list-style-type: none"> <li>• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>• If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; you reported qualified dividends on Form 1040, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here.</li> <li>• <b>All others:</b> If line 6 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result.</li> </ul>		
8	Alternative minimum tax foreign tax credit (see instructions)		
9	Tentative minimum tax. Subtract line 8 from line 7		
10	Add Form 1040, line 11a (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 46. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 48. If you used Schedule J to figure your tax on Form 1040, line 11a, refigure that tax without using Schedule J before completing this line (see instructions)		
11	<b>AMT.</b> Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 45		

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

Form 6251 (2018)

Form **8867**Department of the Treasury  
Internal Revenue Service**Paid Preparer's Due Diligence Checklist**

OMB No. 1545-0074

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

- To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.
- Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.

**2018**Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return

**ANDREW YANG & EVELYN LU**

Taxpayer identification number

Enter preparer's name and PTIN

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I–V for the benefit(s), and/or HOH filing status claimed (check all that apply).

EIC	CTC/ ACTC/ODC	AOTC	HOH
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> <li>• Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> <li>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed.</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
a Did you make reasonable inquiries to determine the correct, complete, and consistent information? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s) .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
List those documents, if any, that you relied on.		
<b>Forms 1099</b>		
<b>NY 529 STATEMENTS</b>		
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the return if his/her return is selected for audit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/> N/A	
a Did you complete the required recertification Form 8862? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> N/A		
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> N/A	

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2018)

**Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)**

	EIC	CTC/ ACTC/ODC	AOTC	HOH
9a Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim the EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A			
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A			
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A			

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)**

	EIC	CTC/ ACTC/ODC	AOTC	HOH
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A		
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A		
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A		

**Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)**

	EIC	CTC/ ACTC/ODC	AOTC	HOH
13 Did the taxpayer provide the required substantiation for the credit, including a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)**

	EIC	CTC/ ACTC/ODC	AOTC	HOH
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part VI Eligibility Certification**

- You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:
  - A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to determine the amount of the credit(s) claimed;
  - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
  - C. Submit Form 8867 in the manner required; and
  - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
    1. A copy of Form 8867;
    2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;
    3. Copies of any documents provided by the taxpayer on which you relied to determine eligibility for the credit(s) and/or HOH filing status;
    4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and
    5. A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers.

- If you have not complied with all due diligence requirements, you may have to pay a \$520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?

Yes       No

Form **8801**Department of the Treasury  
Internal Revenue Service

(99)

**Credit for Prior Year Minimum Tax—  
Individuals, Estates, and Trusts**

► Go to [www.irs.gov/Form8801](http://www.irs.gov/Form8801) for instructions and the latest information.  
 ► Attach to Form 1040, 1040NR, or 1041.

OMB No. 1545-1073

**2018**Attachment  
Sequence No. **74**

Name(s) shown on return

Identifying number

**ANDREW YANG & EVELYN LU****Part I Net Minimum Tax on Exclusion Items**

1	<b>227,156</b>
2	<b>55,786</b>
3	( )
4	<b>282,942</b>
5	<b>84,500</b>
6	<b>160,900</b>
7	<b>122,042</b>
8	<b>30,511</b>
9	<b>53,989</b>
10	<b>228,953</b>
11	<b>55,285</b>
12	<b>23</b>
13	<b>55,262</b>
14	<b>40,863</b>
15	<b>14,399</b>

For Paperwork Reduction Act Notice, see instructions.

Form **8801** (2018)

**Part II Minimum Tax Credit and Carryforward to 2019**

16 Enter the amount from your 2017 Form 6251, line 35, or 2017 Form 1041, Schedule I, line 56 .....	16	<b>14,399</b>
17 Enter the amount from line 15 .....	17	<b>14,399</b>
18 Subtract line 17 from line 16. If less than zero, enter as a negative amount .....	18	
19 <b>2017 credit carryforward.</b> Enter the amount from your 2017 Form 8801, line 26 .....	19	<b>1,199</b>
20 Enter your 2017 unallowed qualified electric vehicle credit (see instructions) .....	20	
21 Combine lines 18 through 20. If zero or less, stop here and see the instructions .....	21	<b>1,199</b>
22 Enter your 2018 regular income tax liability minus allowable credits (see instructions) .....	22	<b>4,851</b>
23 Enter the amount from your 2018 Form 6251, line 9, or 2018 Form 1041, Schedule I, line 54 .....	23	
24 Subtract line 23 from line 22. If zero or less, enter -0- .....	24	<b>4,851</b>
25 <b>Minimum tax credit.</b> Enter the <b>smaller</b> of line 21 or line 24. Also enter this amount on your 2018 Schedule 3 (Form 1040), line 54 (check box b); Form 1040NR, line 51 (check box b); or Form 1041, Schedule G, line 2c .....	25	<b>1,199</b>
26 <b>Credit carryforward to 2019.</b> Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years .....	26	<b>0</b>

Form **8801** (2018)

**Part III Tax Computation Using Maximum Capital Gains Rates**

Complete Part III only if you are required to do so by line 11 or by the Foreign Earned Income Tax Worksheet in the instructions.

<b>Caution:</b> If you didn't complete the 2017 Qualified Dividends and Capital Gain Tax Worksheet, the 2017 Schedule D Tax Worksheet, or Part V of the 2017 Schedule D (Form 1041), see the instructions before completing this part.*		
27 Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2017, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions	27	228,953
<b>Caution:</b> If for 2017 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 28, 29, and 30.		
28 Enter the amount from line 6 of your 2017 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2017 Schedule D Tax Worksheet, or the amount from line 26 of the 2017 Schedule D (Form 1041), whichever applies*	28	38,972
If you figured your 2017 tax using the 2017 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.		
29 Enter the amount from line 19 of your 2017 Schedule D (Form 1040), or line 18b, column (2), of the 2017 Schedule D (Form 1041)	29	
30 Add lines 28 and 29, and enter the smaller of that result or the amount from line 10 of your 2017 Schedule D Tax Worksheet	30	38,972
31 Enter the smaller of line 27 or line 30	31	38,972
32 Subtract line 31 from line 27	32	189,981
33 If line 32 is \$187,800 or less (\$93,900 or less if married filing separately for 2017), multiply line 32 by 26% (0.26). Otherwise, multiply line 32 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately for 2017) from the result. Form 1040NR filers, see instructions	33	49,439
34 Enter:	34	75,900
• \$75,900 if married filing jointly or qualifying widow(er) for 2017, • \$37,950 if single or married filing separately for 2017, • \$50,800 if head of household for 2017, or • \$2,550 for an estate or trust. Form 1040NR filers, see instructions.		
35 Enter the amount from line 7 of your 2017 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2017 Schedule D Tax Worksheet, or the amount from line 27 of the 2017 Schedule D (Form 1041), whichever applies. If you didn't complete either worksheet or Part V of the 2017 Schedule D (Form 1041), enter the amount from your 2017 Form 1040, line 43, or 2017 Form 1041, line 22, whichever applies; if zero or less, enter -0-. Form 1040NR filers, see instructions	35	171,984
36 Subtract line 35 from line 34. If zero or less, enter -0-	36	0
37 Enter the smaller of line 27 or line 28	37	38,972
38 Enter the smaller of line 36 or line 37	38	
39 Subtract line 38 from line 37	39	38,972
40 Enter:	40	470,700
• \$418,400 if single for 2017, • \$235,350 if married filing separately for 2017, • \$470,700 if married filing jointly or qualifying widow(er) for 2017, • \$444,550 if head of household for 2017, or • \$12,500 for an estate or trust. Form 1040NR filers, see instructions.		
41 Enter the amount from line 36	41	0
42 Form 1040 filers, enter the amount from line 7 of your 2017 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 19 of your 2017 Schedule D Tax Worksheet, whichever applies. If you didn't complete either worksheet, see instructions. Form 1041 filers, enter the amount from line 27 of your 2017 Schedule D (Form 1041) or line 18 of your 2017 Schedule D Tax Worksheet, whichever applies. If you didn't complete either the worksheet or Part V of the 2017 Schedule D (Form 1041), enter the amount from your 2017 Form 1041, line 22; if zero or less, enter -0-. Form 1040NR filers, see instructions	42	171,984

\* The 2017 Qualified Dividends and Capital Gain Tax Worksheet is in the 2017 Instructions for Form 1040. The 2017 Schedule D Tax Worksheet is in the 2017 Instructions for Schedule D (Form 1040) (or the 2017 Instructions for Schedule D (Form 1041)).

**Part III Tax Computation Using Maximum Capital Gains Rates (continued)**

43 Add lines 41 and 42 .....	43	171,984
44 Subtract line 43 from line 40. If zero or less, enter -0- .....	44	298,716
45 Enter the <b>smaller</b> of line 39 or line 44 .....	45	38,972
46 Multiply line 45 by 15% (0.15) .....	46	5,846
47 Add lines 38 and 45 .....	47	38,972
If lines 47 and 27 are the same, skip lines 48 through 52 and go to line 53. Otherwise, go to line 48.		
48 Subtract line 47 from line 37 .....	48	0
49 Multiply line 48 by 20% (0.20) .....	49	0
If line 29 is zero or blank, skip lines 50 through 52 and go to line 53. Otherwise, go to line 50.		
50 Add lines 32, 47, and 48 .....	50	
51 Subtract line 50 from line 27 .....	51	
52 Multiply line 51 by 25% (0.25) .....	52	
53 Add lines 33, 46, 49, and 52 .....	53	55,285
54 If line 27 is \$187,800 or less (\$93,900 or less if married filing separately for 2017), multiply line 27 by 26% (0.26). Otherwise, multiply line 27 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately for 2017) from the result. Form 1040NR filers, see instructions .....	54	60,351
55 Enter the <b>smaller</b> of line 53 or line 54 here and on line 11. If you filed Form 2555 or 2555-EZ for 2017, don't enter this amount on line 11. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the instructions for line 11 .....	55	55,285

Form 8801 (2018)

**8582**Department of the Treasury  
Internal Revenue Service(99)

Name(s) shown on return

**Passive Activity Loss Limitations**

OMB No. 1545-1008

**2018**Attachment  
Sequence No. **88**► Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Identifying number

**ANDREW YANG & EVELYN LU****Part I 2018 Passive Activity Loss**

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see**Special Allowance for Rental Real Estate Activities** in the instructions.)

- a Activities with net income (enter the amount from Worksheet 1, column (a))  
 b Activities with net loss (enter the amount from Worksheet 1, column (b))  
 c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))  
 d Combine lines 1a, 1b, and 1c

1a	
1b	)
1c	)

**1d****Commercial Revitalization Deductions From Rental Real Estate Activities**

- 2a Commercial revitalization deductions from Worksheet 2, column (a)  
 b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)  
 c Add lines 2a and 2b

2a	(
2b	)

**2c** ( )**All Other Passive Activities**

- 3a Activities with net income (enter the amount from Worksheet 3, column (a))  
 b Activities with net loss (enter the amount from Worksheet 3, column (b))  
 c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))  
 d Combine lines 3a, 3b, and 3c

3a	
3b	1,819
3c	)

**3d** -1,819

- 4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used

**4** -1,819

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
  - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

- 5 Enter the smaller of the loss on line 1d or the loss on line 4  
 6 Enter \$150,000. If married filing separately, see instructions  
 7 Enter modified adjusted gross income, but not less than zero (see instructions)  
 Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.  
 8 Subtract line 7 from line 6  
 9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions  
 10 Enter the smaller of line 5 or line 9  
 If line 2c is a loss, go to Part III. Otherwise, go to line 15.

5	
6	
7	0
8	
9	
10	0

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

- 11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions  
 12 Enter the loss from line 4  
 13 Reduce line 12 by the amount on line 10  
 14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13

11	
12	
13	
14	

**Part IV Total Losses Allowed**

- 15 Add the income, if any, on lines 1a and 3a and enter the total  
 16 Total losses allowed from all passive activities for 2018. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return

15	
16	0

ANDREW YANG & EVELYN LU

Form 8582 (2018)

Page 2

**Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1 — For Form 8582, Lines 1a, 1b, and 1c (See instructions.)**

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss

**Total. Enter on Form 8582, lines 1a, 1b,  
and 1c**

**Worksheet 2 — For Form 8582, Lines 2a and 2b** (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
<b>Total. Enter on Form 8582, lines 2a and 2b ►</b>			

**Total. Enter on Form 8582, lines 2a and  
2b**

---

**Worksheet 3 — For Form 8582, Lines 3a, 3b, and 3c (See instructions.)**

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
HUSTLE FUND I, L.P.		1,819			1,819

**Total. Enter on Form 8582, lines 3a, 3b,  
and 3c**

**Worksheet 4 — Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total	►		1.00		

Total

## **Worksheet 5 — Allocation of Unallowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
HUSTLE FUND I, L.P.	Sch E2	1,819	1.0000	1,819
Total		1,819	1.00	1,819

Total  
PAA

## ANDREW YANG &amp; EVELYN LU

Form 8582 (2018)

Page 3

## Worksheet 6 — Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
HUSTLE FUND I, L.P.	Sch E2	1,819	1,819	
Total	.	1,819	1,819	

## Worksheet 7 — Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule .....	.				
b Net income from form or schedule .....	.				
c Subtract line 1b from line 1a. If zero or less, enter -0- .....	.				
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule .....	.				
b Net income from form or schedule .....	.				
c Subtract line 1b from line 1a. If zero or less, enter -0- .....	.				
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule .....	.				
b Net income from form or schedule .....	.				
c Subtract line 1b from line 1a. If zero or less, enter -0- .....	.				
Total	.			1.00	

Form 8582 (2018)

**8582**Department of the Treasury  
Internal Revenue Service(99)

Name(s) shown on return

**AMT Version  
Passive Activity Loss Limitations**

- See separate instructions.
- Attach to Form 1040 or Form 1041.

► Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

OMB No. 1545-1008

**2018**Attachment  
Sequence No. **88****ANDREW YANG & EVELYN LU****Part I 2018 Passive Activity Loss**

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see**Special Allowance for Rental Real Estate Activities** in the instructions.)

- 1a Activities with net income (enter the amount from Worksheet 1, column (a))  
 1b Activities with net loss (enter the amount from Worksheet 1, column (b))  
 1c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))  
 d Combine lines 1a, 1b, and 1c

1a	
1b	)
1c	)

**1d****Commercial Revitalization Deductions From Rental Real Estate Activities**

- 2a Commercial revitalization deductions from Worksheet 2, column (a)  
 2b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)  
 c Add lines 2a and 2b

2a	(
2b	)

**2c** ( )**All Other Passive Activities**

- 3a Activities with net income (enter the amount from Worksheet 3, column (a))  
 b Activities with net loss (enter the amount from Worksheet 3, column (b))  
 c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))  
 d Combine lines 3a, 3b, and 3c

3a	
3b	1,819
3c	)

**3d** -1,819

- 4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used

**4** -1,819

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
  - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

- 5 Enter the smaller of the loss on line 1d or the loss on line 4  
 6 Enter \$150,000. If married filing separately, see instructions  
 7 Enter modified adjusted gross income, but not less than zero (see instructions)  
 Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.  
 8 Subtract line 7 from line 6  
 9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions  
 10 Enter the smaller of line 5 or line 9  
 If line 2c is a loss, go to Part III. Otherwise, go to line 15.

5	
6	
7	0
8	
9	
10	0

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

- 11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions  
 12 Enter the loss from line 4  
 13 Reduce line 12 by the amount on line 10  
 14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13

11	
12	
13	
14	

**Part IV Total Losses Allowed**

- 15 Add the income, if any, on lines 1a and 3a and enter the total  
 16 Total losses allowed from all passive activities for 2018. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return

15	
16	0

ANDREW YANG & EVELYN LU

Form 8582 (2018)

**Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1 — For Form 8582, Lines 1a, 1b, and 1c (See instructions.)**

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss

**Total. Enter on Form 8582, lines 1a, 1b,  
and 1c**

**Worksheet 2 — For Form 8582, Lines 2a and 2b** (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
<b>Total. Enter on Form 8582, lines 2a and 2b ►</b>			

**Total. Enter on Form 8582, lines 2a and  
2b**

---

**Worksheet 3 — For Form 8582, Lines 3a, 3b, and 3c (See instructions.)**

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
HUSTLE FUND I, L.P.		1,819			1,819

**Total. Enter on Form 8582, lines 3a, 3b,  
and 3c**

**Worksheet 4 — Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total	►		1.00		

Total

## **Worksheet 5 — Allocation of Unallowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
HUSTLE FUND I, L.P.	Sch E2	1,819	1.0000	1,819
Total	►	1,819	1.00	1,819

Total  
811

ANDREW YANG &amp; EVELYN LU

Form 8582 (2018)

Page 3

## Worksheet 6 — Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
HUSTLE FUND I, L.P.	Sch E2	1,819	1,819	
Total	.	1,819	1,819	

## Worksheet 7 — Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule .....	.				
b Net income from form or schedule .....	.				
c Subtract line 1b from line 1a. If zero or less, enter -0- .....	.				
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule .....	.				
b Net income from form or schedule .....	.				
c Subtract line 1b from line 1a. If zero or less, enter -0- .....	.				
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule .....	.				
b Net income from form or schedule .....	.				
c Subtract line 1b from line 1a. If zero or less, enter -0- .....	.				
Total	.			1.00	

Form 8582 (2018)

**926**

(Rev. November 2018)

Department of the Treasury  
Internal Revenue Service**Return by a U.S. Transferor of Property  
to a Foreign Corporation**

OMB No. 1545-0026

- Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ► Attach to your income tax return for the year of the transfer or distribution.

Attachment  
Sequence No. **128****Part I U.S. Transferor Information (see instructions)**

Name of transferor

**ANDREW YANG**

Identifying number (see instructions)

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(4) been made?  Yes  No
- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>HUSTLE FUND I, LP</b>	

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

Part II Transferee Foreign Corporation Information (see instructions)		
4 Name of transferee (foreign corporation) <b>BLOCKPUNK PTE LIMITED</b>		5a Identifying number, if any
6 Address (including country) Address (including country) <b>32 CARPENTER STREET</b>		5b Reference ID number (see instructions) <b>1</b>
SINGAPORE	Singapore	059911
7 Country code of country of incorporation or organization (see instructions) <b>SN</b>		
8 Foreign law characterization (see instructions) <b>CORPORATION</b>		
9 Is the transferee foreign corporation a controlled foreign corporation?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **926** (Rev. 11-2018)

**Part III Information Regarding Transfer of Property** (see instructions)**Section A—Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	Various		97		

10 Was cash the only property transferred?  Yes  No

If "Yes," skip the remainder of Part III and go to Part IV.

**Section B—Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No12a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
If "Yes," go to line 12b.b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

13 Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
If "No," skip Section C and questions 14a through 15.**Section C—Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						

- 14a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No

**b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No

**c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No

**d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_

**15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- |     |  |
|-----|--|
| 16  | Enter the transferor's interest in the transferee foreign corporation before and after the transfer.<br>(a) Before <u>0.640</u> % (b) After <u>0.640</u> %   |
| 17  | Type of nonrecognition transaction (see instructions) ► <u>Section 351</u>   |
| 18  | Indicate whether any transfer reported in Part III is subject to any of the following.   |
| a   | Gain recognition under section 904(f)(3) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| b   | Gain recognition under section 904(f)(5)(F) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| c   | Recapture under section 1503(d) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| d   | Exchange gain under section 987 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| 19  | Did this transfer result from a change in entity classification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| 20a | Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions<br>If "Yes," complete lines 20b and 20c.   |
| b   | Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ <input type="text"/>  |
| c   | Did the domestic corporation not recognize gain or loss on the distribution of property because the<br>property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21  | Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation<br>covered by section 367(e)(1)? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |

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Form 926 (Rev. 11-2018)

**926**

(Rev. November 2018)

Department of the Treasury  
Internal Revenue Service**Return by a U.S. Transferor of Property  
to a Foreign Corporation**

OMB No. 1545-0026

- Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ► Attach to your income tax return for the year of the transfer or distribution.

Attachment  
Sequence No. **128****Part I U.S. Transferor Information** (see instructions)

Name of transferor

**ANDREW YANG**

Identifying number (see instructions)

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>HUSTLE FUND I, LP</b>	

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) <b>EVERY INC.</b>	5a Identifying number, if any
6 Address (including country) 200 WELLINGTON ST W TORONTO Canada	5b Reference ID number (see instructions) 2
ONTARIO	
M5V 3C7	
7 Country code of country of incorporation or organization (see instructions) <b>CA</b>	
8 Foreign law characterization (see instructions) <b>CORPORATION</b>	
9 Is the transferee foreign corporation a controlled foreign corporation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **926** (Rev. 11-2018)

**Part III Information Regarding Transfer of Property** (see instructions)**Section A—Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	Various		86		

10 Was cash the only property transferred?  Yes  No

If "Yes," skip the remainder of Part III and go to Part IV.

**Section B—Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No12a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
If "Yes," go to line 12b.b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

13 Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
If "No," skip Section C and questions 14a through 15.**Section C—Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						

- 14a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No

**b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No

**c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No

**d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_

**15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- |     |   |                          |     |  |
|-----|---|--------------------------|-----|--|
| 16  | Enter the transferor's interest in the transferee foreign corporation before and after the transfer.<br>(a) Before <u>1.250</u> % (b) After <u>1.250</u> %  |                          |     |  |
| 17  | Type of nonrecognition transaction (see instructions) ► <u><b>Section 351</b></u>   |                          |     |  |
| 18  | Indicate whether any transfer reported in Part III is subject to any of the following.  |                          |     |  |
| a   | Gain recognition under section 904(f)(3)  | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> No |
| b   | Gain recognition under section 904(f)(5)(F)   | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> No |
| c   | Recapture under section 1503(d)   | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> No |
| d   | Exchange gain under section 987   | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> No |
| 19  | Did this transfer result from a change in entity classification?  |                          |     |  |
| 20a | Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions<br>If "Yes," complete lines 20b and 20c.  |                          |     |  |
| b   | Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____  |                          |     |  |
| c   | Did the domestic corporation not recognize gain or loss on the distribution of property because the<br>property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> No            |
| 21  | Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation<br>covered by section 367(e)(1)? See instructions   | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> No |

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Form 926 (Rev. 11-2018)

**926**

(Rev. November 2018)

Department of the Treasury  
Internal Revenue Service**Return by a U.S. Transferor of Property  
to a Foreign Corporation**

OMB No. 1545-0026

- Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ► Attach to your income tax return for the year of the transfer or distribution.

Attachment  
Sequence No. **128****Part I U.S. Transferor Information** (see instructions)

Name of transferor

**ANDREW YANG**

Identifying number (see instructions)

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(4) been made?  Yes  No
- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>HUSTLE FUND I, LP</b>	[REDACTED]

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) <b>SETTER INC.</b>	5a Identifying number, if any
6 Address (including country) 300 DUFFERIN STREET, SUITE 204 TORONTO Canada	5b Reference ID number (see instructions) <b>3</b>
7 Country code of country of incorporation or organization (see instructions) <b>CA</b>	
8 Foreign law characterization (see instructions) <b>CORPORATION</b>	
9 Is the transferee foreign corporation a controlled foreign corporation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **926** (Rev. 11-2018)

**Part III Information Regarding Transfer of Property (see instructions)****Section A—Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	Various		895		

10 Was cash the only property transferred?  Yes  No

If "Yes," skip the remainder of Part III and go to Part IV.

**Section B—Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No12a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
If "Yes," go to line 12b.b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

13 Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
If "No," skip Section C and questions 14a through 15.**Section C—Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						

- 14a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No

**b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No

**c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No

**d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_

**15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- |   |   |
|---|---|
| <p>16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.<br/>           (a) Before <u>0.690</u> % (b) After <u>0.690</u> %</p> <p>17 Type of nonrecognition transaction (see instructions) ► <u>Section 351</u></p> <p>18 Indicate whether any transfer reported in Part III is subject to any of the following.</p>  | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
| <p>19 Did this transfer result from a change in entity classification?</p> <p>20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions<br/>           If "Yes," complete lines 20b and 20c.</p> <p>b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____</p> <p>c Did the domestic corporation not recognize gain or loss on the distribution of property because the<br/>           property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?</p> <p>21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation<br/>           covered by section 367(e)(1)? See instructions</p> |   |

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Form 926 (Rev. 11-2018)

TAXABLE YEAR

2018

California Nonresident or Part-Year  
Resident Income Tax Return

## Long Form

FORM

540NR

APE

ATTACH FEDERAL RETURN

ANDREW  
EVELYNYANG  
YANG  
LU

18

NEW YORK

NY

APT

A  
R  
RPIf your California filing status is different from your federal filing status, check the box here 

- |                      |   |   |
|----------------------|---|---|
| <b>Filing status</b> | <b>1</b> <input type="checkbox"/> Single  | <b>4</b> <input type="checkbox"/> Head of household (with qualifying person). See instructions.         |
|                      | <b>2</b> <input checked="" type="checkbox"/> Married/RDP filing jointly. See instr. | <b>5</b> <input type="checkbox"/> Qualifying widow(er). Enter year spouse/RDP died <input type="text"/> |
|                      |   | See instructions. <input type="text"/>  |

- 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 instr.  • **6**

- 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. If you checked the box on line 6, see instructions.  7  X \$118 =  \$  **236**
- 8 Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2  8  X \$118 =  \$
- 9 Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2  9  X \$118 =  \$
- 10 Dependents:** Do not include yourself or your spouse/RDP.

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
Last Name	<input checked="" type="radio"/> YANG	<input checked="" type="radio"/> YANG	<input checked="" type="radio"/> <input type="text"/>
SSN	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
Dependent's relationship to you	<input checked="" type="radio"/> SON	<input checked="" type="radio"/> SON	<input checked="" type="radio"/> <input type="text"/>

Total dependent exemptions  • **10**  X \$367 =  \$  **734**

Your name: ANDREW YANG

Your SSN or ITIN: [REDACTED]

11 Exemption amount: Add line 7 through line 10

① 11 \$ [REDACTED] 970

Total Taxable Income	12 Total California wages from your Form(s) W-2, box 16	● 12 [REDACTED].00
	13 Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10	① 13 [REDACTED] 121,418 .00
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B	● 14 [REDACTED].00
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15 [REDACTED] 121,418 .00
	16 California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C	● 16 [REDACTED] 1,662 .00
	17 Adjusted gross income from all sources. Combine line 15 and line 16	● 17 [REDACTED] 123,080 .00
	18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions	● 18 [REDACTED] 16,263 .00
	19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0-	① 19 [REDACTED] 106,817 .00

 Tax Table Tax Rate Schedule

31 Tax. Check the box if from:	● <input type="checkbox"/> FTB 3800	● <input type="checkbox"/> FTB 3803	● 31 [REDACTED] 4,510 .00
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32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	● 32 [REDACTED] 5,682 .00
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35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5	● 35 [REDACTED] 4,931 .00
--	---------------------------

36 CA Tax Rate. Divide line 31 by line 19	① 36 0.0422
---	-------------

37 CA Tax Before Exemption Credits. Multiply line 35 by line 36	① 37 [REDACTED] 208 .00
---	-------------------------

38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	① 38 0.0462
---	-------------

39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions	① 39 [REDACTED] 45 .00
---	------------------------

40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	① 40 [REDACTED] 163 .00
---	-------------------------

41 Tax. See instructions. Check the box if from:	● <input type="checkbox"/> Schedule G-1	● <input type="checkbox"/> FTB 5870A	● 41 [REDACTED].00
--	---	--------------------------------------	--------------------

42 Add line 40 and line 41	● 42 [REDACTED] 163 .00
----------------------------	-------------------------

50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	● 50 [REDACTED].00
--	--------------------

51 Credit for joint custody head of household. See instructions	● 51 [REDACTED].00
--	--------------------

52 Credit for dependent parent. See instructions.	● 52 [REDACTED].00
---	--------------------

53 Credit for senior head of household. See instructions.	● 53 [REDACTED].00
--	--------------------

54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	① 54 0.0462
---	-------------

55 Credit amount. See instructions	● 55 [REDACTED].00
------------------------------------	--------------------

Your name: **ANDREW YANG** Your SSN or ITIN: [REDACTED]

Special Credits continued	58 Enter credit name [REDACTED] code • [REDACTED] and amount . ● 58 [REDACTED] . 00
	59 Enter credit name [REDACTED] code • [REDACTED] and amount . ● 59 [REDACTED] . 00
	60 To claim more than two credits. See instructions . ● 60 [REDACTED] . 00
	61 Nonrefundable renter's credit. See instructions . ● 61 [REDACTED] . 00
	62 Add line 50 and line 55 through 61. These are your total credits . ○ 62 [REDACTED] . 00
	63 Subtract line 62 from line 42. If less than zero, enter -0- . ○ 63 [REDACTED] 163 . 00

---

Other Taxes	71 Alternative minimum tax. Attach Schedule P (540NR) . ● 71 [REDACTED] . 00
	72 Mental Health Services Tax. See instructions . ● 72 [REDACTED] . 00
	73 Other taxes and credit recapture. See instructions . ● 73 [REDACTED] . 00
	74 Add line 63, line 71, line 72, and line 73. This is your total tax . ● 74 [REDACTED] 163 . 00

---

Payments	81 California income tax withheld. See instructions . ● 81 [REDACTED] . 00
	82 2018 CA estimated tax and other payments. See instructions . ● 82 [REDACTED] . 00
	83 Withholding (Form 592-B and/or 593). See instructions . ● 83 [REDACTED] . 00
	84 Excess SDI (or VPDI) withheld. See instructions . ● 84 [REDACTED] . 00
	85 Earned Income Tax Credit (EITC) . ● 85 [REDACTED] . 00
	86 Add lines 81 through 85. These are your total payments. See instructions . ○ 86 [REDACTED] 0 . 00

---

Overpaid Tax/Tax Due	101 Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86 . ○ 101 [REDACTED] . 00
	102 Amount of line 101 you want applied to your 2019 estimated tax . ● 102 [REDACTED] . 00
	103 Overpaid tax available this year. Subtract line 102 from line 101 . ● 103 [REDACTED] . 00
	104 Tax due. If line 86 is less than line 74, subtract line 86 from line 74 . ○ 104 [REDACTED] 163 . 00

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	<u>Code</u>	<u>Amount</u>
Contributions	● 400	[REDACTED] . 00
	● 401	[REDACTED] . 00
	● 403	[REDACTED] . 00

---

Your name: **ANDREW YANG**

Your SSN or ITIN: [REDACTED]

**Contributions**

	<u>Code</u>	<u>Amount</u>
California Breast Cancer Research Voluntary Tax Contribution Fund .....	● 405	[REDACTED] .00
California Firefighters' Memorial Fund .....	● 406	[REDACTED] .00
Emergency Food for Families Voluntary Tax Contribution Fund .....	● 407	[REDACTED] .00
California Peace Officer Memorial Foundation Fund .....	● 408	[REDACTED] .00
California Sea Otter Fund .....	● 410	[REDACTED] .00
California Cancer Research Voluntary Tax Contribution Fund .....	● 413	[REDACTED] .00
School Supplies for Homeless Children Fund .....	● 422	[REDACTED] .00
State Parks Protection Fund/Parks Pass Purchase .....	● 423	[REDACTED] .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund .....	● 424	[REDACTED] .00
Keep Arts in Schools Voluntary Tax Contribution Fund .....	● 425	[REDACTED] .00
State Children's Trust Fund for the Prevention of Child Abuse .....	● 430	[REDACTED] .00
Prevention of Animal Homelessness and Cruelty Fund .....	● 431	[REDACTED] .00
Revive the Salton Sea Fund .....	● 432	[REDACTED] .00
California Domestic Violence Victims Fund .....	● 433	[REDACTED] .00
Special Olympics Fund .....	● 434	[REDACTED] .00
Type 1 Diabetes Research Fund .....	● 435	[REDACTED] .00
California YMCA Youth and Government Voluntary Tax Contribution Fund .....	● 436	[REDACTED] .00
Habitat for Humanity Voluntary Tax Contribution Fund .....	● 437	[REDACTED] .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund .....	● 438	[REDACTED] .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund .....	● 439	[REDACTED] .00
Rape Backlog Kit Voluntary Tax Contribution Fund .....	● 440	[REDACTED] .00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund .....	● 441	[REDACTED] .00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund .....	● 442	[REDACTED] .00
Schools Not Prisons Voluntary Tax Contribution Fund .....	● 443	[REDACTED] .00
120 Add code 400 through code 443. This is your total contribution .....	● 120	[REDACTED] .00

120 Add code 400 through code 443. This is your total contribution .....

Your name: **ANDREW YANG** Your SSN or ITIN: [REDACTED]

**Amount You Owe** 121 **AMOUNT YOU OWE.** Add line 104 and line 120. See instructions. **Do not send cash.**  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** ..... ● 121 [REDACTED] **163.** [REDACTED]  
Pay Online - Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

**Interest and Penalties** 122 Interest, late return penalties, and late payment penalties. ..... 122 [REDACTED] **143.** [REDACTED]

123 Underpayment of estimated tax.

Check the box: ●  FTB 5805 attached ●  FTB 5805F attached ..... ● 123 [REDACTED] [REDACTED]. [REDACTED]

124 Total amount due. See instructions. Enclose, but **do not** staple, any payment ..... 124 [REDACTED] **306.** [REDACTED]

**Refund and Direct Deposit** 125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** ..... ● 125 [REDACTED] [REDACTED]. [REDACTED]

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 125) is authorized for direct deposit into the account shown below:

● Routing number [REDACTED]  Checking  Type  Account number [REDACTED]  
 Savings ..... ● 126 Direct deposit amount [REDACTED] [REDACTED]. [REDACTED]

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Routing number [REDACTED]  Checking  Type  Account number [REDACTED]  
 Savings ..... ● 127 Direct deposit amount [REDACTED] [REDACTED]. [REDACTED]

**IMPORTANT:** Attach a copy of your complete federal 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](http://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)
[REDACTED]	[REDACTED]	[REDACTED]

Your email address. Enter only one email address. [REDACTED]  Preferred phone number [REDACTED]

**Sign Here** Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)  
[REDACTED] **10/03/19**

It is unlawful to forge a spouse's/  
RDP's signature.  
Firm's name (or yours, if self-employed)

[REDACTED]  PTIN [REDACTED]

Firm's address [REDACTED]  Firm's FEIN [REDACTED]

Joint tax return? (See instructions)  
Do you want to allow another person to discuss this tax return with us? See instructions.  Yes  No

Print Third Party Designee's Name [REDACTED] Telephone Number [REDACTED]

# California Adjustments — Nonresidents or Part-Year Residents

SCHEDULE

**CA (540NR)****Important:** Attach this schedule behind Long Form 540NR, Side 5 as a supporting California schedule.Name(s) as shown on tax return **ANDREW YANG  
EVELYN LU**

SSN or ITIN

**Part I Residency Information.** Complete all lines that apply to you and your spouse/RDP for taxable year 2018.

During 2018:

## 1 My California (CA) Residency (Check one)

a Myself:  Nonresident  Part-Year Resident  Resident    b Spouse:  Nonresident  Part-Year Resident  Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input type="radio"/>	<b>NY</b> <input type="radio"/>
b I was in the military and stationed in (enter two letter code)	<input type="radio"/>	<input type="radio"/>
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move)	<input type="radio"/>	<input type="radio"/>
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move)	<input type="radio"/>	<input type="radio"/>
5 I was a CA nonresident the entire year (enter state of residence)	<input type="radio"/>	<b>NY</b> <input type="radio"/>
6 The number of days I spent in CA for any purpose was:	<input type="radio"/>	<b>30</b> <input type="radio"/>
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input type="radio"/>	<b>N</b> <input type="radio"/>
8 Before 2018: I was a CA resident for the period of	<input type="radio"/>	<input type="radio"/>

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

	A	B	C	D	E
<b>Federal Amounts</b> (taxable amounts from your federal tax return)		<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Taxable interest. (a) <b>1,662</b> 2(b)	<b>1,662</b>	<b>2,140</b>	<input type="radio"/>	<b>1,662</b>	<b>3,802</b>
3 Ordinary dividends. See instructions. (a) <b>159</b> 3(b)	<b>159</b>	<b>414</b>	<input type="radio"/>	<input type="radio"/>	<b>414</b>
4 IRAs, pensions, and annuities. See instructions. (a) <b>0</b> 4(b)	<b>0</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Social security benefits. (a) <b>0</b> 5(b)	<b>0</b>	<input 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 type="radio"/>			
11 Alimony received. See instructions	11	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
12 Business income or (loss)	12	<b>91,380</b>	<input type="radio"/>	<input type="radio"/>	<b>91,380</b>
13 Capital gain or (loss). See instructions	13	<b>18,851</b>	<input type="radio"/>	<input type="radio"/>	<b>18,851</b>
14 Other gains or (losses)	14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15a Reserved	15b				
16a Reserved	16b				
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	17	<b>40,569</b>	<input type="radio"/>	<input type="radio"/>	<b>40,569</b>

ANDREW  
EVELYNYANG  
LU

	A	B	C	D	E
<b>Section B — Additional Income Continued</b>	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
18 Farm income or (loss) .....	18 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation .....	19 <input type="radio"/>	<input type="radio"/>			
20a Reserved .....	20b				
21 Other income.		a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/>	a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/>	21 <input type="radio"/>	21 <input type="radio"/> 0
22 Total. Combine line 1 through line 21 in each column. Go to Section C .....	22 <input type="radio"/> 153,354	<input type="radio"/> 0	<input type="radio"/> 1,662	<input type="radio"/> 155,016	<input type="radio"/> 9,177

	A	B	C	D	E
<b>Income Adjustment Schedule</b>	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>Section C — Adjustments to Income from federal Schedule 1 (Form 1040)</b>					
23 Educator expenses .....	23 <input type="radio"/>	<input type="radio"/>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials .....	24 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Health savings account deduction .....	25 <input type="radio"/>	<input type="radio"/>			
26 Moving expenses. Attach federal Form 3903. See instructions .....	26 <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Deductible part of self-employment tax .....	27 <input type="radio"/> 6,465			<input type="radio"/> 6,465	<input type="radio"/> 707
28 Self-employed SEP, SIMPLE, and qualified plans .....	28 <input type="radio"/>			<input type="radio"/>	<input type="radio"/>
29 Self-employed health insurance deduction .....	29 <input type="radio"/> 25,471			<input type="radio"/> 25,471	<input type="radio"/> 2,788
30 Penalty on early withdrawal of savings .....	30 <input type="radio"/>			<input type="radio"/>	<input type="radio"/>
31a Alimony paid. b Enter recipient's: SSN <input type="radio"/> Last name <input type="radio"/> 31a <input type="radio"/>				<input type="radio"/>	<input type="radio"/>
32 IRA deduction .....	32 <input type="radio"/>			<input type="radio"/>	<input type="radio"/>
33 Student loan interest deduction .....	33 <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34 Reserved .....	34 <input type="radio"/>				
35 Reserved .....	35 <input type="radio"/>				
36 Add line 23 through line 35 in each column. A through E .....	36 <input type="radio"/> 31,936	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 31,936	<input type="radio"/> 3,495
37 Total. Subtract line 36 from line 22 in each column, A through E. See instructions .....	37 <input type="radio"/> 121,418	<input type="radio"/> 0	<input type="radio"/> 1,662	<input type="radio"/> 123,080	<input type="radio"/> 5,682

ANDREW  
EVELYNYANG  
LU**Part III Adjustments to Federal Itemized Deductions**Check the box if you did NOT itemize for federal but will itemize for California 

<b>Federal Amounts</b> <b>A</b> (from federal Schedule A (Form 1040))	<b>B</b> <b>Subtractions</b> See instructions	<b>C</b> <b>Additions</b> See instructions
--	---	--

**Medical and Dental Expenses**

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

**Taxes You Paid**

5a State and local income tax or general sales taxes.	<input type="radio"/>	2,617	<input type="radio"/>	2,617	
5b State and local real estate taxes	<input type="radio"/>	12,072			
5c State and local personal property taxes	<input type="radio"/>				
5d Add lines 5a through 5c	<input type="radio"/>	14,689	<input type="radio"/>		
5e Enter the smaller of line 5d and \$10,000 (\$5,000 if married filing separately) in column A Enter the amount from line 5a, column B in line 5e, column B	<input type="radio"/>	10,000	<input type="radio"/>	2,617	<input type="radio"/>
Enter the difference from line 5d and line 5e, column A in line 5e, column C	<input type="radio"/>				4,689
6 Other taxes. List type <input type="radio"/>	<input type="radio"/>		<input type="radio"/>		
7 Add lines 5e and 6	<input type="radio"/>	10,000	<input type="radio"/>	2,617	<input type="radio"/>
					4,689

**Interest You Paid**

8a Home mortgage interest and points reported to you on Form 1098	<input type="radio"/>		<input type="radio"/>	
8b Home mortgage interest not reported to you on Form 1098	<input type="radio"/>		<input type="radio"/>	
8c Points not reported to you on Form 1098	<input type="radio"/>		<input type="radio"/>	
8d Reserved	<input type="radio"/>		<input type="radio"/>	
8e Add lines 8a through 8c	<input type="radio"/>		<input type="radio"/>	
9 Investment interest	<input type="radio"/>	5	<input type="radio"/>	
10 Add lines 8e and 9	<input type="radio"/>	5	<input type="radio"/>	

**Gifts to Charity**

11 Gifts by cash or check	<input type="radio"/>	4,186	<input type="radio"/>	
12 Other than by cash or check	<input type="radio"/>		<input type="radio"/>	
13 Carryover from prior year	<input type="radio"/>		<input type="radio"/>	
14 Add lines 11 through 13	<input type="radio"/>	4,186	<input type="radio"/>	

**Casualty and Theft Losses**

15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	<input type="radio"/>		<input type="radio"/>	
16 Other—from list in federal instructions	<input type="radio"/>		<input type="radio"/>	

17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	<input type="radio"/>	14,191	<input type="radio"/>	2,617	<input type="radio"/>	4,689
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18 Total Adjustments to Federal Itemized Deductions. Combine line 17 column A less column B plus column C

 18  16,263

ANDREW  
EVELYNYANG  
LU**Job Expenses and Certain Miscellaneous Deductions**

19 Unreimbursed employee expenses - job travel, union dues, job education, etc.

Attach federal Form 2106 if required. See instructions .

 19

20 Tax preparation fees.

 20

21 Other expenses – investment, safe deposit box, etc.

List type  \_\_\_\_\_ 21

22 Add lines 19 through 21

 2223 Enter amount from federal Form 1040, line 7  121,418

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

 242,428

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

 25

26 Total Itemized Deductions. Add line 18 and line 25.

 2616,26327 Other adjustments. See  
instructions. Specify  \_\_\_\_\_ 27

28 Combine line 26 and line 27

 2816,263

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

Single or married/RDP filing separately ..... \$194,504Head of household ..... \$291,760Married/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 (540NR), line 29

 2916,263

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

Single or married/RDP filing separately. See instructions ..... \$4,401Married/RDP filing jointly, head of household, or qualifying widow(er) ..... \$8,802 3016,263**Part IV California Taxable Income**

- 1 California AGI. Enter your California AGI from line 37, column E .....  1 5,682
- 2 Enter your deductions from line 30 .....  2 16,263
- 3 Deduction Percentage. Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-  3 0.0462
- 4 California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3 .....  4 751
- 5 California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0-  5 4,931

TAXABLE YEAR

CALIFORNIA FORM

**2018 Investment Interest Expense Deduction****3526**

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

Name(s) as shown on tax return

ANDREW YANG  
EVELYN LU

SSN, ITIN, or FEIN

1	Investment interest expense paid or accrued in 2018. See instructions	<input checked="" type="radio"/> 1	5	00
2	Disallowance investment interest expense from 2017 form FTB 3526, line 7. If zero or less, enter -0-	<input checked="" type="radio"/> 2	0	00
3	Total investment interest expense. Add line 1 and line 2	3	5	00
4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment). See instructions	4a	4,216	00
4b	Net gain from the disposition of property held for investment. See instructions	4b	18,851	00
4c	Net capital gain from the disposition of property held for investment. See instructions	4c	18,851	00
4d	Subtract line 4c from line 4b. If zero or less, enter -0-	4d	0	00
4e	Enter all or part of the amount on line 4c that you elect to include in investment income. Do not include more than the amount on line 4b. See instructions	4e		00
4f	Investment income. Add line 4a, line 4d, and line 4e	4f	4,216	00
5	Investment expenses. See instructions	5	20	00
6	Net investment income. Subtract line 5 from line 4f	6	4,196	00
7	Disallowance investment interest expense to be carried forward to 2019. Subtract line 6 from line 3. If zero or less, enter -0-	<input checked="" type="radio"/> 7	0	00
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. Form 541 filers, stop here and see instructions. All other filers, go to line 9	<input checked="" type="radio"/> 8	5	00
9	Enter the amount from federal Form 4952, line 8	9	5	00
10	California investment interest expense deduction adjustment. Enter the difference between line 8 and line 9. See instructions.	<input checked="" type="radio"/> 10		00

TAXABLE YEAR

**2018 Passive Activity Loss Limitations****3801**

Attach to Form 540, Long Form 540NR, Form 541, or Form 100S (S Corporations).

Name(s) as shown on tax return

ANDREW YANG  
EVELYN LU

SSN, ITIN, FEIN, or CA corporation no.

**Part I 2018 Passive Activity Loss**

See the instructions for Worksheet 1 and Worksheet 3 for federal Form 8582 before completing Part I. Be sure to use California amounts.

**Rental Real Estate Activities with Active Participation**

- 1a Activities with net income from Worksheet 1, column (a) .....
- 1b Activities with net loss from Worksheet 1, column (b) .....
- 1c Prior year unallowed losses from Worksheet 1, column (c) .....
- 1d Combine line 1a, line 1b, and line 1c .....

1a	00	
1b	)00	
1c	)00	
1d		00

**All Other Passive Activities**

- 2a Activities with net income from Worksheet 2, column (a) .....
- 2b Activities with net loss from Worksheet 2, column (b) .....
- 2c Prior year unallowed losses from Worksheet 2, column (c) .....
- 2d Combine line 2a, line 2b, and line 2c .....
- 3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions .....

2a	00	
2b	1,819)00	
2c	)00	
2d	(1,819)00	

3		00
---	--	----

**Part II Special Allowance for Rental Real Estate with Active Participation**

Enter all numbers in Part II as positive amounts. See instructions.

- 4 Enter the smaller of losses from line 1d or line 3 .....
- 5 Enter \$150,000. If married/RDP filing a separate tax return, see instructions .....
- 6 Enter federal modified adjusted gross income, but not less than zero. See instructions.  
If line 6 is equal to or more than line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7 .....
- 7 Subtract line 6 from line 5 .....
- 8 Multiply line 7 by 50% (.50). Do not enter more than \$25,000 .....
- 9 Enter the smaller of line 4 or line 8 .....

4		00
5	00	
6	000	
7	00	
8		00

9	0	00
---	---	----

**Part III Total Losses Allowed**

- 10 Add the income, if any, from line 1a and line 2a and enter the total .....
- 11 Total losses allowed from all passive activities for 2018. Add line 9 and line 10 .....
- See the instructions on Page 2 to find out how to report the losses on your tax return.

10		00
11	0	00

# ANDREW

YANG

LU

## **California Worksheets**

**Attach Side 2 to your California tax return.**

**TOTAL SOURCES**

## **California Passive Activity Worksheet (See General Instructions for Step 1.)**

Use this worksheet to figure California income (loss) from passive activities **before** application of passive activity loss (PAL) rules.

<b>(a) Passive Activity</b> Enter a description of the activity	<b>(b) Federal Schedule</b> Enter the name of the federal form or schedule on which you reported the activity	<b>(c) California Schedule</b> Enter the name of the California form or schedule, if any, used to calculate the California adjustment	<b>(d) Federal Amount</b> Enter your current year federal net income (loss) before application of the PAL rules	<b>(e) California Adjustment</b> Enter any adjustment resulting from differences in federal and California law	<b>(f) California Amount</b> Combine column (d) and column (e)
HUSTLE	FUND I, L.P. SCH E		(1,819)		(1,819)

#### **California Adjustment Worksheets (See General Instructions for Step 4.)**

Use these worksheets to figure your California adjustments after application of the PAL rules.

Use these worksheets to figure your California adjustments after application of the PAL rules.				
(a) <b>Activities</b> Enter a description of the activity. Group activities by the federal schedules on which they were reported	(b) <b>Passive or Nonpassive</b> Enter the character of the activity as passive or nonpassive for California purposes	(c) <b>California Amount</b> Enter the California net income (loss) from the activity after application of the PAL rules	(d) <b>Federal Amount</b> Enter the federal net income (loss) from the activity after application of the PAL rules	(e) <b>California Adjustment</b> Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to Schedule CA (540 or 540NR) as follows:
<b>Schedule C Activities</b>	<b>Passive or Nonpassive</b>	<b>California Amount</b>	<b>Federal Amount</b>	<b>California Adjustment</b>
<b>FOOD PRODUCT</b>				If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 12, column C.
	<b>NONPASSIVE</b>	<b>(120)</b>	<b>(120)</b>	
<b>WRITING AND SPEAKING</b>				
	<b>NONPASSIVE</b>	<b>91,500</b>	<b>91,500</b>	
				If the amount below is <b>negative</b> , transfer the amount to Sch. CA (540), Part I, or Sch. CA (540NR), Part II, (as a positive amount) line 12, column B.
Total	1(c)	<b>91,380</b>	1(d)*	<b>91,380</b>
			1(e)	<b>0</b>

(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
	NONPASSIVE	11,639	11,639	If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 17, column C.
WAXMAN LEAVELL LITERARY AGENCY LLC	NONPASSIVE	28,930	28,930	If the amount below is <b>negative</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, (as a positive amount) line 17, column B.
Total .....	2(c)	40,569	40,569	2(e) 0
	2(d)**			

(a) <b>Schedule F Activities</b>	(b) <b>Passive or Nonpassive</b>	(c) <b>California Amount</b>	(d) <b>Federal Amount</b>	(e) <b>California Adjustment</b>
				If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), line 18, column C.
				If the amount below is <b>negative</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, (as a positive amount) line 18, column B.
Total .....	3(c)	3(d)***		3(e) 0

\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 12, column A.

\*\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 17, column A.  
\*\*\* This amount should be the same as the amount reported on Sch. CA (540), Part II or Sch. CA (540NR), Part II, line 18, column A.

\*\*\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 18, column A.

TAXABLE YEAR

CALIFORNIA FORM

**2018 Passive Activity Loss Limitations****3801**

Attach to Form 540, Long Form 540NR, Form 541, or Form 100S (S Corporations).

Name(s) as shown on tax return

ANDREW YANG  
EVELYN LU

SSN, ITIN, FEIN, or CA corporation no.

**Part I 2018 Passive Activity Loss**

See the instructions for Worksheet 1 and Worksheet 3 for federal Form 8582 before completing Part I. Be sure to use California amounts.

**Rental Real Estate Activities with Active Participation**

- 1a Activities with net income from Worksheet 1, column (a) .....
- 1b Activities with net loss from Worksheet 1, column (b) .....
- 1c Prior year unallowed losses from Worksheet 1, column (c) .....
- 1d Combine line 1a, line 1b, and line 1c .....

1a	00	
1b	)00	
1c	)00	
1d		00

**All Other Passive Activities**

- 2a Activities with net income from Worksheet 2, column (a) .....
- 2b Activities with net loss from Worksheet 2, column (b) .....
- 2c Prior year unallowed losses from Worksheet 2, column (c) .....
- 2d Combine line 2a, line 2b, and line 2c .....
- 3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions .....

2a	00	
2b	1,819)00	
2c	)00	
2d	(1,819)00	

3		00
---	--	----

**Part II Special Allowance for Rental Real Estate with Active Participation**

Enter all numbers in Part II as positive amounts. See instructions.

- 4 Enter the smaller of losses from line 1d or line 3 .....
- 5 Enter \$150,000. If married/RDP filing a separate tax return, see instructions .....
- 6 Enter federal modified adjusted gross income, but not less than zero. See instructions.  
If line 6 is equal to or more than line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7 .....
- 7 Subtract line 6 from line 5 .....
- 8 Multiply line 7 by 50% (.50). Do not enter more than \$25,000 .....
- 9 Enter the smaller of line 4 or line 8 .....

4		00
5	00	
6	000	
7	00	
8		00

9	0	00
---	---	----

**Part III Total Losses Allowed**

- 10 Add the income, if any, from line 1a and line 2a and enter the total .....
- 11 Total losses allowed from all passive activities for 2018. Add line 9 and line 10 .....
- See the instructions on Page 2 to find out how to report the losses on your tax return.

10		00
11	0	00



Department of Taxation and Finance

# Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

**IT-201**

For the full year January 1, 2018, through December 31, 2018, or fiscal year beginning .....

and ending .....

For help completing your return, see the instructions, Form IT-201-I.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your social security number
ANDREW		YANG	[REDACTED]	[REDACTED]
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number
EVELYN		LU	[REDACTED]	[REDACTED]
Mailing address (see instructions, page 14) (number and street or PO box)			Apartment number	New York State county of residence
[REDACTED]			[REDACTED]	NewY
City, village, or post office		State	ZIP code	Country (if not United States)
NEW YORK		NY	[REDACTED]	Manhattan
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)			Apartment number	School district name
[REDACTED]			[REDACTED]	School district code number ..... 369
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)
[REDACTED]		NY	[REDACTED]	Spouse's date of death (mmddyyyy)
Decedent information				

**A Filing status**

- (mark an X in one box):
- ①  Single
  - ②  Married filing joint return  
(enter spouse's social security number above)
  - ③  Married filing separate return  
(enter spouse's social security number above)
  - ④  Head of household (with qualifying person)
  - ⑤  Qualifying widow(er)

**B** Did you itemize your deductions on your 2018 federal income tax return? ..... Yes  No

**C** Can you be claimed as a dependent on another taxpayer's federal return? ..... Yes  No

[REDACTED]

**D1** Did you have a financial account located in a foreign country? (see page 15) ..... Yes  No

**D2** Yonkers residents and Yonkers part-year residents only:

- (1) Did you receive a property tax relief credit? (see page 15) ..... Yes  No
- (2) Enter the amount ..... [REDACTED] .00

**D3** Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) ..... Yes  No

- E**
- (1) Did you or your spouse maintain living quarters in NYC during 2018? (see page 15) Yes  No
  - (2) Enter the number of days spent in NYC in 2018 (any part of a day spent in NYC is considered a day) ..... [REDACTED]

**F** NYC residents and NYC part-year residents only (see page 15):

- (1) Number of months you lived in NYC in 2018 ..... 12
- (2) Number of months your spouse lived in NYC in 2018 ..... 12

**G** Enter your 2-character special condition code(s) if applicable (see page 15) ..... [REDACTED] [REDACTED]

**H Dependent information** (see page 16)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)
[REDACTED]		YANG	Son	[REDACTED]	[REDACTED]
[REDACTED]		YANG	Son	[REDACTED]	[REDACTED]

If more than 7 dependents, mark an X in the box.

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number

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

- 1 Wages, salaries, tips, etc.
- 2 Taxable interest income
- 3 Ordinary dividends
- 4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)
- 5 Alimony received
- 6 Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)
- 7 Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)
- 8 Other gains or losses (submit a copy of federal Form 4797)
- 9 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box
- 10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box
- 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)

Whole dollars only	
1	.00
2	2140 .00
3	414 .00
4	.00
5	.00
6	91380 .00
7	18851 .00
8	.00
9	.00
10	.00
11	40569 .00

- 12 Rental real estate included in line 11 12 11639 .00
- 13 Farm income or loss (submit a copy of federal Schedule F, Form 1040)
- 14 Unemployment compensation
- 15 Taxable amount of social security benefits (also enter on line 27)
- 16 Other income (see page 16) Identify:
- 17 Add lines 1 through 11 and 13 through 16
- 18 Total federal adjustments to income (see page 16) Identify: See Statement 1
- 19 Federal adjusted gross income (subtract line 18 from line 17)

13	.00
14	.00
15	.00
16	.00
17	153354 .00
18	31936 .00
19	121418 .00

**New York additions** (see page 17)

- 20 Interest income on state and local bonds and obligations (but not those of NYS or its local governments)
- 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)
- 22 New York's 529 college savings program distributions (see page 17)
- 23 Other (Form IT-225, line 9)
- 24 Add lines 19 through 23

20	1359 .00
21	.00
22	.00
23	.00
24	122777 .00

**New York subtractions** (see page 18)

- 25 Taxable refunds, credits, or offsets of state & local income taxes (from line 4)
- 26 Pensions of NYS & local governments & the federal government (see page 18)
- 27 Taxable amount of social security benefits (from line 15)
- 28 Interest income on U.S. government bonds
- 29 Pension and annuity income exclusion (see page 19)
- 30 New York's 529 college savings program deduction/earnings
- 31 Other (Form IT-225, line 18)
- 32 Add lines 25 through 31
- 33 New York adjusted gross income (subtract line 32 from line 24)

25	.00
26	.00
27	.00
28	.00
29	.00
30	10000 .00
31	.00

32	10000 .00
33	112777 .00

**Standard deduction or itemized deduction** (see page 21)

- 34 Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196)

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

- 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)
- 36 Dependent exemptions (enter the number of dependents listed in item H; see page 21)
- 37 Taxable income (subtract line 36 from line 35)

34	16263 .00
35	96514 .00
36	2 000.00
37	94514 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1	Your social security number
ANDREW YANG EVELYN LU	[REDACTED]

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

38 Taxable income (from line 37 on page 2)	38	94514 .00
39 NYS tax on line 38 amount (see page 22)	39	5418 .00
40 NYS household credit (page 21, table 1, 2, or 3)	40	.00
41 Resident credit (see page 23)	41	163 .00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43 Add lines 40, 41, and 42	43	163 .00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	5255 .00
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46 Total New York State taxes (add lines 44 and 45)	46	5255 .00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

47 NYC taxable income (see instructions)	47	94514 .00
47a NYC resident tax on line 47 amount (see page 23)	47a	3439 .00
48 NYC household credit (page 23)	48	.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	3439 .00
50 Part-year NYC resident tax (Form IT-360.1)	50	.00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52 Add lines 49, 50, and 51	52	3439 .00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	3439 .00
54a MCTMT net earnings base	54a	84500 .00
54b MCTMT	54b	287 .00
55 Yonkers resident income tax surcharge (see page 26)	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58	3726 .00

59 Sales or use tax (see page 27; do not leave line 59 blank)

59	0 .00
----	-------

**Voluntary contributions**

(see page 28)

60a Return a Gift to Wildlife	60a	.00	60o Veterans' Homes	60o	.00
60b Missing/Exploited Children	60b	.00	60p Love Your Library Fund	60p	.00
60c Breast Cancer Research	60c	.00	60q Lupus Fund	60q	.00
60d Alzheimer's Fund	60d	.00	60r Military Family Fund	60r	.00
60e Olympic Fund (\$2 or \$4)	60e	.00	60s CUNY Fund	60s	.00
60f Prostate Cancer	60f	.00			
60g 9/11 Memorial	60g	.00			
60h Volunteer Firefighting	60h	.00			
60i Teen Health Education	60i	.00			
60j Veterans Remembrance	60j	.00			
60k Homeless Veterans	60k	.00			
60l Mental Illness Anti-Stigma	60l	.00			
60m Women's Cancers Fund	60m	.00			
60n Autism Fund	60n	.00			
60 Total voluntary contributions (add lines 60a through 60s)	60	.00			
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	8981 .00			

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

62 Enter amount from line 61

Your social security number
[REDACTED]

62

8981.00

**Payments and refundable credits** (see pages 29 through 32)

63 Empire State child credit .....	63	231.00
64 NYS/NYC child and dependent care credit .....	64	.00
65 NYS earned income credit (EIC) .....	65	.00
66 NYS noncustodial parent EIC .....	66	.00
67 Real property tax credit .....	67	.00
68 College tuition credit .....	68	.00
69 NYC school tax credit (fixed amount) (also complete F on page 1) .....	69	125.00
69a NYC school tax credit (rate reduction amount) .....	69a	203.00
70 NYC earned income credit .....	70	.00
70a NYC enhanced real property tax credit .....	70a	.00
71 Other refundable credits (Form IT-201-ATT, line 18) .....	71	.00
72 Total New York State tax withheld .....	72	.00
73 Total New York City tax withheld .....	73	.00
74 Total Yonkers tax withheld .....	74	.00
75 Total estimated tax payments and amount paid with Form IT-370 .....	75	8617.00
<b>76 Total payments (add lines 63 through 75) .....</b>	<b>76</b>	<b>9176.00</b>

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13).

Do not send federal Form W-2 with your return.

**Your refund, amount you owe, and account information** (see pages 33 through 35)

77 Amount overpaid (see instructions) .....	77	.00
78 Amount of line 77 available for refund (subtract line 79 from line 77) .....	78	.00
78a Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195) .....	78a	.00
78b Total refund after NYS 529 account deposit (subtract line 78a from line 78) .....	78b	.00

Mark one refund choice:	<input type="checkbox"/> direct deposit to checking or <input type="checkbox"/> savings account (fill in line 83)	- or -	<input type="checkbox"/> paper check
79 Amount of line 77 that you want applied to your 2019 estimated tax (see instructions) .....	79	.00	Refund? Direct deposit is the easiest, fastest way to get your refund.
80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box <input checked="" type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. ....	80	11.00	See page 34 for payment options.
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34) .....	81	206.00	See page 37 for the proper assembly of your return.
82 Other penalties and interest (see page 34) .....	82	.00	

83 Account information for direct deposit or electronic funds withdrawal (see page 35). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 35) .....	<input type="checkbox"/>
--	--------------------------

83a Account type: <input checked="" type="checkbox"/> Personal checking - or - <input type="checkbox"/> Personal savings - or - <input type="checkbox"/> Business checking - or - <input type="checkbox"/> Business savings
83b Routing number [REDACTED] 83c Account number [REDACTED]

84 Electronic funds withdrawal (see page 35) .....	Date 10032019	Amount 11.00
--	---------------	--------------

Third-party designee? (see instr) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> E-mail: [REDACTED]	Print designee's name [REDACTED]	Designee's phone number [REDACTED]	Personal identification number (PIN) [REDACTED]
Paid preparer must complete* (see instructions) Preparer's signature [REDACTED]	Preparer's NYTPRIN [REDACTED]	NYTPRIN excl. code 03	Taxpayer(s) must sign here*
Firm's name (or yours, if self-employed) [REDACTED]	Preparer's printed name [REDACTED]	Your signature [REDACTED]	
Address [REDACTED]	Employer identification number [REDACTED]	Your occupation EXECUTIVE	
E-mail: [REDACTED]	Date 10032019	Spouse's signature and occupation (if joint return) Homemaker	
		Date [REDACTED]	
		Daytime phone # [REDACTED]	
		E-mail: [REDACTED]	

See instructions for where to mail your return.

[REDACTED]
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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

# New York Resident, Nonresident, and Part-Year Resident Itemized Deductions

IT-196

Submit this form with Form IT-201 or IT-203. See instructions for completing Form IT-196.

Name(s) as shown on your Form IT-201 or IT-203	Your Social Security number
ANDREW YANG EVELYN LU	[REDACTED]

**Medical and dental expenses** (see instructions)

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

1 Medical and dental expenses (see instructions) .....	1 .00
2 Enter amount from Form IT-201 or IT-203, line 19 .....	2 .00
3 Multiply line 2 by 10% (0.10) .....	3 .00
4 Subtract line 3 from line 1 (if line 3 is more than line 1, leave blank) .....	4 .00

**Taxes you paid** (see instructions)

## 5 State and local (Mark an X in only one box)

a  Income taxes - or - b  General sales tax

6 State and local real estate taxes .....

7 State and local personal property taxes .....

8 Other taxes. List type and amount .....

9 Add lines 5 through 8 .....

5 .00	2617 .00
6 .00	12072 .00
7 .00	
8 .00	
9 .00	14689 .00

**Interest you paid** (see instructions)

10 Home mortgage interest and points reported to you on federal Form 1098 .....

10 .00

11 Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the home, show that person's name, identifying number, and address .....

11 .00
12 .00
13 .00
14 5 .00

12 Points not reported to you on federal Form 1098 .....

13 Reserved .....

14 Investment interest .....

15 Add lines 10 through 14 .....

15 .00
5 .00

**Gifts to charity** (see instructions)

16 Gifts by cash or check. (If you made any gift of \$250 or more, see instructions) .....

16 4186 .00

17 Other than by cash or check. (If you made any gift of \$250 or more, see instructions) .....

17 .00

18 Carryover from prior year .....

18 .00

19 Add lines 16, 17, and 18 .....

19 4186 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number
[REDACTED]

**Casualty and theft losses**20 Casualty or theft loss(es) other than federal qualified disaster losses (see *instructions*) .....

20

.00

**Job expenses and certain miscellaneous deductions** (see *instructions*)

- 21 Unreimbursed employee expenses – job travel,  
union dues, etc. ....
- 22 Job related education expenses .....
- 23 Tax preparation fees .....
- 24 Other expenses – investment, safe deposit box, etc.  
List type and amount \_\_\_\_\_  
\_\_\_\_\_
- 25 Add lines 21 through 24 .....
- 26 Enter amount from Form IT-201 or IT-203, line 19 .....
- 27 Multiply line 26 by 2% (0.02) .....
- 28 Subtract line 27 from line 25 (*if line 27 is more than line 25, leave blank*) .....

21	.00
22	.00
23	.00
24	.00
25	.00
26	.00
27	.00

28

.00

**Other miscellaneous deductions**

- 29 Gambling losses (see *instructions*) .....
- 30 Casualty and theft losses of income-producing property  
(see *instructions*) .....
- 31 Federal estate tax on income in respect of a decedent  
(see *instructions*) .....
- 32 Deduction for amortizable bond premiums (see *instructions*) .....
- 33 An ordinary loss attributable to a contingent payment  
debt instrument or an inflation-indexed debt instrument .....
- 34 Deduction for repayment of amounts under a claim of  
right if over \$3000 (see *instructions*) .....
- 35 Certain unrecovered investments in a pension (see *instructions*) .....
- 36 Impairment-related work expenses of a disabled person  
(see *instructions*) .....
- 37 Federal qualified disaster loss (see *instructions*) .....
- 38 Loss from other activities from federal Schedule K-1  
(Form 1065-B), box 2 (see *instructions*) .....
- 39 Add lines 29 through 38 .....

29	.00
30	.00
31	.00
32	.00
33	.00
34	.00
35	.00
36	.00
37	.00
38	.00

39

.00

**Total itemized deductions** (see *instructions*)

Is Form IT-201 or IT-203, line 19, over \$160,000? (Mark an X in the appropriate box)

If **No**, your deduction is not limited. Add the amounts in the far right column for lines 4 through 39 and enter the amount on line 40.

If **Yes**, your deduction may be limited. See the *Line 40, Total itemized deductions worksheet*, in the instr. to compute the amount to enter on line 40.

40 .....

40

18880 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number	
[REDACTED]	

**Adjustments**

- 41 State, local, and foreign income taxes (or general sales tax, if applicable), and other subtraction adjustments (see instructions) .....
- 42 Subtract line 41 from line 40 (see instructions) .....
- 43 College tuition itemized deduction (Form IT-203 filers only, IT-201 filers leave blank and skip to line 44)  
(Form IT-203-B, line 2; see instructions) .....
- 44 Addition adjustments (see instructions) .....
- 45 Add lines 42, 43, and 44 .....
- 46 Itemized deduction adjustment (see instructions) .....
- 47 Subtract line 46 from line 45 (see instructions) .....
- 48 College tuition itemized deduction (Form IT-201 filers only, IT-203 filers leave blank and skip to line 49) (See Form IT-272, Claim for College Tuition Credit or Itemized Deduction) (see instructions) .....
- 49 New York State itemized deduction (add lines 47 and 48; enter on Form IT-201, line 34 or Form IT-203, line 33) (see instructions) .....

41	2617 .00
42	16263 .00
43	.00
44	.00
45	16263 .00
46	.00
47	16263 .00
48	.00
49	16263 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

# New York State Resident Credit

**IT-112-R**

2018

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

Name(s) as shown on return ANDREW YANG	Identifying number as shown on return [REDACTED]
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Submit this form with Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Part 1 — Income and adjustments (see instructions)	A Amount reported on New York State return	B Amount sourced to and taxed by other taxing authority
	Whole dollars only	Whole dollars only
1 Wages, salaries, tips, etc.	1 .00	1 .00
2 Taxable interest income	2 140 .00	2 .00
3 Ordinary dividends	3 414 .00	3 .00
4 Taxable refunds, credits, or offsets of state and local income taxes	4 .00	4 .00
5 Alimony received	5 .00	5 .00
6 Business income or loss	6 91380 .00	6 10001 .00
7 Capital gain or loss	7 18851 .00	7 -824 .00
8 Other gains or losses	8 .00	8 .00
9 Taxable amount of IRA distributions	9 .00	9 .00
10 Taxable amount of pensions and annuities	10 .00	10 .00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11 40569 .00	11 .00
12 Farm income or loss	12 .00	12 .00
13 Unemployment compensation	13 .00	13 .00
14 Taxable amount of social security benefits	14 .00	14 .00
15 Other income	15 .00	15 .00
16 Add lines 1 through 15	16 153354 .00	16 9177 .00
17 Total federal adjustments to income	17 31936 .00	17 3495 .00
18 Federal adjusted gross income <i>(subtract line 17 from line 16)</i>	18 121418 .00	18 5682 .00
19 New York adjustments (see instructions)	19 -8641 .00	19 .00
20 New York adjusted gross income (line 18 and add or <i>subtract line 19; see instructions</i> )	20 112777 .00	20 5682 .00
21 Capital gain portion of lump-sum distributions (see instr.)	21 .00	21 .00
22 Add lines 20 and 21	22 112777 .00	22 5682 .00

(continued on page 2)

NO HANDWRITTEN ENTRIES ON THIS FORM

**Part 2 – Computing your resident credit for taxes paid to another state, local government, or the District of Columbia**

23 Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (see <i>instructions</i> ) .....	<b>23</b> CA
Also enter the locality name, if applicable <i>Locality name:</i> California	
24 Enter the amount of income tax imposed on this year's return for the other state or local government (see <i>instructions</i> ) .....	<b>24</b> 163 .00
If the taxes were paid on a group (composite) return, then mark an <i>X</i> in the box <input type="checkbox"/>	
Enter the group's EIN <input type="text"/>	
25 New York State tax payable (see <i>instructions</i> ) .....	<b>25</b> 5418 .00
26 Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see <i>instructions</i> ) .....	<b>26</b> 0 .0504
27 Multiply line 25 by line 26 .....	<b>27</b> 273 .00
28 Enter amount from line 24 or line 27, whichever is less (see <i>instructions</i> ) .....	<b>28</b> 163 .00
29 Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (see <i>instructions</i> ) .....	<b>29</b> .00
30 Add lines 28 and 29 .....	<b>30</b> 163 .00

**Part 3 – Application of Credit**

31 Tax due before credits (see <i>instructions</i> ) .....	<b>31</b> 5418 .00
32 Other credits that you applied before this credit (see <i>instructions</i> ) .....	<b>32</b> .00
33 Subtract line 32 from line 31 .....	<b>33</b> 5418 .00
34 Enter the amount from line 30 or line 33, whichever is less (see <i>instructions</i> ) .....	<b>34</b> 163 .00

**Part 4 – Information from your return filed with the other state, local government, or the District of Columbia**

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you submit a copy of the other return, you **must** complete this section.

35 Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (see <i>instructions</i> ) .....	<b>35</b> .00
36 Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see <i>instructions</i> ) .....	<b>36</b> .00
37 Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see <i>instructions</i> ) .....	<b>37</b> 163 .00

NO HANDWRITTEN ENTRIES ON THIS FORM



Department of Taxation and Finance

# Claim for Empire State Child Credit

**IT-213**

Submit this form with Form IT-201 or IT-203.

**Step 1 – Enter identifying information**

Your name as shown on return	Your social security number (SSN)
ANDREW YANG	[REDACTED]
Spouse's name	Spouse's SSN
EVELYN LU	[REDACTED]

**Step 2 – Determine eligibility**

- 1 Were you (and your spouse if filing a joint New York State return) New York State residents for all of 2018? .....  1 Yes  No
- If you marked an X in the No box, stop; you do not qualify for this credit.
- 2 Did you claim the federal child tax credit, additional child tax credit, or credit for other dependents in 2018? .....  2 Yes  No
- 3 Is your federal adjusted gross income (see instructions)  
– \$110,000 or less and your filing status is ② married filing joint return;  
– \$75,000 or less and your filing status is ① single, ④ head of household, or ⑤ qualifying widow(er); or  
– \$55,000 or less and your filing status is ③ married filing separate return? .....  3 Yes  No
- If you marked an X in the No box at both lines 2 and 3, stop; you do not qualify for this credit.
- 4 Enter the number of children who qualify for the federal child tax credit, additional child tax credit, or credit for other dependents (see instructions) .....  4  2
- 5 Enter the number of children from line 4 that were at least four but less than 17 years of age on December 31, 2018 .....  5  1
- If you entered 0 on line 5, stop; you do not qualify for this credit.

**Step 3 – Enter child information**

List below the name, SSN or individual taxpayer identification number (ITIN), and date of birth for each child included on line 4.

First name	MI	Last name	Suffix	SSN or ITIN	Date of birth (mmddyyyy)
[REDACTED]		YANG		[REDACTED]	[REDACTED]
[REDACTED]		YANG		[REDACTED]	[REDACTED]

Use Form IT-213-ATT if you have additional children to report (see instructions).

NO HANDWRITTEN ENTRIES ON THIS FORM

**Step 4 – Compute credit**

If you answered **Yes** to question 2, you must complete Worksheet A or B and Worksheet C beginning on page 2 of the instructions before you continue with line 6.

If you answered **No** to question 2, skip lines 6 through 12, and enter **0** on line 13; continue with line 14.

Whole dollars only

- |   |   |         |
|---|---|---------|
| 6 Enter the amount from Worksheet A, line 10 or Worksheet B, line 12 (see instructions) ..... | 6 | 1400.00 |
| 7 Enter your additional child tax credit amount from Worksheet C (see instructions) .....     | 7 | 0.00    |
| 8 Add lines 6 and 7 .....   | 8 | 1400.00 |

If the amount on line 8 is zero, skip lines 9 through 12, and enter **0** on line 13; continue with line 14.

If the amount on line 8 is more than zero, continue with line 9.

- |   |    |        |
|---|----|--------|
| 9 Enter the number of children from line 4 .....  | 9  | 2      |
| 10 Divide line 8 by line 9 .....                  | 10 | 700.00 |
| 11 Enter the number of children from line 5 ..... | 11 | 1      |
| 12 Multiply line 10 by line 11 .....              | 12 | 700.00 |
| 13 Multiply line 12 by 33% (.33) .....            | 13 | 231.00 |

If you marked the **No** box on line 3, skip lines 14 and 15, and enter the amount from line 13 on line 16.

All others continue with line 14.

- |   |    |        |
|---|----|--------|
| 14 Enter the number of children from line 5 .....   | 14 |        |
| 15 Multiply line 14 by 100 .....  | 15 | .00    |
| 16 Empire State child credit (enter the amount from line 13 or line 15, whichever is greater) ..... | 16 | 231.00 |

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 17 and 18. All others enter the line 16 amount on Form IT-201, line 63.

**Step 5 – Spouses required to file separate New York State returns (see instructions)**

- |  |    |     |
|--|----|-----|
| 17 Enter the full-year resident spouse's share of the line 16 amount; do not leave line 17 blank .....                   | 17 | .00 |
| Enter here and on Form IT-201, line 63.  |    |     |
| 18 Enter the part-year resident or nonresident spouse's share of the line 16 amount;<br>do not leave line 18 blank ..... | 18 | .00 |
| Enter the line 18 amount and code 213 on Form IT-203-ATT, line 12.   |    |     |

NO HANDWRITTEN ENTRIES ON THIS FORM



Department of Taxation and Finance

# Underpayment of Estimated Tax By Individuals and Fiduciaries

New York State • New York City • Yonkers • MCTMT

**IT-2105.9**

Name(s) as shown on return

ANDREW YANG EVELYN LU

Identification number (SSN or EIN)

**Part 1 – All filers must complete this part** (see instructions, Form IT-2105.9-I, for assistance)

1 Total tax from your 2018 return before withholding and estimated tax payments ( <b>caution:</b> see instructions) .....	1	8981.00
2 Empire State child credit (from Form IT-201, line 63) .....	2	231.00
3 NYS/NYC child and dependent care credit (from Form IT-201, line 64) .....	3	.00
4 NY State earned income credit (EIC) (from Form IT-201, line 65) .....	4	.00
5 NY State noncustodial parent EIC (from Form IT-201, line 66) .....	5	.00
6 Real property tax credit (from Form IT-201, line 67) .....	6	.00
7 College tuition credit (from Form IT-201, line 68) .....	7	.00
7a Total amount of any check(s) received from the Tax Department for any school or property tax credits (see instructions) .....	7a	.00
8 NY City school tax credit (from Form IT-201, lines 69 and 69a, or Form IT-203, lines 60 and 60a) .....	8	328.00
9 NY City earned income credit (from Form IT-201, line 70) .....	9	.00
9a NY City enhanced real property tax credit (from Form IT-201, line 70a) .....	9a	.00
10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33) .....	10	.00
11 Add lines 2 through 10 .....	11	559.00
12 Current year tax (subtract line 11 from line 1) .....	12	8422.00
13 Multiply line 12 by 90% (.90) .....	13	7580.00
14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36) .....	14	.00
15 Subtract line 14 from line 12. If the result is less than \$300, do not complete the rest of this form (see instructions) .....	15	8422.00
16 Enter your 2017 tax ( <b>caution:</b> see instructions) .....	16	30323.00
17 Enter the smaller of line 13 or line 16 .....	17	7580.00

**Part 2 – Short method for computing the penalty** – Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete Part 3 – Regular method.

18 Enter the amount from line 14 above .....	18	.00
19 Enter the total amount of estimated tax payments you made (see instructions) .....	19	.00
20 Add lines 18 and 19 .....	20	.00
21 Total underpayment for year. Subtract line 20 from line 17 (if zero or less, you do not owe the penalty) .....	21	.00
22 Multiply line 21 by .05262 and enter the result .....	22	.00
23 If the amount on line 21 was paid on or after April 15, 2019, enter 0. If the amount on line 21 was paid before April 15, 2019, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2019 × .00023 = .....	23	.00
24 Penalty. Subtract line 23 from line 22 .....	24	.00

Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42.

**Part 3 – Regular method – Schedule A – Computing your underpayment (Schedule B is on page 2)**

Payment due dates	A 4/15/18	B 6/15/18	C 9/15/18	D 1/15/19
25 Required installments. Enter ¼ of line 17 in each column. (If you used the annualized income installment method, see instructions.)	25 1895.00	1895.00	1895.00	1895.00
26 Estimated tax paid and tax withheld (see instructions) .....	26 2617.00	.00	.00	.00
Complete lines 27 through 29, one column at a time, starting in column A.				
27 Overpayment or underpayment from prior period .....	27 722.00	722.00	1173.00	3068.00
28 If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26 (see instr.) .....	28 2617.00	722.00	-1173.00	-3068.00
29 Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions) .....	29 -722.00	1173.00	3068.00	4963.00

**Part 3 – Regular method – Schedule B – Computing the penalty**

Payment due dates	A 4/15/18	B 6/15/18	C 9/15/18	D 1/15/19
<b>30 Amount of underpayment (from line 29) .....</b>	<b>30</b>	.00	1173.00	3068.00
<b>First installment (April 15 - June 15, 2018)</b>				
31 April 15 - June 15 =  (61 ÷ 365) × 7.5% = .01253  - or -  April 15 - _____ =  (_____ ÷ 365) × 7.5% = ._____	31			
<b>32 Multiply line 30, column A by line 31 .....</b>	<b>32</b>	.00		
<b>Second installment (June 15 - September 15, 2018)</b>				
33 June 15 - September 15 = (92 ÷ 365) × 7.5% = .01890  - or -  June 15 - _____ = (_____ ÷ 365) × 7.5% = ._____	33			
<b>34 Multiply line 30, column B by line 33 .....</b>	<b>34</b>	.00		
<b>Third installment (September 15, 2018 - January 15, 2019)</b>				
35 September 15 - December 31 = (107 ÷ 365) × 7.5% = .02198 January 1 - January 15 = (15 ÷ 365) × 8.5% = <u>.00348</u>  - or -  September 15 - _____ = (_____ ÷ 365) × 7.5% = ._____ January 1 - _____ = (_____ ÷ 365) × 8.5% = <u>._____</u>  Total	35			
<b>36 Multiply line 30, column C by line 35 .....</b>	<b>36</b>	.00		
<b>Fourth installment (January 15 - April 15, 2019)</b>				
37 January 15 - April 15 = (90 ÷ 365) × 8.5% = .02095  - or -  January 15 - _____ = (_____ ÷ 365) × 8.5% = ._____	37			
<b>38 Multiply line 30, column D by line 37 .....</b>	<b>38</b>	.00		
<b>39 Penalty.</b> Add lines 32, 34, 36, and 38. Enter here and on Form IT-201, line 81: Form IT-203, line 71; or Form IT-205, line 42 See IT-2105.9 Worksheet	<b>39</b>			206.00

Submit this form with your New York State return.

**New York Statements****Statement 1 - Form IT-201 - Total Federal Adjustments to Income**

Description	Amount
SE Tax Adjustment	\$ 6,465
SE Health Ins Adjustment	<u>25,471</u>
Total	\$ <u>31,936</u>